Inequalities in kidney care

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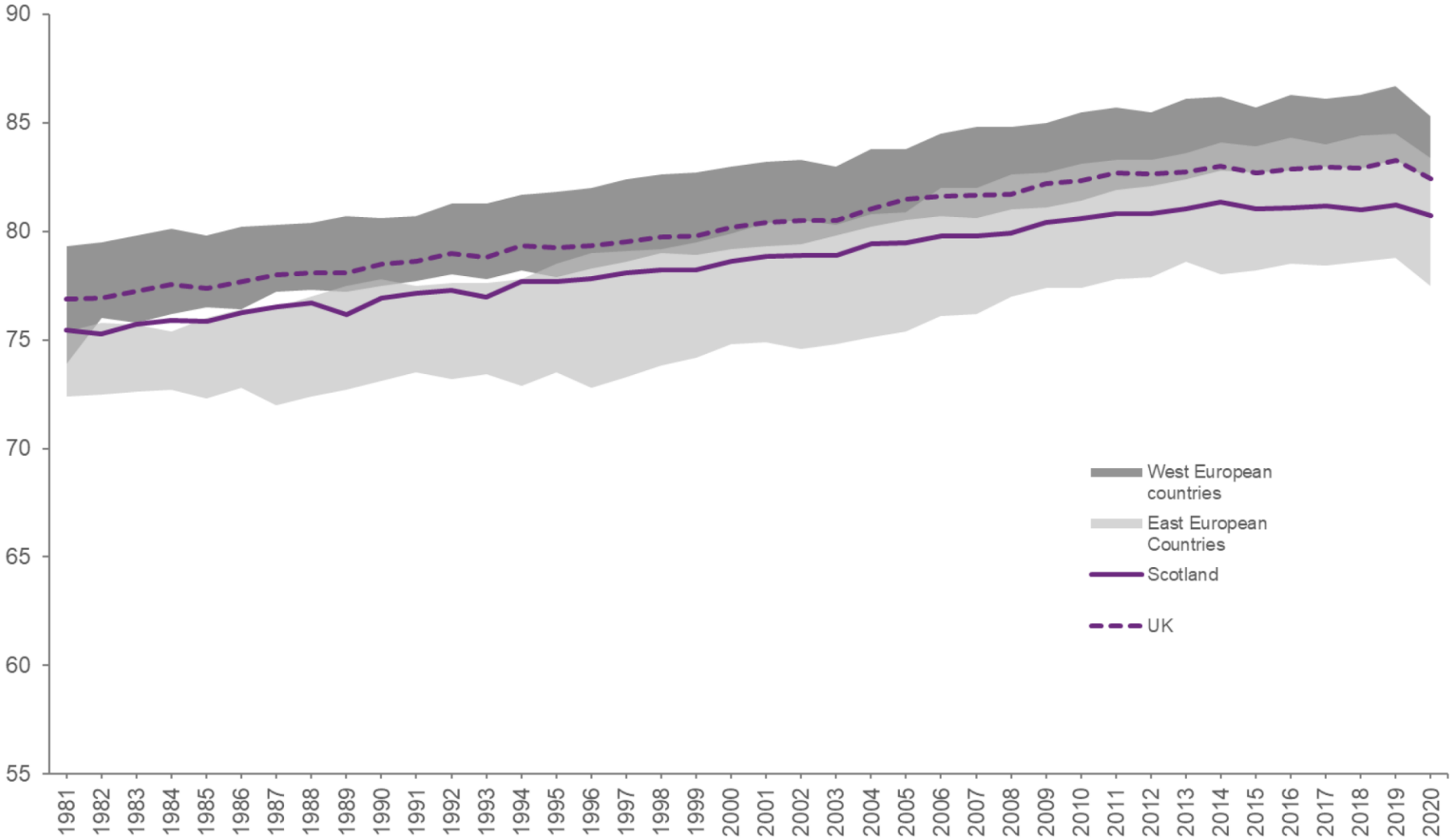
Life expectancy in Scotland lags behind

Public Health Scotland

The Health Foundation



Related to:

Working ages

Men

Ethnic groups

Deprivation

Key concerns:

