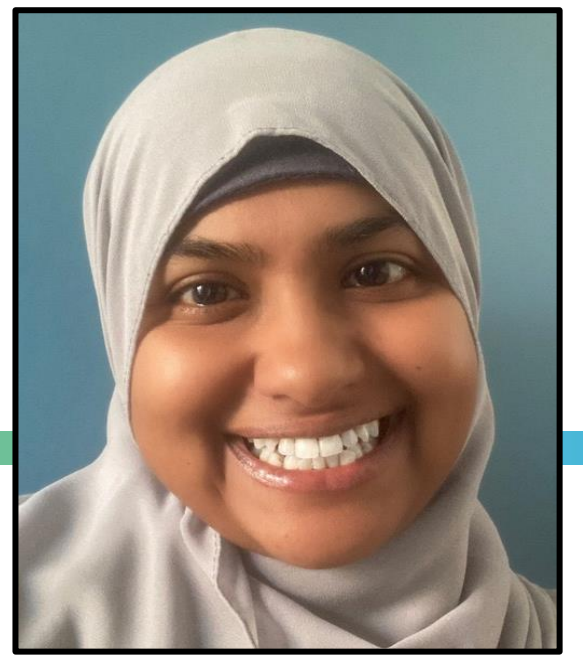


Optimisation of BP in CKD

Pharmacist led CKD clinic in general practice setting



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The Woodberry Practice / NCL Training Hub

Aim

Achieve appropriate BP target* in 85% of patients coded with CKD stage G1A2 to stage G3bA1 by June 2024.

*Clinic BP $\leq 140/90$ mmHg in patients with urine ACR <70 mg/mmol OR Clinic BP $\leq 130/80$ mmHg in patients with urine ACR >70 mg/mmol

Method

- Ensure accurate and up to date CKD register by ensuring relevant patients complete outstanding tests, followed by appropriate coding of CKD.
- Identify patients meeting project criteria through custom search and invite for face-to-face appointment with Advanced Clinical Pharmacist.
- Patients to be informed of diagnosis of CKD, appropriately educated and provided with risk assessment of renal failure, diet and lifestyle advice.
- Medicines optimised through shared decision making, appropriate follow up and monitoring to achieve appropriate BP control.
- Other appropriate actions included clinically appropriate initiation of statins and SGLT2i.

Guidelines:

- NICE Hypertension in adults: diagnosis and management guideline
- NICE Chronic Kidney Disease: assessment and management
- London Kidney Network: CKD early identification and optimisation pathways

Learnings

- Proactive diagnosis of CKD with subsequent appropriate coding can increase better management of CKD in general practice settings.
- Medicines optimisation is likely to be more successful if accompanied by a patient centred, shared decision-making approach using an appropriate consultation style with robust patient education.
- Challenges included initial engagement from wider practice team and MDT, and enrolment of support team including administrative support and pharmacist.

Sustaining the change

- Upskilling of practice pharmacist through case-based discussions and clinical supervision to ensure that hypertension in CKD is appropriately managed as part of routine practice.
- Raising awareness about CKD through pharmacist led education and training.
- CKD is included in the NCL LTC LCS**, ensuring that it is part of the LTC agenda. NCL clinicians are supported with education and training, resources and templates to ensure that CKD guidance is applied robustly.
- Working collaboratively with NCL Integrated CKD Service to raise awareness about the support provided to clinicians through this team.

