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P005 -Renal peer support: initial insights and findings from developing, delivering and evaluating a two year pilot service

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Introduction

Peer support occurs when patients are put in touch with each other to give and receive assistance with issues related to their common goals (Dennis, 2003). Research has demonstrated that renal patients consider peer support to be a valuable and positive experience that promotes self-management and hope for the future (Hughes et al, 2009). Other benefits include enhanced knowledge, confidence, reassurance as well as assistance with decision making and disease adjustment (Woods, 2014). A collaborative approach was taken to develop the peer support service between the renal department and the local Kidney Patient Association (KPA). The KPA provided the financial grant to fund the peer support facilitator post and were involved in recruiting the post holder. An innovative approach was taken by employing a patient to take on this role.

Methods

The peer support facilitator, supervised by a Health Psychologist and supported by members of the Renal Support Team, recruited interested patients (who had experienced a range of renal replacement therapies including HD, Home HD, PD and transplant), live donors and carers, aged 29-78 years, as peer support volunteers. A two day training course was developed and delivered by the Peer Support Facilitator and Health Psychologist to volunteers. The peer support service was advertised to pre dialysis, dialysis, transplant patients as well as carers, and staff were also made aware of the referral process. Following a referral, peer support volunteers and patients and/or carers was matched based on their preferences (for example a patient may have wanted to meet with someone of a particular gender or someone who had experienced a particular treatment modality). Meetings took place in public places, such as a garden centre or library, or the hospital. Patients or carers were given the option of meeting on a one to one basis or could attend with a relative/carer and meet a couple. Peer supporters and service users received a debrief telephone call from a Health Psychologist after every meeting.

Results

To date, the service has received 30 referrals, the majority of which have come from staff including low clearance nurses, transplant co-ordinators, social workers and the team's renal psychotherapist and Health Psychologist. 15 patients and carers have completed their training to be peer support volunteers and 15 meetings have occurred. Service users reported that meeting a peer supporter helped normalise their own thoughts and feelings ("it was good to know that he also felt the same when he started on dialysis"), decreased their sense of isolation ("didn't feel so alone talking to them"), gave them hope that life could continue to be fulfilling ("We were very impressed that they had been on holiday to Switzerland") and also proved a useful source of information ("he gave us information about attendance allowance"). Peer supporters have generally described feeling valued and feel that they are making a difference to another person's wellbeing.

Discussion

Patients and carers have found the renal peer support service a valuable addition to the psychosocial support that is already available. Further work needs to be done around promoting the service, to enhance

referrals and thereby improve patient experience. Work is underway to include live donor peer support as part of the live donor work up process.