

# Dietetic Resources Within Paediatric Nephrology

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With thanks to Lisa Norman, formerly of Nottingham City Hospital, for assistance in analysing the data.

May 2002

As part of the British Association of Paediatric Nephrology Review: May 2001

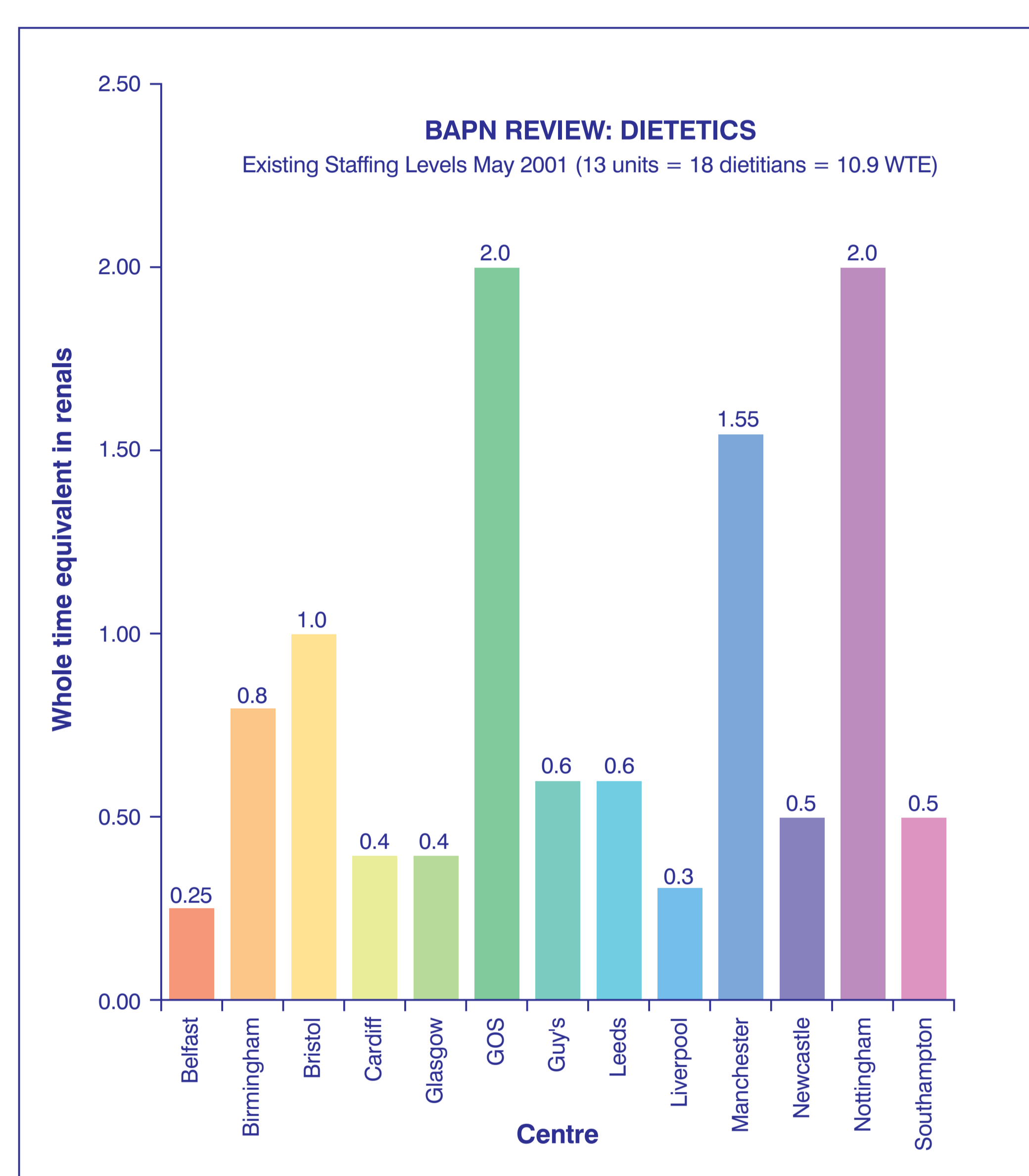
## 1. INTRODUCTION

Dietitians from the thirteen Paediatric Nephrology Centres in the UK completed a questionnaire (as part of BAPN review) looking at:

