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SUPPORT FOR CHRONIC KIDNEY DISEASE PATIENTS DURING COVID-19: PERSPECTIVES FROM PATIENTS, FAMILY AND HEALTHCARE PROFESSIONALS

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BACKGROUND AND AIMS: Patients with non-dialysis chronic kidney disease (CKD patients) require specialised management, including routine clinical visits, laboratory measures, and medication adjustments. Inevitably, the COVID-19 pandemic has resulted in changes to delivery of care in a bid to prevent virus transmission in this clinically vulnerable group. The extent of the impact of any changes in support provision for patients is largely unknown. The study aimed to capture the views of CKD patients, family or other significant person in their lives (SO), and nephrology healthcare professionals (HCPs) on how patients' healthcare needs were and could be supported during this time.

METHOD: CKD patients, their SO (e.g., family member, friend) and HCPs from 10 secondary care sites across England were invited to take part in a bespoke online survey, as part of the DIMENSION-KD portfolio adopted study. Participants responded to yes/no and free-text questions about their satisfaction with available healthcare support (CKD, SO) and patients' need for additional support (CKD, SO, HCP). Thematic analysis was applied to the free-text responses.

RESULTS: 230 CKD patients (mean age 63.8, SD 13.8 years), 67 SO (74% spouses), and 59 HCP of various specialties completed the survey between August and December 2020. 84% of CKD participants felt they could get the support they needed. The most frequent explanation (25%) was that direct contact with a member of their renal team was available when needed. Other explanations included 1. being monitored by the renal team, 2. continuation of regular appointments and having additional treatment when necessary, 3. an accessible local General Practice (GP), and 4. a particularly "helpful" nephrologist or "good relationships" with their doctors. All SO felt the patient could get the help they required. Their explanations were in line with those of CKD patients, i.e., readily available contact and access to the renal team (25%), followed by good relationship or highly positive experience with member(s) of the renal team, regularity of contact/ appointments, and GP accessibility. When asked about additional healthcare information and support they would like, "none" was the most common response by CKD patients (28%), followed by the need for reliable information around

COVID-19 and renal conditions, access to local GP, and a reliable point of contact when kidney condition deteriorates. Similarly, for many SO there was no need for additional support, whilst the most often suggested type of support was provision of reliable information on COVID-19 and renal health. For HCP, accessible service and guidance (36%) and psychosocial support for patients (25%) were most frequently cited types of additional support that would benefit patients.

CONCLUSION: An accessible point of contact for renal care and continuation of regular monitoring of some form emerged as key factors in CKD patient support across the three stakeholder groups. Some needs raised, such as limited access to GP, are relevant to local primary or secondary healthcare services, while practices adopted by some renal teams, such as a number for patients to ring when needed, seemed to offer reassurance and satisfaction among patients and their SO.