**REPATRIATION OF IMMUNOSUPRESSIVE DRUGS IN KIDNEY TRANSPLANT RECIPIENTS AT A LARGE TRANSPLANT CENTRE**

**Background:** Immunosuppressive drugs for kidney transplant recipients are vital to ensure functioning of the transplanted organ. However, they cost the NHS over a million pounds each year. Prescription within primary care means provision is at list price. Large potential procurement savings can be achieved if immunosuppressive drugs are prescribed and dispensed by Renal Units responsible for delivering post-transplant care. Central prescription also ensures that the correct formulation of immunosuppression is prescribed. Such a whole scale change of provision needs very careful management to ensure safe transition of a vital medication.

**Method**: At our centre, 1252 kidney transplant recipients are under active follow up. To facilitate the repatriation of immunosuppressive drugs for this cohort a multi-disciplinary Immunosuppression Repatriation Working Group was formed with membership from clinical, operational and pharmacy teams. Additional employment of an Immunosuppression Repatriation Administrator and Immunosuppression Pharmacist was required to safely facilitate the repatriation.

A formal contract for Immunosuppression Repatriation was agreed with NHS England and the Clinical Commissioning Groups (CCGs). The CCGs communicated agreed timelines for repatriation with the GPs. A phased approach ensured adequate staffing level and patient safety during the transition process. It was agreed GPs will continue to prescribe immunosuppressive drugs for their registered transplant patients until formal notification of successful repatriation. Kidney transplant recipients received both informal and formal notification of the intended repatriation.

Clinical pathways were designed to ensure patient safety before, during and after immunosuppression repatriation. This encompassed patients failing to attend clinic. An IT tracking system was developed from existing software.

**Results**: The 1252 kidney transplant recipients attending the four weekly clinics have undergone successful repatriation of immunosuppression. This process was phased over an eight month period involving 14,562 prescriptions. The Immunosuppression Pharmacist prescribed the drugs and the pharmacy team dispensed them in advance of scheduled transplant clinics. All the patients collected their immunosuppressive drugs whilst attending for routine transplant outpatient clinic review. Kidney transplant recipients received sufficient supply of immunosuppressants to suffice until the following transplant clinic attendance. It was felt this method was more appropriate than home delivery for our population. One of the big issues with home delivery is that patients need to be at home, this is obviously not always the case.

**Conclusion**: The repatriation of immunosuppressive drugs for our large kidney transplant cohort has been successful and event free. Patient feedback has been excellent with particular reference to convenience and safety. Appointment of an Immunosuppression Repatriation Administrator and Immunosuppression Pharmacist has been pivotal for the safe and effective immunosuppression repatriation process.