



Renal Pharmacy

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INTRODUCTION

The UKRPG on behalf of renal pharmacists was asked to determine current and future establishment needs. The group was also required to identify key areas of innovative practice, key changes in the NHS affecting the way forward and barriers to development.

METHOD

The UKRPG performed a survey of current establishment of renal pharmacists in April 2001. Future establishment needs were based upon the Greater Manchester Strategy for Renal Recruitment and Retention. The UKRPG via its web-site and email cascade system requested evidence of successful developments within the field of renal pharmacy. The results were collated and discussed at a UKRPG conference (September 2001) before being presented to the Renal Workforce Planning Group.

RESULTS

As an estimate of the current provision of pharmaceutical services to the renal patient the following figures were calculated from the grades identified and the proportion of time (as WTE) identified working on the renal unit:

	Renal Services	Transplant Centres
England	0.9WTE Grade D	1.0WTE Grade D/E
Scotland	1.0WTE Grade D & 0.6WTE Grade C	Not differentiated
Wales & Northern Ireland	Not calculated	Not calculated
	(per million population.)	(per transplant centre)

It should be noted that there is a national 1 in 6 vacancy factor.

KEY FINDINGS

The UKRPG believes, in the field of Renal Medicine, a significant element of clinical governance is based around the effective use of drugs and the quality of prescribing. The pharmacist has a principle role in risk management or minimisation, thereby ensuring, importantly, the appropriate medication is delivered to the patient at the right time, in the right way and of the right quality (at the lowest price). The pharmacist clearly is integral in providing medicine management of renal patients, and as such provides essential support to medical and nursing colleagues.

Significantly the publication of the recent Audit Commission document 'A Spoonful of Sugar – Medicines Management in NHS Hospitals' clearly identifies the role pharmacists have to play in medicines management. This paper recommends reengineering pharmacy supply services.

FURTHER THE REPORT RECOMMENDS

- pharmacists need to be integrated into the clinical team
- pharmacists should focus on clinical and patient orientated roles
- that bringing pharmacists closer to the patient will improve quality of care and reduce medicines cost
- early assessment of each patient by a pharmacist ensures the taking of an accurate medication history, which has been shown to reduce risk,

INNOVATIVE PRACTICE

Multi-professional clinic designed to educate patients on their bone disease.

Medication review clinics for transplant patients.

Medication review clinics for hypertensive patients.

Medication review clinics for haemodialysis and PD patients.

BARRIERS TO DEVELOPMENT

- lack of qualified pharmacists entering hospital pharmacy.
- legislation requirements to allow Pharmacist prescribing.
- resistance to extended role of pharmacist (medication review)

RECOMMENDATIONS

A key theme in the NHS plan is empowering patients to take an active role in managing their own care. Patients are not passive recipients of prescribing decisions. In keeping with this, pharmacists must be involved in optimising medication regimens by focussing on individual patients' clinical needs. This will be achieved through Self-medication schemes and Discharge Planning Programmes.

Many pharmacists partake in patient medication review schemes in order to identify medicines related problems. These problems can include non-compliance or adverse drug reactions (1,2,3,4). The recent NHS document 'Building a Safer NHS' requires all Health Care providers to work towards a 40% reduction in serious medication errors by the end of 2005.

The importance of non-compliance in transplant patients cannot be underestimated (11). The resultant level of treatment failure has significant impact on the morbidity and mortality of our renal population. Pharmacists through schemes such as above and dedicated training programmes have a key role in reducing failure rate.

The recommendations made by the UKRPG for future staffing (based upon current renal pharmacist establishments, predicted increase in renal population over the forthcoming years, and on Greater Manchester Renal Project-A Strategy for Renal Recruitment & Retention: Draft Aug 2001) are therefore as follows:-

Small Units	1.5WTE	(provided as 1-grade C, & 0.5-grade D)
Medium Units	2.5WTE	(provided as 1.75-grade C, & 0.75-grade D)
Large Units	3WTE	(provided as 2-grade D, & 1-grade E)
Transplant Centres	2WTE	(1-grade D, & 1-grade E)

The recommendation to provide staff of mixed grades would also allow for career progression to be made by specialist pharmacists while remaining within the renal specialist field.

The UKRPG believes, that there should be an extension of the study which looked at drug –related problems on a renal unit (4), which should be conducted as a national, multi-centred, multidisciplinary project.

The UKRPG has recently developed a set of 'UKRPG Standards of Pharmaceutical Care for Renal Patients'. These standards need to be adopted nationally and endorsed by either the RPSGB or the Department of Health through the NSF.

As the role of the pharmacist develops as proposed and resources are made available then a skill mix review would be beneficial. This would allow the greater use of pharmacy technicians and assistants in providing the overall pharmaceutical care.

The legislative changes required to allow pharmacists to take on a 'Dependent Prescribing' role would facilitate discharge processes.

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