

CKD optimisation: GMS QIP Year 2 (April '26-March '27)

Background

The GMS-funded Quality Improvement project (QIP) for the optimisation of Chronic Kidney Disease (CKD) identification and management in primary care has been operational in Wales since April 2025. The QIP aims to reduce End-stage kidney disease (ESKD) and cardiovascular (CV) morbidity and mortality by improving adherence to NICE-recommended CKD standards, with a specific focus on increased prescribing of underutilised cardiorenal protective medications (SGLT2 inhibitors)-aligned with the AWTTTC National Prescribing indicators for Wales 2025-2028.

An interim analysis, 7 months into year 1 of the QIP, demonstrates encouraging improvement in all 7 domains identified as priority areas for Quality improvement in the 2025-'26 CKD QIP specification (Table 1). However, absolute rates of SGLT2i prescribing remains low, at 30.4% and 38.7% in the eligible cohorts of moderate-severe CKD (eGFR 20-45ml/min) and CKD + Type 2 Diabetes or ACR >22.6mg/mmol, respectively. Owing to retirement of QOF CKD indicators in 2019, many practices have needed to undertake foundational process capture work, inclusive of updating blood and urine tests, to re-build accurate lists of patients and determine their eligibility for pharmacological optimisation. In appreciation of this additional time requirement, and the delay in practice visibility of the DHCW-commissioned CKD dashboards/HEIW CKD e-module, a one-year extension of the CKD QIP has been recommended to maximise patient outcomes and embed the legacy of operational change required to manage the escalating health and economic pressure of CKD in Wales.

Measure Description (CKD "core")	NOV (%)	Relative change (%) since April
CKD with an eGFR between >=20 and <45: prescribed an SGLT2i	30.4	21.8 ↑
CKD with Type 2 Diabetes or ACR>22.6 and an eGFR between 45-60: prescribed an SGLT2i	38.7	16.1 ↑
Uncoded CKD: 2 eGFR readings <60 and no record of CKD stage 3-5	2.7	11.0 ↓
CKD: ACR or PCR recorded in the last 12 months	26.7	23.3 ↑
CKD and Type 2 Diabetes: ACR or PCR recorded in the last 12 months	51.8	17.0 ↑
Hypertension: ACR or PCR recorded in the last 12 months	18.4	25.3 ↑
CKD: eGFR recorded in the last 12 months	82.3	0.5 ↑
CKD prescribed a statin	51.3	0.6 ↑
CKD: Blood pressure recorded in the last 12 months	78.0	1.2 ↑
CKD and ACR >=70mg/mmol with BP <130/80	19.9	18.2 ↑
CKD and ACR <70mg/mmol with BP <140/90	58.0	5.7 ↑
Diabetes and CKD and ACR>3mg/mmol: prescribed ACEi/ARB, and SGLT2i	37.2	15.2 ↑
Non-diabetic CKD and ACR >70mg/mmol prescribed an ACEi/ARB, and SGLT2i	28.6	15.7 ↑
Non-diabetic CKD and HTN and ACR >30mg/mmol prescribed an ACEi/ARB, and SGLT2i	27.4	23.7 ↑

Table 1. Data extracted from Primary care Information Portal. Percentage change calculated as relative proportional increase from April to November.

Year 2 Aims

The aims of the CKD QIP **remain unchanged from Year 1**:

The **primary aim** of this QI project is to reduce kidney disease progression towards ESKD and reduce cardiovascular morbidity and mortality in patients with CKD, by adhering to NICE recommended guidelines for the implementation of SGLT2 inhibitors.

The **secondary aims** are to collate accurate CKD registers, improve adherence to urinary ACR screening and promote education and awareness of CKD amongst patients and Healthcare providers (HCPs) inclusive of GPs, DSNs and practice pharmacists.

Year 2 Objectives

The seven recommended areas for CKD Quality improvement focus **remain unchanged from Year 1**. All practices should demonstrate strategy for improvement in SGLT2i prescribing in CKD (*principal objective*) plus a minimum of 2 other objectives, reflective of their specific practice population needs, from the list below:

- **Principal objective: Develop, agree and implement a strategy to increase prescribing of SGLT2 inhibitors to those on maximum dose ACE/ARB (where tolerated and indicated):**
 - to patients with eGFR 20-45ml/min, unless contraindicated
 - to patients with eGFR 45-60ml/min and either T2DM or ACR >22.6mg/mmol, unless contraindicated
- Develop, agree and implement a strategy to Improve coding accuracy of CKD
- Develop, agree and implement a strategy to increase annual UACR and eGFR screening in high-risk groups, especially:
 - in patients with Diabetes
 - in patients with HTN
- Develop, agree and implement a strategy to improve prescribing rates of statin therapy (Atorvastatin 20mg first line) for all patients with CKD (eGFR < 60ml/min), unless contraindicated
- Develop, agree and implement a strategy to achieve BP targets:
 - < 140/90 for patients with CKD and ACR <70mg/mmol
 - < 130/80 for patients with CKD and ACR >70mg/mmol
- Develop, agree and implement a strategy to prescribe maximum tolerated dose of ACEi or ARB therapy:
 - to patients with T2DM, CKD and ACR > 3mg/mmol
 - to patients with non-diabetic CKD with ACR >70mg/mmol
 - to patients with non-diabetic CKD, HTN and ACR >30mg/mmol
- Improve Community Health care practitioner awareness and education of CKD via completion of HEIW-produced e-module, hosted on Y Ty Dysgu learning platform. Intended audience: GP's, Pharmacists, DSNs, practice nurses.

