

THF1

Co-designing an inclusive Children and Young Person's advisory board to amplify underrepresented voices in rare kidney disease research.

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THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction

Children and young people (CYP) living with rare kidney diseases are often underrepresented in clinical research, particularly those from socioeconomically disadvantaged or racially marginalised backgrounds. While Patient and Public Involvement and Engagement (PPIE) is widely recognised as essential in creating research that is relevant and impactful, traditional models of CYP involvement tend to be inaccessible to those facing social or structural barriers. Existing involvement frameworks offer guidance on meaningful involvement, but lack practical mechanisms for reaching CYP most at risk of exclusion. To address this gap, we aimed to design and implement a national CYP advisory board that is inclusive, flexible, and sustainable, in collaboration with Kidney Research UK (KRUK), LifeArc, and social enterprise charities.

Methods

The framework was developed by reviewing existing literature, evaluating previous involvement efforts by KRUK and LifeArc, and conducting informal consultations with community partners, families and CYP. A tiered involvement model was designed, including online sessions, 1:1 meetings, drop-in activities, and opportunities to revisit or defer involvement. The involvement pathways were created to accommodate a wide range of needs, including digital exclusion, communication barriers, and health-related limitations. Partnerships with social enterprises were established to identify and support CYP facing the greatest barriers to involvement, offering wraparound support including transport, accessibility planning, and family liaison. CYP participants are aged 8–18 and receive age-appropriate training to understand their role as research consultants.

Results

The co-designed model enables CYP to contribute meaningfully across all stages of research from study design to dissemination, while allowing for flexible levels of involvement. The model has now been finalised and is being trialled currently with 20 individuals within the CYP group. The tiered involvement structure has been designed to accommodate diverse needs and remove common barriers to involvement. Social enterprise partners and charities, including Kidney Research UK and LifeArc, are supporting targeted recruitment of CYP from underserved communities and are positioned to provide wraparound support once involvement begins. The advisory board is undergoing active evaluation, with feedback mechanisms in place to evaluate accessibility, inclusivity, and impact as it progresses.

Discussion

This is the first known framework tailored to the inclusion of underrepresented CYP in rare kidney disease research. By addressing barriers to involvement through a structured yet adaptable model, and leveraging the community reach of KRUK, LifeArc, and local partners, this project demonstrates a practical approach to equitable PPIE. The model challenges assumptions about who can be involved in research and provides a blueprint for other paediatric specialties seeking to embed lived experience meaningfully and ethically into clinical research design.

THF2

Dietitians as social assets: a community-based outreach project

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THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction:

Northwest London (NWL) kidney-failure rates are amongst the highest in the UK., disproportionately affecting people from deprived backgrounds and ethnic minorities, who are most affected by health inequalities and healthcare marginalisation. To address this, a CKD outreach programme was developed in conjunction with specialist renal dietitian and nurses, educating and raising CKD awareness through kidney health checks.

Methods:

A specialist renal dietitian aimed to share healthy eating messages, during a community-based outreach project, also consisting of specialist renal nurses and healthcare assistants. It aimed to raise awareness of CKD prevention and delay progression through diet and lifestyle modification. Sessions comprised of monthly group or 1:1 sessions across NWL, over eight months in

- a South Asian women's centre delivered in Urdu in January,
- a community centre in Southall in February delivered in Punjabi,
- two Sikh gurdwaras in March and June delivered in Punjabi,
- a refugee hotel in April delivered in English,
- a Hindu temple in May delivered in Hindi,
- a wellbeing centre in Hounslow delivered in Urdu
- GP health centre in Hounslow delivered in Punjabi and English.

The sessions provided culturally-tailored dietary advice targeted at CKD prevention. Sessions were delivered in the community's commonly spoken language where appropriate by the renal dietitian. The session included:

- Ethnicity related risk factors
- Increasing fruit and vegetable consumption using the Eatwell guide model, encompassing culturally tailored advice
- Encouragement to drink fluid and limit salt
- Encouraging increased physical activity levels.

The BDA healthy eating with CKD leaflet was used. Data was collected on the number of people who engaged with the dietitian to receive tailored dietary education and through comments and ratings in satisfaction surveys.

