

Building Bridges from Children's to Adult Kidney Care Services- Making a difference showing we care

Mrs Sharon Byrne¹

¹*East Kent Hospitals University Foundation Trust, Canterbury, United Kingdom*

Background

Historically there has been a lack of support for younger people in our service provision, mainly due to the relatively small number of people in this age group and a tendency to remain under the care of the same Trust where they had received paediatric care. Results from a recent GIRFT visit and feedback from our patients highlighted this deficit. Combining this with the results from the "Speak Study" 2018 emphasised to us the importance of creating links and getting to know our young people. Previous attempts with our existing young population have not been sustainable- so we are developing a new approach.

Objectives

Our objectives were to improve links with children's services from referring trust to aid a seamless transition into our adult services. To support young people earlier with making their decision as to where, to geographically transition to and ensure they have a key point of contact in our unit.

Method

We formed a working party with multi-disciplinary healthcare professionals and patient representation led by one of our Renal Counsellors. The group attended conferences for networking opportunities and courses to help improve communication with this age group. They liaised with lead nurses and multi-disciplinary staff from our own children's services within the Trust to see how transition has been implemented in similar services i.e. diabetes. We commenced joint clinics with the referring centres prior to transfer; our first clinic was held in Nov 2019. The aim of the clinic is to build relationships and identify key people who will be involved with their care. We also include a tour of the unit so those transitioning can see the set up and get a feel for themselves.

Results

We are currently evaluating this change in practice. To date three young people have fully transitioned using our new approach and another four are in the process. We are gathering feedback, from the patients themselves, parents and staff. We have started to compile patient information, initially for those who have been transplanted outlining the service and information for other modalities will follow. Working with those transitioning & our existing young people to get this right. The closer liaison with the referring Trusts has improved the process and patients have benefited by being cared for closer to home e.g. financially, ability to attend further education, improved family life.

Conclusion: Whilst we are still in the early stages of this project, we are seeing an improvement in the care of younger people in our unit.

Implications for Practice

We can build on this to further develop a service for our existing younger patients across all modalities, enabling them to have a voice and influence how we deliver our service for young adults.