

## PRIMIS case study

Time period: < 2021  
Themes: Quality Improvement, Research & Evaluation  
Partners: NHS Nottingham and Nottinghamshire CCG, East Midlands AHSN  
Project: PINCER implementation

**Title: Nottinghamshire clinicians benefit from a consistent template, incorporating PINCER, to help with Structured Medications Reviews**

### Overview

A collaborative project led by NHS Nottingham and Nottinghamshire CCG has produced a Structured Medication Review (SMR) toolkit that offers a 'safety net' to help practices reduce the risk of medication-related harm.

### Full case

The SMR toolkit is a collaborative development between medicines optimisation and pharmacy staff within NHS Nottingham and Nottinghamshire CCG. The toolkit helps clinicians meet the new Primary Care Network (PCN) Contract Directed Enhanced Service specification and incorporates the national PINCER searches. Since the beginning of October 2020, PCNs are required to use appropriate tools – of which PINCER has been recommended as one - to identify and prioritise patients who would benefit from a SMR.

PINCER is a pharmacist-led IT-based intervention to reduce clinically important medication errors in primary care. The aim of the national PINCER searches is to identify patients in general practice who are potentially at risk of being prescribed drugs that are commonly and consistently associated with medication error. With pharmacist support, corrective action can be taken to address the errors highlighted and reduce recurrence of these errors in future. Since 2018, the national rollout of PINCER is being led by PRIMIS, part of the School of Medicine at the University of Nottingham, in collaboration with the Academic Health Science Network.

The SMR toolkit was developed to provide a systematic, clear and standardised method for conducting SMRs and limits scope for non-standard reporting. The toolkit comprises a SystemOne template and centralised reports which use the functions available in SystemOne to highlight any alerts or issues in real time. Content is updated centrally meaning practices all have the latest, up-to-date version as soon as any changes are made. When undertaking a SMR using this template patient records are scanned by the PINCER indicators, flagging up patients where a medications risk is highlighted.

Mindy Bassi, Chief Pharmacist and Briony Leighton, Medicines Optimisation Pharmacist, NHS Nottingham and Nottinghamshire CCG commented: "It's all about standardising the process and making the SMR template within the toolkit easy to cascade to all practices. This focus on consistency ensures data presented in the template are accurate, follow clinical guidance and are not open to interpretation when subsequently viewed by clinicians."

Mindy initially started the project as a concept, using a template to help provide pharmacists within the CCG with a consistent and standardised approach to conducting SMRs. The majority of practices within the CCG are using TPP's SystemOne GP IT system, so the toolkit is based on a template for that GP IT

system, providing a user experience that pharmacists are familiar with. An alternative approach delivering the same functionality and outcome has been developed in tandem for practices using EMIS.

A version of the toolkit was first developed and used by Medicines Optimisation staff themselves and, with it already working well, they looked at making it more widely available and successfully trialled it in a number of GP practices and care home residents. It is now also available and accessible to support PCN and practice pharmacist working across Nottingham & Nottinghamshire CCG. Nayna Zuzarte, Senior Pharmacist for Medicines Optimisation co-ordinated the project with a strong focus on clinical governance.

The team turned to Steve Murdock, Head of Primary Care IT for NHS Nottingham and Nottinghamshire CCG, to bring their ideas for sharing the toolkit in a systematic and centralised way to fruition. Steve had an enormous task ahead, to ensure the solution fitted both GP IT systems, had centralised accessibility, met with protocols and recorded data in line with the seven principles of medicines optimisation and risk factors (such as QRISK).

The team behind the toolkit stressed that it should be used to assist pharmacists and not be used as a decision-making tool in its own right. It provides prompts and checklists, delivers alerts generated by the system when an at-risk element is flagged up and gets the IT system to do the legwork in terms of searching the patient record.\*

Steve has made a video available which explains the build of the template in detail:

### **SMR toolkit video**

Dr Sarah Rodgers, PINCER National Programme Manager at PRIMIS, commented, "It's great to see that the PINCER prescribing safety searches have been included in the toolkit to support the SMR process. A lot of work, care and attention has gone into developing this toolkit and I'm sure that PCN pharmacists in other areas of the country will be keen to implement the toolkit within their localities."

Nayna commented (on behalf of the whole team) that, although the toolkit is still a work in progress, the team is so pleased with its functionality that they would consider making it more widely available to other areas in the future.

Gill Gookey, Senior Innovation Project Lead at East Midlands AHSN, commented: "It is really encouraging to see the PINCER tool being incorporated into a local innovative solution whilst continuing to run the full PINCER intervention. It shows how well it has become embedded and the adaptability of the intervention. The PINCER intervention prompts corrective action to support sustainable change, which is why the AHSNs have worked to support the spread of PINCER on a national level."

### **Footnote**

\* The SMR Toolkit has not replaced the recommendation that the PINCER indicators are run in practice every six months and should be seen as an additional tool.

### **Please note:**

Further details about the toolkit and how it can be accessed can be found in the video link above.

### **Many thanks go to the following in the creation of this case study:**

- Nayna Zuzarte, Senior Pharmacist for Medicines Optimisation at NHS Nottingham and Nottinghamshire CCG
- Briony Leighton, PCN Care Home Pharmacist, Medicines Optimisation Pharmacist at NHS Nottingham and Nottinghamshire CCG
- Mindy Bassi, Chief Pharmacist at NHS Nottingham and Nottinghamshire CCG
- Steve Murdock, Head of Primary Care IT at NHS Nottingham and Nottinghamshire CCG
- Sarah Rodgers, PINCER National Programme Manager at PRIMIS
- Gill Gookey, Senior Innovation Project Lead, East Midlands AHSN