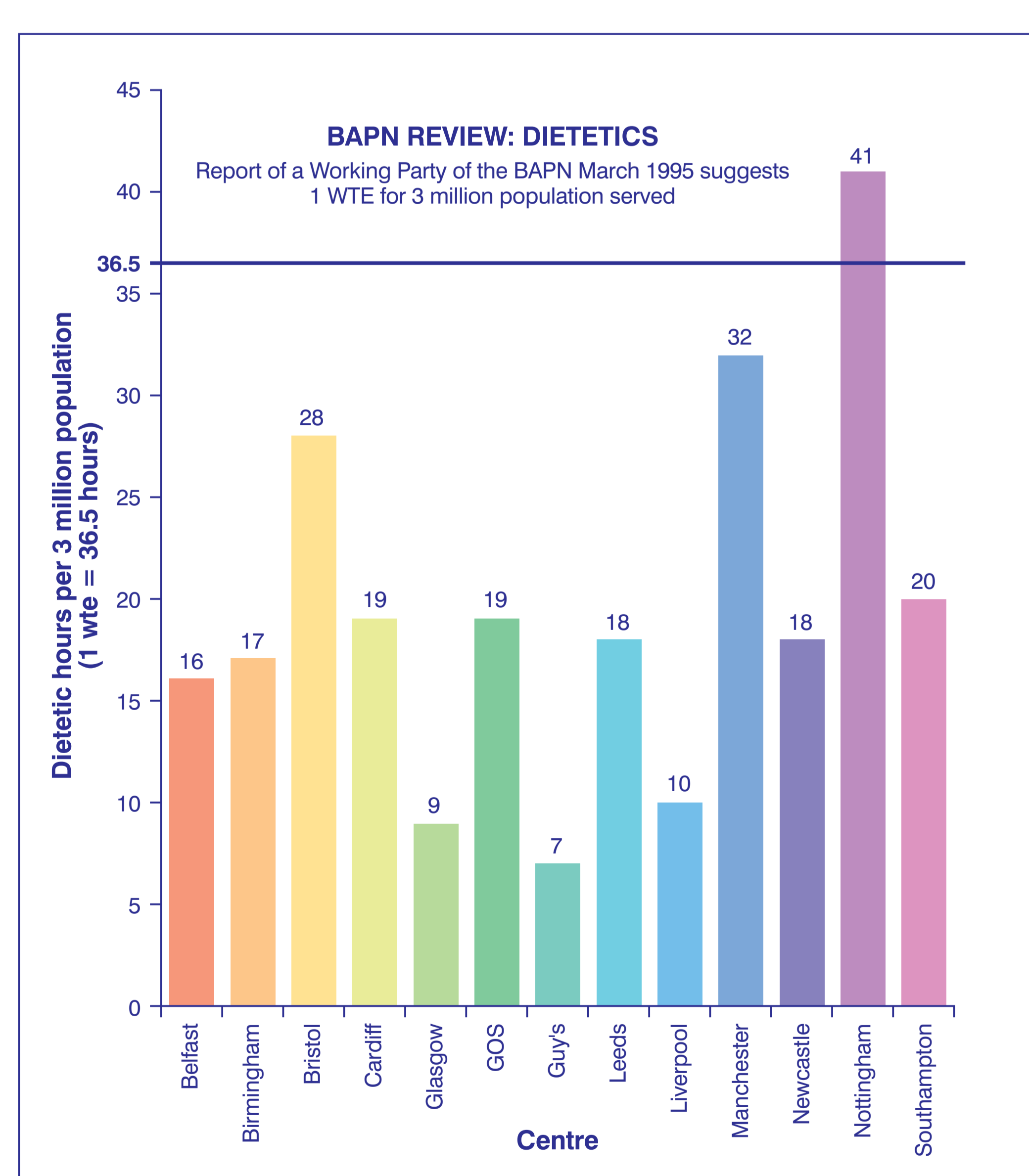
- Current dietetic staffing
- Management structure
- Pattern of service
- Activity Data

## 2. CURRENT STAFFING LEVELS (MAY 2001)

In eight of the Units the staffing allocation is 22 hours (equivalent to 0.6 wte) or less. This is summarised below:



