**Introduction**

Routine collectionofpatient-reported health outcomes measures (PROMs)byNational Clinical Audits, such as the UK Renal Registry, presents considerable challenges, including engagement of staff and patients. The aim of this study was to explore the feasibility of routinely collecting PROMs data from people with chronic kidney disease (CKD), managed in secondary care in England. A secondary aim was to identify cultural characteristics of units, and the operational approaches they adopted, which may have been conducive to successful routine PROMs data collection.  **Methods**
Fourteen self-selected adult renal centres out of all 52 centres in England participated in the study. They were asked to collect data on: overall health (EQ-5D-5L); symptoms (POS-S renal) and patient activation (PAM) - the ability of the patient to manage their health. Units were free to implement individual approaches to collect the data from patients across the CKD pathway. We encouraged and supported them to employ quality improvement methodology to implement routine data collection; this included peer assist and rapid cycles of change. Peer assist involved local teams, including patients, meeting to share methods of engaging patients and staff in data collection. To evaluate feasibility, we descriptively analysed the number of survey returns. We used a subjective Red-Amber-Green (RAG) scale to rate unit cultural characteristics drawn from the recommendations of the Francis report (green = characteristic judged to be embedded, red = characteristic judged to be not yet embedded). The scale helped us monitor the progress of units in planning and implementing data collection. RAG data was collected 4 monthly from Jan 2016 to November 2017. **Results**In total, the 14 units submitted data on 3325 patients between March 2016 and December 2017 (921 HD, 617 transplant, 320 pre-dialysis, 51 PD patients, 1416 not specified), of whom 743 were re-surveyed at least once. Two units dropped out after initial data collection (units 13 and 14 in Figure), 6 encountered challenges in the routine collection especially pertaining to re-surveying (units 7-14), and 6 units developed robust solutions to collect and submit data (units 1-6). Together, units 1-6 submitted 2,524 of the total 3,325 surveys, with 5 of these units managing to re-survey.

The Figure shows to what extent we considered unit characteristics to be embedded. Units 1-6 all managed to embed at least 10 of the 14 characteristics. Based on the subjective RAG assessments, potentially facilitating characteristics included: senior buy in; having a reason to be involved in the project; and having patients involved in the working group as a lead or a member. The presence of staff and patient champions within centres, a strategy to engage the wider service, and a learning culture were other important characteristics. In less successful centres those strategic building blocks were less well embedded.



**Conclusion**

The routine national collection of PROM data poses practical and logistic challenges. Senior leadership, defining a clear purpose for collecting the data, and involving service users in the implementation may help to overcome these challenges.