

# The HIDDEN CKD Community Toolkit

An approach for Integrated Care Systems  
to test for chronic kidney disease (CKD)  
in underserved populations

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# The CKD challenge

**People from ethnic minority groups are much more likely to present with advanced or end stage kidney disease which is irreversible. The consequences are devastating.**

Chronic kidney disease (CKD) is commonly called the silent killer because it often lacks physical symptoms. There is no cure for kidney disease. Sadly, people from ethnic minority groups will frequently present when their CKD has advanced to End Stage Kidney Disease.<sup>[1]</sup> The consequences of kidney disease are devastating.

End Stage Kidney Disease lowers life expectancy, affects quality of life and ability to work, and also impacts substantially on carers, families and communities.<sup>[2]</sup> Healthcare costs are substantial, with UK renal replacement therapy accounting for three percent of the entire NHS budget.

Early stages of CKD are associated with higher rates of unplanned hospital admission, preventable death and cardiovascular disease. In the UK, there are limited established screening strategies for CKD<sup>[3]</sup> and early CKD is often only detected by chance at other health checks due to lack of symptoms.

Kidney Research UK is committed to reducing kidney health inequalities, advocating that everyone should have equitable access to preventing and slowing down the impact of kidney disease, and where necessary, access to suitable treatment.<sup>[4]</sup>

# A solution

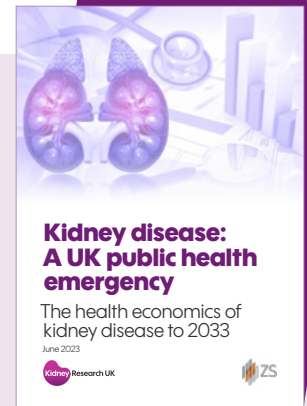
## Early and improved CKD diagnosis is crucial to managing and preventing the progression of CKD, complications of CKD and kidney failure.

The National Institute for Health and Care Excellence (NICE)<sup>[5]</sup>, Kidney Research UK<sup>[6]</sup> and international guidelines<sup>[7]</sup> agree – early and improved CKD diagnosis is crucial to managing and preventing the progression of CKD, complications of CKD and kidney failure.

Kidney Research UK's 2023 report, 'Kidney disease: A UK public health emergency',<sup>[8]</sup> outlines recommended interventions to prevent or slow CKD progression, complications and kidney failure, and improve clinical outcomes and cost-effectiveness.

Early or improved diagnosis was at the heart of The HIDDEN CKD Community Outreach Programme.

**Interventions which improve clinical outcomes and are cost effective include:**



### **Early or improved diagnosis**

Targeting ethnic minority groups and other underserved populations through outreach programmes to improve screening opportunities and increase early diagnosis

### **Improved CKD management**

Targeting eligible patients with CKD who are either untreated or not receiving standard care according to clinical guidelines (e.g. blood pressure management)

### **Use of new medications**

Increasing uptake of recently approved medications, e.g. sodium-glucose transport protein 2 (SGLT-2) inhibitors to reduce cardiovascular disease events and slow progression to End Stage Kidney Disease

# The HIDDEN CKD Community Outreach Programme

Between 2022 and 2024, Kidney Research UK funded a study called 'Health Inequalities in Kidney Disease, meeting the urgent need to identify early disease in high-risk communities: a feasibility study', HIDDEN for short.

At its heart was the HIDDEN CKD Community Outreach Programme, a series of health events which targeted early and improved diagnosis of CKD in African and Caribbean communities using point-of-care approaches.

Principal Investigator, Dr Kate Bramham, incorporated Kidney Research UK's evidence-based<sup>[9]</sup> and multi-award-winning peer educator initiative at the study's planning stage. This was developed with the Kidney Research UK Health Equalities Team before funding was awarded. Kidney Research UK has provided ongoing expertise, consultancy and support with the peer educator aspect, including gaining accreditation for the training course and subsequent qualifications for the peer educators (PEs).

