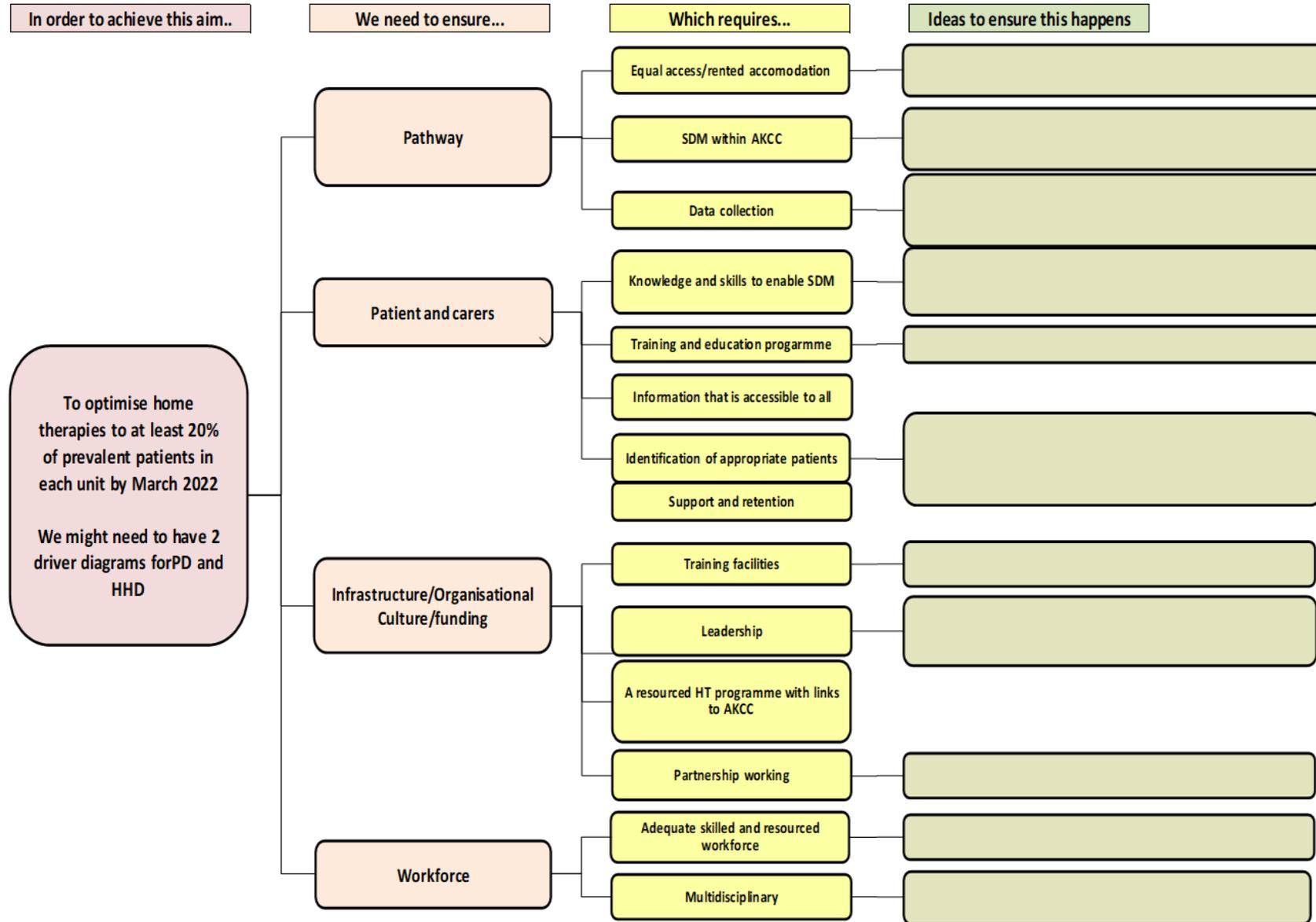


Living Well on Dialysis Improving Home Therapies

Pan London Networks

Key: In order to achieve this aim..



