

# Achieving an Equitable Service: Increasing Access to a Multi-Professional Low Clearance Clinic

Dorset Renal Service, Dorset County Hospital, Dorchester, DT1 2JY

Angela Ridge and Isobel Banks (Renal Specialist Nurses), Renuka Coghlan (Renal Dietitian), Dr Paul Murray (Consultant Nephrologist)

## BACKGROUND

- Patients with advanced renal failure (GFR <20) have increasing needs for education and support to help ensure informed decision making
- A dedicated and multi-professional “Low Clearance Clinic” has been available in the Poole area since February 2015
- We believed it would be beneficial to facilitate an expansion of this service to cover the entire Dorset Renal Service population

## AIM STATEMENT

To improve the care of and increase satisfaction among renal patients with GFR <20 by increasing access to dedicated, multi-professional low clearance clinics

## PROJECT DESIGN

- Process map for LCC in all areas, assess differences
- Driver diagram and stakeholder analysis
- Patient experiences assessed with Experience Based Design questionnaire
- Patient and staff stories collected in face to face interviews
- Stakeholders informed and engaged using public narrative approach

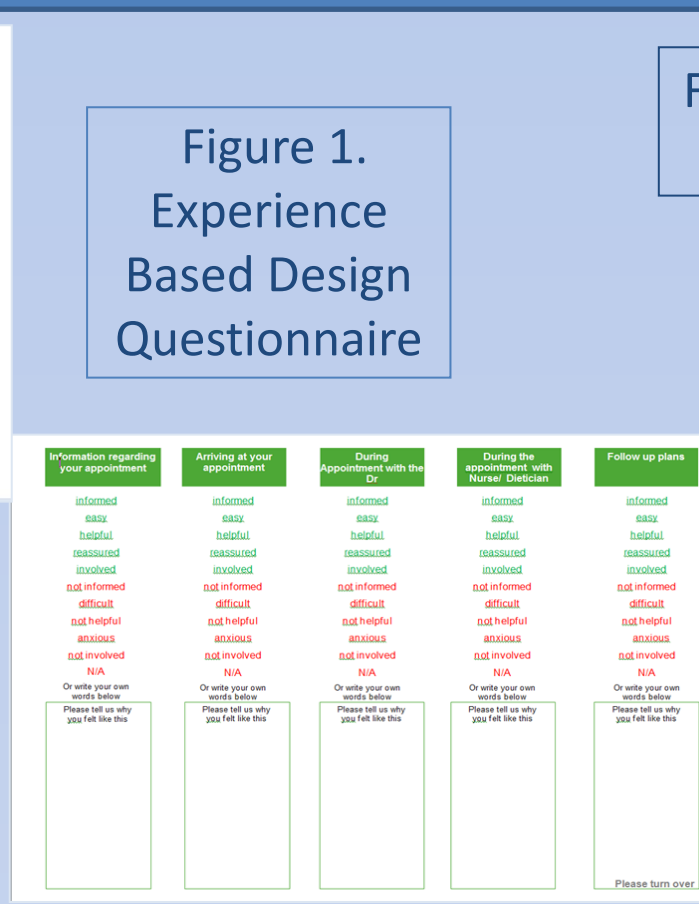
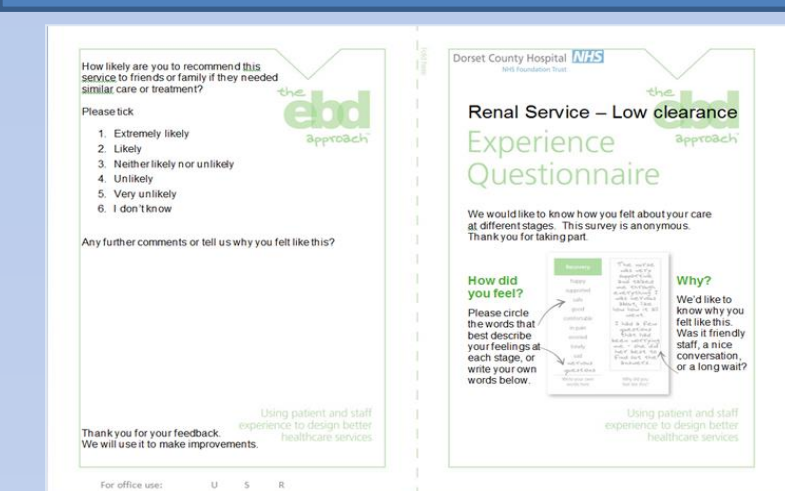


