

How do primary care practitioners perceive virtual clinics for chronic kidney disease? A survey to explore how renal services could enhance support for chronic kidney disease management in primary care.

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Introduction

Our community kidney service commenced in 2016 with the aim of improving the earlier identification and management of chronic kidney disease (CKD) in primary care. A major innovation was the development of a virtual clinic that allows nephrologists to access all parts of patients' GP records (with patient consent) and give advice without patients needing to attend clinic. The virtual clinic has seen a three-fold increase in referrals (compared to previous face-to-face clinics), with 90% of patients assessed as not requiring a nephrology outpatient appointment. An expectation was that the number of referrals would decrease as GPs became more confident in managing CKD, but this has not been seen to date suggesting an exploration of how primary care practitioners perceive the service should inform future planning.

Method

A survey was developed to investigate the views of GPs and primary care nurses about the virtual CKD clinic and how nephrology services could enhance support for the management of CKD in primary care. The survey was hosted through SurveyMonkey™ and a link was emailed to over 500 GPs and primary care nurses from four Clinical Commissioning Groups.

Results

127 responses have been received to date, most (91%) from GPs. 95% had made a referral using the virtual clinic, with the majority (80%) making 0 or 1 referral per month. 73% felt confident that they know what information to include when referring, but 21% would like to know more about tests to include. A minority (6%) responded that they did not feel it was their responsibility to know which tests to include with referrals.

93% found the advice received via the virtual clinic useful with 48% more likely to refer patients since the service began. Respondents commented that the ease of access to advice without patients needing to attend hospital appointments was a facilitator for earlier referral. 26% replied that they were less likely to refer. Some cited concerns about referrals leading to extra work for GPs both in arranging tests and informing patients as contributing to reluctance to refer.

47% had not attended an education session about CKD within the past 3 years, but 59% reported feeling more confident in managing CKD since the service began. The provision of support through education sessions and practice visits as well as online resources was viewed as helpful (figure 1) but comments included concerns about time commitments. Topics identified for further education were varied and ranged from basic CKD identification to the management of advanced CKD in frail, older people.

Discussion

Our virtual CKD clinic is viewed positively by most respondents as it enables easy access to specialist nephrology advice. This has contributed to the increase in referrals and suggests that there was an unmet need for CKD advice in primary care. Confidence in managing CKD in primary care has increased but ongoing education and online resources are needed to enhance this. Development of community nephrologist roles has the potential to further support primary care education and management of patients with CKD.