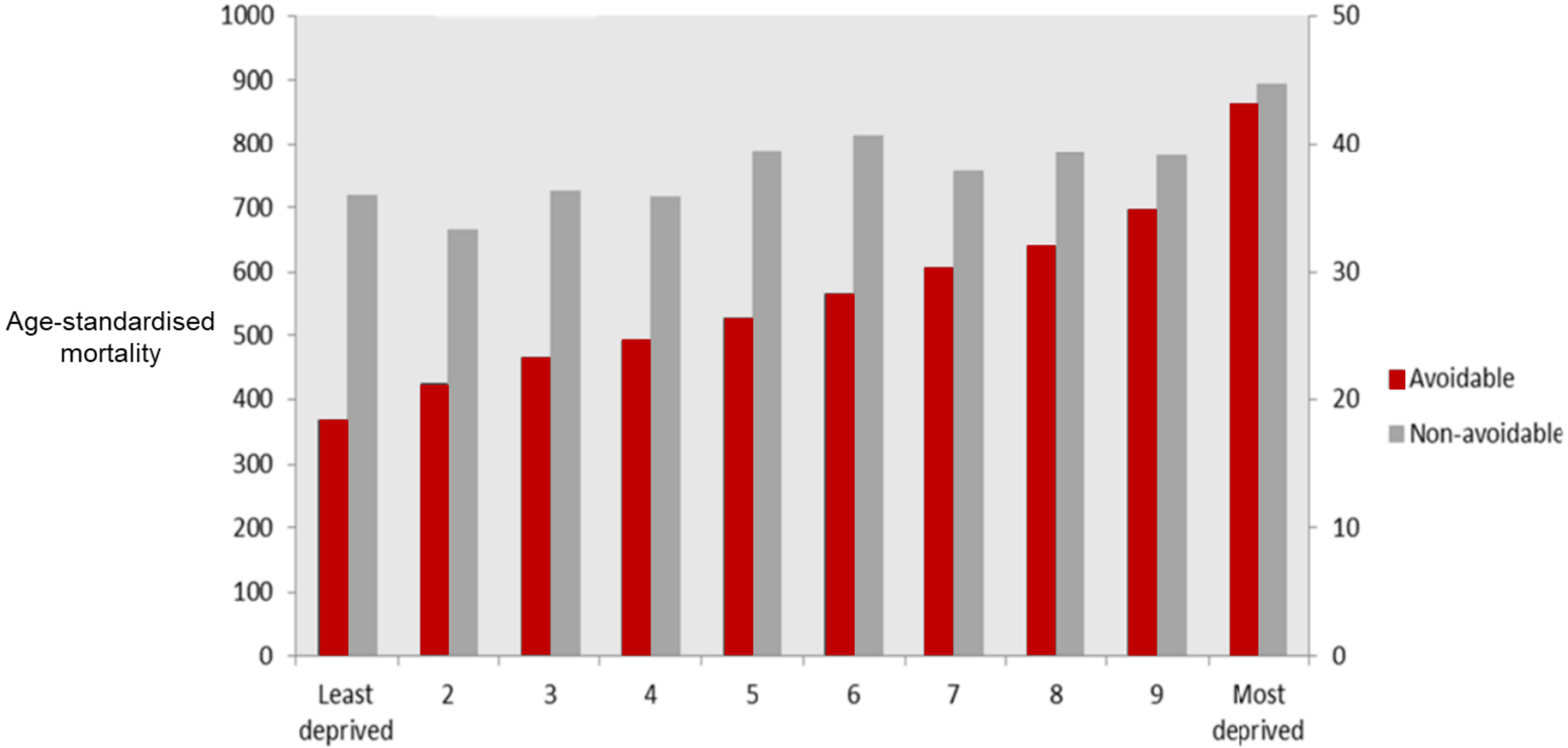
Healthy ageing

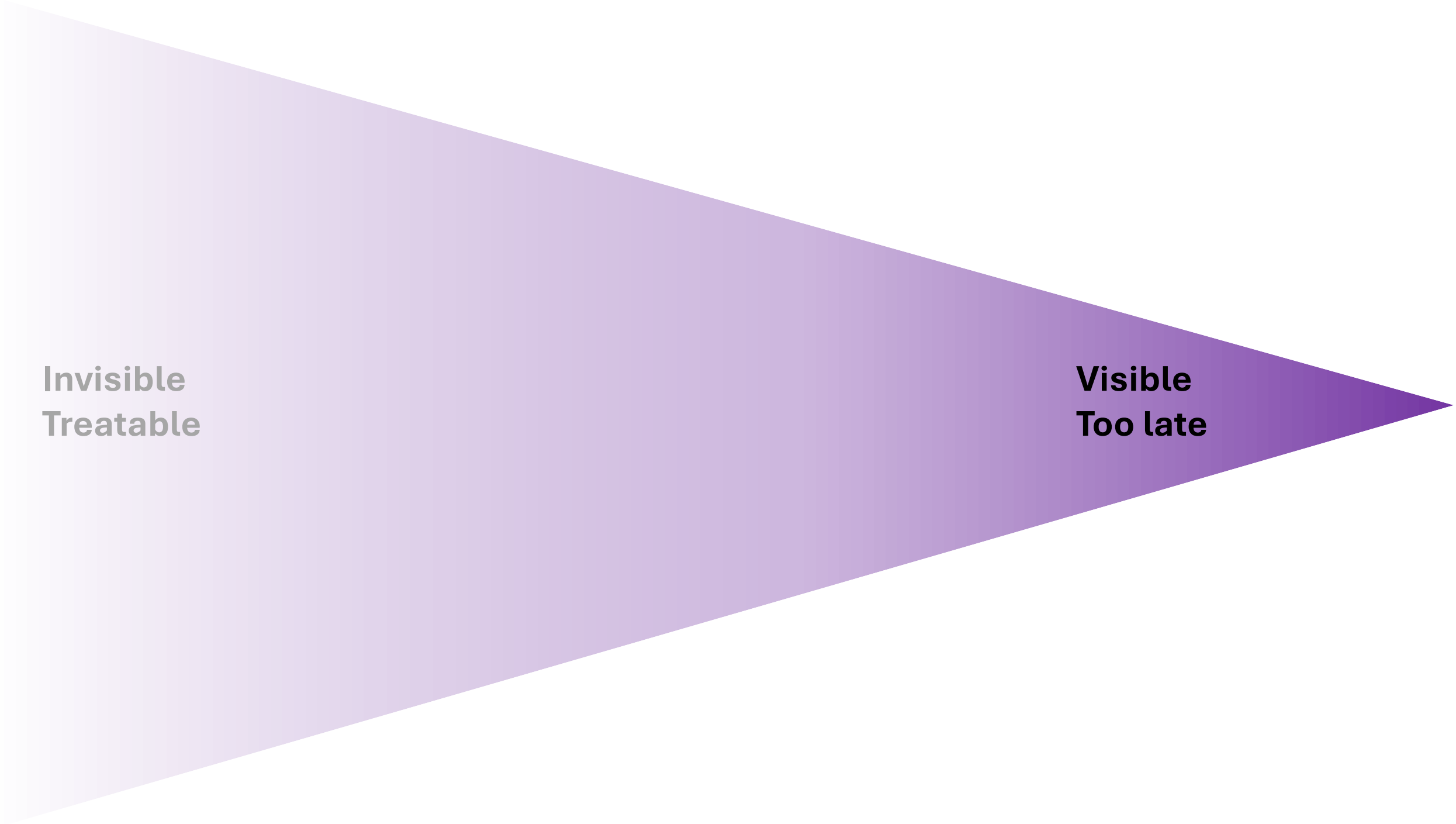
Mental Health

Long term conditions

Preventable and treatable conditions are especially unfair

Public Health Scotland

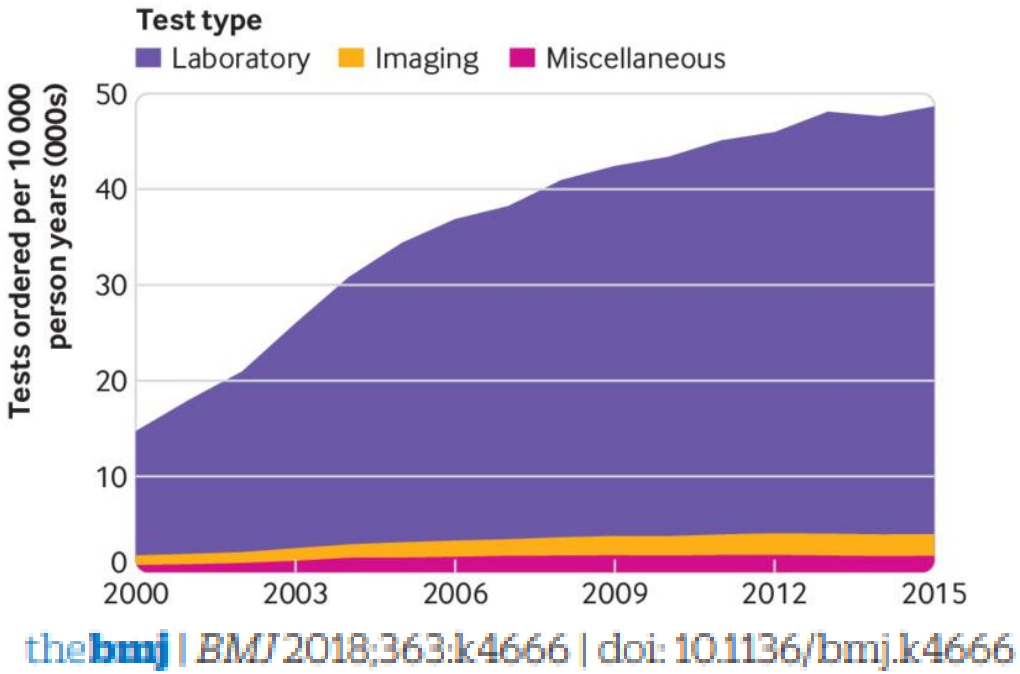



Invisible
Treatable
Visible
Too late

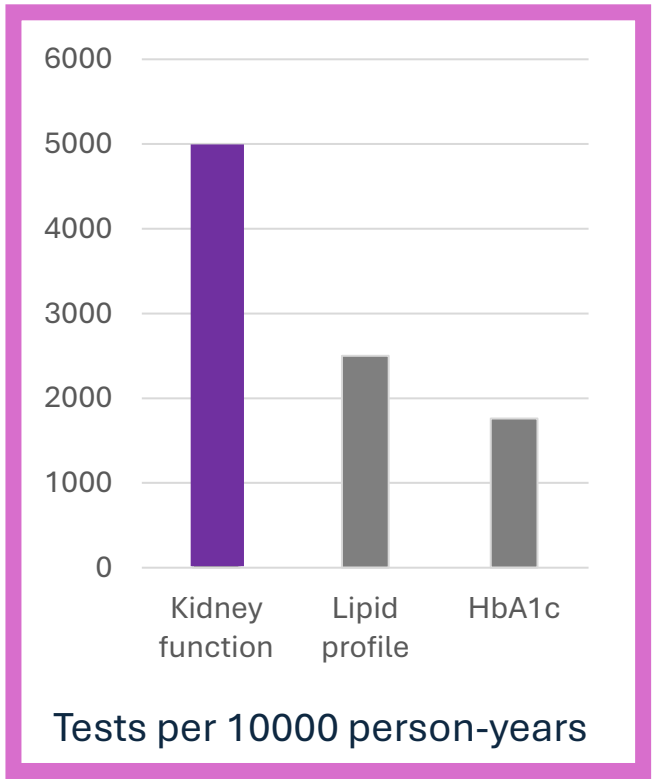
The most common test ordered in Primary care

Temporal trends in use of tests in UK primary care, 2000-15: retrospective analysis of 250 million tests

Jack W O'Sullivan,[1,2,3,4] Sarah Stevens,[2] F D Richard Hobbs,[2] Chris Salisbury,[5] Paul Little,[6] Ben Goldacre,[1,2] Clare Bankhead,[1,2] Jeffrey K Aronson,[1,2] Rafael Perera,[1,2] Carl Heneghan[1,2]



the bmj | BMJ 2018;363:k4666 | doi: 10.1136/bmj.k4666



*'Many patients are **dumbstruck** when they are initially called to discuss medication because they have CKD but were unaware this was the case'*
(Primary Care Pharmacist)

*'You can't just give them the information and then **leave them on their own**'*
(Patient with CKD)

