

PRIMIS case study

Time period: 2020
 Themes: Quality Improvement, Research & Evaluation,
 Partners: NHS
 Project: PINCER implementation

Title: Collaborative working between CCGs and acute trusts in Nottingham on PINCER

Overview

How staff from East Midlands AHSN, NHS Nottingham West CCG, Nottingham University Hospitals NHS Trust and PRIMIS came together to implement PINCER (during the national roll-out).

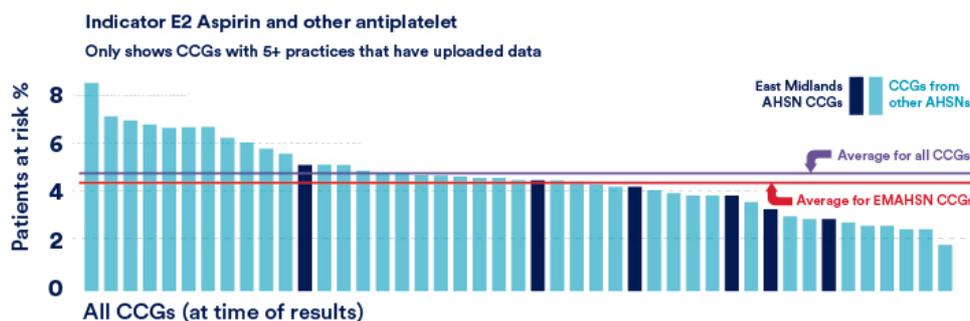
Full case

Many CCGs within the East Midlands were early adopters of PINCER as they had participated in the cluster randomised trial or the East Midlands-based Scaling Up PINCER project funded by the Health Foundation and managed by PRIMIS. As part of the following national implementation of PINCER, rolled out by PRIMIS and the AHSN Network, East Midlands AHSN began supporting CCGs and.

In the East Midlands, the rollout was viewed as a collaboration between GP practices, pharmacists, the AHSN, the CCGs, local hospitals, PRIMIS, the PINCER team at the University of Nottingham and others, all working together to make prescribing safety even safer for patients.

This online comparative data for PINCER implementation is reviewed and discussed by the Medicines Safety Officers (MSOs) in Nottingham CCGs at network meetings. Whilst some of the indicators were looking very positive in relation to the national data, one indicator stood out as still needing improvement: prescription of aspirin in combination with another antiplatelet drug without prescription of an ulcer-healing drug (E2). This indicator had received a reasonable amount of input at a GP practice level from CCG Medicines Management Teams during a few cycles of PINCER but was not showing the expected improvements.

The decision to prescribe a second antiplatelet is almost always undertaken by secondary care. If gastroprotection is not considered at this point then this would contribute to the numbers of patients being identified as being at risk of a gastrointestinal bleed. The MSO network decided to engage with Nottingham University Hospitals NHS Trust (NUH), which is the main shared acute trust for four of Nottingham’s CCGs (Nottingham West, Nottingham North and East, Rushcliffe and City) to suggest a collaborative approach to reducing harm in this group of patients. This formed a collaborative project looking at antiplatelet prescribing between the CCG, NUH and AHSN.



A productive meeting was initiated between two of the MSOs from the local CCGs on behalf of the network, the Lead Pharmacist for Quality Improvement and Medicine Optimisation for the hospital and the Haemostasis and Thrombosis Pharmacist for the hospital.

A plan for collaboration was agreed which included:

- retrospective data collection to identify the number of patients discharged from the trust with dual antiplatelet therapy without gastroprotection
- numbers of readmissions for this cohort of patients with a gastro-intestinal bleed
- a review of all the above data in order to identify if any improvements can be made with the aim to reduce the future risk of harm to patients

Dawn Gajree, Medicines Safety Officer at NHS Nottingham West CCG, commented “The support we have received from colleagues at our local acute trust has been vital to move forward with protecting this cohort of patients and we hope it will lead to further collaboration on local medicines safety initiatives in the future.”

There is a plan to re-run the PINCER indicators on a six monthly basis and the MSO network will review the data for this indicator closely and feedback the results to Nottingham University Hospitals.

This outcome highlights how the PINCER indicators can be used to review data at both a practice and national level to highlight variation. It also shows that a collaborative approach across primary and secondary care provides a holistic response to reducing the potential for harm from medication.

With thanks to:

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