**Introduction** Enabling people to be active participants in their healthcare is a major goal of health system reform in the UK. People’s experience of health services is an important component of the quality of care they receive and enhancing people’s experience of health services can be a key goal of improvement initiatives. Implementing a national PREM is challenging, therefore it is important to share processes so that as many centres and patients as possible feel able to participate.

**Methods** A CKD–PREM was developed by patients, academics and clinicians as part of the Transforming Participation in CKD programme and offered to the 52 renal units in England in 2016 as a collaboration between KidneyCare UK and the UK Renal Registry (UKRR). Following this pilot the University of Hertfordshire undertook a full validation with renal units in Wales, involving 800 patients. The validation informed the CKD-PREM survey for 2017. The second CKD-PREM was offered to all adult renal units in England and Wales in 2017 as a paper and an online survey available in four languages – English, Welsh, Urdu and Gujarati. A two-month window was given to collect the survey and return to the UKRR and a link to the online survey was displayed on PatientView for the duration. Following feedback from clinicians after the PREM pilot, centres separated patient responses from satellite and main units using codes provided so that different sites of the same hospital could identify their own results. Units were encouraged to use different approaches to enable maximum participation, these included posting to those on home therapies or transplanted and using a patient text messaging service to remind patients that they could take part in the CKD-PREM online. Units who chose not to take part cited staff shortages and no extra resources as the main barriers to participation. In several units patient volunteers distributed the surveys, were able to explain the benefits of taking part and describe actions the renal unit had taken in response to the previous year’s results. High response rates came from units who had leadership endorsement, and a whole team approach as well as a strong PREM lead who took ownership of the local process and could influence different teams to participate. Initial data of all PREM 2017 responses was made available to Clinical Directors via the UKRR website from December 2017 and a full PREM report will be published early 2018.

**Results** A total of 11,027 responses were returned to the UKRR showing an increase of 2,842 with 976 responding online. Responses were received from 51 of the 52 adult centres in England, an increase from 40 in 2016 with an addition of five renal centres in Wales. Responses were received from all but one adult renal centre, however the amount per centre ranged from 2 to 978. Responses were received from units who were not actively taking part as patients completed the survey via PatientView. Most respondents were on Haemodialysis (56.3%), followed by pre-dialysis (15.2%), transplant (14%), and peritoneal dialysis (7.3%). 7.3% did not disclose. More responses from people in the 56-74 age range (42.9%) were returned than are present in the RRT population. Otherwise in demographic characteristics, people responding were similar to the UK RRT population.

**Conclusion** Data on renal patients’ experience of care from the patient’s perspective has been reported nationally following analysis by the University of Hertfordshire. Units are encouraged to investigate their local patient responses and work with patient groups to address the priorities within them. Comparison between units is not currently robust due to the variation of patient cohorts who responded; however the CKD-PREM will be collected annually so that year on year comparisons can be made locally. This could enable the impact of improvement initiatives to be measured.