Results:

A 4.6-star rating from 175 feedback comments were received over 7 months, with 78% participants providing a 5-star rating for the overall community outreach session. Sessions were about food and nutrition knowledge sharing. People engaged by asking questions. Dietetic-related feedback was received through diet-related comments in

feedback forms. Participants disclosed wanting to make changes like eating healthier e.g. through adding greens, swapping to olive oil, eating fruit and vegetables, eating less sweet and salty foods, using less ghee, ensuring adequate hydration, following a low-salt diet, reducing carbohydrate portions, limiting alcohol and losing weight.

From suggestions received from feedback forms, the most notable dietetic-related comments were that patients liked that “we came to them”, sessions were delivered in community languages and liked the 1:1 dietary discussion.

Discussion:

This community-based outreach project effectively engaged underserved populations in NWL by delivering culturally-tailored CKD education in accessible community settings. The high satisfaction ratings and positive dietary behaviour changes reported highlight the value of culturally-sensitive, language-appropriate interventions. The project demonstrates that delivering health education in trusted local spaces, in accessible languages and with cultural relevance, can significantly improve awareness, engagement, and motivation for lifestyle changes among marginalised, at-risk communities. It also demonstrates the value of recruiting healthcare-workers that come from and represent the communities that they serve, thereby bridging accessibility and engagement gaps.

THF3

The power of the expert patient in renal psychological care provision: The journey from tokenism to true collaboration.

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THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction

The provision of psychological support for renal patients is an integral part of a best practice, multidisciplinary approach to renal care. Healthcare policy is increasingly focused on the importance of patient involvement in the delivery of health care services. However, integrating patient voice into healthcare in a way that is empowering and not tokenistic can pose challenges. We have considered the ladder of engagement as a framework for developing our expert patient group. We intend to outline the development of our expert patient group including some of the key achievements in renal psychology and reflections in relation to true patient collaboration.

Methods

Patients are invited to join the expert by experience patient group after a period of contact with the renal psychology service. Once a patient has consented to joining the expert by experience patient group they are invited to participate in the various group projects.

Results

Our expert by experience patient group has been engaged in a variety of projects alongside our renal psychologists: 1. Renal Psychology staff recruitment: EEPG members on renal psychology interview panels for staff recruitment; 2. Wider trust policy/strategy: Patient engagement in wider trust policy development (MHS); 3. Renal staff training: foundation teaching; 4. Patient communication: improvement of letters sent to renal psychology patients. More compassionate language to foster engagement with our service; and 5. Research: patient engagement in research application.

Discussion

Patient collaboration has played a vital role in improving our renal psychology services. It provides a framework for incorporating patients' voices to improve service access and quality for all patients. Engagement with renal patients should be carefully considered. Renal patients have often experienced psychological trauma as a consequence of their diagnosis, condition, and treatment. Relationships with expert patients must be carefully considered, so that patients feel safe to be honest and share their experiences in a meaningful way, and to avoid the risk of re-traumatisation. It is vital that we ensure time and resources are available to engage with experts in a meaningful way with engagement from the beginning of projects, and not just asking for comments at towards the end of a project, and ensuring we 'close the loop' and feed back to patients what changes their involvement has influenced. We are conscious that initiatives like this can feel unobtainable in resource stretched NHS departments, however, our expert patient group has been possible to set up with a small amount of resource available. We have benefited from

integrating patient voice into our service and we hope that sharing our learning encourages others to implement similar initiatives. Our work isn't a perfect model, expert patient working is an iterative process and requires continual development, aiming to do incrementally more all the time. But we hope that this demonstrates the benefits and opportunities to truly meet the holistic needs of our renal patients, by carefully and thoughtfully collaborating with expert patients.

THF4

Care and welfare – why and how benefits are so vital for many kidney patients

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¹Kidney Care UK

THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction

Advice and assistance with understanding, applying for and challenging decisions on welfare benefits is a highly requested form of support to patient services. The March 2025 green paper 'Pathways to Work' presented government's proposed approach to welfare reform and requested feedback. It also set out changes to benefits that have now or will be introduced via legislation. Alongside potentially helpful proposals on support to access employment were changes that risked removing essential financial support from significant numbers of people with kidney disease. In order to develop an evidence based response to the consultation proposals that was deeply rooted in the voices of people with kidney disease, we undertook an online patient survey and discussion groups with our patient services team.

Methods

An online survey to seek views on proposals within the green paper was open between Thursday 5th May 2025 and 5th June 2023, hosted on our website and shared extensively on our communications channels. It was completed by 513 people living with kidney disease.

