



**Implementing the Renal NSF  
The Renal Action Learning Sets**  
Sharing the work in progress

**POST CONFERENCE REPORT**

**In conclusion:**

When the Department of Health commissioned 6 Learning sets to implement the Renal NSF, we had little or no experience of using 'Action Learning'. Similarly, within the learning sets only one or two people had any previous knowledge of it. As it turns out, this did little to hinder the work of the sets, all of which have made substantial progress in improving services locally. In addition, this past year has proved to be a great learning experience for us all.

The work presented at the Action Learning sets' (ALS) sharing event in January has proved action learning to be a useful approach in implementing change locally. Whilst at this stage we cannot be certain of the wider implications of these changes, it is clear that action learning has been key to ensuring that some of the conditions, central to effective change management, were present. These have included, partnership working, accountability, transparency and trust.

As the formal programme reaches the end of its sponsored year, most of the sets are intending to carry on. Whilst some will continue using the same format of action learning, others are intending to convert their work to a project plan. This Post-Conference report provides an overview of the work of the learning sets, including a note from the project lead and the national facilitator as well as the slides from the day. Also included is some valuable information which resulted from the lively discussions which took place on the day.

**FOCUS OF THE LEARNING SETS**

**PALLIATIVE CARE**

Greater Manchester  
West Midlands

**INFORMATION AND  
PREVENTION OF CKD IN  
PRIMARY CARE**

Brighton  
Leicester

**NON-EMERGENCY  
TRANSPORT TO AND  
FROM HOSPITAL  
DIALYSIS**

Durham and North Tees  
Cheshire and Merseyside

**CONFERENCE STATISTICS**

**167 Delegates**

**86 Feedback responses**

- **81 valued event as useful**
- **44 Very Useful**
- **56 Interaction time good/15 not long enough**

**Supported by the  
Renal NSF Team**

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## PRESENTATIONS

An overview of the presentations from the day.  
More details are available by contacting  
the lead set member from each team.

### CKD IN PRIMARY CARE

#### **BRIGHTON ACTION LEARNING SET** **Lawrence.Goldberg@bsuh.nhs.uk**

- Renal-specific difficulties for chronic disease management programs
- Favourable climate for new renal Chronic Disease management program
- Financial implications
- Developed locally agreed CKD guidelines
- IT issues
- Identified primary care needs
- Integrating CKD management with other chronic diseases
- Potential integration of related chronic disease management programs

#### **SET MEMBERSHIP**

- Patient
- Practice nurse
- GP
- 2 Nephrologists
- Hospital Trust director of Service Improvement
- PCT lead for CHD/CDM and diabetes
- Facilitator (with 'expert patient' experience)

#### **LEICESTER ACTION LEARNING SET - How we did it?** **Bernie.Stribling@hbpct.nhs.uk**

##### **Set Membership**

Patient, manager, nurse, GP, nephrologists, renal industry

##### **Early Discussions:**

Lots of ideas both 'original and 'shamelessly stolen'  
Each member testing ideas with peer groups  
Feedback  
Challenging each others beliefs  
Local accountability?

##### **Learning from other systems**

(Other healthcare systems, CDM programs, as well as renal specific)  
Lots of useful ideas

- What could be done
- What should be done
- What shouldn't be done

##### **Producing Outputs (Key Achievements)**

- Guidelines
- 'User friendly' (168 pages reduced to 1 sheet)
- Road tested with secondary and primary care
- Issues:
  - Version control
  - Who owns them?
  - Endorsement and agreement to implement
  - Where do they go
  - Who reads them

##### **What we have learnt?**

- Importance of communication
- Team work
- Relationships are the key
- It can be done!

##### **What's next?**

- Keep going
- Build on success
- Ensure on-going local accountability
- Sub group of EMRN
- Need for national web based tool for sharing good practice

**PALLIATIVE CARE**

**GREATER MANCHESTER ACTION LEARNING SET**  
**Hilary.Robinson@srht.nhs.uk**

Service change – Key Learning

- Complex demands
- Different areas/different approach
- Open honest – gap analysis
- Use of all available resources and tools
- Confirmed what we thought

**Set Members**  
Patient/carer representative  
Renal specialist nurse  
Renal Associate specialist  
Consultant Nephrologist  
2 Palliative care Consultants  
Renal social worker  
Palliative care specialist nurse

**I  
NFORMATION**

**C  
OMMUNICATION**

**E  
DUCATION**

**Information sharing**

- Database/supportive care register/out of hours handover forms/palliative care service directories
- User questionnaire to palliative care services

**Communication**  
Renal Centres/DGH/Primary care/patient  
Patient held records  
Use of Patients Association newsletter

**Education**  
Communication skills training  
Palliative Care for renal staff  
Renal education for palliative care services

