

Capturing Service Users' Experience of the Integrated Community Conservative Palliative Renal Care Services

Khaled Jallad¹, Abdulrahman Mohammed¹, Nicole Mayisva², Waseem Khamboo¹, Lucia Birch², Sheena Norgaard² and Huda Mahmoud¹
1Walsall Healthcare NHS Trust, Walsall, United Kingdom, 2Walsall Together, Walsall, United Kingdom

INTRODUCTION

This UK community-based conservative-palliative kidney care service supports patients with advanced chronic kidney disease (CKD) who are either unsuitable for or decline dialysis. We evaluated its effectiveness through patient experiences, symptom burden, and clinical outcomes. Findings demonstrate improved quality of life and reduced hospitalisations through integrated nephrology-palliative care.

METHOD

This prospective study evaluated a multidisciplinary renal care service that included telephone consultations, home visits, and biweekly multidisciplinary team (MDT) reviews. We assessed symptom burden using the IPOS-Renal tool, patient experience via a modified Kidney PREM, and clinical outcomes such as hospital admissions and laboratory markers.

RESULTS

- To date, 105 patients have used the service. Of these, 61 active patients completed the IPOS-Renal survey (mean age 87.4±6.3 years; 53.8% female). Clinical data were available for 52 patients (nine were excluded due to inability to undergo regular phlebotomy), and 38 patients completed the modified Kidney PREM.
- Clinical outcomes (Table1) indicated stable laboratory results and a significant reduction in hospital admissions following enrolment (Figure1).

Clinical Data	Mean ± SD
GFR (mL/min/1.73m ²)	21.1 ± 10.2
Potassium (K ⁺ , mmol/L)	4.7 ± 0.5
Phosphate (PO ₄ ³⁻ , mmol/L)	1.2 ± 0.2
Bicarbonate (HCO ₃ ⁻ , mmol/L)	22.7 ± 3.8
Adjusted Calcium (Ca ⁺⁺ , mmol/L)	2.36 ± 0.12
PTH (pg/mL)	120.4 ± 78.8