Requirements of the project

Practice Level

- Practices will have a named QI Project lead clinician.
- Practices will perform initial searches of CKD coding accuracy, using the DHCW-commissioned CKD “core” dashboard in audit plus, to ensure the “true” CKD population is captured in the QIP
- Improvements in SGLT2i prescribing rates, as supporting by the National prescribing indicators for Wales 2025-2028, should be a primary focus. Beyond this, practices should assess their specific population needs and priority areas against the suggested objectives listed above. Having identified a target area (e.g. urinary ACR testing) the practice should design a quality improvement project that aims to address the identified need and improve adherence to national standards of screening and/or management of CKD. Practices are encouraged to devise their own strategies to deliver improvement which may include, but are not limited to:
 - **Screening/Coding focus:** Identify high risk groups (as listed in NG203 and All Wales Community HealthPathway CKD page), not currently recorded as having CKD, using available automated IT tools. Implement a screening pathway for these patients to undergo eGFR and ACR testing, with confirmatory testing as per NG203. Once diagnosis confirmed, ensure CKD coding completed and enrol in CKD monitoring and/or refer to secondary care if meets criteria as per NG203/CKD HealthPathways.
 - **Optimisation focus:** Implement medicines optimisation reviews of patients with CKD, with equal focus on strategies to retard CKD progression and to prevent associated CV disease. This should incorporate patient education on healthy lifestyle changes, appropriate signposting to additional local services (e.g. smoking cessation) and information surrounding sick day rules with medications. Reviews could be led by GP or ANP/Pharmacist with appropriate training (For an example of a pharmacy-led DKD optimisation project, see full SOP available on the GMS Quality Improvement page within Primary Care One).
 - **Diabetes focus:** Where practices identify low rates of compliance with annual diabetic review, and particularly the ACR/eGFR core processes within this, review options to better integrate CKD screening and management with all diabetes-focused patient interactions e.g. DSN review, foot check, medication review. Diabetes-affiliated MDT members to complete education modules to raise awareness of the link between DM, CKD and CVD and hence maximise the outcomes of patient interaction in taking every opportunity to ensure uACR test is completed, for example.
 - **Education focus:** Demonstrate uptake and completion of HEIW CKD e-module (available on the Y Ty Dysgu learning platform) for HCP in the practice inclusive of Pharmacists, Doctors, ANPs, PA's, DSNs etc. Explore ways to disseminate learning and reiterate key messages to patients e.g. sick day rules for SGLT2i prescribing.
- Practices will discuss their learning with their GMS collaborative. Minutes of this meeting should be submitted to health boards as confirmation that this discussion has taken place.

- Practices will complete a nationally agreed QI Poster for sharing at the final collaborative meeting confirming conclusion of the project and highlighting outcomes achieved. **Year 2 Update:** Practices are reminded to maintain a QI, and not an “audit” focus. Posters/projects should demonstrate innovation in learning, adaptation and improvements in CKD community care that can be embedded into routine practice.
- **Year 2 Update:** The extension to 2 years allows practices time to perform the necessary foundational work in identifying previously unknown/unlabelled CKD (e.g. eGFR and ACR screening in high-risk patients with diabetes and hypertension) and then proceed in a multistep manner through a sequence of CV risk modifications and prescribing of cardiorenal protective medications. Support in following this pathway is available via the CKD Community HealthPathways page, now available in all health boards in Wales. The extension of the CKD/CVD QIPs, and the development of accessory tools to support implementation reinforces the Welsh Government’s commitment to prevention under “A Healthier Wales” and the “Primary Care Model for Wales”.

GMS Collaborative Level

- Practices to share aggregate practice-level data on the number of CKD patients treated to target.
- Practices to discuss accuracy of data and process for refinement.
- Discuss, share best practice, and consider adaptation of QI processes if applicable across collaborative

DHCW Level

- A definitive data set has been provided by DHCW to support this QIP, available as dashboards within audit plus. CKD “core” dashboard contains the searches to support the main QIP objectives, where “CKD Detailed” provides more granular data (e.g. by subgroups). All Wales data is collated monthly and visible via the Primary care information portal (GMS QIP module→ GMS contract → CKD QI Project).

Health Board Level

- Health Boards to ensure practice completion is verified against agreed indicators/contractual agreement via completion of a nationally agreed Poster shared at the collaborative meeting
- Health Boards will collate the posters to allow thematic review at national level- this will additionally support the reporting of the National Prescribing Indicators for 2027, which will include SGLT2i prescribing on CKD.

Verification and achievement

- Practices will need to prepare the nationally agreed QI Poster for sharing and discussion with the collaborative, and the LHB. Minutes of the collaborative meeting should also be shared as evidence of the discussion.
- A poster template and further guidance for completion is available on the GMS Quality Improvement page within Primary Care One.