The Report of a Working Party of the British Association for Paediatric Nephrology March 1995 (1) suggests 1 wte dietitian for 3 million total population served. When current dietetic hours in each Unit are related to this estimate, only one Unit meets this figure as illustrated below:



## 3. DIETETIC CLINICAL ACTIVITY

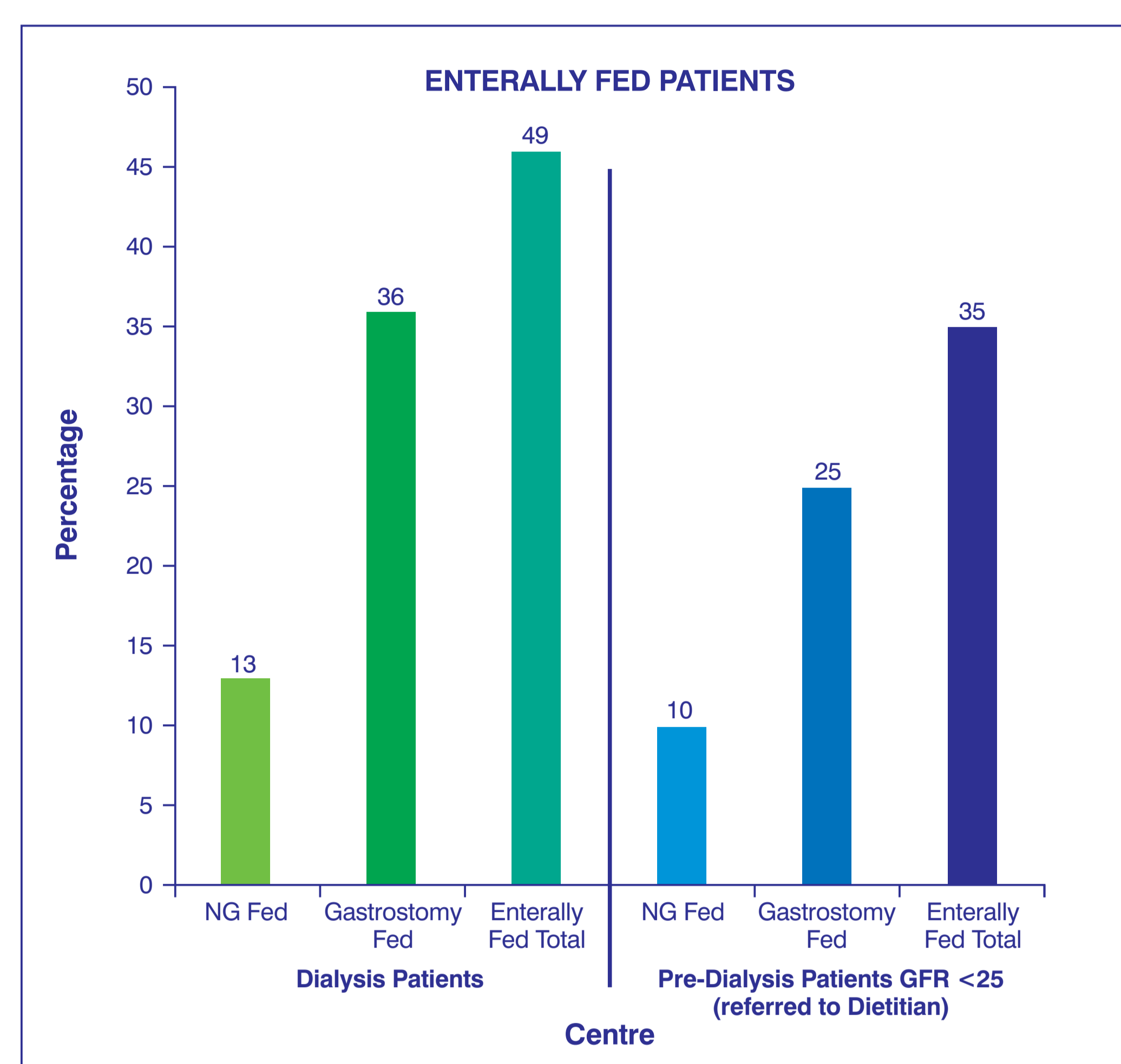
Data collected on total number of individual patients seen according to diagnosis and management.

