

MAXIMISING THE UPTAKE OF PEER SUPPORT IN KIDNEY CARE:

RESULTS OF A NATIONAL SURVEY

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INTRODUCTION

- Peer support (PS), an activity in which those with shared characteristics, conditions or circumstances support each other, provides informational, emotional and appraisal support (Wood, 2015).

- Many kidney specific PS programmes report lower than expected levels of uptake

- This project updates a national survey that was conducted on peer support in 2012¹

AIMS

- Determine the availability of peer support in kidney care across the UK and assess how the situation has changed since 2012

- Evaluate the barriers/drivers of UK PS programmes in order to optimise resources and communication offered to kidney units about how to improve accessibility, implementation and overall success

¹ NHS Kidney Care, 2012

METHODS

- Survey adapted from a 2012 national survey

- Distributed to the 83 main kidney units across the UK (both adult and paediatric) with request for one individual to represent each unit

- Those contacted included doctors, nurses, psychologists, and unit coordinators and administrators

- Questions included sections on: peer support in your kidney unit; the impact; the drivers; the barriers. Survey respondents had the option to state which unit they were representing

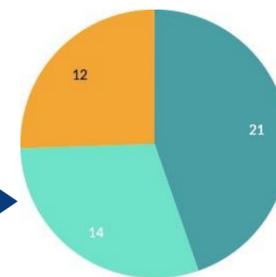
- The survey took approximately 5-10 minutes to complete

RESULTS

- 44/83 units in the survey (53% response rate)

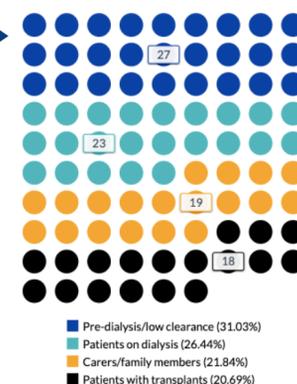
PROGRAMME FREQUENCY AND DURATION

- 32/44 units (73%) offer PS: 21 (48%) informally, 14 (44%) a formal service (PS is provided by trained volunteers)



PROGRAMME AIMS AND TARGET GROUPS

- Common aims: provide informational support (28 units, 87.5%), provide emotional support (24 units, 75%), help make treatment decisions (24 units, 75%). Target groups included



PS ORGANISATION AND DELIVERY

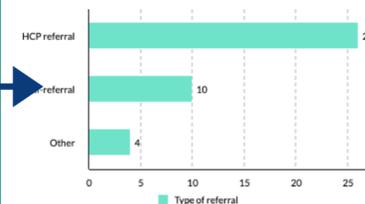
- Many offer multiple format options; 28 (87.5%) provide individually face-to-face, 21 (66%) over the phone and 15 (47%) face to face in groups

- 11 units (34%) have no funding, 6 (19%) are funded by the unit's budget, 5 (16%) by the KPA, and 10 (31%) from either unknown sources or charities

PROGRAMME REFERRALS, PROMOTION AND RECRUITMENT

- People are informed by clinicians (27 units, 84%), group education sessions (20 units, 62.5%), fliers/newsletters, or at specific time points in care journey (both 17 units, 53%)

- Referrals commonly come from clinicians (26 units, 81%) however at 10 units (31%) patients can self-refer



DRIVERS AND BARRIERS

- Drivers:

- Healthcare Professionals (15 units)
- PS champion staff (14 units)
- PS champion volunteers (12 units)

- Barriers:

- Lack of staff time (19 units)
- Lack of guidance or info on how to optimise PS (14 units)
- Other projects taking priority (12 units)
- Too few supporters (9 units)

DISCUSSION

- More units offer some kind of PS compared to 2012 (19% vs 25%) but the proportion with formal programmes remains low and the improvement is small given that it's been 8 years. Formal is desirable as supporters are selected, trained and receive ongoing support resulting in a safer and higher quality service.

- The drivers and barriers are very similar demonstrating the importance of addressing them

- More work needs to be done to address common barriers faced by clinicians when they are setting up or referring to peer support such as:

- Promoting the service and its benefits among clinicians
- Having a passionate staff member take the lead but ensuring the responsibility does not fall only to them
- Having a recruitment strategy to ensure an adequate number and amount of diversity among the volunteer supporter pool
- Providing written guidance for how to set up and maintain a PS service

- The project has led to the development of a Toolkit:
<https://www.kidneycareuk.org/health-professionals/peer-support-toolkit/>

PROJECT FUNDED BY