Drivers

- GIRFT
- RSTP
- RA/BRS SIG
- Patient safety - COVID 19

Home therapies

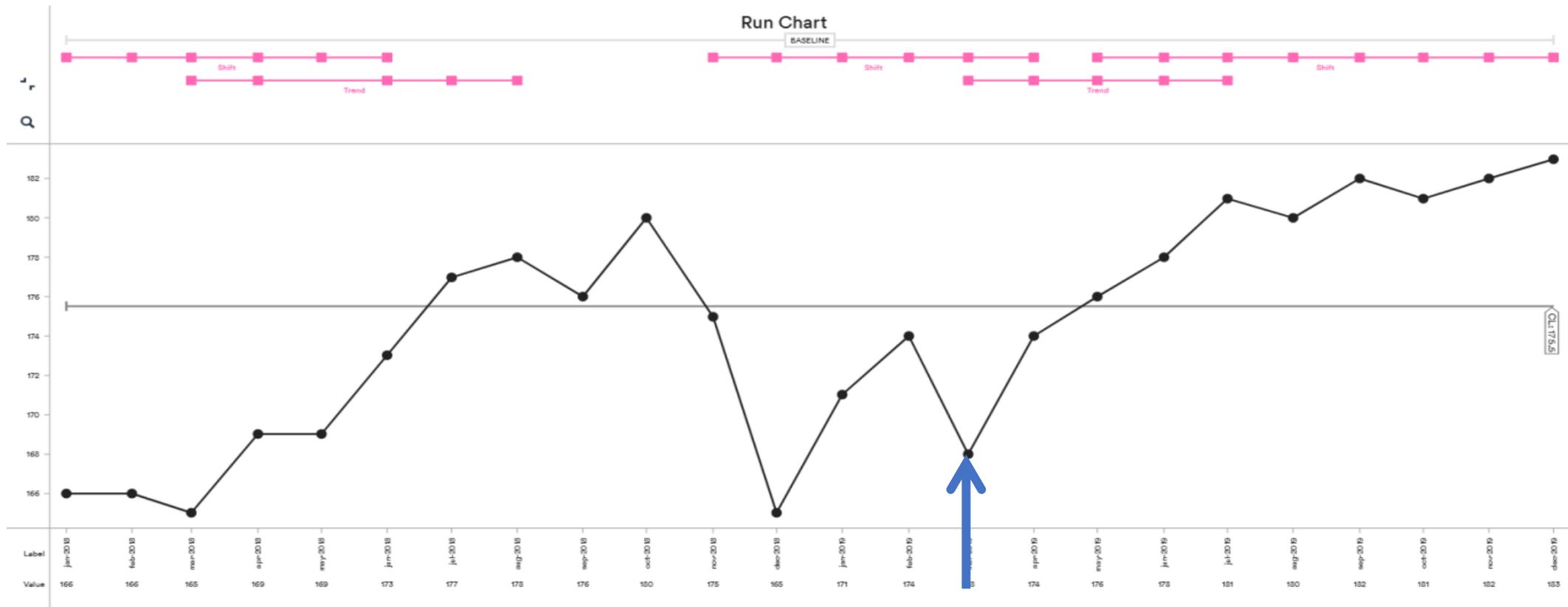
- Dialysis at home, either as peritoneal dialysis (PD) or home HD (HHD) has many advantages for patients in terms of quality of life, autonomy and flexibility. Overall it is good value for the NHS. Patients on a home therapy are much less likely to get transmissible infections, including COVID-19.

Learning from DAYLiFE

Themes requiring interventions

- > Pre- treatment education/awareness/SDM/Choice
- > Staff awareness
- > HT training - process and offer
- > Treatment transitions: Unplanned starters/failing transplants/PD to HD
- > Support and retention: Peritonitis/infection follow ups/peer support/social isolation/carer support