**WEST MIDLANDS**  
**Beverley.Matthewsnorthbirminghampct.nhs.uk**

- Connecting the palliative care and renal networks across the West Midlands
- Setting the stage in the West Midlands Renal Network for further development
- Development of new dialogue and initiatives in local units to develop palliative care pathways for renal patients

**Learning set initiatives**

- Gap analysis toolkit development
- Entry into Palliative care drug handbook specifically for renal patients
- Development of network wide links for future developments

**Set Membership**  
CKD Nurse Specialist  
3 Consultant nephrologists  
Consultant in palliative care  
NSF Lead for renal  
Network Manager  
Clinical psychologist

**Future Developments**  
Network policy  
Supporting individual unit initiatives  
Database of contacts  
Continuation/variation of learning set

## DURHAM AND TEES VALLEY ACTION LEARNING SET

Elaine.Criddle@CDTV.nhs.uk

- Contribute to and influence more effective commissioning of patient transport services
- Constructive dialogue on how transport services can be improved
- To develop the transport service so that it becomes integral to the renal service provision, not an appendage
- Pool information across different provider sites
- To improve transport services for our renal Patients'

## TRANSPORT

### Separating facts from assumptions

#### Developing relations

- Getting to know each other
- Acknowledging other perspectives
- Recognition that systems and not individuals responsible
- A collective responsibility for sorting problems out

### Data Sharing and Analysis

- Collation and review of data
- Base line audit of ambulance services for renal patients (demand and capacity)
- 4 month observational study of services
- Patient Case studies
- Patient interviews
- Identification of key challenges

### Recommendations

- Commissioning and contracts
- Eligibility criteria
- Improving communication systems
- Engagement of private sector/public transport
- Charging for transport

### Working in an Action Learning set

- 'Permission' to meet in a forum for sharing information
- Has allowed us to separate facts from assumptions
- Got rid of the 'blame' and organizational bickering
- Different to a business meeting, where people 'play' their organizational role
- Action learning sets are about solving the problem together
- Has allowed ownership of the issue
- Ensures 'the whole' is greater than the sum of the parts

### Set Membership

Patient representative, ward clerk, renal matron, nephrologist, deputy clinical manager, patient transport manager, assistant director patient services, ambulance planning manager, workforce development designer, head of strategy/implementation/delivery, senior divisional Officer (ambulance), action learning facilitator.

### Set Facilitation

The Department of Health, in conjunction with the learning sets, appointed several facilitators, all of whom contributed significantly to the success of the project:

**Davina Clarke**  
**Howard Naylor**  
**Bob Sang**

davina.clarke7@ntlworld.com  
howardknaylor@hotmail.com  
bob.sang@sangjacobsson.co.uk

**CHESHIRE AND MERSEY ACTION LEARNING SET**  
**Jenny.scott@cwpcpct.nhs.uk**

**Key achievements**

- The right people with access to the right contacts/information
- Wider stakeholder engagement
- Information has grown into knowledge
- Raised awareness of both transport and renal issues
- Common vision and consensus
- Reduced distance between organisations to solve transport issues
- Learning set met consistently throughout the year

**Key Outcomes**

- Comprehensive survey of good practice and current services across England
  - Ambulance Survey
  - Benefits Info
  - Visits to many places
- Listening / Sharing Events
- Patient Interviews
- Newsletter / DVD
- Draft Transport Report / Resource Pack
- Transport Charter
- Learning Set Diary
- Process for ongoing stakeholder involvement

**Renal Transport**

- Standardised Framework with local flexibility
- Learning is transferable
- 5C's
  - Choice
  - Consistency
  - Criteria
  - Communication
  - Commissioning

**Questions**

- Status and communication of our work?
- How will Action Learning be promoted nationally?

**Process**

- Felt supported to take risks
- Gained new knowledge and skills
- Atmosphere of equality, honesty and confidentiality
- We are **people** as well as **professionals**

**Challenges**

- Move from Learning Set to making it happen
- Changing emphasis from provider to patient/commissioner led service
- Cultural change – transport is not just about vehicles
- Impact of NHS reorganisations
- National consistency – eligibility criteria / charging
- Impact of new technology / services (daily dialysis)
- Separating out renal transport from PTS contracts
- May not be cost neutral but...
- Service must be **quality** not **cost** driven

**Set Membership**

- Patient Rep
- Ambulance Service Managers
- Commissioners
- Renal nurses and managers
- Some in-year changes

MARGARET WOOD

**Principles of Action Learning**

- Learning starts from not knowing
- Taking responsibility creates the best chance to make a difference
- I am in the problem and the problem is in me
- Learning involves both 'puzzles' and 'question
- Learning should be greater than the rate of change
- Useful progress on real problems
- Opportunities, time and space to come together to practice the discipline of learning to work collectively on challenges that currently have no answers

