

Maximising the uptake of peer support in kidney care: a national survey of renal units across the UK

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Introduction: Peer support (PS) programmes are an opportunity for people with lived experience of CKD to provide emotional and informational support to other patients who may benefit. It is shown to be valued by people with CKD and is promoted by NICE (2018) and the Health Foundation (2016). PS projects for people with CKD report poorer uptake compared with other long-term conditions. The aims of this project are to extend and update a survey of PS in kidney care in England that was first carried out by NHS Kidney Care in 2013, as part of a wider project funded by Kidney Care UK. This study has the potential to increase the uptake of PS in kidney care, ultimately benefiting patients, by better understanding the barriers and facilitators to PS, and increasing awareness and opportunity to share knowledge and resources.

Methods: The extended survey was designed and edited by project team members, with questions classified into categories: PS in your unit; your supporters; PS drivers; PS barriers; optional personal details. The survey was uploaded to Jisc Online Surveys and invitations for participation were emailed to a representative from each of the 83 main renal units across the UK. Face and content validity was increased by critical review from project team members including a patient involvement group and expert review.

Results: 42 respondents completed the survey (51% response rate), with 31 units (74%) reporting some form of PS and 11 (26%) reporting none. Of the 31 units with PS, 13 have formal PS available in which PS is provided by trained regulated patient volunteers. 11 of the 31 units offering PS reported keeping records of referrals and delivery. 25 units use healthcare professional referrals as the method of involving patients. 10 have known evaluation methods of measuring the impact of PS. The main barriers to PS being established and sustained were lack of staff time, other projects taking priority and lack of guidance/information. The main facilitators to PS were promoting PS with healthcare professionals and having staff/supporters who are passionate about PS.

Discussion: Of the 42 renal units represented, it appears PS is available for a majority yet there is opportunity to improve the service for those who already have it established. Given the majority offer no or informal PS, there is a need to more widely share peer supporter training programmes so services are safe, consistent and effective. Moreover, as units primarily use healthcare professional referrals to involve patients, units should implement a better referral tracking process in addition to an evaluative method to understand the impact PS has on patients. When considering the barriers and facilitators cited, it seems imperative that PS is promoted to practitioners by providing information on how/when to refer through a method which does not compromise their time/other commitments. For those who do not currently offer PS, there is potential for units who do have it to provide support with implementation. Utilising a multi-professional collaborative approach for quality improvement will in turn ultimately benefit patient care.