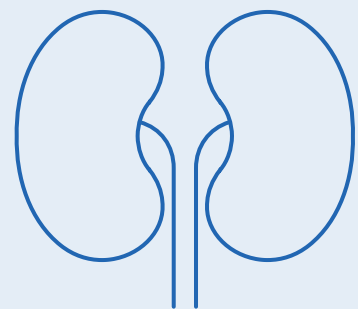
## Benefits of targeted community kidney health screening

**People are receptive to culturally appropriate educational material and community support for raising kidney health awareness.**

**People will participate in community health events to check their kidney health when led by culturally congruent peer educators.**

### What is a kidney health check?

In the community setting a kidney health check is looking at risk factors for kidney disease (raised blood pressure and other cardiovascular risk factors) alongside a urine albumin creatinine ratio (uACR) for early signs of kidney disease, which detects if the kidneys are leaking protein in to the urine. These assessments can be done instantly and results discussed on the spot.



## How the health events worked

### Before the health event



Identify the community groups at high risk of CKD where a point-of-care test would be beneficial, e.g. via: Kidney Research UK Time To Act report.



Identify and engage with key people or leaders within the identified community groups about holding CKD health events.



Find and engage with organisations that have existing community groups and/or host health related activities.



Encourage community leaders or the organisation to promote the event, e.g. via social media and community forums.

### At the health event

#### Peer educator:



Explains rationale and process of kidney health screening to participants, and asks them to sign a consent form to engage in health activities.



Conducts a point-of-care (POC) urine test to look for protein, explains the results and informs the clinical lead as needed.



Measures cardiovascular risk factors associated with kidney disease e.g. blood pressure, body mass index, blood sugar (optional), explains results and offers lifestyle advice



Encourages the participant to engage with their GP and gives them written information to take home, e.g. health event booklet with kidney information, their results and guidance on engaging with their GP.

#### Clinical Lead:



Observes, oversees and supports practice of peer educators.  
Speaks with those participants (one to one) who have been identified as needing individualised clinical advice and/or needing to be risk managed.  
Identifies where further training of peer educators is needed.

### After the health event

#### Clinical Lead:



Asks the participant to inform their GP that they have been screened for CKD, using the booklet given to them.



Ensures routine care providers are aware of a participant's abnormal results that need further action, e.g. high BP and/or high uACR (with participant's consent).



Risk manages identified participants as appropriate, e.g. asks participant with high blood pressure to go to their nearest Accident and Emergency service.

## The results of the HIDDEN CKD Community Outreach Events

In the following results, all percentages are of the total number of participants who were tested at the HIDDEN community events.

# 964

urine ACR tests completed at HIDDEN community events

**825 (85.6%)** participants were of Black ethnicity

**652 (67.6%)** participants identified as of Black West African ethnicity

Events were held in churches, mosques and non-faith community spaces

# 431

abnormal tests in the community

**373 (38.7%)** abnormal results which could indicate kidney disease

**58 (6.0%)** highly abnormal results in keeping with existing kidney disease

**216 (22.4%)** of those tested were found to have previously undiagnosed hypertension, including **6 (0.6%)** with hypertensive crises who were referred to emergency care.

# 399

patients with abnormal tests followed up

**231 (24.0%)** found to have new diagnoses of CKD confirmed in primary care. New diagnoses allow for awareness and medical optimisation which reduces progression of kidney disease and cardiovascular events such as heart attacks and strokes

**60 (6.2%)** found to have existing CKD coded in their GP notes. **50** of these participants were unaware of their diagnosis

# The HIDDEN CKD Community Toolkit and its six core principles

This toolkit outlines approaches that Integrated Care Systems (ICSs) can use or replicate (either entirely or in part) if they wish to set up a similar CKD Community Outreach Programme in their neighbourhoods.

These approaches are based on six core principles that were essential to the success of the HIDDEN CKD Outreach Programme in South London. These principles enabled increased screening and early diagnosis of CKD in communities to be achieved and sustained.

This toolkit is not intended to be a step by step guide on how to implement a CKD Community Outreach Programme, as steps will differ according to existing infrastructure and processes.

Instead, this document outlines key elements and potential issues that should be considered prior to setting up your programme.

It also includes specific examples from the HIDDEN CKD Community Outreach Programme and key lessons learnt during implementation.