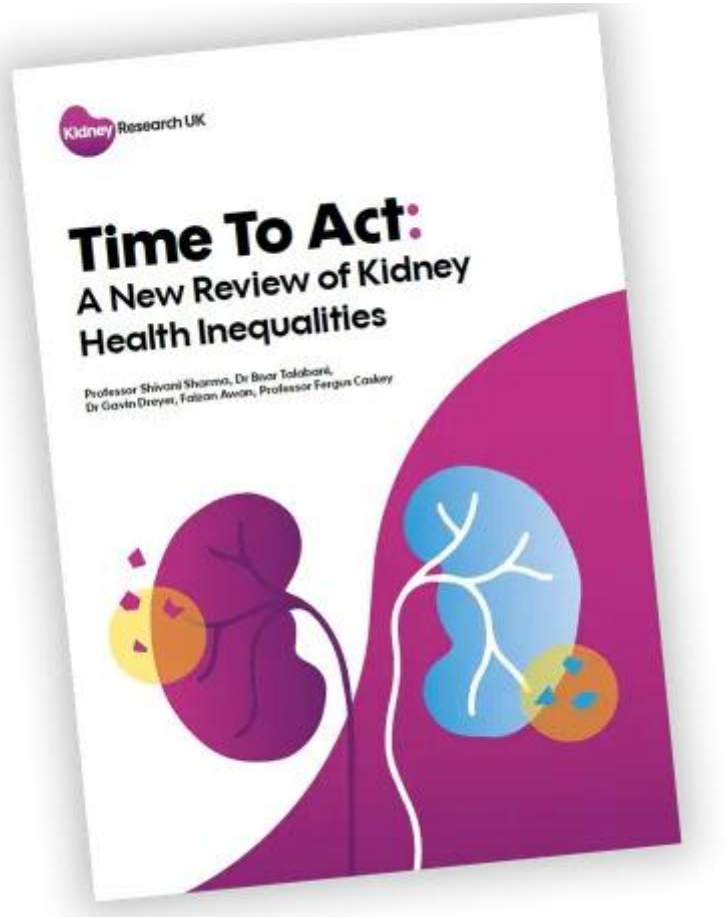
Poor knowledge

1 in 2 people know that kidneys make urine

1 in 8 people know that kidneys process medicines

Ipsos MORI poll 'THINK KIDNEYS'

Invisibility + Poor awareness + Disadvantaged access = ...



Kidney disease impacts some communities much more than others:

South Asian adults
develop kidney disease younger
than white adults[13]

People from low socioeconomic groups are
more likely to develop chronic kidney disease
than those in higher socioeconomic groups[14]

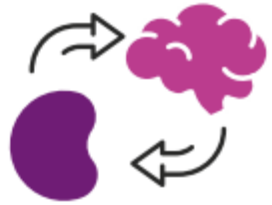
Acute kidney injury is
more common in men than women
after accounting for socioeconomic status, ethnicity, alcohol intake and smoking history[15]

Disease progresses faster in some people:

People of Black, Asian or mixed heritage are
more likely to experience kidney failure
than people of white heritage[16]

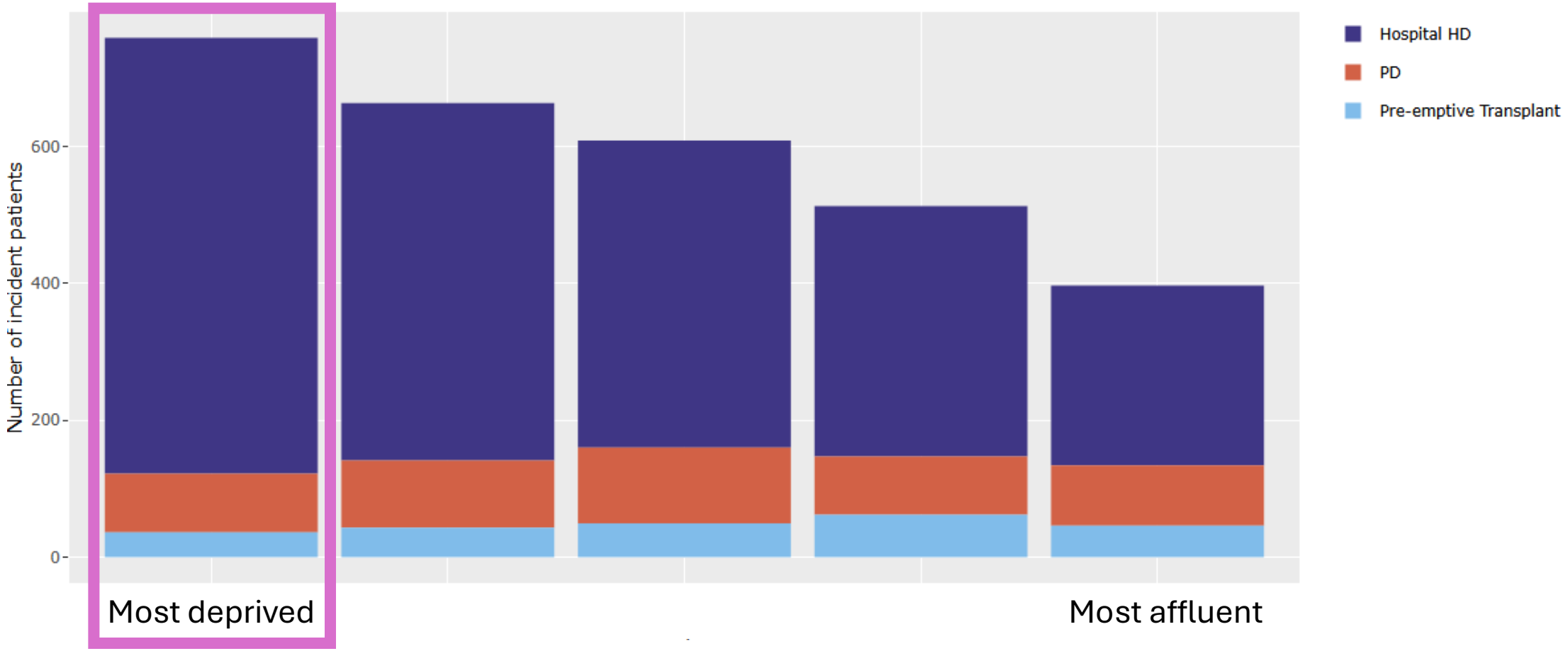
Under-70s living in deprivation are
more than twice as likely to progress to kidney failure
than those in more affluent areas[17]

