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### IMPROVING RENAL AND PALLIATIVE CARE SERVICES FOR PATIENTS – A STAFF EXCHANGE PROGRAMME

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Effective end of life care for patients with advanced kidney disease requires a co-ordinated and collaborative approach between renal and palliative healthcare teams. The Greater Manchester Renal /Palliative Care Action Learning Set was introduced in 2005 to address this need. An initial scoping questionnaire identified potential gaps in the provision of palliative care to patients with end stage renal disease. Key issues identified were lack of both confidence and competencies for caring for patients with end stage renal disease.

Hence, a renal exchange programme was developed over 12 months, including pre-placement education/information packs which also included professional development plans, evaluation forms and liability insurance (honorary contracts). One week exchanges commenced in 2007 with a structured timetable which reflected the patient pathway.

The hospice-hospital staff exchange programme has successfully promoted multi-professional collaborative working across boundaries -linking kidney care/acute care, primary care, and palliative care services. Staff evaluated their exchange experience positively via annual reflective multidisciplinary meetings, attended by both healthcare teams. Renal staff expressed heightened awareness of the importance placed upon spiritual and psychological care and the availability of end of life care services. Hospice staff gained a greater understanding of the complexity of living and dying with end stage renal disease, and the long term implications of renal disease on patients and their families.

The programme is successfully addressing Government recommendations to promote collaborative working outlined in The End of Life Care strategy (DH 2008) which highlights the need for generic nursing staff to gain knowledge and skills in palliative care. Furthermore, the now established exchange programme meets the recent recommendations from the End of Life Care in Advanced Kidney Disease which states that 'staff exchanges between kidney units and hospices should be developed to improve knowledge and skills of their respective services.'