## The six core principles

### 1 Develop effective community partnerships and collaboration

Identify groups at high risk of CKD within your population  
Identify and engage with key people or leaders from the community groups and organisations

### 4 Use a point-of-care (POC) test to identify CKD, optimise engagement, and triage risk

Peer educator (PE) should test/measure the following for each participant:

- A semi quantitative POC uACR test or POC creatinine (POC-Cr)
- Blood pressure
- Blood glucose check (optional)
- Body Mass Index (optional)

### 2 Use peer educators to engage and develop trust with the community

Recruit and train peer educators who represent the target community to help develop trust  
Give information, obtain consent, test for CKD, explain results, and encourage GP engagement

### 5 Provide clinical supervision and support at all community events to ensure safe practice

Recruit a clinical lead who is able to oversee, observe and support PEs, and identify further training needed

Provides clinical advice to participants and risk manages as needed

### 3 Tailor education to your target community or participants

Provide appropriate education at your health event  
Provide appropriate written information for participants to take home

### 6 Ensure all relevant participants are followed up and connected to routine health care

Clinical lead and peer educators facilitate and support connection to routine care providers. Post event phone follow up for participants with abnormal results should be arranged.

Follow-up participants using ways of communicating that they are likely to engage with

## Core principle 1:

# Develop effective community partnerships and collaboration

## 1. Identify high-risk community groups

Identify the community groups who are at high risk of CKD where a point-of-care test is needed or would be beneficial. [See tool 1](#). This will help inform who you should develop community partnerships with, e.g.:

- Ethnic minority or global majority communities.
- People living with diabetes and/or hypertension with cardiovascular risk factors.
- Family members of people living CKD.
- Those living in deprived areas (Public Health can provide further information).
- Groups who are less likely to be involved in their routine health care. For example, young people, transport or bus drivers who work long hours, people with severe mental illness and/or learning disabilities.

## 2. Identify and liaise with key people or leaders

When high-risk community groups have been identified, identify the key people or leaders within those groups who you would like to approach about kidney health screening at community health events.

Use the established infrastructure in your ICS to help identify the key people or leaders, e.g. community leader or any significant person in the community. Engage with charities, the voluntary and public health sectors, local authorities, and population health leads to find out what else is going on in the community and identify potential partners. They should be well informed and connected within your community and can advise accordingly.

Email the key community contacts or leaders to:

- Inform them of what you would like to do and why with statistics and facts. Include key elements, but allow for flexibility.
- Request an in-person meeting, if possible. This enables relationship building and questions to be asked, e.g. what is required of them, facilities available to hold a health event (a bathroom and space for confidential discussions), other logistics (e.g. time needed to set things up).
- Provide a 'Community Leader Booklet' explaining activities that will take place at the event and equipment and utilities needed. [See tool 2](#).
- Provide a 'Community Health Event Booklet', for community leaders to know what information participants will be given. [See tool 3](#).

### 3. Find and contact existing community groups

Find and contact organisations that have existing community groups or host health related activities that you can collaborate with. This may include:

- Public Health (who may be able to provide information on existing or planned health events, such as community BP testing or supermarket events)
- Charities
- Churches
- Mosques
- Elderly groups
- Social and cultural organisations (including ethnic and religious influencers)
- Food banks
- Community, ethnic or religious influencers

### 4. Present your offer

If you secure a meeting with any key person, present your proposed community health event i.e. your approach to screening kidney health. Be prepared to adapt your event as requested, based on the community resources available and other activities already taking place, such as blood pressure checks. Have an essentials checklist and encourage questions. [See tool 4.](#)

### 5. Support event promotion

If there is agreement to support your community health event, engage with the community leaders and their teams on raising awareness. That might be through verbal communication, monthly newsletters, posters, leaflets or community websites.

### Key lessons learnt about community partnerships and collaboration

- Building trust and developing an authentic connection is vital as it facilitates a smoother and more natural process thereafter. Expect this stage to take time, possibly requiring many meetings.
- It might be someone else who connects with the community if they are better placed to do so or have an existing relationship with them.
- Be flexible when working with the community. The leader may decide when you can start and where, so prepare to adapt and work with their timeline. Allow time for this.
- Use the existing community infrastructure.
- Follow-up with a thank you and feedback, including markers of success and impact, if possible.