A discussion group was held with our patient support and advocacy officers (PSAOs) which explored their experiences with assisting people with kidney disease in relation to welfare benefits.

Results

52% of respondents received the daily living component of PIP and 44% expected to lose eligibility if the proposed changes were implemented.

PIP was most often spent on three areas:

- Cost of basic essentials (food, heating, bills, travel)
- Direct costs of illness (aids/adaptations, additional therapies, medications).
- Help at home (home help, personal care, tradespeople for home maintenance)

PIP was also spent on topping up wages where people have to work reduced hours either due to the CKD related fatigue or treatment duration.

Themes from PSAO discussion were the lack of understanding of the impact of kidney disease among many welfare benefits assessors and work coaches, which was felt to be a barrier to effective assessment and appropriate support to access suitable employment.

Discussion

Our research provided insight into the usage of welfare benefits, particularly PIP, by people with kidney disease and their experience of the welfare system. It showed how PIP helps meet the additional costs of kidney disease, increasing people's independence and ability to engage with society. It found many people are using PIP to self-fund health and care services. This support helps many people stay in work, or enables their family members to stay in work, and also supports people maintaining their health and wellbeing. Our findings

also indicate that overhaul of the system is necessary – our experience is that people with kidney disease find the current system flawed, inefficient and often distressing to engage with.

The insights gained were used to brief MPs in advance of debates and votes. They will also guide submissions to the Ministerial review of PIP and influencing work on welfare policy development, with the aim of securing a welfare system that treats people with dignity, supports people to work where appropriate and provides an adequate safety net where this is not possible.

THF5

Cultural Health Expo 2025: Bridging Health Gaps in BAME Communities Through a Culturally Tailored Initiative Promoting Kidney Health, Early Screening, and Empowerment via Community-Based Engagement and Education

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THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction

The Cultural Health Expo 2025 was a public health education initiative focused on promoting awareness and disease prevention, particularly around kidney health, among Black, Asian, and Minority Ethnic (BAME) communities. Held in the London Borough of Brent, an area with one of the UK's highest BAME populations and disproportionately affected by COVID-19 mortality, the event aimed to address long-standing health disparities and systemic mistrust toward healthcare services. These challenges have led many individuals to seek alternative health practices. The Expo aligned with the NHS Long Term Plan by shifting the focus from hospital care to community empowerment and proactive health management.

Methods

The Expo was a full-day, in-person event held on a Saturday and promoted through community networks, local and social media, signage, volunteers, and community ambassadors. Planning and delivery were led by a multidisciplinary team of patients, public representatives, and healthcare professionals across primary and secondary care. The Mayors of Brent and Harrow supported the event, underlining the role of civic leadership in promoting health and wellbeing.

The programme had two key components. First, themed health education on kidney health, diabetes, hypertension, family history, and organ donation was delivered in culturally resonant formats. These included patient testimonials, informal discussions with health professionals, music and dance performances, poetry, a DJ, a smoothie bike, face painting, and African-Caribbean cuisine. This format moved away from traditional medical presentations, using cultural celebration to enhance health literacy.

The second component aimed at improving health access. It featured free on-site health checks integrated with GP records and included referrals as needed. One-to-one education sessions were provided by healthcare professionals and public health teams. Health promotion stalls focused on early detection and management of hypertension, diabetes, mental health, and kidney disease, with signposting to services. The event was delivered in collaboration with Brent Health Matters, Diabetes UK, Gift of Living Donation (GOLD), Kidney Care UK, Kidney Patient Association, North West London Integrated Care Board (NWL ICB), and the Sickle Cell Society.

Results

The Expo drew between 200–250 attendees. Eighty health checks were completed, and each health stall attracted around 40 visitors. Feedback was collected through paper and digital forms, a “feedback tree,” voice recordings, and volunteer input. Thirty attendees submitted formal feedback, all reporting the event as both enjoyable and informative. Key feedback themes included praise for the approachable health professionals, immediate health check access, and the culturally welcoming environment. Attendees valued the integration of health education with cultural celebration, which enhanced relevance and accessibility. There was strong support for making the event an annual occurrence. Suggestions for future improvement included securing a larger, single-level venue, increasing event promotion, expanding youth activities and health topics, and involving more general practitioners for direct engagement (see infographic 1)

Conclusion

The Cultural Health Expo 2025 successfully engaged the community through a culturally responsive and empowering health initiative. It demonstrated that adapting healthcare delivery to cultural contexts can improve engagement with underserved populations. The positive reception highlights the potential for wider application of similar models. Despite funding challenges, there is strong intent to continue the event annually, with ongoing discussions with NWL ICB to explore commissioning a sustainable model for future community health engagement.