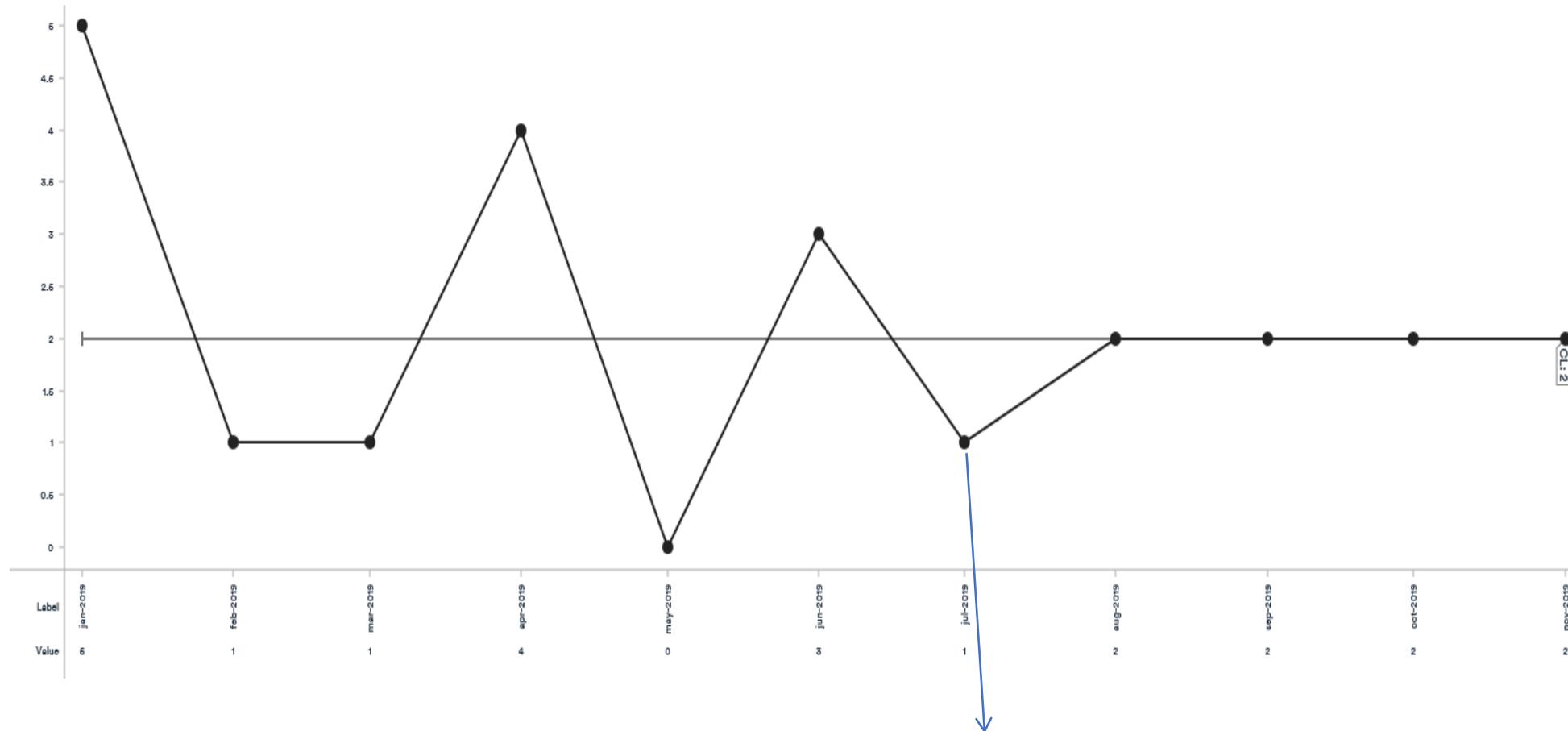
Case study of change: Implementing an “Unplanned PD start “pathway to facilitate the process of referral from acute presentation to catheter insertion and establishment on PD.



