

P444

## P444 -Hospital specialty consultants working in primary care undertaking virtual reviews to improve identification and management of chronic kidney disease

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**Introduction:** The number of patients with chronic kidney disease (CKD) is significant, with a prevalence approaching 10% in some regions. Achieving optimal outcomes for patients with CKD is dependent upon robust early management, and advanced care planning for end stage kidney disease (ESKD). We designed a programme of specialist support for GP colleagues to help optimise management, ensure appropriate monitoring of biochemistry, and assess suitability of referral for renal replacement therapy or specialist outpatient clinic attendance.

**Methods:** As part of an integrated care programme in West London: Connecting Care for Adults (CC4A), Consultant Nephrologists conducted outreach virtual reviews of the electronic records of patients diagnosed with CKD or with eGFR<40, in the previous 6 months, alongside GPs, GP registrars, practice pharmacists and practice nurses, physically within GP practices. We assessed accuracy of diagnosis and coding, appropriateness of prescribed medications, frequency of blood testing, need for further diagnostics to identify the cause of renal impairment, BP control and need for onward referral for advanced care planning. A standardised toolkit with a data collection proforma was developed. GPs used the sessions to discuss other issues concerning them around pain management, anticoagulation, systemic disease in the presence of CKD.

**Results:** 456 patients (56% male), mean age 75± 14 years, were reviewed in twenty practices between Sep 2017- Sep 2018. We found 30 patients (6.6%) un-coded for CKD, mean eGFR 34ml/min, and 26 (5.7%) falsely coded, eGFR measurement <60. Of those un-coded, eight were being prescribed regular nephrotoxins and four required urgent referral to a renal clinic to avoid "crash-landing" associated with prolonged in-patient stay and worse clinical outcomes. The major interventions in this elderly population (see Table) included reducing the frequency of blood testing, adjusting BP drugs: stopping at least one agent in 8% and increasing agents or dose in 12%, stopping potential nephrotoxins in 15%, stopping anticoagulants in 4%. GPs reported enhanced learning and understanding of CKD with 84% more confident in managing renal patients after the virtual reviews. Potential savings of over £50,000 were predicted during one year within these 18 GP practices. **Conclusion:** GPs highly valued nephrologists coming out into primary care, avoiding the need for referral into a specialist clinic. Significant improvements and potential cost savings in patient management, advanced care planning and admission avoidance can be made. The virtual review provided significant educational value through wider discussion of patients. This work confirms real benefit for sustained consultant nephrology support in primary care being more widely available.