Conservative Care

An evaluation of an evolving Conservative Care programme for renal patients.

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Problem:

In 2003 we established a conservative care programme for renal patients. This included the development of information resources for patients, their families and health care professionals and teaching sessions with Primary Care and local Hospices. We wanted to explore how this programme had been received and experienced by Primary and Palliative Care colleagues. In addition we wanted to look at its impact on our dialysis population.

Design:

We organised an evening focus group meeting with participants from hospital and community palliative care teams, District and Macmillan nurses, GPs and members of the renal team. We also examined changes in the demographics of our dialysis cohort.

Results:

The focus group began with a presentation by the renal team, including the experience of a service user's relative. We then posed 4 questions:

1. What did people think of the Conservative Care package?
2. Did people have direct experience with the programme?
3. Did Primary Care still need the Renal Team to be involved in the conservative care of advanced renal failure patients?
4. If yes, how could we improve or develop the service further?

The ensuing discussion and feedback from the focus group will be presented.
Prior to 2003, we had experienced a year on year linear growth in the haemodialysis cohort. Since the introduction of the conservative care programme growth has plateaued and the median age and 1-year mortality of the haemodialysis population have decreased in comparison to previous years

Relevance:

With the publication of the Renal NSF and Primary Care Quality Outcomes Framework there is a greater awareness of chronic kidney disease in Primary Care. As the UK population gets older a greater number of elderly people with severe co-morbid disease are being referred to Renal Services. We believe it is important to offer these patients and their families a real treatment option of properly funded Conservative Care, not just the option of dialysis versus no treatment. The Renal NSF states that "people are to have access to information that enables them to make informed decisions and encourage partnership in decision making with an agreed care plan that supports them in managing their condition to achieve the best possible quality of life".

For patients with severe co-morbid disease, many of whom are elderly, a properly funded and jointly managed Conservative Care Programme is necessary to achieve that goal.