More men than women
start treatment for kidney failure[17]



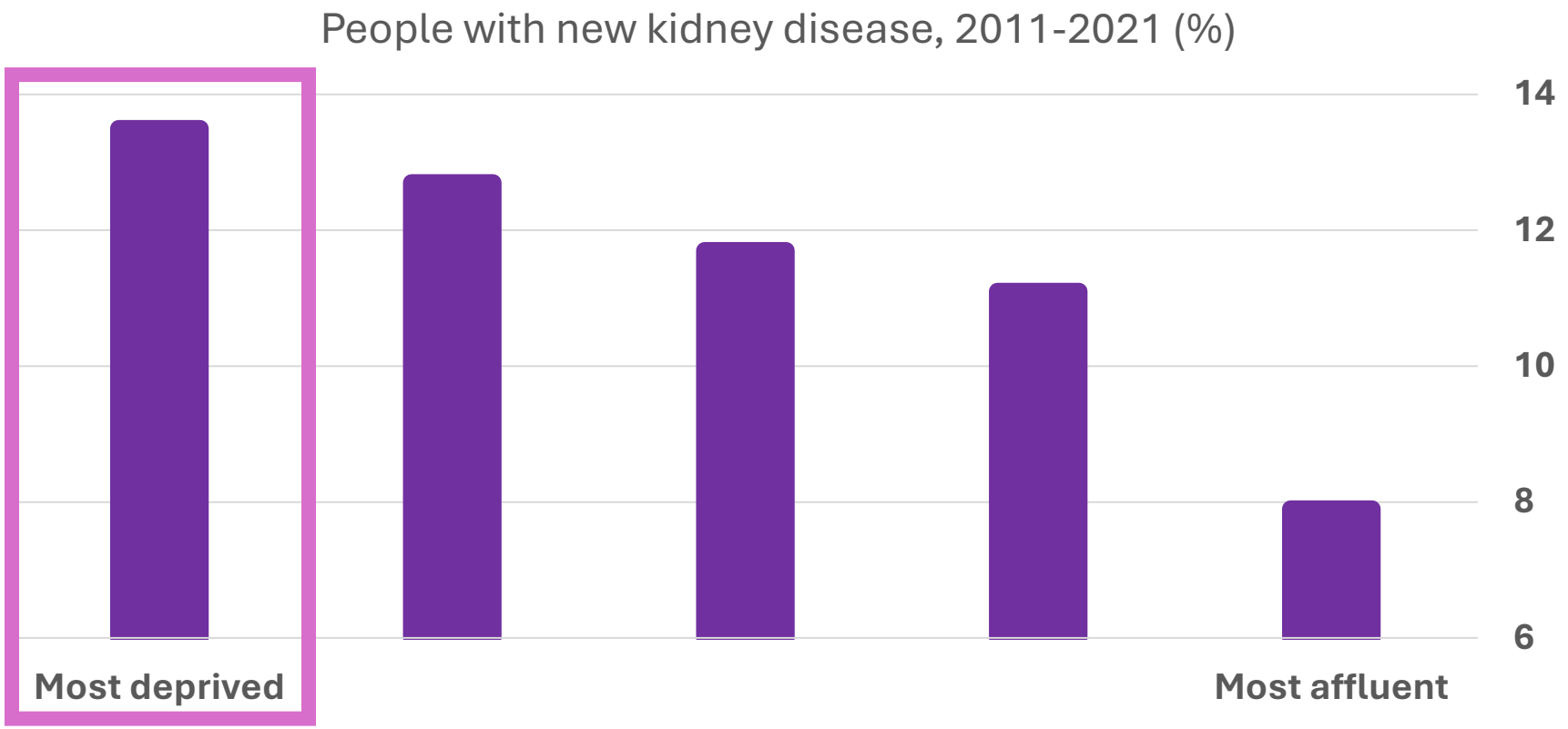
Mental health conditions are associated with
faster disease progression and worse outcomes
for people with kidney disease[18]

