

Independent prescribing in renal medicine

Anna Drinkwater is a pharmacist independent prescriber working in renal medicine at the University Hospital of North Staffordshire NHS Trust. This article describes the impact of prescribing on patient safety, and the challenges that Miss Drinkwater has faced. By Shona Kirk.

Anna Drinkwater is an advanced pharmacist practitioner in renal medicine at the University Hospital of North Staffordshire NHS Trust. She has been working in the Trust since 2003 and in the renal medicine department since 2006.

Renal medicine was identified as an area in the Trust that needed specialist pharmacist support and Miss Drinkwater was the first renal pharmacist to be appointed. She is still the only renal pharmacist in the Trust and has been developing and expanding the role.

Miss Drinkwater became a supplementary prescriber in August 2007 and an independent prescriber in April 2008.

Part of the training for the independent prescribing qualification requires pharmacists to undertake 90 hours of clinical training. "This meant that I worked with lots of different consultants, peritoneal dialysis nurses and a chronic kidney disease consultant nurse," she says.

Improving warfarin prescribing

An audit carried out at North Staffordshire NHS Trust following the implementation of pharmacist warfarin prescribing on the renal unit showed that:

- The number of patients in the optimal INR range increased from 36% to 57%
- The number of unnecessary warfarin dose changes decreased by 52%
- Patients spend more time in the optimal INR range
- The time between INR checks increased from three to nine days

These changes can lead to improved patient safety and can decrease patient confusion.

Undertaking this training allowed Miss Drinkwater to identify areas within renal medicine that needed extra support from a pharmacist. She says: "I could see that a pharmacist would be able to support the phosphate management of patients on the peritoneal dialysis and haemodialysis units, and that the peritoneal dialysis nurses also needed more support."

The Trust agreed to fund a band 7 pharmacist to take over some of Miss Drinkwater's duties on the acute renal ward, this enabled her to spend more time working in other areas. She says: "I spend an hour each day on the acute ward, mostly seeing the patients that the band 7 pharmacist is not confident about."

Miss Drinkwater says the independent prescribing role is better suited to a clinic or outpatient setting, rather than an acute ward. "The doctors on the acute renal ward look after these patients much more intently and I think there is a danger that you can deskill the junior doctors if you take on too much prescribing," she explains. This ensures that the junior doctors still take responsibility for their patients.

Haemodialysis units

Miss Drinkwater also uses her independent prescribing qualification in a number of other settings, including in two of the haemodialysis units in the Trust, one of which is a satellite unit. Miss Drinkwater is responsible for prescribing warfarin to patients receiving haemodialysis who also have vascular access problems and those with other problems that require anticoagulation such as pulmonary embolism.

Warfarin prescribing is carried out on a daily basis. Miss Drinkwater checks patients' INR measurements and adjusts their warfarin dose accordingly. "Some



Anna Drinkwater: Being an independent prescriber can improve patient safety

pharmacists within the Trust have taken on this specialised role in an outpatient setting and work differently to the doctors. Doctors normally ask INRs to be measured at each dialysis session (three times a week), which is unnecessary since changes in doses do not have an immediate effect. I ask for weekly INR measurements," she says. "I look at trends in INR measurements and I know which patients tend to forget to take their medicines or may not take the full dose, and which patients drink alcohol."

One of the advantages of a pharmacist carrying out this role is the level of patient contact that a pharmacist can have. An audit has been carried out to assess the impact of Miss Drinkwater's warfarin prescribing role. Key findings are shown in the panel opposite.

Miss Drinkwater says that in the near future she hopes to be trained to use a device that measures INR by the bedside using a finger-prick test; thus allowing

her to check the INR of patients whose measurements have not been taken. "This will mean that these patients will not have to provide another blood sample," she explains.

Medication review

Miss Drinkwater is currently carrying out medication reviews for all patients on the haemodialysis units. This enables her to identify patients who need extra help understanding their medicines, or those who have interactions or side effects that can be helped by dose adjustments or therapy changes. Miss Drinkwater gives an example of a patient who has benefitted from this: "I recently identified a patient who was confused about her medication. She did not understand why she had been prescribed alfalcidol. I was able to talk to her and explain how the drug works." The patient also had high phosphate levels. "On talking to her I found out that she did not always take her phosphate binders correctly. I explained the importance of taking the drugs with every meal, including snacks. She now feels more confident about taking her medicines."

