

P016

## P016 -“Handing over the prescription pad.” - Dietetic supplementary prescribing results in timely prescriptions for CKD-MBD medications and aims to improve patient experience in a cohort of dialysis patients.

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**Introduction:** Renal dietitians commonly discuss and provide advice about medications for the treatment of Chronic Kidney Disease – Mineral and Bone Disorder (CKD-MBD). A wide skill set allows the dietitian to identify appropriate treatments, encompassing nutritional status, dietary modifications, medication adherence, polypharmacy and patient preferences. Current practice across UK renal units includes dietitians working under patient group directives, multidisciplinary ward or renal unit rounds, joint dietitian pharmacist rounds or recommendations to prescribing clinicians. All have limitations and prevent dietitian autonomy in decision making for MBD medication. In 2016 a change in legislation allowed eligible dietitians to qualify as supplementary prescribers, enabling renal dietitians to provide complete management of patients with CKD-MBD. The introduction of dietetic supplementary prescribing in the management of CKD-MBD will deliver service and quality improvements by utilising dietitians’ skills and knowledge to provide safe and patient-centred care.

**Methods:** Data was collected from a cohort of haemodialysis patients under the care of dietitians who were able to prescribe medications as supplementary prescribers. Pre-intervention data was collected retrospectively in all patients that had received a medication change recommendation by the renal dietitian prior to implementation of dietetic prescribing. Intervention data was collected prospectively for 3 months once dietetic prescribing had commenced. Data captured the number of days from a new medication being recommended by the renal dietitian, to the dispense date of the medication from the hospital pharmacy. Exclusion criteria included those that received a prescription from a primary care pharmacy or a medication dose change that the patient was able to action immediately. Serum calcium, phosphate and parathyroid hormone levels were recorded for patients who received a prescription. Patient experience before implementation of dietetic prescribing was also measured via a questionnaire approved by the hospital patient experience team.

**Results:** Pre-intervention data consisted of 16 participants (9 females, 7 males, median age 74.5 years). Intervention data consisted of 10 participants (4 females, 6 males, median age 55.5 years). Median time from dietetic recommendation to medications being dispensed was 13 days in the pre-intervention group. Median time reduced to 3 days in the intervention group. Biochemistry improved in 63% of patients following prescriptions in the pre-intervention group compared to a 90% improvement in the intervention group. Satisfaction survey confirmed that patients believe there is a time delay following dietetic recommendations. A repeat survey in the future would hope to show a general trend of improvement following dietetic prescribing.

**Discussion:** Initial findings suggest that the introduction of dietetic supplementary prescribing in a dialysis population improves time taken for patients to receive medications for CKD-MBD management. Dietitians have the skills to make appropriate decisions and now action management in a timely way. This in turn, hopes to improve patient experience and biochemistry markers. Timely intervention may be a crucial factor in improving the management of CKD-MBD. Extended dietetic roles help with effective utilisation of skills, shared care and collaborative working. Ultimately, extended roles and sharing care may be important in service improvement and providing a sustainable health service for the future.