- Wide variation in service provision
- Under-resourced units had little or no input with the following patients:

Moderate renal failure  
Acute renal failure  
Transplants  
Nephrotic syndrome  
General nephrology

- Frequency of review in patients with GFR <25ml/min/1.73m<sup>2</sup> varied according to resources

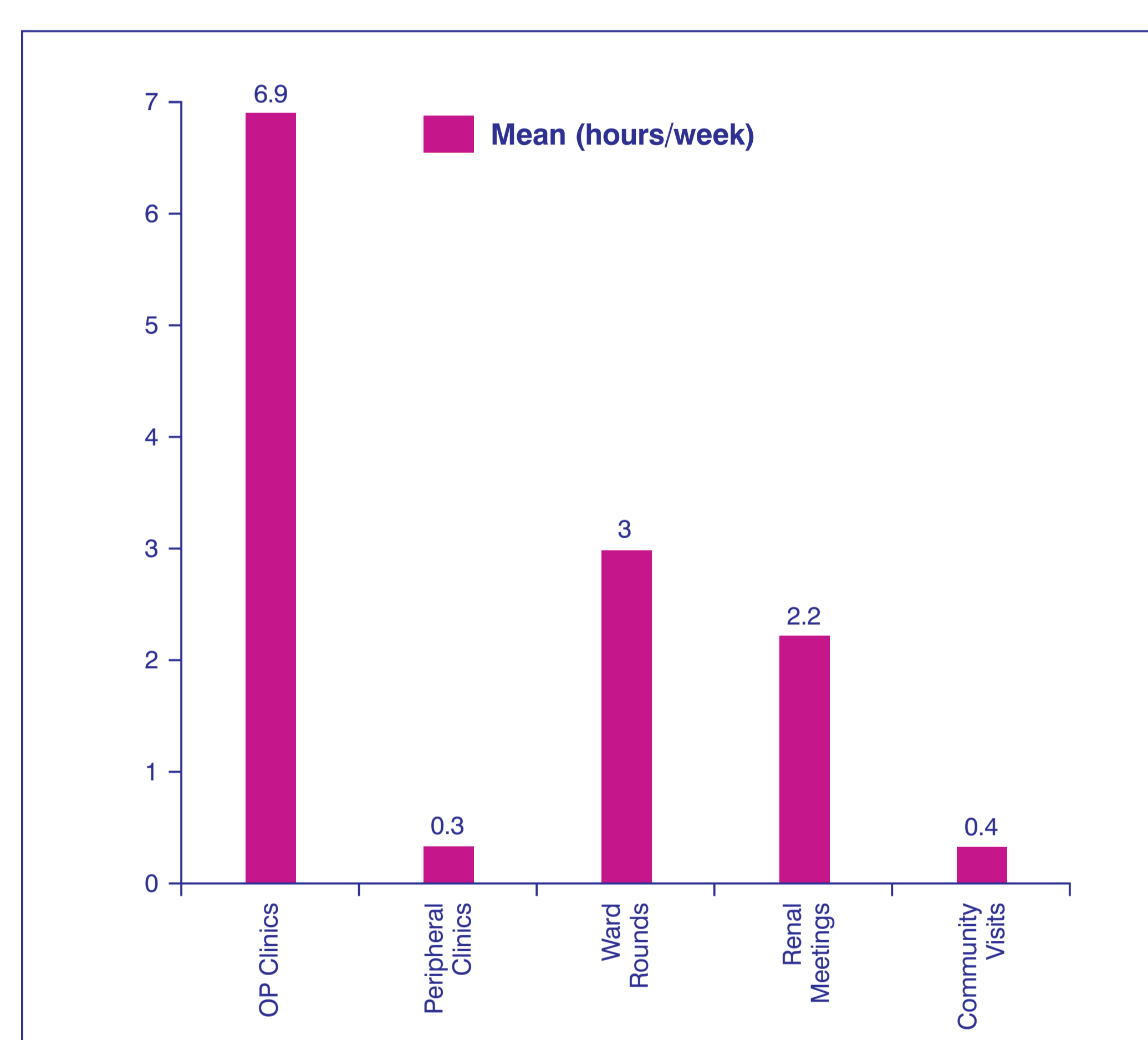
Intensive nutritional support has been shown to benefit infants and young children with advanced chronic renal failure (2,3,4).