THF6

Exploring the barriers and facilitators to digital health interventions for the self-management of chronic kidney disease in people from South Asian backgrounds.

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THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction

Digital health interventions (DHIs) are increasingly recognised as a means of delivering healthcare. They are widely accessible to most people, low in cost and can be highly effective. Health inequalities are disproportionately experienced by underserved populations, and outcomes for those with chronic kidney disease (CKD) are known to be poorer. DHIs can support individuals with long-term conditions to improve their knowledge and better self-manage their condition, by providing additional educational content, monitoring features and reinforcing messages delivered by healthcare professionals in the clinical setting. We developed a DHI to support self-management in individuals with CKD, which was shown to be efficacious in a clinical trial. However, the trial population was relatively homogeneous, and individuals from underserved groups, particularly those from South Asian (SA) backgrounds, who would have likely benefited from the DHI, may have been disadvantaged. The aim of this study was to explore barriers and facilitators to accessing and engaging with DHIs among people from SA backgrounds.

Methods

Three focus groups were conducted over a three-month period to explore perceptions, experiences and understanding of DHIs amongst individuals from a SA background. The focus groups were held in a local community centre, led by a researcher and facilitated by a community engagement officer, who also supported the recruitment of participants. Semi-structured topic guides were used to facilitate the focus group discussion and prompt dialogue around key areas of interest. Focus groups were audio-recorded and transcribed verbatim. Thematic analysis was used to analyse the data.

Results

Participants included ten individuals (60% male, age: 69±7) from a SA background (70% Indian, 30% Pakistani). Analysis identified several barriers and facilitators to accessing and using DHIs for people from SA backgrounds. Language was reported to be the biggest barrier, as “going on digital means that you are being forced to learn English”. Having information in their own language would encourage people to use it, but it needs “somebody that spoke that language to actually translate it”. Not making assumptions and

being respectful about individual choices, as they can be “such a cultural thing” or “because of religious beliefs”, were considered to be key to engaging people. Accessing information digitally was felt to be the “most effective” compared to being given a booklet to read, and digital information was perceived to be “more accessible and more easy to read and understand”. Promotion by a trusted person (doctors, peers) and “community communication” would help alleviate the fear of DHIs and improve uptake and usage.

Discussion

Our results suggest that individuals from SA backgrounds are receptive to DHIs but highlight the need for interventions to be available in their preferred languages with culturally tailored content. Co-production of DHIs with communities who face barriers to healthcare is important to improve equity of access, optimise engagement, and support sustained utilisation. The findings will inform adaptations to our current CKD self-management DHI to better address the needs of those from SA backgrounds.

THF7

The Impact of Occupational Therapy in a community Chronic Kidney Disease Service

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THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction

In one of the larger metropolitan Trusts, identified as the second most deprived of the Integrated Care Boards, there is limited access to resources and poorer health outcomes. Health inequalities are well recognised in chronic kidney disease (CKD), with recent reports highlighting that adults in more deprived areas are at higher risk of developing kidney disease and progress faster to end-stage kidney disease.

Early diagnosis and good management of CKD is vital to improving health outcomes, particularly for those at higher risk and experiencing greater inequalities. Occupational therapists (OTs) are well placed to support early management of CKD, as they conduct holistic assessments, provide non-pharmaceutical symptom management and signpost to additional community specialist services.

Funding was extended within the existing community CKD service to provide a specialist renal OT to help tackle these health inequalities and address the increasingly complex needs of service users with earlier stages of CKD.

Methods

Referral criteria were established, and education and outreach were provided to the members of the existing multi-disciplinary team who would refer into the service. Clinic schedules were developed based on resource availability and funding. Due to high appointment burden and difficulty attending clinic centres, face-to-face and telephone appointments were offered to service users.

A modified comprehensive geriatric assessment is used to identify concerns and guide intervention. Outcome measures chosen were based on the predicted main concerns of the service users. These include the Falls Risk Assessment Tool (FRAT), Abbreviated Mental Test Score (AMTS), Visual Analogue Score (VAS) for fatigue, Single Item Literacy Screener (SILS), Clinical Frailty Scale (CFS) and feedback opportunities via QR code or feedback form.