March 2019 Unplanned PD start pathway

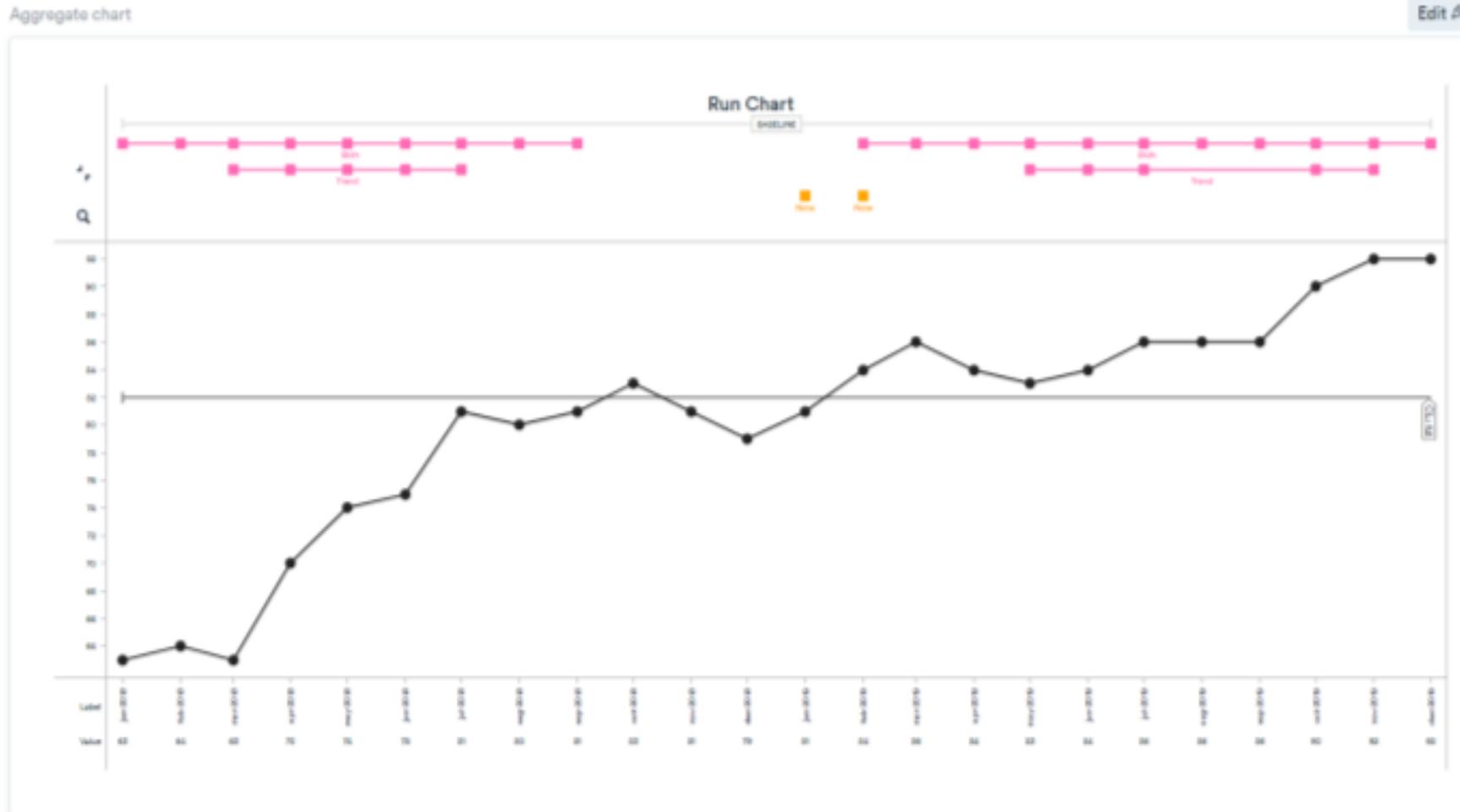
Peritoneal Dialysis retraining: developing a strategy to reassess patient's technique when performing Peritoneal Dialysis and reduce the risk of Peritonitis

Aim: To reduce the number of peritonitis episodes experienced by our PD population



Creating a robust home therapy education programme for staff and patients

Aim: To increase the uptake of home therapies amongst our CKD population and to make all staff in the renal unit aware of home therapies



Data Collection

- One unit used their 2018 data to measure the PD patient pathway and identify where to focus energy – so measured:
- No. pts who chose PD
- No. catheter inserted
- No. started training
- No. completed training
- No. started on PD
- No. on PD at 90 days