Miss Drinkwater says that patients appreciate such one-to-one contact. "A lot of patients do not feel like they can tell a doctor when they are not taking their medicines properly because they think that the doctor wants to hear that they are being a 'good patient'," she suggests.

Miss Drinkwater also visits a peritoneal dialysis unit on a weekly basis, during which she reviews the caseload of each of the nurses, on a rotational basis. Each nurse has a case load of about 20 patients. Her main focus is on anaemia management and phosphate management. "In this setting I can make changes or advise the nurses about which drugs to recommend," she says. Miss Drinkwater says that patients with renal problems often struggle with medicines adherence. Methods to improve adherence include the provision of blister packs for those who would benefit from them, and counselling.

In the new year, Miss Drinkwater will begin working in a chronic kidney disease clinic as part of the multidisciplinary team; this is something that was initially part of her role but was put on hold because of staffing issues. Each member of the multidisciplinary team, which includes a consultant, a nurse and a dietician, sees

patients independently. Miss Drinkwater's role in the clinic is to do a medication review; take an up-to-date drug history; and monitor the patient's phosphate, calcium and parathyroid hormone levels, and adjust their medication accordingly. "This means that the doctor does not have to concentrate on this aspect of the patient's care," she explains. Taking a full drug history helps Miss Drinkwater identify side effects. "For example, if I identify patients who are taking doses of statins that are too high and are suffering from muscle pains as a result, I can advise doctors to reduce the dose," she says.

"You cannot remain clinically competent if you do not use your independent prescribing skills"

Retaining competency

Miss Drinkwater says that being an independent prescriber makes a big difference to her role and says that patient safety has improved as a result, although she points out that most clinical pharmacists act in an advisory role to prescribers. "Since taking the independent prescribing qualification, my behaviour as a pharmacist has changed, I think more carefully about the implications of what I am recommending to doctors."

Miss Drinkwater says that it is important to keep using the independent prescribing qualification. "You cannot remain clinically competent if you do not use your prescribing skills," she explains. She says that several of the nurses who she works with have an independent prescribing qualification but do not use it, and now feel deskilled. Miss Drinkwater plans to help some of these nurses regain their confidence to start prescribing again, this will also help to ease her workload.

Benefits

Having an important input into patient care is one of the aspects of the role that Miss Drinkwater finds most rewarding. "Patients

often come to me on the dialysis units to ask questions about their medication," she says. She gives an example of a dialysis patient who was having cramps and muscle spasms: "I was able to write to the patients GP and recommend a low dose of clonazepam to help. His cramps have now gone and he feels much better. Although the treatment was outside my area of prescribing competence, I was still able to advise, and my recommendations were acted on."

Having the support of the nurses and consultants is also an aspect of the role that Miss Drinkwater finds rewarding. "Many of the nurses see me as the first port of call," she says.

Challenges

Miss Drinkwater says that lack of time is major challenge: "Having the time to see all the patients and respond to requests from nurses is challenging. When I first started the role, I found it difficult to say no, unless something was out of my area of prescribing competence. Now I am much better at managing my time, and at saying no."

A big challenge for most independent prescribers is identifying areas that would benefit most from your skills, says Miss Drinkwater. "It is important to demonstrate that you are adding to the care of the patient and to identify where you are most needed and, importantly, limiting it," she adds.

Miss Drinkwater says that working with a diverse team of consultants can also be a challenge. "I am lucky because the consultants trust my opinion," she says. The junior doctors are also appreciative of her input and often ask her for advice, but she has experienced the most resistance from the registrars. "I think the registrars feel the most threatened by me and think that I am trying to do their job, which of course I am not," she says.

The future

Miss Drinkwater says that she would like to be able to work as an independent prescriber in the two additional satellite haemodialysis units that are part of the Trust. She would also like to do more work with renal transplant patients, and says: "The nurses monitor these patients closely and they talk to me if they have any questions but I do not have a 'hands on' role at the moment."