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Utilising a Delphi Consensus approach to model the progressive Chronic Kidney Disease (CKD) patient journey to Renal Replacement Therapy (RRT).

Mr Roger Tomlins[1], Mrs Sue Thomas
[1]Wilmington Healthcare, London, United Kingdom, [2]Baxter Healthcare Limited, Newbury, UK

Introduction:
Utilising Delphi methodology delivered via an expert multidisciplinary team (MDT) stakeholder group, an optimal 'best practice' care pathway for patients with progressive CKD not eligible for transplant has been developed. This pathway outlines the range of dialysis options comparing planned proactive versus unplanned reactive RRT. Granular economic analysis of both this ‘new’ approach and the current or existing standard of care is then applied to each stage of the pathway in order to highlight supported patient choice elements and the potential service improvements that could be implemented.

Method:
A Costed Integrated Patient Scenario (CIPS) process was deployed for data collection purposes and comprised the following elements: (1) Identification of MDT key stakeholders covering all aspects of the pathway to be evaluated, from patient presentation, through specialist intervention to managed care in the community, (2) Construction of a strawman to guide the process; this background narrative for a realistic, but fictitious patient including some base level initial steps within the pathway. (3) Initial meeting with the recruited expert MDT stakeholders to initiate consensus process, (4) Iterative Delphi consensus – three rounds to the team subsequent initial meeting, (5) Development of the storyline into a 'case study' text, reinforced with a parallel literature review, which considers commissioning implications, (6) Economic analysis of all health, social care, patient costs with comparison between the suboptimal and optimal pathways.

Results:
The outline CIPS will identify the prevalence of CKD, how this may escalate and influence the consequent patient experience and the subsequent impact on the [local] health economy. It will include a number of questions for clinicians and commissioners to consider, dedicated learning points and a final outcome – versus ‘what could have happened differently': expedited diagnosis, targeted treatment and monitoring related to deteriorating kidney function, and importantly the patient’s needs and choices for RRT. Both these suboptimal and optimal scenarios will be fully costed at each renal patient pathway stage in order to full identify the predominant cost drivers – and where changes could be implemented to improve overall patient management and economic utility.

Discussion:
The ambition for this CIPS is to help commissioners and providers understand the implications in terms of quality of life and financial costs, of shifting the care pathway of people living with CKD from costly unplanned reactive care to a more proactive, planned and patient-centred approach for RRT and treatment. The financial costs are indicative and calculated on a cost per patient basis. Furthermore, with the advent of Integrated Care Systems from April 2021, this CIPS is intended to support the future integration of renal home therapies fully in regional and/or network decision-making that centres on proactive budgeting, resource and capacity planning – as regional decisions to transform care pathways would need to take a population view of costs and improvement. Prior pathways derived in this way have been instrumental in

transforming service delivery, and of understanding the need to evaluate the full patient pathway effectively rather than discrete elements in isolation.

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