Figure 2. Driver diagram

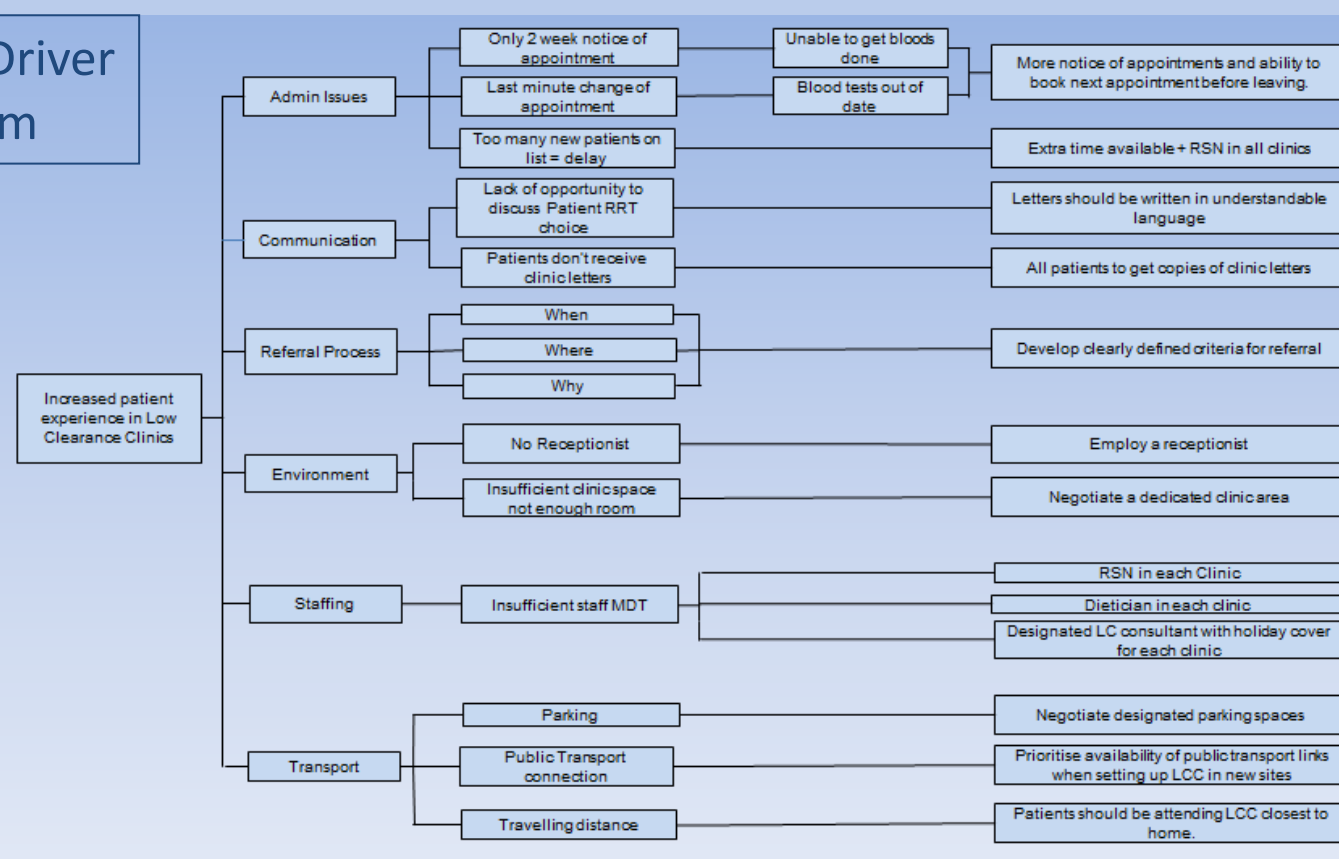
