**Patient Engagement In The Renal Transplant Clinic**

**Introduction:**

The renal unit was involved in the Transforming Participation in Chronic Kidney Disease (TP-CKD) programme, a collaboration between NHS England and the UK Renal Registry. The overall aim of TP-CKD is to support patients to gain the knowledge, skills and confidence to self-manage their condition. The TP-CKD programme was implemented alongside repatriation of post-transplant immunosuppressant prescribing in the renal transplant clinic.

**Objectives:**

To embed interventions designed to measure and improve patient engagement in clinic consultations.

To collect Patient Activation Measure (PAM) data at baseline and 4 to 6 months later.

**Method:**

Each renal transplant patient was offered an appointment, in conjunction with their routine clinic attendance, to see a pharmacist and/or specialist nurse to discuss repatriation of immunosuppressant prescribing. The repatriation appointment also included:

* Encouragement to sign up to and to use Patient View
* Enrolment to “Florence” text messaging service, which allows brand switch reminders and dose adjustment instructions to be communicated via text message
* Medication and concordance review, including advice on timing of doses, simplification of dose regimens and disposal of medicines that are expired or no longer required
* Provision of a medication reminder card and advice on use of weekly medipacks if needed

Patients were asked to complete a PAM survey as part of the TP-CKD programme whilst waiting to be seen, and completed a second PAM survey at a subsequent clinic review.

**Results:**

PAM results are shown graphically below. There is a small apparent increase in patient activation although the difference in the proportion of patients at each level is not statistically significant (Pearson’s chi-squared test).

**Discussion:**

We have established the routine collection of PAM data in the repatriation clinic. We have incorporated interventions aimed at increasing patient engagement, such as enrolling patients on Patient View and “Florence” into our consultations. Further study is needed to establish which of these (if any) can result in an increased PAM score.

As a multidisciplinary team, we are working with our TP-CKD colleagues to improve our knowledge and ability to interpret PAM results, and to identify interventions that we can use with individual patients to help increase their knowledge, skills and confidence to manage their condition.