National Institute for Health and Care Excellence

Acute kidney injury

Consultation on draft quality standard – deadline for comments 5pm on 18/11/22

Please email your completed form to: QualityStandards@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

Use the form to comment on the content of the quality standard (i.e. the statements and other sections e.g. rationale, measures etc.), as well as answer the following questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement.
4. Question 4 For draft quality statement 1: Will the process measures help to provide a pragmatic focus for quality improvement for this statement? If not, please say why and suggest alternatives.
5. Question 5 For draft quality statement 5: The timeframe for this statement is based on the Renal Association guideline and the Royal College of GPs toolkit. Is a maximum timeframe of 3 months appropriate? If not, please suggest an alternative timeframe and identify a source.

Organisation details

Organisation name	**Royal College of Physicians of Edinburgh (RCPE)**

(if you are responding as an individual rather than a registered stakeholder please leave blank)	
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**The RCPE does not have direct or indirect links to, or receive funding from, the tobacco industry.**
Name of person completing form	**Douglas Pattullo, Policy & Public Affairs Officer.**
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	
Type	**[Office use only]**

Comments on the draft quality standard

Comment number	**Statement or question number** Or 'general' for comments on the whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
Example 1	*Statement 1*	*This statement may be hard to measure because…*
1	General	The Royal College of Physicians of Edinburgh (RCPE) is pleased to be able to respond to this consultation. The responses below are based on the collated views of RCPE Fellows with significant clinical experience within nephrology.
2	Question 1	The RCPE considers that the draft quality standard is generally appropriate and covers the important aspects of Acute kidney injury (AKI).
3	Question 2	Our Fellows expressed the view that there are not currently local systems in place to collect these data. With regard to statement 1, the denominator can be collated from GP systems but there will not be a way to establish who was given advice; a new field may be relatively simple to implement. With regard to statement 2, Fellows considered this may be difficult to measure as establishing who is at risk of kidney

		disease could be challenging. Information from SMR01 would be insufficient to establish co-morbidities. Measuring length of stay in patients with AKI could be extracted from SMR01 (HES equivalent) providing that AKI has been coded. Some Fellows referred here to their previous work showing that AKI is not well coded. For statement 3, Fellows pointed out that not all hospitals in Scotland have AKI e-alerts. Information on who receives clinical review would need to be recorded. For statement 4, this information is not routinely collected in Scotland at present and would need to be collated by nephrologists. Finally, with regard to statement 5, again these data are not currently collected and may be challenging to gather.
4	Question 3	Fellows consider that statement 1 would require delivery by primary care who are already overstretched and therefore further staffing resource would be required. They consider that statement 2 should be achievable and is likely happening already in the majority of cases. With regard to statement 3, again this should be achievable but will be more challenging in locations without e-alerts. Statement 4 should be achievable and should be the expected standard of care. Statement 5 may place very heavy strain on current nephrology services and further staffing and clinic resource would certainly be required.
5	Question 4	The RCPE considers that the process measures will help provide a pragmatic focus for quality improvement.
6	Question 5	Fellows expressed the view that the timeframe was reasonable but that including any AKI is not achievable. It was suggested that it may be more appropriate for Stage 2 or Stage 3 to be mentioned specifically in the statement.
7	Statement 1	The RCPE considers that establishing who is at risk of AKI may be difficult from primary care systems and that implementing a risk score in primary care systems (the recently NICE approved 4 variable Kidney Failure Risk Equation (KFRE), which will identify patients at risk of progressive kidney disease and also by virtue of this an increased risk of AKI) may be the best way to deal with who should receive a medication review. We understand this work is underway in NHS England and we believe that this statement requires primary care input.
8	Statement 2	Again the RCPE considers that in practice it is difficult to easily identify who these high-risk patients are, especially in non-medical wards. A risk score here may be useful to prompt appropriate actions. Most hospitals in England do have an automatic e alert system identifying AKI stages 1,2 and 3 and this should prompt clinicians in non medical wards but this does not identify those at risk such as the elderly with cardiovascular disease and on multiple medications.
9	Statement 3	Fellows consider this requires the implementation of e-alerts for AKI which is not currently the case in Scotland.

10	Statement 4	The RCPE welcomes this extremely important statement, with the caution of appropriateness of acute kidney replacement therapy to avoid unnecessary patient and family stress in those situations where it is deemed unsuitable given other comorbidities and frailty
11	Statement 5	Some Fellows expressed the view that personally they would wish to see these patients being reviewed at least once by nephrology after discharge but that renal services in Scotland are not resourced to deliver this service. They consider that it would place huge strain on clinics. This is current practice in many English hospitals and does add a significant burden to many hospitals with low numbers of nephrologist per million population. It is critical that a focus on equalising manpower throughout the UK renal services is required as management of AKI is not considered in the service models which focus on the numbers of patients with chronic kidney disease. However it is acknowledged that this is important given the % of patients who progress to chronic kidney disease after an AKI event.

Insert more rows as needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

Please return to QualityStandards@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.