

PRIMIS case study

Time period: 2019
Themes: Quality Improvement, Research & Evaluation, Data Specifications & Validation
Partners: Wessex Academic Health Science Network, West Hampshire CCG
Project: PINCER implementation
Title: West Hampshire CCG PINCER case study

Overview

Wessex Academic Health Science Network (AHSN) was an early adopter of the PINCER intervention programme and has been a strong supporter of this pharmacist-led programme which aims to make primary care prescribing even safer. All nine Clinical Commissioning Groups (CCGs) within Wessex AHSN have improved prescribing safety for their patients through the use of the PRIMIS-developed PINCER tool alongside pharmacist intervention.

The Medicines Optimisation team at West Hampshire CCG has found particular success with PINCER.

Full case

West Hampshire CCG's practices are familiar with PRIMIS tools, as they've utilised many in the past including GRASP-AF, Warfarin Patient Safety (as part of a programme to optimise anticoagulation for stroke prevention in patients with atrial fibrillation) and Diabetes Care (as part of the WISDOM project to improve outcomes for patients living with Type 2 Diabetes Mellitus). So, when Wessex AHSN made PINCER freely available, West Hampshire CCG was keen to adopt the programme¹.

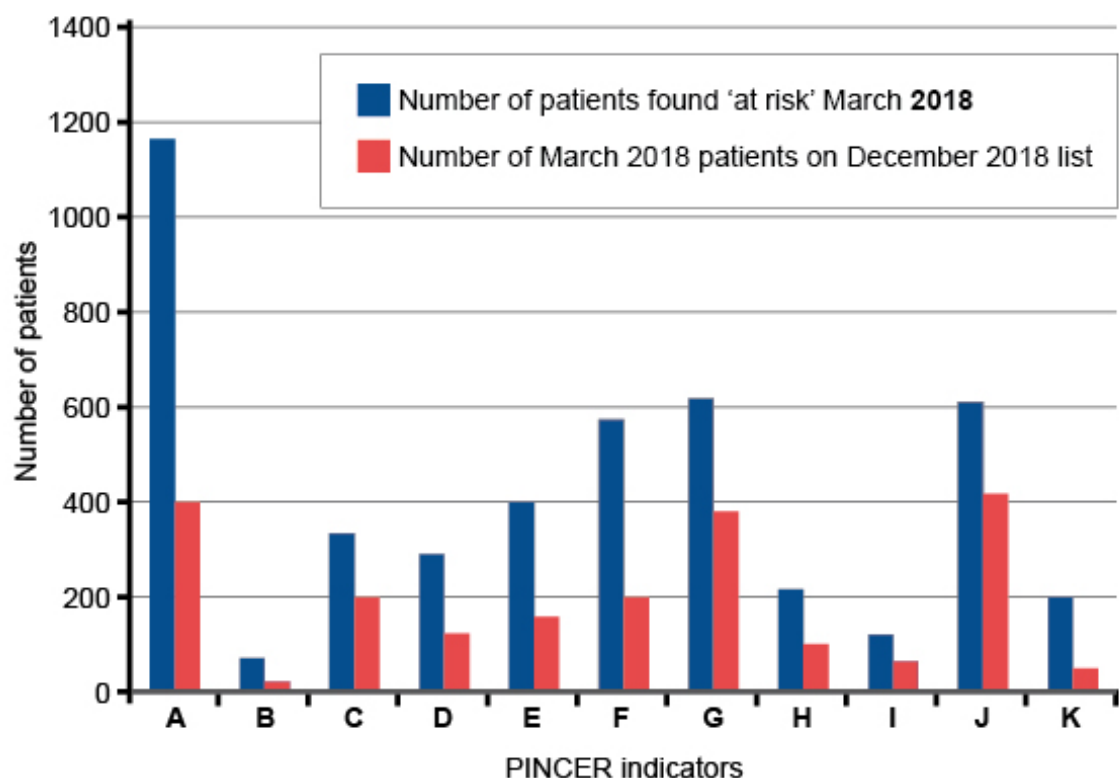
The CCG's Medicines Optimisation team consists of around 30 pharmacists and pharmacy technicians working in 49 practices across a wide geographical area. PINCER was rolled out as part of the Medicines Optimisation Incentive Scheme in 2018/2019.