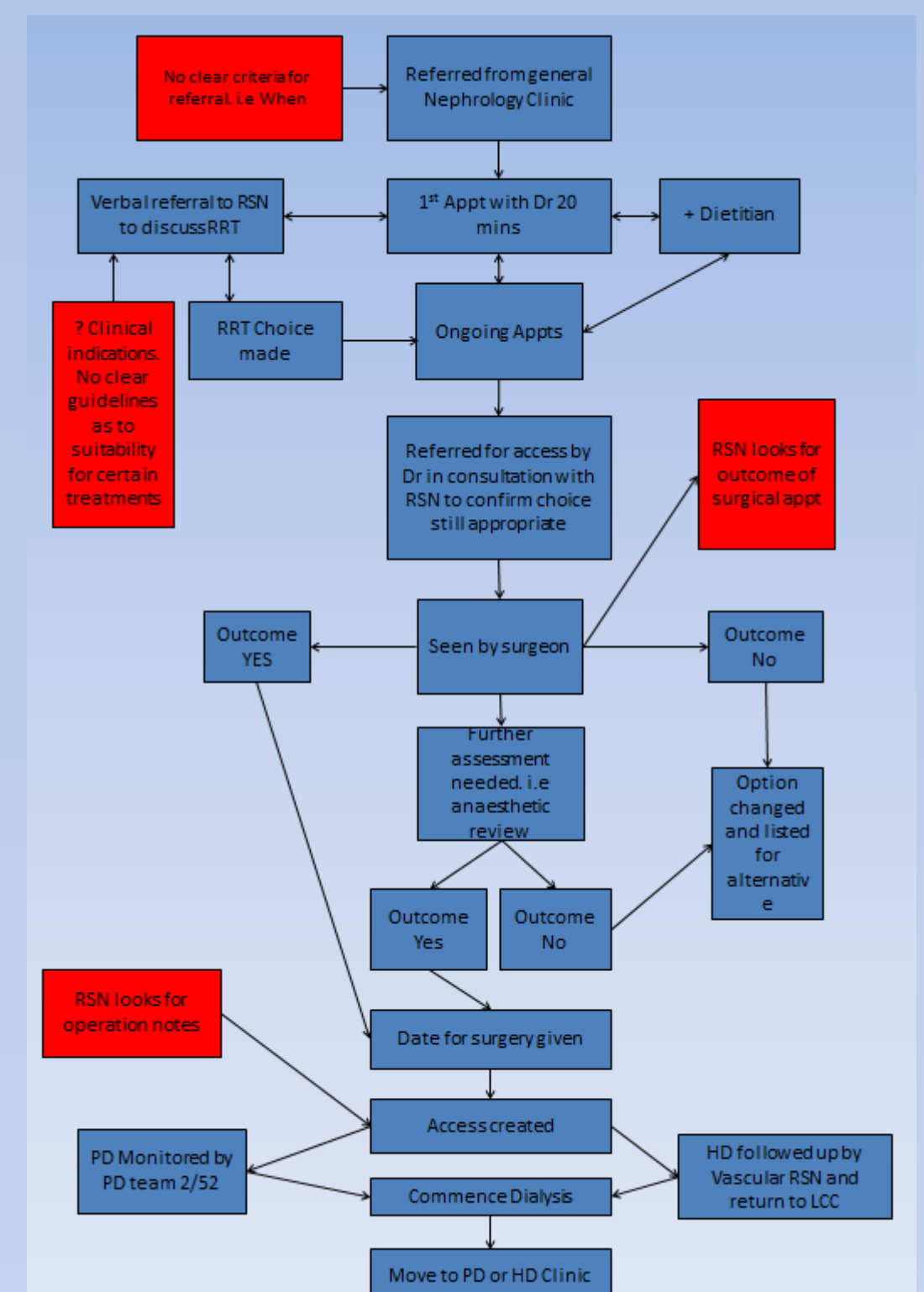