#### **Toolbox**

##### **Identify high-risk community groups**

- 1 [Kidney Research UK Kidney Health Inequalities Report](#)

##### **Identify and liaise with key people or leaders**

- 2 Community Leader Booklet
- 3 Community Health Event Booklet

##### **Present your offer**

- 4 Essentials Checklist

## Core principle 2:

# Use peer educators to engage and develop trust with the community

Peer educators (PEs), also called community kidney champions, should represent the target community to help engender trust, and demonstrate commitment and passion to improve the health of their communities.

Peer educators may include nurses, mental health nurses, health care assistants, lay patients, carers or social prescribers.

At the HIDDEN CKD Community Health Events, PEs had a handbook with suggested scripts that they were supported to follow. [See tool 5.](#)

The clinical lead observed their practice during the event and also asked them to identify further learning needs after the event.

Some events included educational talks which explained procedures within the kidney health check, and the reason for them.

## 1. The role of peer educators

It should be ensured that the role of PEs is tailored to fit within local governance structures and requirements. They should also consider the requirements for indemnity or insurance that their system requires for PEs to work in this way within the project. [See tools 6 and 7](#) for the role of the PEs at the HIDDEN CKD Community Health Event.

## Explain the why and how of kidney health screening

PEs ensure participants understand why they are being tested and the tests that are involved. Participants are then asked to sign a consent form to confirm they would like to proceed. This process may vary based on local governance. [See tool 8.](#)

Written consent may be needed because:

- Participants may need to provide personal information including their name, date of birth, email, phone number, their GP's details, and a urine sample.
- Permission may be needed to hold their data securely. Consider how this will be done based on your organisation's/local governance. Who will hold the data and how will it be protected?
- Permission may be needed to contact the participant's routine care providers, such as their GP.

Your local public health team should have guidance or procedures on consent at health events.

## Conduct testing and explain results

PEs conduct the point-of-care test and explain the results. They measure other markers of cardiovascular disease, e.g. participant's blood pressure (and explain the result), weight and height, diabetes check (which may or may not be included); and also explain the connection to CKD and lifestyle advice.

A PE's Quick Guide outlined the four key tasks and the numerical ranges they needed to know to help explain the results. [See tool 9.](#)

## Follow up

PEs and Clinical Lead encourage the participant to engage with their GP and give them written information to take home. This may include a health event booklet with kidney information, their results and guidance on engaging with their GP.

## 2. Recruiting peer educators

Consider using experts or those with experience in recruiting PEs, such as Kidney Research UK and Diabetes UK.

Interview applicants according to your local processes, and always check references and conduct a criminal record check.

### Advertise your PE role

Consider recruiting proactively by using existing infrastructure and processes within the community, and local comms teams who can support with advertising and targeting key audiences, such as existing volunteers.

Use different communication platforms that exist within the local area's infrastructure and are suited to the community. You might use social media, local network forums, and WhatsApp groups.

## 3. Training peer educators

Local systems should decide how they will train and support their PEs. However, online learning such as King's College London (KCL) peer educator package, should be supplemented with place-led, in-person training that is robust and tailored to the role and training needs of the PEs. [See tool 11.](#)

Training may include topics such as confidentiality, safety policies, communication, competencies in engaging faith and non-faith-based communities, outreach and detached working policies, data-reporting and basic clinical practice. The topics you select will depend on the role of your PEs and their training needs, and may include core and optional topics.

Generic online packages exist for training on these topics, which are often freely available, for example the NIHR Good Clinical Practice, Making Every Contact Count, and the Vital 5 courses.

Health events will need to be tailored to the training and support available/provided and the background experience, and therefore the role, of the PEs.

Consider contacting Kidney Research UK's Health Equity Team to see if they can provide or support your PE training through accreditation.

 [healthequity@kidneyresearchuk.org](mailto:healthequity@kidneyresearchuk.org)

## 4. Paying your peer educators

At every HIDDEN CKD health event, each PE recorded their attendance on the register to ensure payment at the end of the month. However, consider how remuneration (e.g. via money or vouchers) arrangements will work in your local area.