**LTC = Long Term Condition, LCS = Locally Commissioned Service

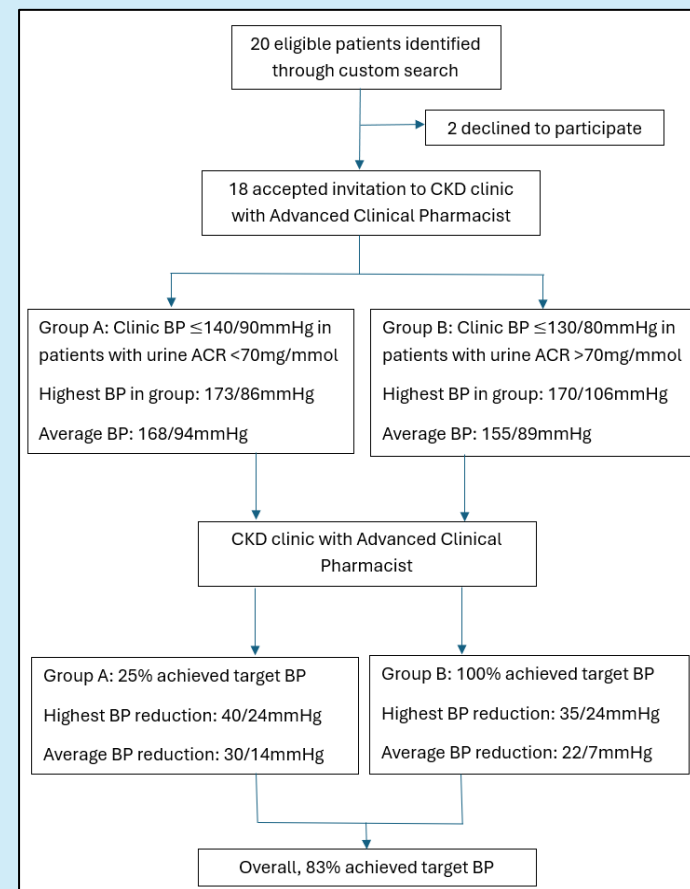
Patient feedback

"I wasn't told that I had CKD, the information provided by the pharmacist was very useful and helped me to understand what I needed to do to protect my kidneys."

"I was very grateful for the time and effort spent in explaining CKD."

"I have really enjoyed speaking with the pharmacist, she had a very good way of explaining things."