In the spring of 2018, the team sought to obtain baseline PINCER data from all 49 practices. The activity was primarily driven by the pharmacy technicians who encouraged practices to run PINCER themselves wherever possible and either helped or ran it on their behalf (if practice staff were not yet up to speed).

Following a comprehensive review of these baseline results, the Medicines Optimisation team was able to reduce the number of people at risk across every single indicator (see Figure 1 below). This was achieved by the pharmacy technicians initially cleansing the data by identifying patients at highest risk of harm and passing them to the pharmacists for further investigation. The pharmacists in turn alerted clinicians to specific harms to individual patients and followed up remedial action. Some patients were deemed low risk or inappropriately flagged as at risk by the system, for example patients who had received a short course of NSAID and were no longer taking the medication or patients prescribed a NSAID with corneal ulceration as opposed to gastro-intestinal ulceration showing as at risk of gastro-intestinal bleeding.

Figure 1. Number of 'at risk' patients before (March 2018) and after (December 2018) intervention

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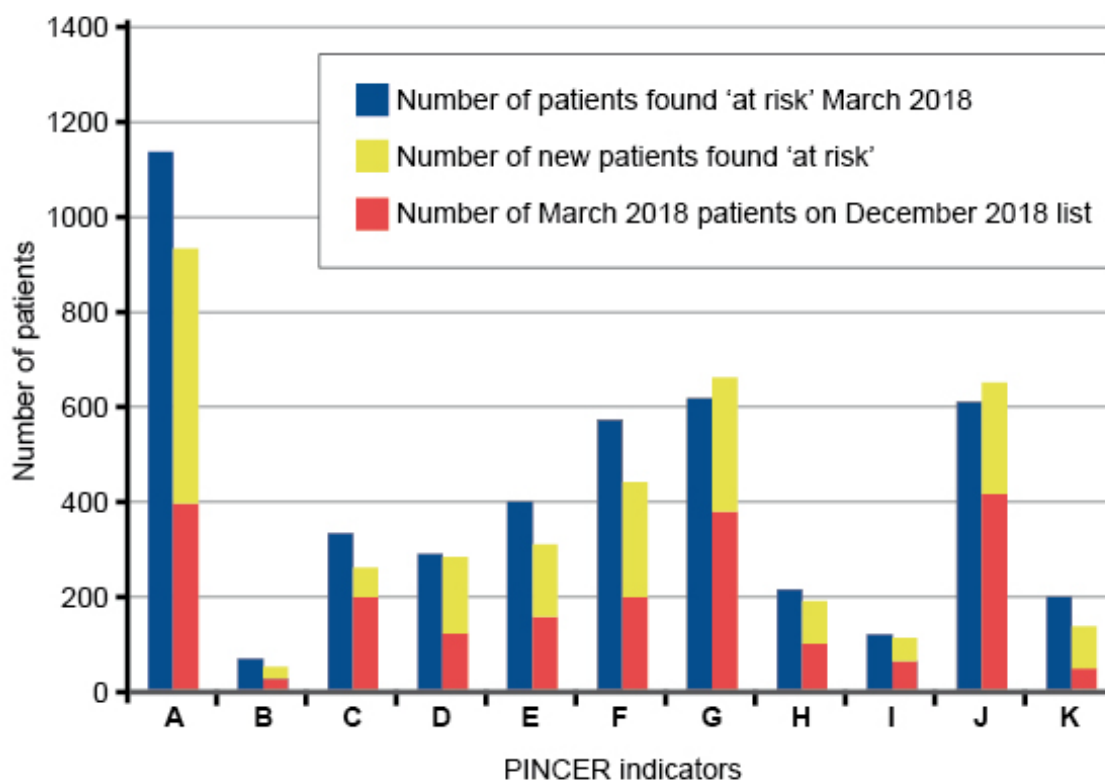