### Key lessons learnt about peer educators

- Avoid mentioning 'disease' as it is frightening, use 'kidney health check' instead.
- The diversity of PEs and language skills enriches, adds value and benefits the experience of participants and PEs.
- PEs needed robust training on specific skills and knowledge to ensure they were able to fulfil their semi-clinical role and engage effectively. Funding or paying peer educators enabled this. Providing a qualification also incentivised and rewarded PEs.
- PEs with no clinical background or experience needed more intense training and support at health events, especially if they were explaining abnormal results.
- In-person training was most effective, and the time and effort required should not be underestimated.
- PEs should be remunerated as it drives greater recruitment, better engagement, commitment and accountability.



### Toolbox

5 Peer educator's handbook

#### The role of peer educators

- 6 Peer educator Role Description and Person Specification
- 7 Peer educator Code of Ethics
- 8 Consent Form for participant to sign
- 9 Peer educator's Quick Guide

#### The HIDDEN CKD peer educator Training Package

- 10 Overview of King's College London peer educator Training Package
- 11 Overview of in-person learning



Email the HIDDEN CKD team for examples: [kch-tr.hiddenckd@nhs.net](mailto:kch-tr.hiddenckd@nhs.net)

## Core principle 3:

# Tailor education to your target community or participants

## 1. Tailoring educational information

Provide appropriate education for the population that you are targeting at your health event. Ensure culturally tailored presentations and engagement based on their needs, language, cultural nuances, suitable reading level etc. Be informed by your local teams on what is likely to be relevant, work, and suits the audience so that you can adapt your education accordingly.

The information provided to participants at the HIDDEN CKD Health Event was tailored to African and Caribbean communities.

## 2. Information to take away

Provide appropriate written information for participants to take home. This might be a leaflet. There is a wide range of existing information that can be used:

- Modifying cardiovascular risk factors. From Guys and St Thomas'.
- What is Chronic Kidney Disease? From London Kidney Network.

The information provided to participants at the HIDDEN CKD Health Event included an event booklet. [See tool 3](#). This included information on:

- Kidneys and factors affecting kidney health.
- Healthy eating.
- Controlling blood sugar levels.
- Taking tablets.
- The participant's results for their urine test, blood pressure, BMI and waist circumference.

Further culturally appropriate information was provided on:

- African and Caribbean Eatwell Guide.
- Salt Alternatives.
- Healthy Food Portion Sizes.
- Exercise.

## Key lessons learnt about tailoring information

- It would be sufficient to provide participants with one A4 sheet to take home that provides key information, e.g. what the patient should do next based on their results.
- Information can be non-cultural and general in order to include a wider audience.
- Information should be accessible and have an appropriate reading level. The NHS Health Literacy Toolkit has guidance on this. [See tool 12](#).



## Toolbox

### Information to take away

3 Community Health Event Booklet

### Key lessons learnt

12 NHS Health Literacy Toolkit



Email the HIDDEN CKD team for examples: [kch-tr.hiddenckd@nhs.net](mailto:kch-tr.hiddenckd@nhs.net)

## Core principle 4:

# Use a point-of-care test to identify CKD, optimise engagement, and triage risk

The instant results achieved with a point-of-care test are key for effective engagement and triaging risk.

At each health event, the peer educator should test or measure the following for each participant:

- A semi quantitative point-of-care urine albumin creatinine ratio (ACR) test (or quantitative ACR or capillary creatinine depending on resources available)
- Blood pressure (BP)
- Diabetes check (optional)
- Body mass index (BMI) (optional)

## Key lessons learnt about testing and taking measurements

- Connecting to the internet was poor or not possible in many of the older buildings where most of the events were held. Consider this when selecting your data collection approach.
- Be aware that people may not feel comfortable with having their BMI measured.
- It is possible to ask participants for a urine sample in a pot which is then taken away for testing at a laboratory. However, pots will need to be labelled (using a portable hospital label maker) and transported to the hospital. This introduces potential risk (transport delays, timely checking of results and phoning patients, for example), into the process and a higher level of clinical training needed for peer educators.
- Point-of-care testing improves the opportunity to engage with participants face-to-face and helps establish a trusted relationship.

