

Supporting clinical practice and development

In this edition's column, Louise Wells, Karen Jenkins and Sharlene Greenwood provide an update on the work of the British Renal Society (BRS). Specifically, they highlight the recent formation of a multiprofessional committee that aims to support existing and future activities of the BRS clinical practice and clinical development workstreams.

■ societies ■ leadership ■ quality improvement ■ kidney diseases

The multiprofessional structure and focus of the British Renal Society (BRS) remains its strength. This has ensured that the group is able to engage with and guide national initiatives that support ongoing development of kidney care through the following activities:

- Developing and influencing policy on renal services
- Promoting patient-centred, multiprofessional care to improve quality of life for people with kidney disease, and their families and carers
- Advancing and facilitating education in the areas of kidney disease and renal replacement therapy in the UK
- Funding and supporting patient-centred, multiprofessional research into kidney disease and its management.

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The identification, implementation and leadership of BRS workstreams is the responsibility of the seven BRS officers: president, president elect, treasurer, and vice presidents (VPs) for education, research, clinical development and clinical practice. Many of the workstreams overlap across the various VP roles.

The research and education workstreams have been supported for many years by committees with a membership which ensures multiprofessional representation and expertise. The creation in 2015 of two new VP roles in clinical practice and clinical development recognised a need for the BRS to support significant national initiatives, such as the Kidney Quality Improvement Partnership (KQuIP), and to enhance and explore new models of engagement with the BRS multiprofessional affiliate groups. The clinical practice and development committee fuses the portfolios of both VP roles to ensure these substantial areas of work are able to progress and have strong multiprofessional voice.

Clinical practice and clinical development

Vice president clinical practice

- Work collaboratively with relevant multidisciplinary groups, patients and associations, to advise and assist with guideline development and formulate recommendations for practice
- Be a point of contact and advisor to the special interest groups (e.g. vascular access, supporting young adults and shared decision-making)
- Liaise with the *Journal of Kidney Care* to maintain a regular BRS column

- Establish links with the Renal Association (RA) clinical guideline committee
- Coordinate responses on consultation exercises on behalf of BRS and its affiliates (e.g. National Institute for Health and Care Excellence (NICE) guidance, service specification and commissioning).

Vice president clinical development

- Represent the BRS as a member of the RA clinical services committee, supporting the patient safety agenda and workforce planning initiatives
- Advance quality improvement (QI) initiatives through liaison and collaboration with other BRS officers in clinical practice, education and research
- Facilitate QI activity at the BRS conference
- Take on the role of joint chair of KQuIP and lead on KQuIP initiatives.

The newly formed clinical practice and development committee has medical, nursing (both public and private sector), therapies, dietetic and psychosocial representation, and is jointly chaired by both VPs. Activities include:

- KQuIP
- Workforce planning
- Supporting special interest groups, in particular the vascular access group which is leading on the Managing Access by Generating Improvements in Cannulation (MAGIC) project with the Vascular Access Society of Britain and Ireland (<https://tinyurl.com/ycmf8hbe>)
- Representation on the RA/BRS patient safety committee policy and guideline development (e.g. NICE guidance)
- Supporting the creation of a UK Renal Nurse Association (ANN UK)

to be launched at UK Kidney Week (UKKW) 2018

- Improving engagement with renal units.

Kidney Quality Improvement Partnership

KQuIP is paving the way for a national partnership of professional and patient groups whose purpose is to facilitate measurable QI in services delivered to patients with kidney disease in the UK, targeting improved patient outcomes. KQuIP's activities have previously been discussed in this journal (Ormandy et al, 2015; Wells and Lipkin, 2016; Wells, 2017).

A significant KQuIP ambition is the development of and support to QI learning and activity in renal units, and across all renal professions. Members of the clinical practice and clinical development committee are already involved in KQuIP workstreams, and with its key roles in multiprofessional education, research, clinical development and clinical practice, the BRS is well placed to support the implementation of this QI partnership at a local level. Key priorities for QI include:

- Access to kidney transplantation (pre-emptive transplant listing and transplantation, and better long-term transplant management)
- Increasing access to home dialysis therapies (haemodialysis and peritoneal dialysis)
- Acute kidney injury (improving identification and pathways of care)
- Improving arteriovenous fistula access rates
- Paediatric to adult transitional care
- Optimising patient engagement
- Informed choice, shared and self-care
- Improved patient safety (medicines management and infection control).

Workforce planning

The publication of 'The renal team: a multiprofessional renal workforce plan for adults and children with renal disease' (BRS, 2002) has been one of the most powerful documents produced by the BRS, and has been used as a key resource in providing recommendations for optimal workforce levels since its publication, reinforcing that a multiprofessional workforce is fundamental to the delivery of renal services. Adequate staffing, with appropriate competencies and

skill mix, supports high-quality patient care and service provision.

However, in the 16 years since it was published, the renal workforce, and the way in which that workforce delivers care, has evolved. Since the publication of the 2002 document, some professions, such as physiotherapy, have developed new roles within the renal multidisciplinary team, while others, such as dietetics and renal nursing, have demonstrated the potential for staff to develop wider responsibilities and extend their existing roles.

The BRS has recognised the need to re-examine the renal workforce planning document and facilitated a renal workforce survey in 2017. All UK renal units, in both adult and paediatric services, were invited to participate in order to inform workforce requirements and support the production of a revised workforce planning document. The response rate to the survey varied for different staffing areas. For example, 49% of units returned data on nurse staffing, while 65% of units reported on support staff levels. Some 8% of paediatric and 61% of adult units (52.7% overall) supplied data on the number of patients on all of the different renal replacement therapies.

Although the survey highlighted a close correlation between 2017 staffing numbers and the recommendations for staffing numbers from the 2002 workforce planning document, the data collected were not complete, or robust enough, to inform a complete revision of the 2002 document. As a first step in the development of a revised tool to support future renal workforce planning, all affiliate groups to the BRS have been invited to review and update their original sections, re-examining grades and numbers of staff. New staffing areas not captured in the 2002 document will also be included. This work will lead to the production of an online workforce planning document that will supersede the 2002 document. The next step will be to cross-reference workforce numbers to acuity tools, standards and service specifications. This is an enormous project to undertake and will take some time to complete.

Association of Nephrology Nurses UK

Following a survey of over 300 nurses throughout the UK and a focus group held

at the BRS conference in 2017, there has been overwhelming support to develop a renal nurse association. There are many specialist nurse groups in existence but nothing to support general registered and non-registered nurses working in kidney care. Karen Jenkins, Paula Ormandy and Helen Hurst have been working together to create this association, which will be launched at UKKW in June 2018. ANN UK will operate initially under the wing of the BRS until fully established and membership will be open following the launch session.

ANN UK aims to provide support for registered and non-registered nurses working in kidney care through education, research, evidence-based practice and setting national standards. This vision will be realised through:

- A forum to develop and share best clinical practice, disseminate research and foster QI to inform and enhance care of patients
- Promotion and development of strong nursing leadership, influencing national policy and workforce development
- Creation and leadership of innovative nurse training and professional development, generating and/or endorsing a national curriculum for nurses working in kidney care
- Developing, updating and promoting standards for best nursing practice.

Get connected to BRS

Initiatives, such as workforce planning, QI, research and educational support, require the BRS to engage beyond its constituent organisations and virtual membership, to derive information and indeed contribute value to renal units at a local level.

To be part of any of these workstreams, email brs@britishrenal.org. **JKC**

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