Kidney failure treatment in Scotland



No clear oversight of earlier stages of disease

No clear oversight of earlier stages of disease



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KINDER study – Kidney Inequalities: Needs, Data, Experiences, Response

No clear oversight of variation in early kidney care

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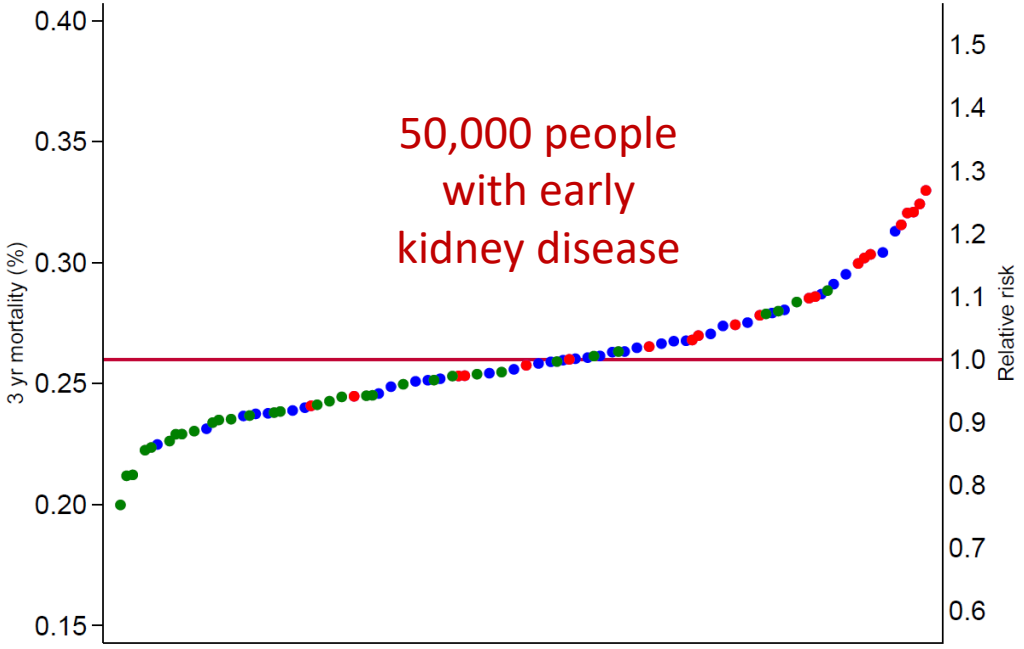

Mortality 20% in affluent and 35% in deprived neighbourhoods

The immediate next step :

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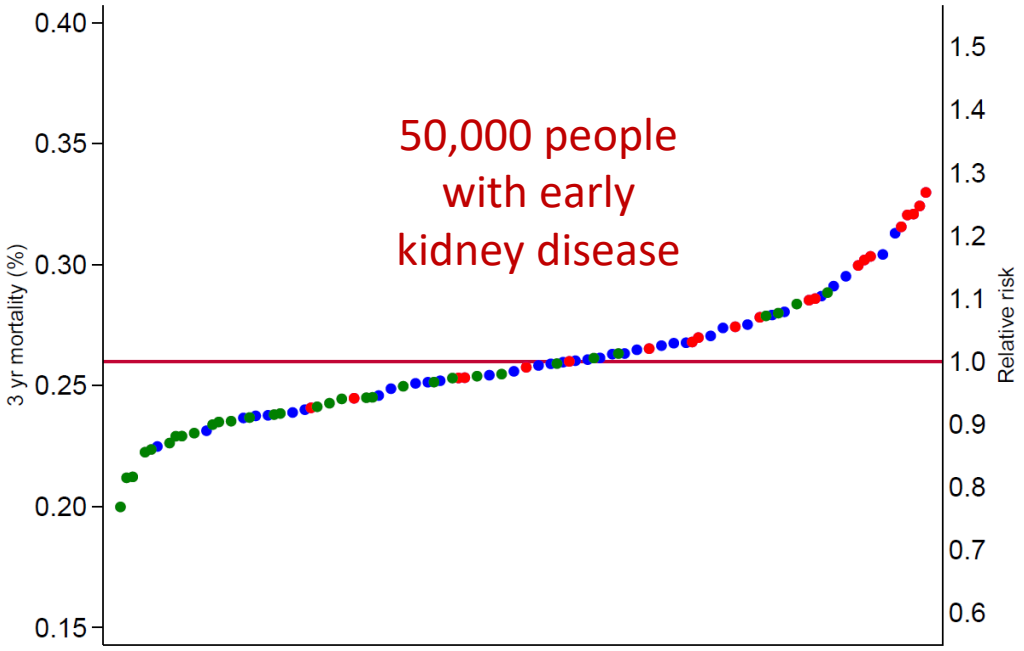