Enteral feed initiation and monitoring demands a high input of dietetic time.

## PATIENT RELATED ACTIVITIES

- Often IP are prioritised over OP (6 units provide 4 hours/week OP)
- 1 unit (2 wte) - 23 hours/week OP
- Only 1 unit (2 wte) did peripheral clinics
- 3 units don't attend ward rounds because of time constraints
- 1 unit doesn't attend renal meetings because of time
- 5 units spend < 1.5 hours/week in renal meetings
- Most units unable to include community visits

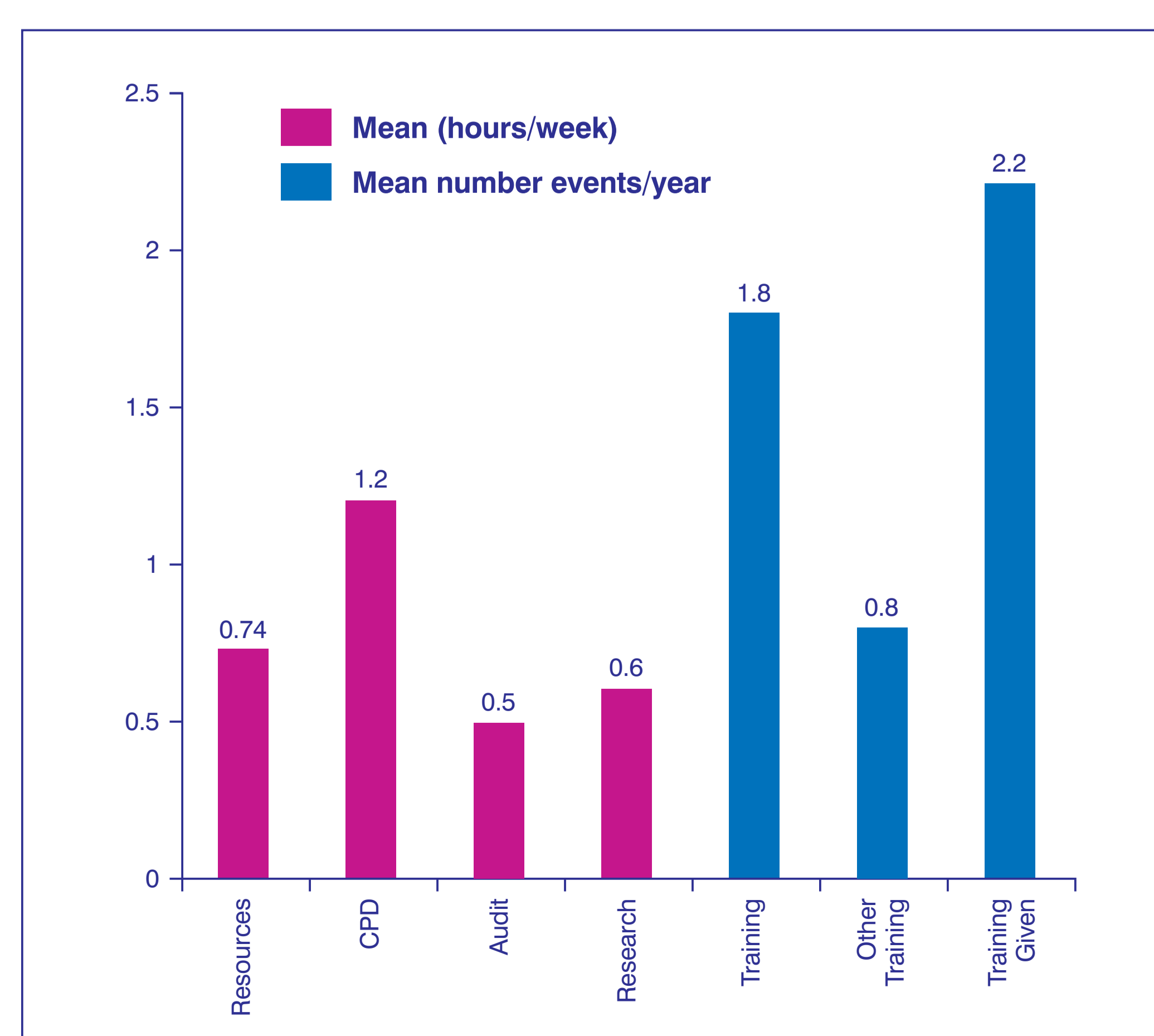


## 4. NON-PATIENT RELATED ACTIVITIES

There are many barriers to the involvement by dietitians in non-patient related activities with lack of time featuring highly. The paucity of participation in these activities is summarised below:

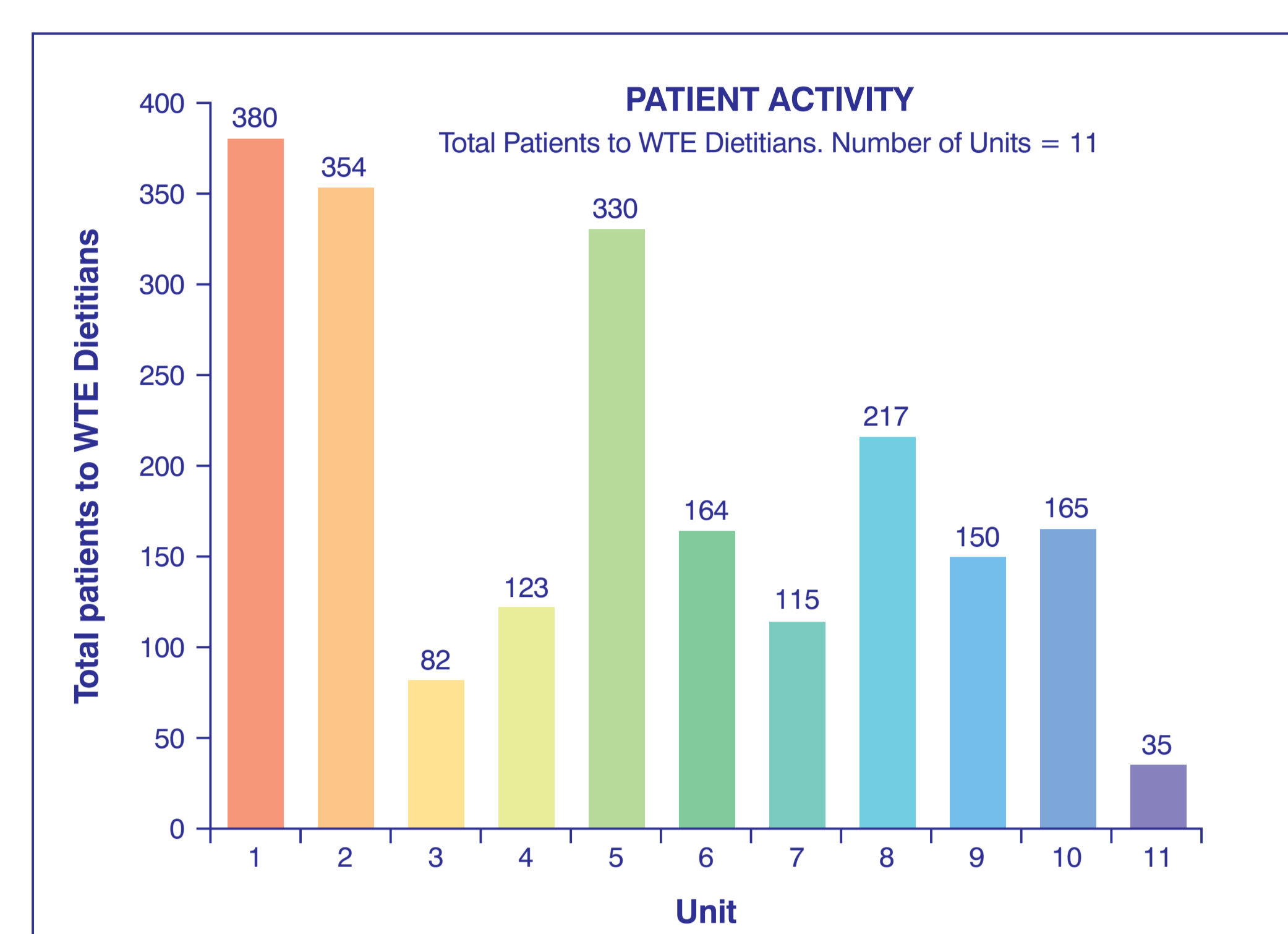
- 6 units had no time to develop resources
- CPD was not done by 5 units contrary to BDA National Professional Standards and the NHS Meeting The Challenge Document
- 4 units do audit, 3 units do research; all units would like to do both
- 2 units had no Paediatric Renal Training; 6 units attended PRING Meetings.
- 7 units had no other Adult Renal or Paediatric Training
- 6 units provide no training to other professionals/students