Summary of results

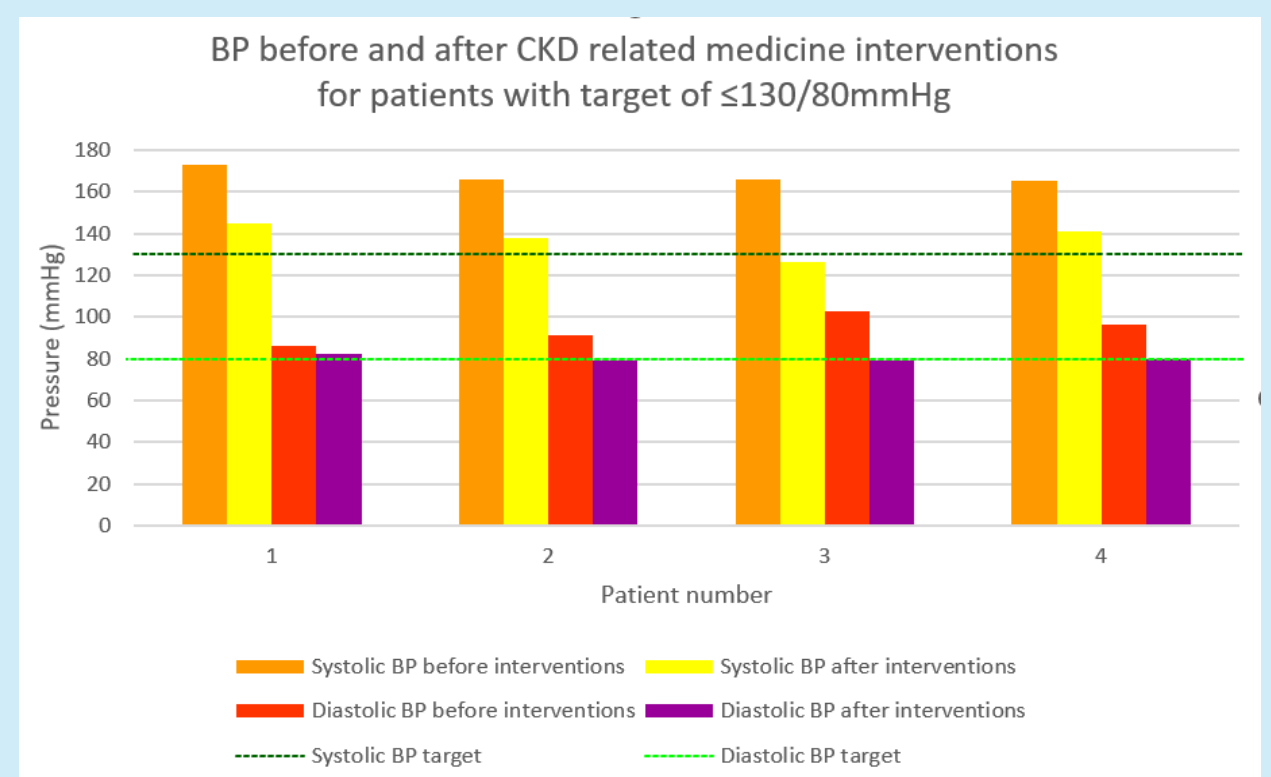
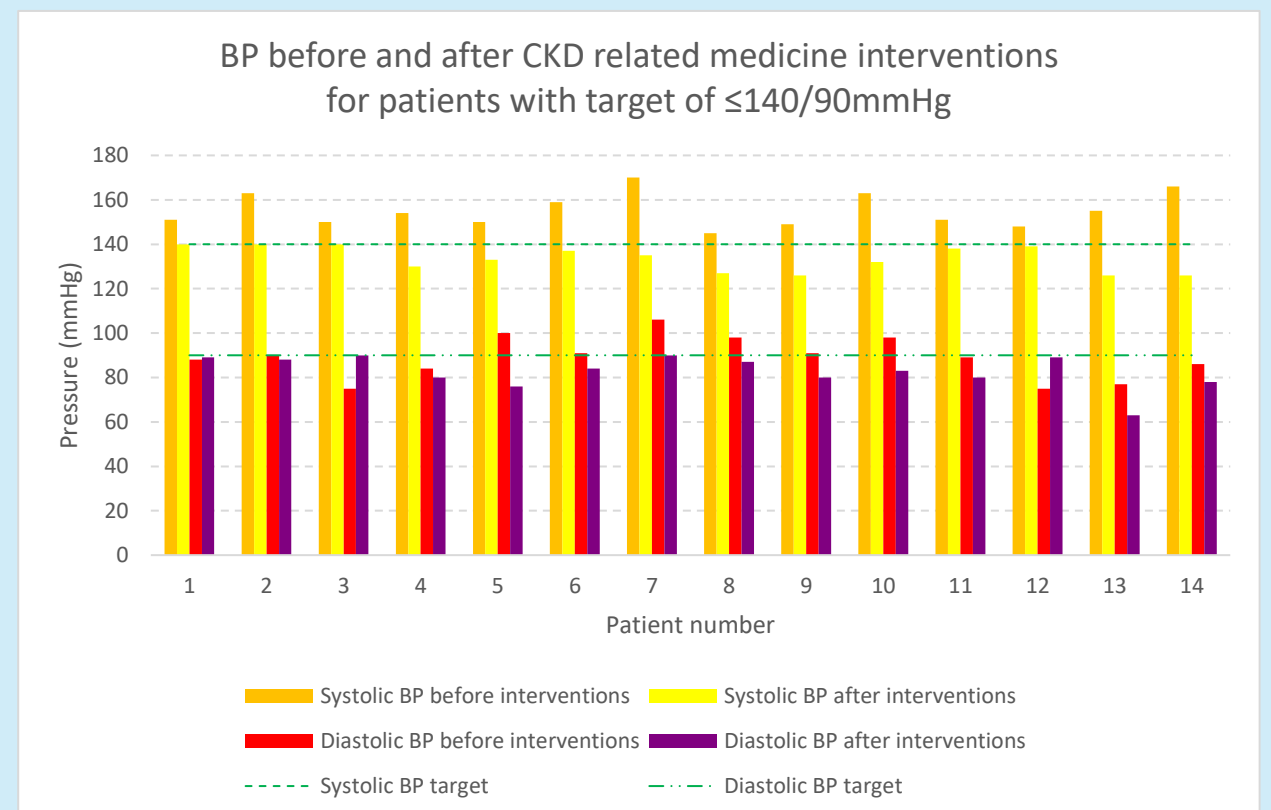


GFR and ACR categories and risk of adverse outcomes	ACR categories (mg/mmol), description and range		
	<3 Normal to mildly increased	3-30 Moderately increased	>30 Severely increased
>90 Normal and high	G1		
60-89 Mild Reduction related to normal range for a young adult	G2		
45-59 Mild-moderate reduction	G3a		
30-44 Moderate-severe reduction	G3b		
15-29 Severe reduction	G4		
<15 Kidney failure	G5		

Increasing risk

CKD Stages: <https://ukkidney.org/health-professionals/information-resources/uk-ckd-guide/ckd-staging>

Group A (n = 4) did not reach target, despite an average reduction in BP of 30/14mmHg. Only 25% reached target, with one patient requiring referral to secondary care cardiology due to resistant hypertension despite the use of 4 antihypertensives and good adherence. This suggests that this cohort is clinically more complex. In contrast, all patients in Group B achieved optimum control. Therefore, overall, 83% of patients (n=18) achieved their target BP.



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Funded by an independent grant from Daiichi Sankyo UK Ltd