Figure 3. Process map for Poole area Low Clearance Clinic



## CHANGES MADE

- Creation of separate “low clearance list” within the existing Dorchester and Bournemouth General Nephrology Clinics
- Direct dietitian and Specialist Nurse input made available at these clinics
- Clinics populated by identification of patients with GFR <20 on renal unit database

Figure 4. Selected comments from patient story interviews

**RBH Clinic Patient**  
 Didn't understand the new letter which invited her to the "low clearance clinic"  
 Short notice for appt - 2 weeks and difficult to get the blood test done in time  
 "I worry that I am going to upset the Drs because of the way I am" (often tearful/ mental health issues)  
 "Everyone is very nice"

**RBH Clinic (2)**  
 Last appt had been cancelled but he only knew that when he phoned up to find out why he hadn't had the appt. He then waited another 3 months (6 months in total).  
 Doesn't get on with one Dr as the Dr had been so rude to his partner, but "the others are fine". "They all have a go at me because I don't want to start dialysis".

## OUTCOMES

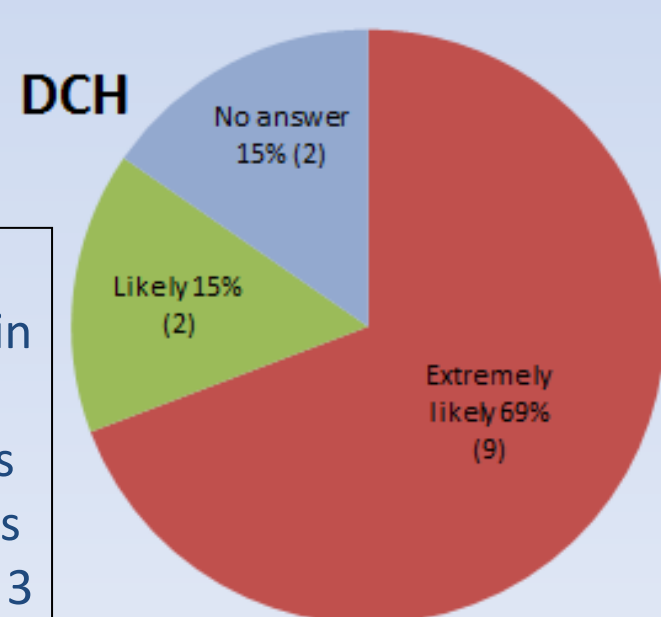
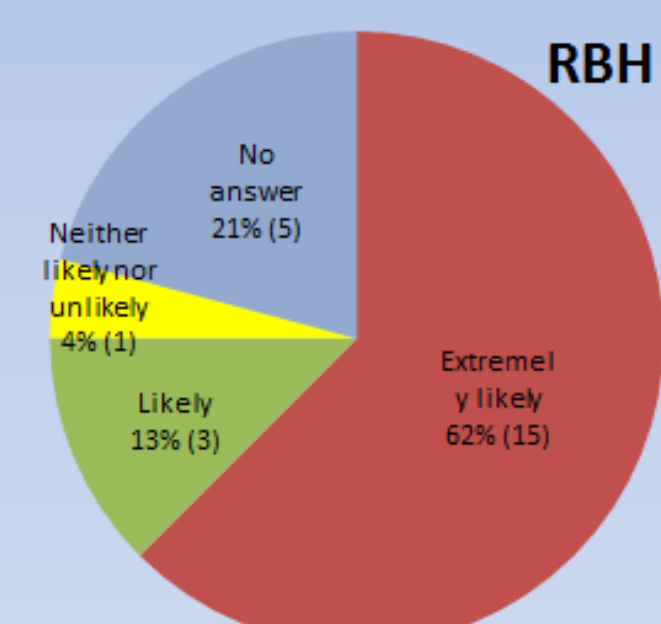
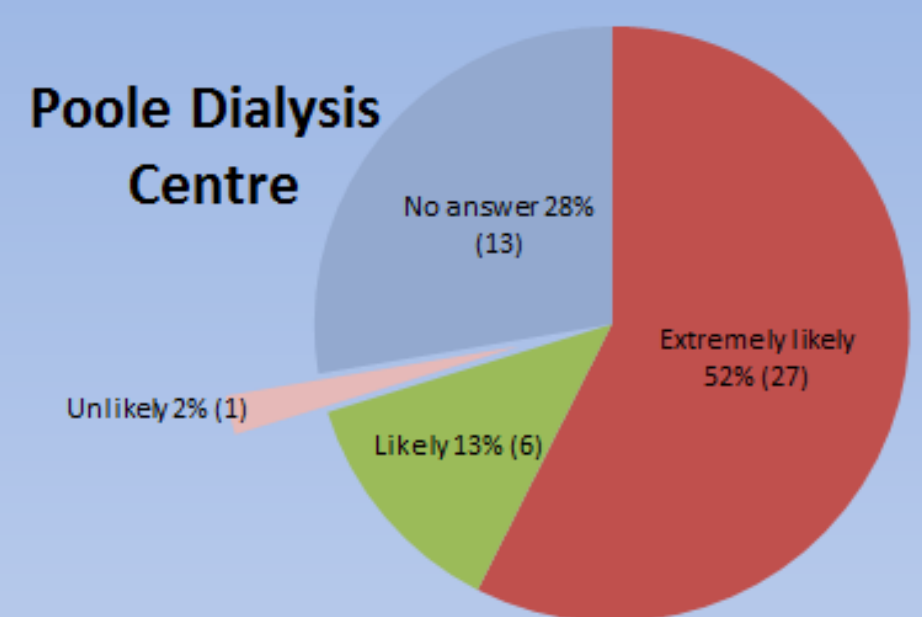


