

05 June 2025

Dear GP Colleagues,

Re: Kidney Failure Risk Equation (KFRE) Score Reporting

Following a request from the South Yorkshire ICB, from 9th June 2025 the **Kidney Failure Risk Equation (KFRE) score will be automatically added to all primary care requests for urinary Albumin Creatinine Ratio (uACR)**. It will no longer be necessary to request KFRE separately on ICE.

KFRE will only be reported if the estimated glomerular filtration rate (eGFR), based on a serum sample received within the last 30 days, is **< 60 ml/min.**

Please note that a KFRE score **will NOT be calculated** in the following circumstances :

- No eGFR available within the last 30 days
- eGFR is ≥ 60 ml/min
- Urine albumin is undetectable (< 3 mg/L) thus uACR cannot be calculated.
- There has been an AKI alert for the patient within a 30 day period.

Where the KFRE is not calculated a report will be issued indicating the reason for this and asking for a repeat if clinically indicated.

The requirements for KFRE score calculation have been outlined in the NICE NG 203 (2021) guidance and calculating KFRE score in addition to eGFR and uACR is now the recommended way of monitoring kidney function in CKD patients. The equation uses age, gender, eGFR and urinary albumin:creatinine ratio (ACR) to estimate a patient's 5-year risk of needing renal replacement therapy. If a patient has a KFRE score of 10% that means that there is a 10% chance that the patient will need dialysis or a transplant in the next 5 years. NICE recommends that patients with a score of greater than 5% should be referred to a renal specialist.

For more information please see :

<https://www.nice.org.uk/guidance/ng203/chapter/Recommendations#risk-assessment-referral-criteria-and-shared-care>

<https://kidneyfailurerisk.co.uk/>

We hope that having automated KFRE score calculation on all urine requests for ACR will help you with the management of patients with CKD and improve compliance with urine ACR testing and KFRE score usage for patient referrals to nephrology. If this generates results that GPs are uncertain about then please seek advice and guidance through the nephrology e-Referral Service (eRS). The local CKD guidelines can be accessed [here](#). The ICB are also currently arranging for consultant nephrologists to join your protected learning initiatives (BEST, TARGET etc) to provide further information and advice.

If you have any questions regarding this, please do not hesitate to contact us.

Yours sincerely,

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