

Dear Colleague

I'm writing to invite you to send a team or two to the BRS meeting in June to join a new, free, collaborative quality improvement project. This is being jointly organised by the UK Renal Registry and the British Renal Society, with support from the NHS Institute for Innovation and Improvement. We aim to generate breakthrough levels of improvement in the management of anaemia and of phosphate retention in dialysis patients.

For years the Registry has produced Annual Reports showing marked variation in the proportion of patients in different kidney units who meet the Renal Association Standards for haemoglobin and phosphate concentrations – and it's usually the same Units that are at the bottom, middle, and top of the distribution. This teaches us that just displaying and publishing evidence of variation is not enough, by itself, to drive improvement. If your Unit is not at the top, and particularly if it's towards the bottom, this is an opportunity to learn from the high-performing Units about what they do to achieve their results, and also to learn from other participating Units over the next year as they also aim to achieve improvement in their results.

Management of anaemia and phosphate retention involves several different members of the multiprofessional team, which is why the BRS meeting is an ideal forum to launch the Collaborative. We suggest that you identify a team of 2-4 people from your Unit in one or both of these areas. For anaemia, you might want to include an anaemia co-ordinator, dialysis nurse, and physician; for phosphate it would be important to include at least one dietician. We invite you to register these teams in advance of the BRS meeting, partly to help us plan the session, but mostly because we want these teams to commit to continued involvement in the project over the course of the next year.

The BRS session itself will involve a brief tutorial on how to make change happen, led by Hugh Rogers, a Urologist from the NHS Institute who is a leader in service transformation; a session on the use of a new social networking website, where teams will post their ideas, algorithms, protocols and policies, questions, and results; and then breakout sessions on anaemia and phosphate where teams will be given a series of ideas (a "Change Package", in improvement-speak) that has been developed by people from the Units that have been consistently high performers in these two areas on Registry returns.

Teams will return from the BRS session full of ideas on how to improve your Unit's performance in these two key areas of clinical care. All you then have to do is allow them to start work, testing their new ideas in practice, and measuring how well they do. Teams will be expected and encouraged to use the website regularly to share ideas and results. This will not be time-consuming and you won't need to release people from their 'ordinary' work to work on these improvement projects. I am confident that the skills and enthusiasm that they bring back will spill over into other areas.

Although the kick-off meeting at the BRS is important for building will and enthusiasm to make improvement happen, the critically important part of this project is the collaborative exchange of ideas and results on the website – the "all teach, all learn" philosophy. The difference between this and other Collaboratives is that we don't propose any additional meetings or phone conferences, so the costs are minimal – just the costs of attending the BRS meeting, which we hope many of your teams plan to do anyway. However, we do ask for a £100 deposit from each team; this will be refunded at the end of the year to all teams that have continued to participate in the web-based collaboration.

Please consider sending at least one team to the Collaborative. This would be the cheapest, and most sustainable, way of driving quality improvement ever described, and I honestly believe that the UK Renal Community can do this. If successful, we hope to turn to other areas where there are important variation in the outcomes of care, such as vascular access, healthcare-associated infection, and preparation for RRT. ***For details on how to register, please see the BRS 2nd announcement, or visit the BRS website.***

I am very keen also to receive any suggestions you may have on how we could improve this project, or on topics for future Collaboratives, as well as on other ways in which the Registry can help improve the outcomes amongst RRT patients across the UK

With best wishes

Charlie Tomson
Chair, UK Renal Registry