

Renal Patient workshop: Pre-read material

Monday 26th June, 5 – 7pm
Check in arrival at 4.45pm

Please note that there is an extended version with detail of interventions, which is also attached.



Specialised services are provided in relatively small number of hospitals and they are usually accessed by comparatively small numbers of patients. Specialised services tend to be provided in large hospitals by teams of highly trained, experienced staff and there are often strong links with research. Most renal services are categorised as ‘specialised services’, although often these services are provided in satellite units and renal services are, in fact, used by large numbers of patients.

A programme of work is underway across south London, Kent, Surrey and Sussex which is focused on making specialised services sustainable into future years. The number of people requiring specialised clinical services is growing very quickly and, although funding is also increasing, we need to provide care more effectively than we do now to ensure that we provide patients with the level of care they require in future years. The aim of the programme is to ensure that the way that specialised services are provided across south London in future years delivers the best patient experience, quality of care possible and value for money possible.

Improving how renal services are provided in south London is a focus of this programme. Specialist renal clinical staff from across south London (mostly doctors and nurses) attended a workshop in February 2017 to provide their ideas on where improvements could be made. Numerous opportunities for improvement, or ‘interventions’ as they will sometimes be referred to, were identified by the renal clinicians at the workshop. We have arranged this upcoming workshop for renal patients so that we can hear what patients think about the ideas that came out of the clinical workshop. We want to know whether you think the proposed interventions would benefit patients. We also want to know whether you have any other feedback or comments relating to each intervention. Your feedback will be used to help shape how this programme of work moves forward.

There are eleven proposed interventions for renal services and a summary of these interventions can be found within this pack. This is the information that we would particularly like you to focus on during the pre-read. There is a glossary in the appendices of the longer document which provides a definition for words or terms that attendees are less likely to be familiar with.

At the renal patient workshop we would like to hear what you think about the opportunities for improvement (or “interventions”) that renal clinical staff have proposed. We would particularly like you to consider the following points for each proposed intervention:

1. Whether you think intervention would benefit patients (when considering both patient experience as well as quality of care received)
2. Whether you have any other feedback or comments relating to each intervention (e.g. to highlight any areas that you think could be explored further)

Information about the proposed interventions are provided in summary form on the next page, and a more detailed version is also attached (please note that we do not expect you to have read the detail, but we wanted to make it available).

Your feedback will be used to help shape how this programme of work moves forward.

On the day of the workshop please report to the main reception at Skipton House at 16.45pm. You will be collected from this point and shown to the room. You will be asked to sign in.

The workshop will follow the structure below:

- Attendees will be asked to introduce themselves (name, whether you are an existing renal patient, have previously received renal services and whether you are part of a local Kidney Patient Association).
- We will provide a verbal overview of the programme and the stage of the programme that we are at currently
- We will then provide verbal descriptions of each proposed intervention, one by one. After each intervention description we will do our best to answer any clarifying questions you might have about the interventions (this will be done as a whole workshop activity).
- Representatives from the British Kidney Patient Association will share some examples of other work they are supporting, which relates to the proposed interventions.
- Then we will split attendees into smaller groups (approximately 6 people per group) and each group will have a ‘facilitator’ who will be a member of the programme team. We will ask you to feedback any comments you have about each proposed interventions to the individuals in your group. We will ask you to particularly focus on what you think the impact will be for patients. Somebody from the programme team will write down this feedback so that it can be remembered and considered further after the workshop finishes.
- So that we know whether or not we are collecting feedback from people who are representative of typical renal service users, at the workshop on 26th June we will ask attendees to share their demographic information with us upon registration at the event. This is optional.

Whether you need to bring anything with you to the workshop:

Sandwiches, tea, coffee, fruit juice and water will be provided at the workshop but if you would like to bring additional refreshments with you then please feel free.

Please bring any travel receipts that you would like to claim the money back for. Any train or bus tickets must be standard class.

Summary of the proposed opportunities within renal

Below is a summary of all eleven proposed interventions for renal services. The following pages go into further detail about each intervention.

No.	Renal interventions
1	Ensure that patients have the information and support they need so that they can decide upon the best treatment option for them (e.g. dialysis, transplantation and home/self-care)
2	Maximise the number of patients who are well informed about the different care options available to them as they approach end of life, and the implications of each, so patients receive the most suitable care for them at the end of their life.
3	Introduce 'virtual clinics' (dedicated time slots for specialist renal hospital staff and GPs to discuss the care of specific patients) and electronic 'trigger tools' to flag high risk patients.
4	Improve the overall standard of home-dialysis training quality and efficiency, with a view to increasing home-dialysis uptake
5	Pool/ share and better utilise existing south London dialysis units
6	Create centralised, high volume vascular access centres to undertake complex and non-complex vascular procedures
7	Increase collaboration within renal transplantation services
8	Standardise renal service processes across south London hospitals, particularly focussing on improving referrals from GPs to tertiary/ specialist centres.
9	Create a standardised, pre-emptive transplantation protocol which follows best practice, to ensure a consistent approach across south London, Kent, Surrey and Sussex
10	Introduce collective purchasing (i.e. join up procurement) across South London hospitals where beneficial to do so.
11	Increase nephrology input into District General Hospitals

Should we decide to proceed with each of these interventions, we acknowledge that change will not be easy. There are challenges involved with successfully implementing each of the proposed interventions and many additional individuals (including clinicians) within the health system will need to be involved in discussions to help shape the way forward.