*Working as 'comrades in adversity' participants are willing to take risks to develop themselves and their organisations*

- Creating the conditions to learn with and from each other in pursuit of common goals
- Three levels of learning:*
  - ✓ Set members recognise and value the learning in their own experiences
  - ✓ We all learn together about change that works in renal services
  - ✓ We work out together how to develop 'widening circles of inclusion' – 'buddy' set meetings, stakeholder events etc

Authority to take action on the problem

A systematic approach to learning reflectively

The challenge in the continuing work of the sets one year on is to manage the project to a good end

**AND**

Ensure that the learning of all those involved is shared, strengthened and sustained

**M.Attwood@clara.net**

**WORKSHOPS**

**Transport**

The afternoon was divided into the three areas of NSF implementation. The following provides a summary of the main points raised and discussed within these workshops

3 key points were identified which would significantly improve renal transport on a national basis:

- The need for national consistency but local flexibility in key areas of transport such as commissioning, eligibility criteria and charging
- The need for a plurality of providers with a range of transport options offering a choice of transport options
- The need to modernise the commissioning of transport with greater integration of transport and renal services and much clearer and stronger contracts

Primary care

Participants recognised that they would be facing different challenges and barriers to implementation in each local health economy:

- Mixed responses from GPs and other primary care practitioners and also within the local acute sector and the new mix of commissioners.
- Variable implementation of system reform – complicated by the financial balance situation in each local system
- Potential rejection of proposed pathway and associated service model and guidelines (not invented here)
- Diversity of practice and interest – the whole, variable range of response from the negative unaware to the enthusiastic entrepreneurs.

PALLIATIVE CARE

**Group discussion**  
**1 hour**  
 Total 38 participants: 4 tables of 9/10 people  
 Each table renal/palliative LS member  
 Framework for discussion  
 Feedback - 15 mins.

*‘The things (3) that we heard that seemed most critical to sustaining progress were.....’*

- Patients (and indeed other professionals/services eg ambulance) to have a single point of contact - including out of hours
- Reciprocal training and education between renal and palliative care
- Community based focus – aim to keep patient out of hospital
- ICE – information, communication, education
- Passion and commitment (this needs support to maintain e.g. mentoring)
- Commissioning (informing, spreading knowledge) – influence commissioners to be flexible in the use of resources, ‘think imaginatively, act flexibly’

Develop network of key stakeholders with clarity around resources available

- Converting words into measurable actions
- Activating patients - raise expectations and demands
- Befriend the PCTs, especially Public Health because they hold purse strings, they have performance management role with the Trusts, clinical governance requirements, links with social services and local authorities

Although the formal sponsoring of the programme has now come to an end, the Renal NSF team is keen to support the ongoing work of the action learning sets. The sets themselves are committed to continuing and sharing their work, most of which will be posted on the learning set website (DH/Renal pages). This will include reports, toolkits and patient pathways, these in themselves would support a master class in service improvement.

Evident throughout this project has been the emphasis on partnership and collaborative working, not just on a micro level within teams and departments, but across Trusts, the renal community, the NHS in general and the DH. In a modern NHS which is increasingly specialised and fragmented, we can no longer support 'parallel provisions' of care justified through professional expertise. A patient led service is about what works for the patient, what needs to be done as opposed to who does it.

Action learning provides a rare forum in which differences and diversity can openly be shared and challenged. Difficult issues, not normally referred to in public arenas, can be constructively debated and acted upon through the collective agency of the set. Whilst we do not suggest that action learning is a panacea for all the difficult issues that challenge us in our professional lives, the work of the renal action learning sets is a powerful legacy of egalitarian, cross-boundary working in which local people prioritise the agenda and inform the solution.

#### **FINALLY- Key Themes in implementing the Renal NSF**

In the past year, despite the diversity of projects and individuals involved, recurring themes have sketched an outline of the key criteria that has contributed to the effectiveness of this project. Many of these were reiterated during the conference and eloquently captured in Bob Sang's report :

1. Enhanced **collaboration** to support joint working with primary care
2. **Demystification** of kidney disease and stronger links with related vascular and metabolic diseases through rigorous use of the relevant registers
3. Robust **systematisation** of the data infrastructure, enabling timely and accurate recording, assessment reporting and response to patients' tests
4. A **patient-centric approach**, using the registers to identify individuals at risk and to personalise, CKD management
5. **Population-focused learning**: collaborating to build effective responses to local patterns of morbidity to co-produce effective, informed responses

**Bob Sang**

Further information: DH Website, use A-Z to find Renal and Learning set sites