## Core principle 5:

# Provide clinical supervision and support at all community events to ensure safe practice

## 1. Safety considerations

Consider the safety of:

- The environments in which you are doing community outreach and be prepared to adapt as you go along. For example, if the event room becomes overcrowded, you may need to pause the event.
- Your team at the health events.
- The ratios of people likely to attend your event versus PEs and equipment.

## 2. The role of the clinician

There needs to be a clinician (e.g. a nurse/ pharmacist) at every health event.

Clinicians ensure peer educators:

- Impart correct information. HIDDEN CKD PEs were given a crib sheet to follow when explaining results. [See tool 13.](#)
- Test ACR or POC-Cr correctly.
- Measure correctly, e.g. BP.

Clinicians have one-to-one conversations with any participant who:

- Has an abnormal or high-abnormal ACR and/or a high BP result or POC-Cr. These participants are identified by the peer educator through the 'process flow sheet'. [See tool 14.](#)
- Needs or wants to discuss their medications. Some participants will bring them depending on how the health event is advertised.
- Wants to ask clinical questions.
- May be more clinically complex or who has symptoms which require immediate or further action.

Clinicians ensure identified participants are risk managed appropriately (e.g. regarding BP and/or a potential urinary tract infection) after the Clinical Lead has had an individual discussion with them.

Risk management may include the Clinical Lead:

- Developing their own process map to inform GPs of participants' results.
- Writing a letter to the participant's GP ([see tool 15](#)) and asking the participant to visit their GP and also give them the letter at the same time; **or**
- Emailing the letter to the participant's GP after finding out the GP's email address from NHS digital.


## Key lessons learnt about clinical supervision

- Clinical supervision and support are essential.

### **Toolbox**

#### The role of the clinician

- 13** Peer educator's Crib Sheet for Explaining Results
- 14** Peer educator's Process Flow Sheet to identify abnormal test results
- 15** Example letter for the participant's GP

 Email the HIDDEN CKD team for examples: [kch-tr.hiddenckd@nhs.net](mailto:kch-tr.hiddenckd@nhs.net)

## Core principle 6:

# Ensure all relevant participants are followed up and connected to routine health care

All relevant participants (e.g. those with abnormal test results suggestive of CKD) should be followed up based on risk stratification, and connected or supported into routine health care. This will help to: ensure timely diagnosis, optimise outcomes, promote self-management, and improve equity of care.

The clinical supervisor (e.g. CKD nurse or pharmacist) and/or the Peer Educator should encourage participants to engage with their GP, based on their ACR and/or BP results.

Additionally, a 'follow-up action plan' should be given to the participants at the events. An example of this is in the 'Community Health Event Booklet'. [See tool 3.](#)

## 1. Informing the participant's GP

It is helpful for the GP to know that their patient has been screened for CKD. Therefore, the Clinical Lead should inform the GP (e.g. via email) of the participant's results (with the participant's consent) from the health event, even if all results are within range or negative. [See tool 14.](#)

## 2. Further communications with participants

When following-up participants, use methods of communication that they are more likely to use or engage with. Consider whether text messaging (e.g. via WhatsApp) or email is likely to be more effective. This should be known from the initial discussions with the local community teams before the event.


No results should be communicated to participants via social media.

## Key lessons learnt about follow up

- Consider using privacy screens to reduce participants becoming visually distracted.
- Consider that adjustments to the setup of equipment may need to be made. Consider having one BP machine per table to reduce participants overhearing conversations.
- Anticipate how you are going to communicate abnormal point-of-care results to a routine care provider, such as a participant's GP, in a reliable and practical way before commencing events.
- Anticipate how you will manage results and outcomes.
- Consider what action will be taken for people who are not registered with routine care services.



