Is collaboration the key to shared haemodialysis care?

Shared haemodialysis care puts patient-centred care into practice in dialysis units: by undertaking parts of their dialysis themselves, patients’ experiences improve. In this article, Sonia Lee looks at how shared care programmes have used collaborative working at various levels, and questions whether this might be the key factor in spreading and maintaining this type of cultural change.

In 2010, The Health Foundation funded the ‘Closing the Gap’ shared haemodialysis care (SHC) programme (managed through Sheffield Teaching Hospitals NHS Trust), which took place in the Yorkshire and Humber region. Learning from this was used in the ‘Scaling up’ Shared Haemodialysis Care (SHAREHD) programme, also funded by The Health Foundation and supported by Kidney Research UK. SHAREHD has worked collaboratively with more than 19 different NHS Trusts across the UK.

Shared haemodialysis care

SHC is when patients at dialysis units are supported to undertake aspects of their own dialysis treatment to the extent that they wish, thereby improving their experience and outcomes.

The essence of SHC is partnership. By breaking down haemodialysis treatment into manageable tasks (see Box 1), a framework is provided that both patients and staff can use. This facilitates an individualised approach to learning and teaching at the pace and choice of the individual. An article published in the British Journal of Renal Medicine (Barnes et al, 2017) describes how this approach enables patients to work in partnership with staff.

Collaboration

The SHC programmes recognise that without collaboration with patients at every level, efforts could be misdirected. Over the past six years, multiple collaborative activities have been established, both in terms of working with patients and sharing across trusts and with commercial partners, thus blurring the traditional hierarchical and commercial lines. These have been both short- and long-term initiatives, and have included a nurse’s course (sponsored by Kidney Care UK), manager workshop days and trust-level collaborative working groups.

Previously designed materials have been made freely available via the website to support health professionals and patients. These include competency handbooks, videos, posters and audit tools. These are generic but can be localised to suit individual hospitals. The application of social media, using dedicated Facebook pages, WhatsApp and Twitter, as well as a specific website (www.shareddialysis-care.org.uk) and the use of digital and traditional media, such as emails and newsletters, has also increased the effect of the collaborative working. This facilitates the sharing of ideas and networking, which helps to maintain motivation.

The programmes have encouraged individual trusts to work directly with patients on local activities, allowing them to become active participants, rather than passive patients. These ideas are neither new nor unique, but in retrospect, the culture of openness and sharing replicates the essence of shared care, and hence reinforces the message.

SHC programme

Aspects of the programmes where patients are given the opportunity and choice to be involved at different levels include:

- Being active in their own care and dialysis treatment delivery, in partnership with staff
- Being involved as part of unit teams, attending collaboration events together
- Presenting their stories and ideas at events ranging from local team meetings to national conferences, both independently and in partnership with staff
- Being involved in the programme advisory board, patient advisory group, or in a particular programme workstream to give advice, support or agreeing to deliver an output
- Being actively involved in hospital developments, such as unit redesign, or particularly encouraged to act as informal peer-to-peer supporters for one another.

This type of co-production is explained in more detail by Henwood et al (2018).
The impact of the SHAREHD programme is being evaluated both formally and informally. The full results of the research that has been undertaken alongside the SHAREHD programme (Fotheringham et al, 2017) are due to be published in 2019.

The National Institute for Health and Care Excellence (NICE) guidelines on renal replacement therapy and conservative management (NICE, 2018) reference existing NICE recommendations on patient experience in adult NHS services (section 1.3: ‘Tailoring healthcare services for each patient’ and section 1.5: ‘Enabling patients to actively participate in their care’). Professor Martin Wilkie, who leads the SHC programmes, has commented that this provides a ‘clear emphasis on enabling patients to actively participate in their own care, with all that means in terms of providing appropriate education and support. This is very much in line with the objectives of Shared Haemodialysis Care’ (Lee, 2018).

Is collaboration the key factor?

Face-to-face sharing opportunities for staff, patients and carers in an open, honest and collaborative way appears to foster the right environment to grow and spread the concept of shared care. This is either through the large facilitated learning events that have been held, social media groups or local coffee mornings, where both patients and staff have an opportunity to learn in an informal setting and share experience with others.

To date, various NHS trusts throughout England, Ireland, Scotland and Wales have been involved. Denmark is also exploring ways to adopt the SHC principles into its own system of care. More than 500 staff have been trained as a result of the nurse course, over 50 individuals attended the manager’s workshops and over 180 individuals attended at least one of the SHAREHD learning events. As a core team, we have had the pleasure of working with many patients who have supported the various collaboratives, and are aware of many more who have got involved at a local level in some capacity.

It is clear that SHC needs to be regularly fed and watered in order to flourish. As staff, patients and environmental contexts are all subject to change, enthusiasm can wane. Sharing and collaborating within units, between units and across trusts gives rise to new ideas and inspiration for SHC and other initiatives, such as peer support. Collaboration also connects participants with others, from whom they can gain support and motivation.

What’s next?

In order to ensure that collaborative working continues, SHAREHD is running an ‘All hands together shared haemodialysis care event’ on 22 January 2019 in Leeds. The national course and website are continuing, with some trusts also running local courses and developing regional collaborative networks.

For more information, visit the Shared Care website at www.sharreddialysis-care.org.uk. JKC

References

Lee. NICE recommends patients are offered choice over setting and type of dialysis treatment. 8 October 2018. https://tinyurl.com/y8sp8dqf (accessed 5 November 2018)

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<thead>
<tr>
<th>Table 1. Feedback on the shared haemodialysis care (SHC) programme</th>
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<tr>
<td><strong>Quotations on the benefits of shared care</strong></td>
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<td>SHC has ‘built bridges and positive relationships between staff and patients involved’ (Rona, staff nurse, Sunderland)</td>
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<td>‘Knowing about the machine and what it does empowers you. Knowledge is power and this gives you the power to look after and care for yourself’ (Paul, patient, York)</td>
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<td><strong>Anonymous quotes from learning event feedback</strong></td>
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<td>‘It’s really useful to come together and continue to learn from each other, very motivating’</td>
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<td>‘Great opportunity to interact with other units as to what went well, as well as snags encountered’</td>
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Box 1. Aspects of care that patients can take part in

- Recording weight
- Taking blood pressure and pulse
- Taking temperature
- Washing hands prior to all procedures (and arm if there is a fistula or graft)
- Setting up the dialysis machine, including priming
- Preparing the dressing pack
- Programming prescription on the dialysis machine
- Putting needles in or preparing access lines
- Connecting lines and commencing dialysis
- Responding to alerts from the dialysis machine
- Disconnecting lines and completing dialysis
- Applying pressure to needle sites after dialysis or locking the access line
- Administering any injections