

EVALUATION OF THE EFFECTS OF INTRODUCING A SECONDARY CARE BASED NON MEDICAL ANAEMIA MANAGEMENT TEAM (AMT) AND A DARBEPOETIN ALFA HOME DELIVERY SERVICE FOR PATIENTS WITH ANAEMIA OF CHRONIC KIDNEY DISEASE (CKD)

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INTRODUCTION: In North West Wales (NWW) erythropoiesis-stimulating-agents (ESA) for the treatment of renal anaemia, were traditionally prescribed under a shared care protocol (SCP): General Practitioners (GPs) were responsible for prescribing and blood sampling for treatment monitoring, while nephrologists in secondary care adjusted treatment.

In May 2007 the AMT was established with responsibilities for monitoring and dose adjustment of ESA, while blood sampling was still undertaken by GPs. Supply of ESA by home deliveries was arranged by the AMT.

AIM: To evaluate the impact of introducing a non medical AMT and ESA home delivery service for patients with anaemia of CKD on patients care and NHS resources.

METHOD: The impact on clinical outcomes (compliance with haemoglobin targets and monitoring intervals) was assessed comparing data for the same patients in 2007 and 2008 in a before-and-after study design over 4 months. Time elapsed from treatment initiation to the first supply of ESA was compared for 12 months. A survey determined patients' satisfaction with ESA home deliveries. A comparison of direct treatment costs assessed the economic impact.

RESULTS: Compliance with recommended monitoring intervals rose from 69.9% (2007) to 81.7% (2008) [n=93; p=0.061]. More patients achieved haemoglobin targets of 10.5 – 12.5 g/dL [n=90, p=0.098], while less were under-treated (haemoglobin <10.5 g/dL) [n=97, p=0.922] or over-treated (haemoglobin > 13.0 g/dL) [n=90, p=0.011].

A trend towards a reduced time to first supply was observed in 2008 (median 12 days, n=22) compared to 2007 [median 22 days, n=19]. The survey [response rate 76.8%, n=142] showed that over 80% of patients were satisfied with ESA home deliveries. Cost savings were estimated to £177,000/ year.

CONCLUSION: Anaemia management by a secondary care based non-medical AMT can improve clinical outcomes compared to shared care, without adversely affecting patients' satisfaction and leads to substantial economic benefits to the local health community compared to shared care prescribing of ESA.