## NON-PATIENT RELATED ACTIVITIES



## 5. STAFFING ESTABLISHMENT RECOMMENDATIONS

When total patients seen by the dietitian are related to a wte dietitian a diversity of ratios are seen. This is summarised below:



The following need to be considered:

- Units 1, 2 & 5, (ratio greater than 300), attempt to see a range of patient types within limited time. In-patient activity is prioritised, little involvement in non-patient activities.
- Units 6 & 8, (ratio of 164 & 217 respectively), prioritise their workload but have limited involvement in chronic renal impairment, transplant patients and nephrotic syndrome.
- Unit 7 (ratio 115) prioritises its workload to its dialysis population and has minimal involvement with other patient categories. No audit or CPD are undertaken.
- Unit 4 (ratio 123) has smaller patient numbers and sees the range of nephrology patients but time for non-patient activities is small.
- Unit 3 (ratio 82) has smaller patient numbers (transplant data incomplete) and undertakes community visits, audit and CPD.
- Unit 11 (ratio 35) is a newer Unit and currently has small patient numbers.
- Units 9 & 10 (ratio 150 & 165 respectively) see the complete range of nephrology patients and undertake non-patient related activities to a limited extent. Time limits community visits.

When this activity data is related back to figures for the total population served by each unit, the following staffing establishment is recommended:

**A staffing level of one wte dietitian for 2.5 million population would allow the provision of service (including ongoing monitoring) to all paediatric patients with renal disorders requiring dietetic support.**

Unit	Total Population (Million)	Current Dietetic Staffing		Recommendation For 1 WTE for 2.5 Million Population	
		WTE	Actual Hours	WTE	Hours
Belfast	1.68	0.25	9	0.7	26
Birmingham	5.5	0.8	30	2.2	81
Bristol	4	1	37	1.6	58
Cardiff	2.4	0.4	15	1.0	36.5
Glasgow	5.1	0.4	15	2	73
GOS*	11.65	2	74	4.7	170
GUYS*	9.05	0.6	22	3.6	132
Leeds	3.6	0.6	22	1.4	53
Liverpool*	3.1	0.3	11	1.2	44
Manchester*	5.3	1.55	57	2.2	81
Newcastle	3.1	0.5	18.5	1.2	45
Nottingham*	5.5	2	74	2.2	81
Southampton	2.8	0.5	18.5	1.1	41

NB: 1 wte = 36.5 hours

\*These two units provide a quaternary service and the data for frequency of review needs further consideration in proposed staffing levels.

\*\*These two units are currently providing a widespread service to all Paediatric patients with renal disorders requiring dietetic support but report limited time for non-clinical activities.

## 6. REFERENCES

- British Association for Paediatric Nephrology, The Provision of Services in the United Kingdom for Children and Adolescents with Renal Disease, March 1995
- Kari JA, Gonzalez C, Ledermann SE, Shaw V, Rees L. Outcome and growth of infants with severe chronic renal failure. *Kidney Int.* 2000; 57 : 1681-1687
- Norman LJ, Coleman JE, MacDonald, Tansett and Watson AR. Nutrition and growth in relation to severity renal disease in children. *Paed. Neph.* 2000, 15: 259-265
- Watson AR, Coleman JE and Taylor EA. Gastrostomy buttons for feeding children on continuous cycling peritoneal dialysis. *Advances in Peritoneal Dialysis*, 1992, 6: 391-395
- Department of Health, Meeting the Challenge: A Strategy for the Allied Health Professions, November 2000
- British Dietetic Association, National Professional Standards for Dietitians Practising in Healthcare, 1997