## Toolbox

- 3 Community Health Event Booklet
  - 15 Example letter for the participant's GP
-  Email the HIDDEN CKD team for examples: [kch-tr.hiddenckd@nhs.net](mailto:kch-tr.hiddenckd@nhs.net)

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# Toolbox of Community Outreach Programme Resources

Examples of tools 2–14 which were used in the South London project are available from the HIDDEN CKD team. You can request these by emailing:

 [kch-tr.hiddenckd@nhs.net](mailto:kch-tr.hiddenckd@nhs.net)

## **Core principle 1: Develop effective community partnerships and collaboration**

### **Identify high-risk community groups**

- 1 Kidney Research UK Kidney Health Inequalities Report

### **Identify and liaise with key people or leaders**

- 2 Community Leader Booklet
- 3 Community Health Event Booklet

### **Present your offer**

- 4 Essentials Checklist

## **Core principle 2: Use peer educators to engage and develop trust with the community**

- 5 Peer educator's handbook

### **The role of peer educators**

- 6 Peer educator Role Description and Person Specification
- 7 Peer educator Code of Ethics
- 8 Consent Form for participant to sign
- 9 Peer educator's Quick Guide

### **The HIDDEN CKD peer educator Training Package**

- 10 Overview of King's College London peer educator Training Package
- 11 Overview of in-person learning

## **Core principle 3: Tailor education to your target community or participants**

### **Information to take away**

- 3 Community Health Event Booklet

### **Key lessons learnt**

- 12 NHS Health Literacy Toolkit

## **Core principle 5: Provide clinical supervision and support at all community events to ensure safe practice**

### **The role of the clinician**

- 13 Peer educator's Crib Sheet for Explaining Results
- 14 Peer educator's Process Flow Sheet to identify abnormal test results
- 15 Example letter for the participant's GP

## **Core principle 6: Ensure all relevant participants are followed up and connected to routine health care**

- 3 Community Health Event Booklet

### **Informing the participant's GP**

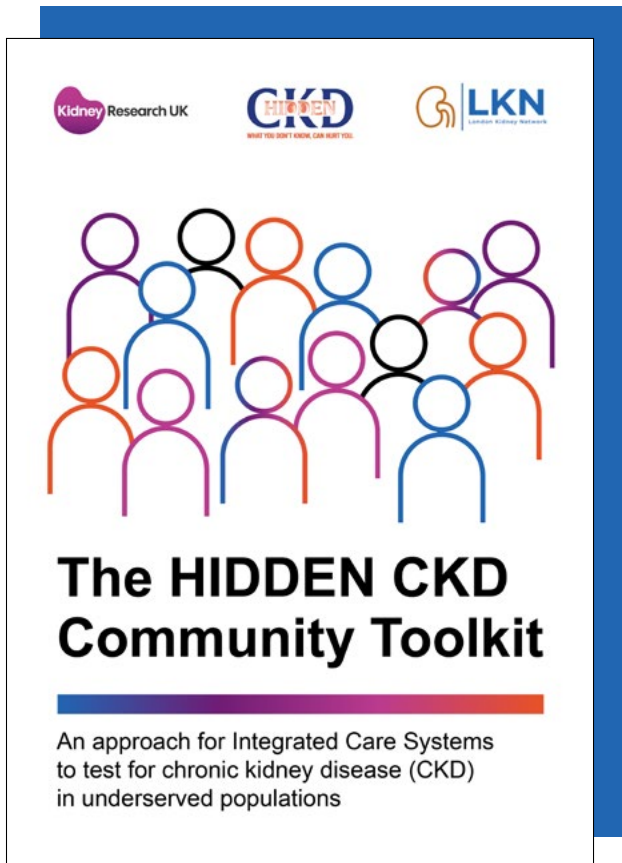
- 14 Peer educator's Process Flow Sheet to identify abnormal test results

## **More information**

Find out more about the Kidney Research UK Peer Education Programme and support available for healthcare systems:

[www.kidneyresearchuk.org/peer-education](http://www.kidneyresearchuk.org/peer-education)

 [healthequity@kidneyresearchuk.org](mailto:healthequity@kidneyresearchuk.org)



## The HIDDEN CKD Community Toolkit is available at

[www.kidneyresearchuk.org](http://www.kidneyresearchuk.org)

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