

Further information

End of Life care in Advanced Kidney Disease:

A framework for Implementation (2006).

www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Advanced-kidney-disease.pdf

Gold Standard Framework:

www.goldstandardsframework.org.uk/advance-care-planning

Preferred Priorities of Care:

www.dyingmatters.org/sites/default/files/preferred_priorities_for_care.pdf

Information on Palliative care services is available from the local hospice. The telephone number can be obtained from your Haemodialysis Unit.

Haemodialysis Units

Lister Haemodialysis Unit	01438 284152
St Albans Haemodialysis Unit	01727 897588
Luton & Dunstable Haemodialysis Unit	01582 497538
Bedford Renal Unit	01438 286750
Harlow Renal Unit	01279 278205

www.enherts-tr.nhs.uk

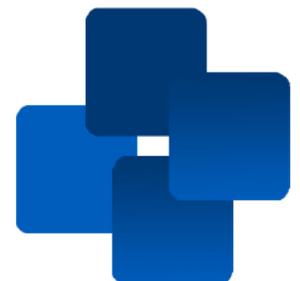
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Information for patients, partners, families and carers

The Supportive Care Register

Renal Department



What is Supportive Care?

People who have a chronic disease, such as kidney disease, often need increased help and support as the illness progresses. Supportive Care aims to optimise the quality of life for renal patients, to treat the symptoms of kidney disease and any psychological or social issues arising from it, both for the patient and their families.

Some people need help with controlling symptoms, others need more help with everyday activities, such as washing and dressing, and others want more information about how their illness is likely to progress and help to plan their future, including care at the end of their life.

What is the Supportive Care Register?

The Supportive Care Register is a way of highlighting those people who are under the care of the Lister Hospital renal team who are likely to be in need of supportive care. This can be whether you are on dialysis, have had a transplant or have chosen not to have dialysis.

The aim of the Supportive Care Register is to ensure that those in need of help are recognised and put in touch with the most appropriate services to help them. This may be staff at the Renal Unit, GP, district nurse or other specialists depending on the needs.

Everyone is reviewed on a regular basis by the renal team. If a person is having problems with their health declining then a member of staff will discuss with them whether or not they recommend that their details should be added to the Supportive Care Register.

How might I benefit from the Supportive Care Register?

Some of the benefits are that:

- You will have regular reviews of your health and any troublesome symptoms will be identified and addressed.
- Needs that you may have with your care will be identified and referrals will be made to the services who can best meet them.
- Your GP and district nurse will receive a letter updating them about your condition and they will ensure that you have access to extra support as you need it at home.
- You may want to think about aspects of your future health and care that are important to you. You will have the opportunity to discuss these with the renal team.

With your consent, these discussions and any preferences you express for your future care, will be clearly recorded and shared between those involved with you, the renal team and the medical and social professionals working in community teams. This is to ensure that everyone involved in your care is fully aware of your wishes, whether they are seeing you at hospital, at your GP surgery or at home. Discussing preferences or decisions with your family and those who are important to you is called Advanced Care Planning.

What happens now?

Key healthcare professionals will be nominated to co-ordinate services for you; they may be from renal services, community services or palliative care.