

A comparative study exploring the facilitators and barriers of the non medical prescriber role within the haemodialysis unit.

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Introduction:

There are now over 50,000 non-medical prescribers (NMPs) in England but there are few within renal Haemodialysis(HD) units. NMPs have been identified as having positive effects on patient outcomes, improving patient-centred care, being cost-effective and safe for patients. There is little contemporary literature regarding the implementation of NMPs on an HD unit. Many HD units are located within the main hospital sites but are seen as outpatient facilities. It is in fact, more of a hybrid context, sharing characteristics of both inpatient and outpatient areas.

The aim of the research was to identify the facilitators and barriers of the NMP within the HD unit amongst different levels of staff.

Method

A comparative pilot study was conducted using semi-structured in-depth interviews using a topic guide in 2 HD units situated in the UK East Midlands. One had implemented the NMP role on the HD unit and the other had not. 3 interviews were carried out in each unit with the HD unit matron, a senior member of the medical team and an experienced staff nurse. The interviews were audio-recorded and transcribed verbatim. The data was analysed thematically using an open coding approach.

Results

Three themes were identified, the NMP role, support of NMPs and safety.

NMP role. Potential benefits of improved care delivery and a more holistic approach. Barriers were reservations about the scope of work and cost of training.

Support of NMPs. Medical staff had reservations about changing the division of labour and how NMPs would be supported in the early stages of the role.

Safety. Those who had experience of implementation of the role reported increased safety, but those who had no experience of the role in practice had concerns about its safety.

Issues of the role's safety had not identified within the existing literature but was found to be the most prevalent issue within this study. Facilitators and barriers appeared to be interlinked and dependent on context. A barrier for one individual or establishment could be a facilitator for another and vice versa. Experience and exposure to the NMP role was fundamental to perspective of the role.

Discussion

Overall, it was identified that the NMP role should be person-specific rather than band-specific; the correct person should take on the role, rather than merely one of the more senior nurses in the particular HD unit. Implementation takes time, requires good relationships between healthcare professionals and a multidisciplinary approach in order to be successful. Perceived barriers often become less problematic once the role is implemented and better understood.