Table 1. Reflects stable laboratory results of the most recent clinical data

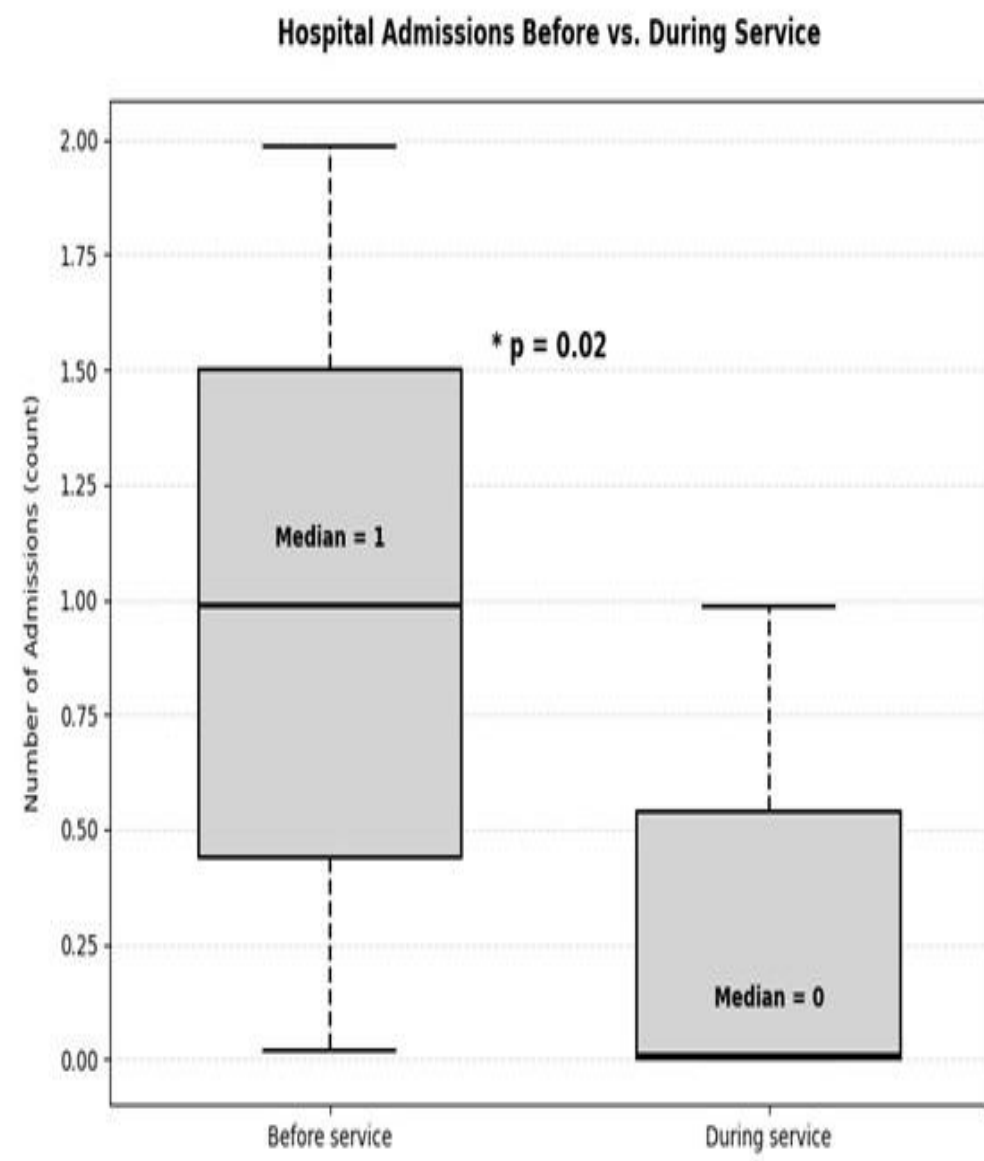


Figure 1. Reflects Significant reduction in admission rates following enrolment in the service.

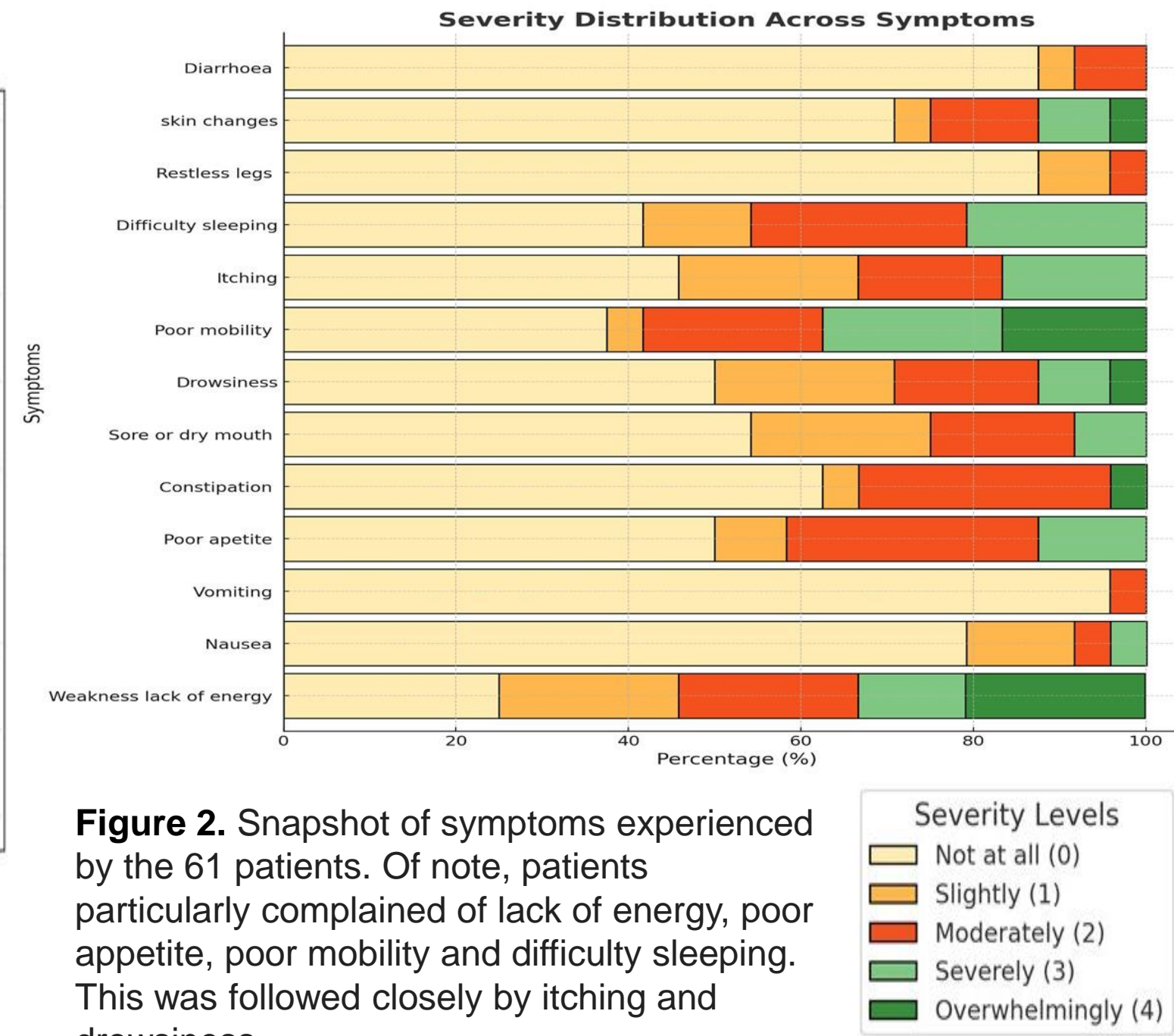


Figure 2. Snapshot of symptoms experienced by the 61 patients. Of note, patients particularly complained of lack of energy, poor appetite, poor mobility and difficulty sleeping. This was followed closely by itching and drowsiness.