Figure 5. EBD results for domain of “Would You Recommend This Service to Friends or Family” across 3 clinic areas

Renal Patient GFR<20	Staffing	December 2016	December 2017
PGH*	Consultant / SPR Sp Dietitian Sp Nurse Dedicated team	😞	😞
RBH*	Consultant / SPR Sp Dietitian* Sp Nurse* Dedicated team	😞	😄
DCH*	Consultant / SPR Sp Dietitian* Sp Nurse* Dedicated team	😞	😄
YDH*	Consultant / SPR Sp Dietitian* Sp Nurse* Dedicated team	😞	😞
PDC	Consultant / SPR Sp Dietitian Sp Nurse Dedicated team	😄	😄

**Benefits (2016):**

- Patient care
- Patient satisfaction
- Greater patient participation in care & care planning incl. palliative care
- Better understanding of care & care plan
- Patient sees dedicated team
- Continuity of care

**Drawbacks (2016):**

- High healthcare resources
- High comparative cost
- Risk to de-prioritised patients
- Cost of patient journey\*\*
- Risk of discontinuance e.g. "too expensive"
- No available substitute

**Improvement through (2017):**

- Reprioritise all renal patients to improve overall provision of care
- Availability of resources
- Dedicated teams
- Providing continuity of care
- Enabling greater patient involvement in the choices of ongoing care including palliative care
- Providing an equitable service across the area (Dorset & South Somerset)
- Containment and management of cost
- Improvement in the overall management of the patient and the renal service

## LESSONS LEARNED

- Too much time spent on deciding how to measure patient satisfaction, possibly wrong tool used.
- Undervalued the power of patient stories / qualitative methods in pursuit of quantitative results
- Use of Pareto chart would have helped focus the need for specific changes
- Aims may have been too vague, or insufficiently focussed.
- Failure to engage stakeholders early enough
- Further work to focus on SMARTer assessment of patient activation (PAM)