Results

The renal OT service commenced in September 2024 with over 90 service users between the ages of 36 and 90 utilising the service. CFS scores averaged 4, indicating some reduced function; VAS scores averaged 3, indicating high levels of fatigue; Average FRAT scores of 13/20 indicating users at medium risk of falls; AMTS scores averaged 7, indicating the potential for future cognitive screens. Therapy interventions included fatigue management,

health and well-being advice, cognitive and mobility assessments, equipment recommendations and signposting. Direct referrals have been made to community therapists, adult social care, befriending services and social prescribers.

Barriers included appointment burden, travel difficulties, poor understanding of the service and OT remit, and maintaining boundaries around when to discharge from the service. Service user feedback has been very positive. People have expressed gratitude for the time to talk, to feel better informed, and some have expressed how they have been able to engage more in activities which were difficult for them previously.

Discussion

Service users living in this large urban area are struggling with symptoms from kidney disease and matters beyond their diagnosis. They are often unaware of resources available and are unlikely to access these without support. Verbal feedback obtained from the CKD service demonstrates that OT has a unique contribution to the care of people with kidney disease, as well as adding value to their lives by reducing health inequalities.

THF8

An exploration of how kidney care specialist nurses can support the children of chronic kidney disease patients to understand their parents' condition and dialysis.

Mrs Helen Morley¹

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THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction:

Literature searches demonstrate the impact of chronic kidney disease (CKD) on children of patients has rarely been considered. We have identified a lack of information available nationwide aimed at children within the CKD patient's family; this potentially has a negative impact on how the patient and their families adapt to life on dialysis. As kidney care specialist nurses, we are conducting service improvements to develop a child-friendly leaflet, supporting their understanding.

Method:

Using quality improvement strategies, we created a questionnaire using Likert scale-based questions plus space for descriptive comments. Subsequently we asked our haemodialysis units and peritoneal dialysis nurses to highlight patients with children under 18 years of age. Patients were contacted to gain their verbal consent to receive the anonymous questionnaires. Furthermore, we assessed their interest in attending patient-centred focus groups to explore their children's perspectives of dialysis through their parents' eyes, to develop child-friendly leaflets based on their lived experiences.

NHS England's "Running focus groups for patient and public engagement" helped to set out an action plan. Advice from colleagues in neighbouring trusts and other specialist nurse teams guided us and funding for the focus group has been locally provided. We will host the focus groups in September at a community-based venue, ensuring good access in a non-medical, comfortable environment with free and accessible parking. Ten patients who consented have been invited to these.

Results:

Out of the 25 questionnaires sent, 14 were returned. Additionally, 2 patients were admitted and unable to return the questionnaires. 86% of patients rated the amount of support received pre-dialysis as 5/10 or less.

The bar chart attached shows the age range of the children.

The results from what information would be preferred:

- Audio= 4/14
- Leaflet= 4/14
- Books= 2/14
- Pictures= 7/14
- Animation= 7/14
- Formal engagement with hospital staff= 7/14

We will present the results from the focus groups once these have been conducted. Following these groups, collaboratively designed leaflets aimed at specific age groups of children will be evaluated by our patient group using a further questionnaire.

Discussion:

We have observed in our roles how important home life harmony is to the patient and their families. Literature states that this can impact on the patient psychosocially. If we can reduce one element of the patients' burden by inviting their children into the support network, this could ultimately change the effect dialysis and CKD could have on the patient and their family dynamic.

The results suggest we may need to dedicate time to creating age specific leaflets/animations given the range of ages.

Our project was welcomed with positivity and gratitude that their children were being considered. This project could be transferable to other areas of long-term conditions.

We can draw conclusions from our results that we have the beginning of a larger study.

THF9

ReSPECT form education and simulation for renal nurses

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THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

The Shrewsbury and Telford Hospital NHS Trust (SaTH) has introduced simulation training to improve renal dialysis nurses' education on the importance of ReSPECT forms and how to have the delicate open and honest conversation.

Renal dialysis patients are allocated a primary nurse who reviews and discusses their care and issues they may have on a monthly basis. Primary nurses build up a rapport with their patients and as part of these monthly reviews ReSPECT form conversations are due to take place. However, we have found these are often not completed and it was thought that a lack of confidence and education on how to have a delicate, honest and considerate ReSPECT form conversations impacted on clinical practice.

Currently the training on ReSPECT in SaTH is mandatory e-learning and no practical workshops are available to enhance learning.