Mortality 20% in affluent and 35% in deprived neighbourhoods

Deprived households:

- Twice as likely to present (too) late
- 60% more likely to get treatment in A&E
- 75% more likely to miss appointments

The immediate next step :

Urine check in 19% vascular conditions, 85% diabetes

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KINDER study – Kidney Inequalities: Needs, Data, Experiences, Response

"We set our services up around what the service needs; we don't always think about what patients need" Health Inequalities lead

Deprivation among 50,000 people with new CKD		*Survey responses from later stages (KRUK)*
Prior mental health condition	x4 more likely	*Three-quarters couldn't get psychosocial support*
Learning or language difficulty	x5 more likely	*A quarter had contemplated suicide*
Live alone	x4 more likely	*Two-thirds have never seen a renal support worker*
No access to a car	x13 more likely	*Three-quarters had to stop their job*

*"Sometimes the car is low in petrol and **I dinna hae the money** to put petrol in"* (Female, 60-65)

"*I would come into work and my own manager would tell me things like, **'I need to quit because they are sick of paying an invalid'**…"* (Male, 30-35)

"They are nae worrying about it… so I just think, well what's the point in asking?" (Female, 60-65)

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KINDER study – Kidney Inequalities: Needs, Data, Experiences, Response

M’s story

“There was no-one saying you’d better look after your kidneys, you’d better take care of your kidneys… my late father had kidney disease and I never really looked into why… in hindsight, if I knew back then… I would have probably taken my [health] a lot more seriously.”

“There’s been a lot of adjustments, in general in my life in the past eight months, I have lost my job, I have split up from my wife and family… Because all these things just happened and crashed from underneath me in that short period … initially I was homeless. I was living in temporary accommodation…”

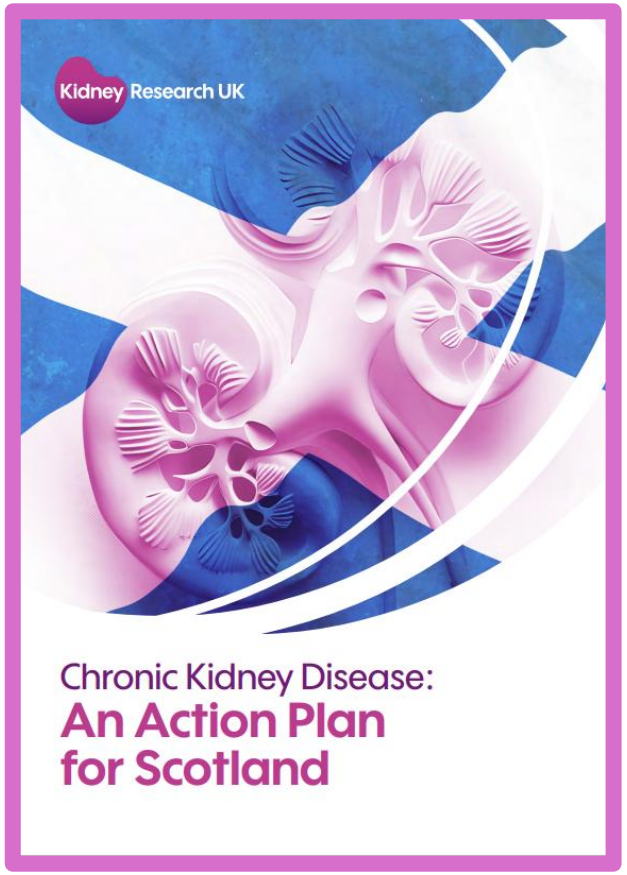
“When I was at my lowest, I was suicidal. I looked at throwing myself in the Aberdeen harbour. I didn’t know where to turn and I wasn’t eating. I had no kitchen and no place to prepare food, it was hard… and you are always worrying about the next thing, you are worrying if your condition is getting worse”

Three improvement needs for kidney inequalities

Improve kidney health messaging: trusted, consistent, usable

Reduce barriers to access early care

Provide a whole-person approach to care



We can’t evaluate this without better oversight of clinical data and disadvantages