INTRODUCTION: A significant number of patients with stable stage 3 Chronic Kidney Disease (CKD) can be managed effectively in the community, but this requires effective collaboration between primary and secondary care. The educational needs of the primary care workforce has been identified as an area requiring focus as they are managing CKD patients usually in the context of other chronic long term conditions. We are addressing this locally with the introduction of an educational programme to support the newly developed shared care protocol.

METHODS: Our Trust in partnership with local Clinical Commissioning Groups (CCGs) has developed a CKD3 Shared Care pathway. This project was launched to improve quality of care for patients with stable CKD stage 3 with appropriate, closer-to-home follow-up. To support the implementation of this service, the CKD3 Shared Care multidisciplinary project team designed an educational programme, aimed at primary healthcare professionals involved in the management of CKD3. An educational workshop included a plenary talk introducing the CKD3 Shared Care pathway based around the NICE CKD 2014 guidelines, followed by interactive case discussions. Information packs were given to delegates containing patient information leaflets, referral advice, and frequently asked questions (FAQs). The FAQs remain under constant development according to the workshop feedback. All educational material is accessible via the CCG websites to ensure efficient dissemination throughout the primary care setting.

RESULTS: Since April 2015, we have rolled out the pathway to three local CCGs to date and have run six highly interactive and practical sessions, aiming to improve the understanding of the NICE CKD 2014 guidelines, and gain further knowledge and understanding of CKD3 management to support more CKD patients in primary care. In addition it was a great opportunity for network building between primary and secondary care. The need for such a programme has been supported by the evaluation of the workshops and the majority of attendees evaluated the workshop content and general impact as excellent, with 93% stating it met their expectations. The workshops are constantly evolving as the CKD3 Shared Care project team takes into account the attendees’ feedback and facilitators’ observations. It was found that small interactive group work was preferred and the session format was adjusted accordingly. Approximately one quarter of the delegates were practice nurses who found it relevant and requested more nurse-focused education in the future.

CONCLUSION: Developing an educational programme to support healthcare professionals managing stable CKD3 is critical to better facilitate the safe and effective transfer of these patients from secondary to primary care. The programme needs to be standardized and multifaceted to meet the needs of the community workforce and should be implemented across all secondary/primary care networks. Furthermore, we will continue to develop our educational support material by appointment of a specialist nurse educator.