Decisive Action needed to tackle Chronic Kidney Disease



Chronic Kidney Disease; An invisible public health emergency

Chronic kidney disease (CKD) is often regarded as an 'invisible killer' – a life-threatening condition that regularly goes undetected throughout its early stages of progression. This reality, in large part, is unfortunately due to a lack of awareness regarding early symptoms of the illness.¹ Whilst these symptoms can be mild initially, the later CKD is diagnosed and treated, the worse outcomes are for patients. Serious medical interventions are required for patients with later-stage presentations of CKD, with debilitating dialysis and organ transplantation options considered as potentially necessary steps for disease management.

A wide-reaching and inequitable disease

In 2023, Kidney Research UK (KRUK) declared CKD as a 'public health emergency that threatens to overwhelm the NHS' within its <u>independent report</u> on the economic impact of the disease in Britain.² Due to rapidly growing patient numbers, as many as 3.5 million people are now estimated to have the disease - a staggering figure that represents *almost 3%* of the country's total population.¹

KRUK's report also showed that CKD disproportionately impacts those with pre-existing health conditions, particularly diabetes, hypertension, cardiovascular disease, and obesity – with some studies suggesting that hypertension and diabetes are the leading causes of CKD. Amongst the 4 million people grappling with type 2 diabetes (T2D) in the UK, approximately 1.6 million also battle CKD.³

Another emerging challenge presented by CKD is that it is fundamentally a disease of inequality. Data continues to show that CKD disproportionately affects individuals from lower socio-economic backgrounds - particularly those from Black, Asian and minority ethnic populations.⁴ Meanwhile, 35% of patients waiting for kidney transplantation are from ethnic minority groups, while only 7.2% of people from these communities are on the NHS organ donor register.⁵

Supporting diagnosis and earlier action

To address these growing challenges and stark inequalities, more must be done to drive awareness to ensure earlier diagnosis of CKD and further research must be undertaken to understand the access barriers facing individuals and communities.

The National Institute of Health and Care Excellence (NICE) has already taken steps to recognise the importance of better screening across kidney diseases for all those impacted. Given the link between kidney disease and multi-morbidity, NICE recommended that urine albumin to creatinine ratio (uACR) testing – a recognised marker of kidney damage – should be routinely performed in people with diabetes, hypertension, and cardiovascular disease to ensure early diagnosis and treatment of CKD.⁶ However, uACR has since been removed as an indicator in the NHS's Quality Outcome Framework (QOF) for patients with type 2 diabetes, resulting in a drastic decline in the number of tests being carried out.^{7,8} This presents a significant diagnostic risk for a growing number of 'overlapping' patients.

The anticipated publication of the Major Conditions Strategy and anticipated focus on key public health issues provides an opportunity to ensure the prioritisation of uACR screening and similar diagnostic capabilities. The reintroduction of uACR in the next QOF will see the return of routine checks for those patients with diabetes and, or, high blood pressure, which has the potential to not only ensure that high-risk patients are detected earlier by their GPs and appropriately managed, but also alleviate longer-term NHS capacity pressures.

A public health emergency With a projected 34% surge in CKD cases in England by 2040 it is clear that this condition is not merely a medical concern but a national health emergency that demands immediate and concentrated attention. As outlined by KRUK, "Kidney disease has become a public health emergency in the UK, with cases of the health condition growing so rapidly it risks costing the UK economy £13.9 billion annually by 2033 without significant government intervention". Description ".10"

Immediate and targeted interventions could save 10,000 lives over the next decade; the time for decisive measures is now. 11

(f) KRUK, 'Changing the future for chronic kidney diseases in Scotland' (2022) https://www.kidneyresearchuk.org/wp-content/uploads/2022/12/Scotland-CKD-report-final.pdf [accessed December 2024] (3) EKPF, 'The realities of living with CKD: People with T2D and CKD speak up' (2023) https://ekpf.eu/wp-content/uploads/2023/03/EKPF-Designed-Patient-Insights-Report_FINAL_pdf [accessed December 2024] (3) EKPF, 'The realities of living with CKD: People with T2D and CKD speak up' (2023) https://www.kidneyresearchuk.org/wp-content/uploads/2023/03/EKPF-Designed-Patient-Insights-Report_FINAL_pdf [accessed December 2024] (3) EKPF, 'The realities of living with CKD: People with T2D and CKD speak up' (2023) https://www.kidneyresearchuk.org/wp-content/uploads/2023/03/EKPF-Designed-Patient-Insights-Report_FINAL_pdf [accessed December 2024] (6) KRUK, 'Kidney diseases: A UK public health emergency' (2023) https://www.kidneyresearchuk.org/wp-content/uploads/2023/03/EKPF-Designed-Patient-Insights-Report_FINAL_pdf [accessed December 2024] (6) KRUK, 'Kidney desease: A UK public health emergency' (2023) https://www.kidneyresearchuk.org/vp-content/uploads/2023/06/ECD. A UKP of Patient Pati

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