- | | |
|--|--|
| A Age ≥ 65 yrs, no GI protect but oral NSAID | G Asthma and non-selective beta-blocker |
| B peptic ulcer, no GI protect but oral NSAID | H Asthma LA beta-2 agonist inhaler + ICS |
| C peptic ulcer, no GI protect but AP | I Heart failure + oral NSAID |
| D Warfarin/DOAC + oral NSAID | J Antipsychotic in >65 yrs with dementia no psychosis |
| E Warfarin/DOAC + oral NSAID | K Chronic renal impairment + NSAID |
| F Aspirin other AP no GI protect | |

Whilst great progress was made at reducing risk in many individual patients identified by Pincer, a re-run of the Pincer indicators in late 2018 highlighted there were still some residual patients at risk, and a new cohort of 'at risk' patients had emerged (see Figure 2 below). The Medicines Optimisation team discussed their next steps with Wessex AHSN to address this and ensure that previous prescribing issues are no longer repeated with new patients. As part of this ongoing approach Wessex AHSN, together with West Hampshire CCG and PRIMIS, held a root cause analysis workshop to look at quality improvement methodology, and in particular to address a sustainable change in medication risk in the practices. A number of themes were identified and incorporated into Practice/Primary Care Network (PCN)/CCG action plans for further implementation of learning outcomes from Pincer work.

Figure 2. December 2018 re-run of Pincer indicators showing a new cohort of 'at risk' individuals for each indicator.

Figure 2. December 2018 re-run of Pincer indicators, showing a new cohort of 'at risk' patients for each indicator



The Medicines Optimisation team's approach to the 'at risk' patients identified is to first look to see if a drug can be removed or reduced from a patients' medication, rather than add a protective drug. Identifying patients 'at risk' on the Pincer tool provided an opportunity for pharmacist-led comprehensive medication review for the patients concerned, thereby maximising the pharmaceutical intervention and ensuring appropriate and targeted medicines optimisation.

The pharmacy technicians at West Hampshire CCG have played a fundamental role in supporting the work of the pharmacists, encouraging and assisting the practices with the Pincer clinical audits and data uploads to CHART Online and the whole Medicines Optimisation team. Liz Corteville, Locality Lead Pharmacist in the Medicines Optimisation team commented that the technicians continue to be a crucial part of the Pincer roll out. Liz explained that two pharmacy technicians in particular, Jayne Haigh and Heather Alderson, had been real champions of Pincer, encouraging and assisting the practices with the clinical audits and data uploads to CHART Online. The pharmacy technicians have also provided feedback sessions on the results and findings to GP Medicines Optimisation groups and had first sight of the results data, eliminating incorrect risks and helping the pharmacists to manage patients who need their medications reviewing with urgency. One of the pharmacy technicians also included the work undertaken with the Pincer roll out as part of her individual Leadership for Change programme participation.

What has also been identified as helpful by the CCG is the support from PRIMIS. Liz commented that it was invaluable to have the helpdesk there, even for those practices that were already well-versed in using PRIMIS tools. The support of the PRIMIS Business Implementation Leads and Wessex AHSN has helped West Hampshire CCG's Medicines Optimisation Team to achieve a really positive ongoing outcome from the Pincer intervention programme and, ultimately, the improvement of the lives of many patients. Support and



training from both Wessex AHSN and PRIMIS on Root Cause Analysis and Quality Improvement was essential as part of planning the next steps for PINCER in west Hampshire.

Clare Howard, Clinical Lead for Medicines Optimisation at Wessex AHSN and a key early adopter of the PINCER intervention programme, commented: "West Hampshire highlights how even in a CCG with a good record on medication safety, further improvements can be made by making full use of a proven tool such as PINCER. The CCG Medicines Team used the tool well, ensured one hundred percent utilisation and then looked at the results to understand where more work was needed. They are an exemplar of how to make data such as this drive improvements in care."