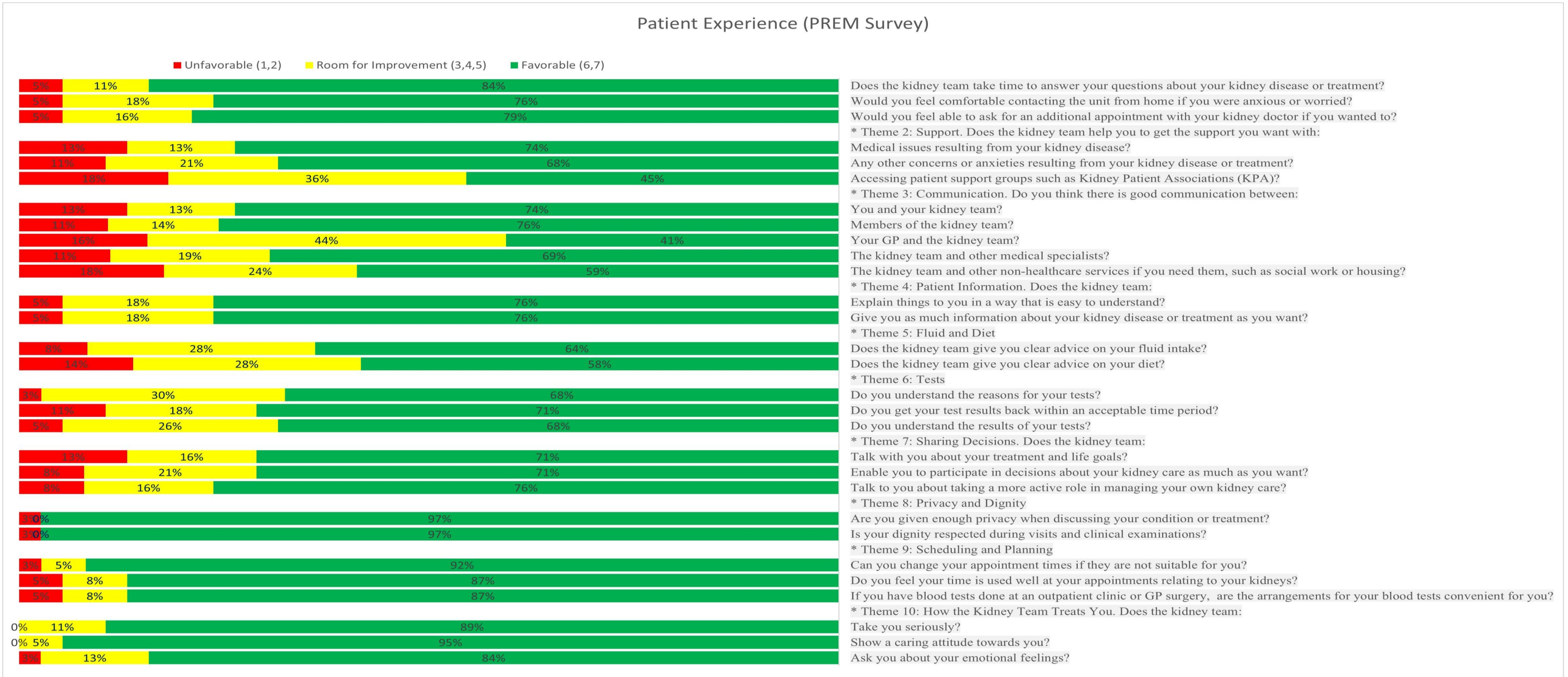


Figure 3. This chart illustrates that the highest-performing themes were Privacy and Dignity (97.4% favorable), How the Kidney Team Treats You (89.5% favorable), and Scheduling and Planning (85.1% favorable). Additionally, Areas identified for improvement included communication between primary care and renal teams (40.6% favorable) and accessing patient support groups (45.5% favorable).

RESULTS CONTD.

- Patient-reported experience (Figure 3) showed that 71.6% of responses were favourable, 22.9% neutral, and 5.5% unfavourable. The highest-rated domains were privacy and dignity during care (97.4% favourable) and staff displaying a caring attitude (94.7%).
- Areas most cited for improvement included communication between primary care and renal services (40.6% favourable) and access to patient support groups (45.5%).
- Regarding time burden, 65.1% of patients felt they wasted no time on appointments or tests, and 25.6% reported wasting only half a day per month.
- Symptom burden (Figure 2) revealed that the most frequently reported moderate to severe symptoms were poor mobility, sleep disturbances, pruritus, anorexia, and fatigue.

CONCLUSIONS

The implementation of this community-based conservative renal care model was associated with high levels of patient satisfaction, reduced healthcare utilisation, and stable clinical outcomes. Strengths of the service included preserved dignity, accessible care, and improved care coordination. However, communication between sectors and psychosocial support require further improvement. This model presents a scalable, patient-centred approach to conservative kidney management in frail populations.