The plan included working with SaTH Improvement Hub, the non-medical simulation and ReSPECT form lead to create a study day to achieve the following learning outcomes/aims.

- Information on ReSPECT forms
- The value of the ReSPECT forms
- Resuscitation and frailty considerations when discussing ReSPECT
- Ethical issues
- Simulation scenarios, having a ReSPECT conversation. (Each participant will have a go at opening and discussing ReSPECT)

We then reflected, provide feedback and close with the SaTH Improvement Hub's ReSPECT video to highlight the importance of ReSPECT form conversations.

The study day required some time to set up, as well as finding an appropriate room, resources and allocating staff off duty, the team also had to collect data, create the simulation and find an actor.

We had the study day open to any nurses on duty who were able to attend for part of the session. We had 11 participants for half of the study day and six participants completed the full study day. We found a group of six participants was large enough for the simulation to reflect and feed back in good time. The nurses completing the simulation also reported that they felt more comfortable in a smaller group.

Overall, the study day ran smoothly and the feedback was very positive. The data collected from pre and post questionnaires shown an overall increase in 21% of the participants' confidence and knowledge in this topic.

Next time participants would like to be shown how to have a ReSPECT form conversation by the supportive care team, to link together what they've learnt and how to overcome the delicate parts of ReSPECT conversations.

Since the training, participants have mentioned they feel able to approach ReSPECT form conversations with their primary patients now they have the confidence and education to discuss. They are also educating and encouraging other colleagues to follow.

Change in audit data shows:

Twice as many leaflets were given out to patients explaining what the ReSPECT form was, 9% more conversations were initiated by a nurse (rather than a medic) and 45% more charts were reviewed in monthly paperwork. This showed that adding in simulation scenarios not only increased confidence but changed practice.

THF10

Improving access to advanced kidney care clinic services in the district

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¹Royal Preston Hospital

THURSDAY - Moderated Poster Session, HALL Q, March 12, 2026, 10:00 - 11:00

Introduction

Supported by the Kidney Quality Improvement Partnership (KQIP); in 2022, our Kidney Network launched a workstream to improve care focusing on dialysis priorities, particularly expanding access to home dialysis, to transform kidney care by:

Reducing variability & streamlining services - from referral and patient identification to community follow-up and specialist clinics.

Optimising pre-dialysis access - ensuring timely, functional vascular access in coordination with the vascular team, and addressing the absence of a surgical PD pathway.

Establishing an Acute PD Service - building on past projects, closing gaps, and avoiding duplication.

With our regional KQIP programme manager, we defined a clear SMART aim to:

‘Increase the proportion of eligible patients under Advanced Kidney Care Clinic (AKCC) management from 30% (207/691) to 50% (345/691) by Dec 2024, and to 60% (415/691) by Apr 2025.’

Methodology

The regional KQIP programme manager supported us by delivering local face to face workshops using appropriate QI tools and talking through our project helping us to be more focused and what we needed to do. Following the KQIP QI training and support, we developed a project driver diagram. We referred to this during each of the local face to face workshops. Doing this allowed us to keep on track and add in new change ideas as the project progressed.

We completed a sustainability tool which helped us to see the areas of weakness and strength in the project

By performing a process map of the AKC pathway, we were able to be more specific in our project

Point of eligibility to modality (KCT)

Home therapy and home assessment (home therapy)

Access journey (renal vascular access)

In 2023, we set up two advanced kidney care clinics. In 2024, we raised awareness of the AKCC to the wider team to encourage timely referrals, began to set up another local clinic (aimed to start in Jan 2025 but delayed till October 2025), and collected feedback from patients and demonstrating impact using run charts.

Results

In April 2024 we had 190 patients (30.4%) in AKCC which has increased to 383 July 2025 (55.4%) with an average of around 12 new patients being added to AKCC per month.

Feedback from those who attend the clinics:

81.25% felt the clinics helped them towards decisions about future treatments.

100% found specific concerns addressed.

75% found it beneficial to see MDT in clinic

Findings

As you can see the approach was largely successful and project results are sustainable especially as a further local AKCC is about to start.

As a first QI project we also identified several areas where we can improve future QI projects, namely:

Need to be specific & realistic in setting out aims and objectives

Ensure protected time within the team to collect data

Use run charts/ data to show improvements to stakeholders

The process of setting up a new clinic; the admin is very time consuming

Making sure we are clear about what the next steps are before diving in.