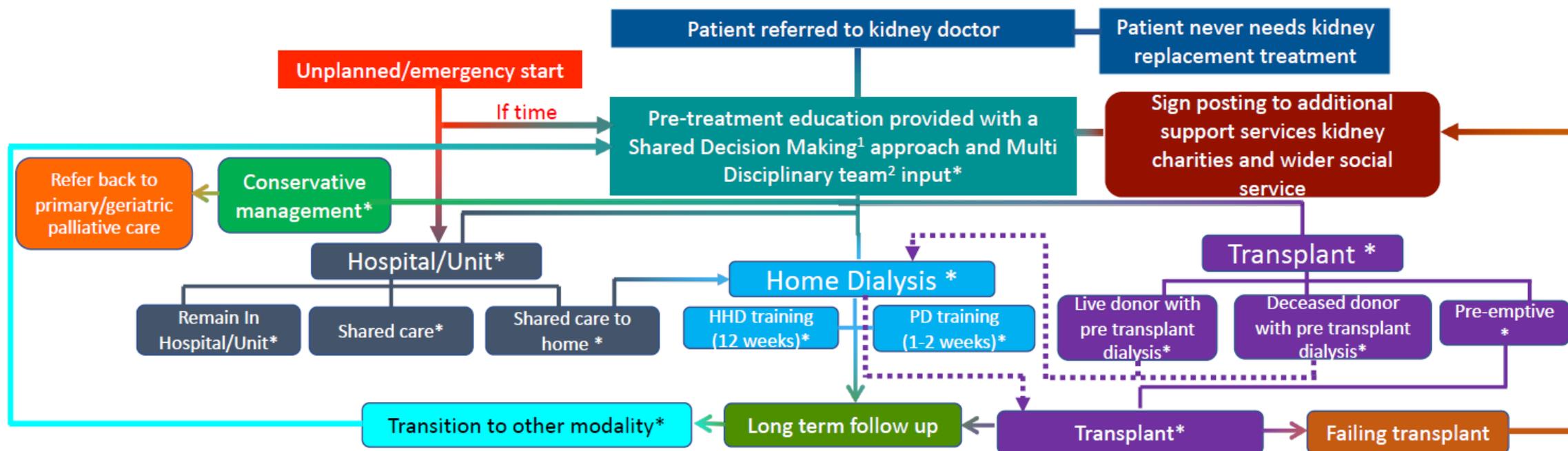
Transformation next steps

- NHS England has simultaneously commissioned the Renal Services Transformation Programme (RSTP), and GIRFT and RSTP are committed to jointly agreeing these recommendations and providing a mechanism for implementation.

What can we gather now:

- > What does good look like – what interventions are in place that we can test across London
- > What is currently in place
- > What are the gaps
- > What is current resource - workforce/AKCC links/HT programme + training

strategic service improvement pathway kidney adults, 'Pathway to home',



* Holistic assessment frailty, Quality of Life, Cognitive assessment (at start/switch & then twice a year) and Advance Care Planning (up-date & review) or Best interest

¹ Shared Decision Making models are reviewed and update training provided.

² The NHS MDT are, specialist renal; social worker, physiotherapist, occupations therapist, clinical psychologist, dietician, pharmacist, nurse, consultant, and other specialist services where appropriate e.g. youth worker.

6. Ensure home therapy is promoted and offered for all suitable dialysis patients and that a minimum prevalent rate of 20% is achieved in every renal centre.

6a. All centres to ensure adequate training facilities and staffing for home HD (HHD) and PD, sufficient to deliver the 20% target. (Centres to consult the staffing models outlined in the British Renal Society (BRS) workforce document.)

6b. The reduced risk of transmissible infection (e.g. COVID-19) for patients on a home therapy compared with in-centre HD (ICHD) to form part of the SDM process with patients.

6c. All centres to ensure they have a timely PD catheter insertion service. (Local resources will determine service design but a percutaneous method of insertion will become standard in most centres.)

6d. All centres to establish a late start PD service.

6e. All centres to ensure collaborative working within renal networks is in place to improve the resilience of services such as assisted automated PD (AAPD) and HHD, particularly for smaller services.

6f. All centres to ensure that shared care HD becomes a feature of all ICHD facilities in the independent sector and the NHS.

6g. Research to be undertaken to develop successful strategies to address inequities of access to home dialysis in deprived and black and minority ethnic (BAME) populations.