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Background

Chronic Kidney Disease has a high risk of morbidity and mortality. The available evidence worldwide demonstrates that nonmedical prescribing by pharmacist in various clinical specialties is safe and effective approach. There is lack of evidence of information on the implementation and development of pharmacist prescribing for patients with chronic kidney disease (CKD).

Aim

To explore the development, implementation and evaluation of pharmacist prescribing for patients with Chronic Kidney Disease (CKD) in the UK.

Materials and Methods

Study design and the development of the interview tool

- This study used a qualitative semi-structured interview.
- The development of the theory based semi-structured interview tool followed a rigorous iterative process using findings from literature, underpinned with CFIR and reviewed independently by an expert panel.
- A date / time for a telephone interview was arranged following receipt of signed consent. All interviews were transcribed verbatim. Interview data were analysed thematically. The Francis method of checking for data saturation was used. Ethical approval was granted by RGU School of Pharmacy.

Findings

- Data saturation was reached after 14 interviews. Demographic details included: 11 female, 7 had >16 year experience in profession, all had secondary care as main practice setting and 8 had > 11years as a prescriber.
- The interviewees were generally very positive about their prescribing practice and they articulated that they were prescribing in a variety of settings. CFIR helped identify themes related to facilitators and barriers to advancing prescribing practice. There was enthusiasm for the future development of prescribing practice including further establishment of clinics and taking responsibility for groups of patients.

Table 1. Themes and interviewee illustrative quotes for facilitators and barriers to advancing prescribing practice.

Themes	Exemplar Quote
Facilitators	
- Peer and management support	"I think obviously because I've built a rapport with the team and get lots of support from them" Pharmacist 13
- Human / financial resources	"If you get personnel and funding resources it will help you implement the service with ease" Pharmacist 1
Barriers	
- Lack of funding and personnel	"There's not the central funding anymore, so it's not as easy to get the funding" Pharmacist 14
- No CKD or renal specific training	"The requirement that we could have better course around use of medications in patients with CKD" Pharmacist 3

Findings

Themes emerged guided by CFIR domains.

Intervention characteristics

"The need to make sure that pharmacy is not a supply of drugs medicines profession, but actually part of the solution to meet the demand in the NHS by being professionally integrated into frontline services, the government extending the prescribing roles to other healthcare professionals including pharmacists" Pharmacist 5

"We have regular medical prescribing meetings within the renal directorate. We do have regular discussions with either the consultants or the lead for their clinic and get them to check when we are not sure about something. In terms of renal we have certainly had clinical medical prescribing meetings, everybody that could attend that meeting is working in a slightly different role." Pharmacist 3

Inner setting

Outer setting

"I get a lot of good ideas for the UK renal pharmacy group and at conference and say that it's always good to reach colleagues there, I am on a committee where some people I know, our peer to peer review with someone from the renal pharmacy group something really useful" Pharmacist 6

Characteristics of individuals

"I feel up-skilled in terms of my knowledge base in doing the prescribing qualification so, sort of considerable additional learning that I developed myself, so I have greater understanding" Pharmacist 12

Process

"I know that there's quite a lot of consideration decision making going into that process. I do think it's sensible that you should wait at least for two years after qualification, before you start thinking about taking that step of being an independent prescriber." Pharmacist 11



Conclusion

Overall pharmacists held positive views around prescribing practice. This work provides information relating to the current status of the development of pharmacist prescribing practice in the UK. Further 'deep dive' case study work will help explore the practice of leading edge advanced and consultant level practitioners to learn even more about practice development.

References

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