



PINCER Action Learning Session 1

Learning outcomes

The learner will:

- Be familiar with the international and national drivers for PINCER, its history and how it relates to the national PINCER programme
- Be aware of the national PINCER indicators and the evidence base
- Understand what comprises the core components of PINCER
- Understand how to use PRIMIS tools to identify patients potentially at risk and upload summary data for comparative analysis



Ice-breaker activity

In your groups find out who has experience of:

- PINCER and/or other prescribing safety or QI initiatives
- The different GP clinical information systems (EMIS, TPP, Vision)
- Clinical coding systems (Read V2 or CTV3)



Action learning

- Small group working on real problems
- Facilitates collaborative working through small groups with consistent membership
- Encourages critical thinking and creative approaches to problem solving
- Set number of sessions
- Specific tasks to complete between sessions



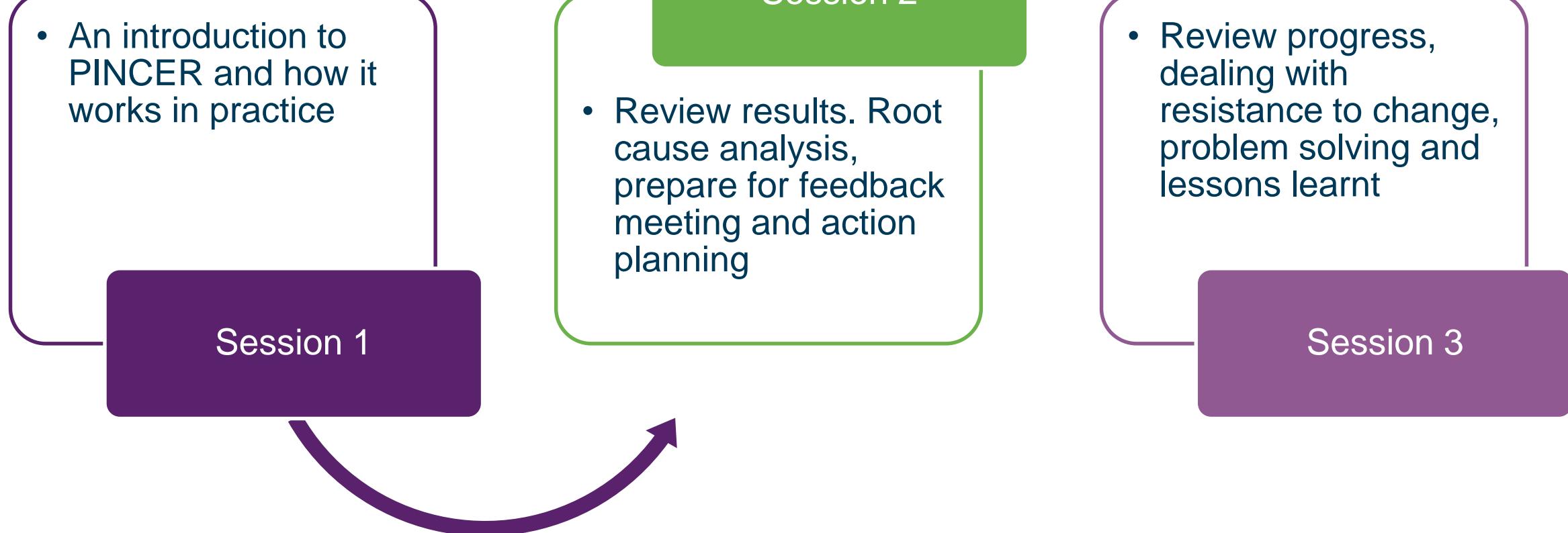
Action learning contract

Contracting rules for these sessions

- Sharing learning – all members should contribute and actively participate in discussions and sharing ideas/experiences
- Respect - all members will listen to one another without interrupting and be polite to one another, members should feel comfortable
- Confidentiality - if a member requests for an issue to remain within the group this should be respected
- Equality - all members have equal rights to speak, to express their opinion and play an equal role in the group



What to expect





PINCER

SETTING THE SCENE

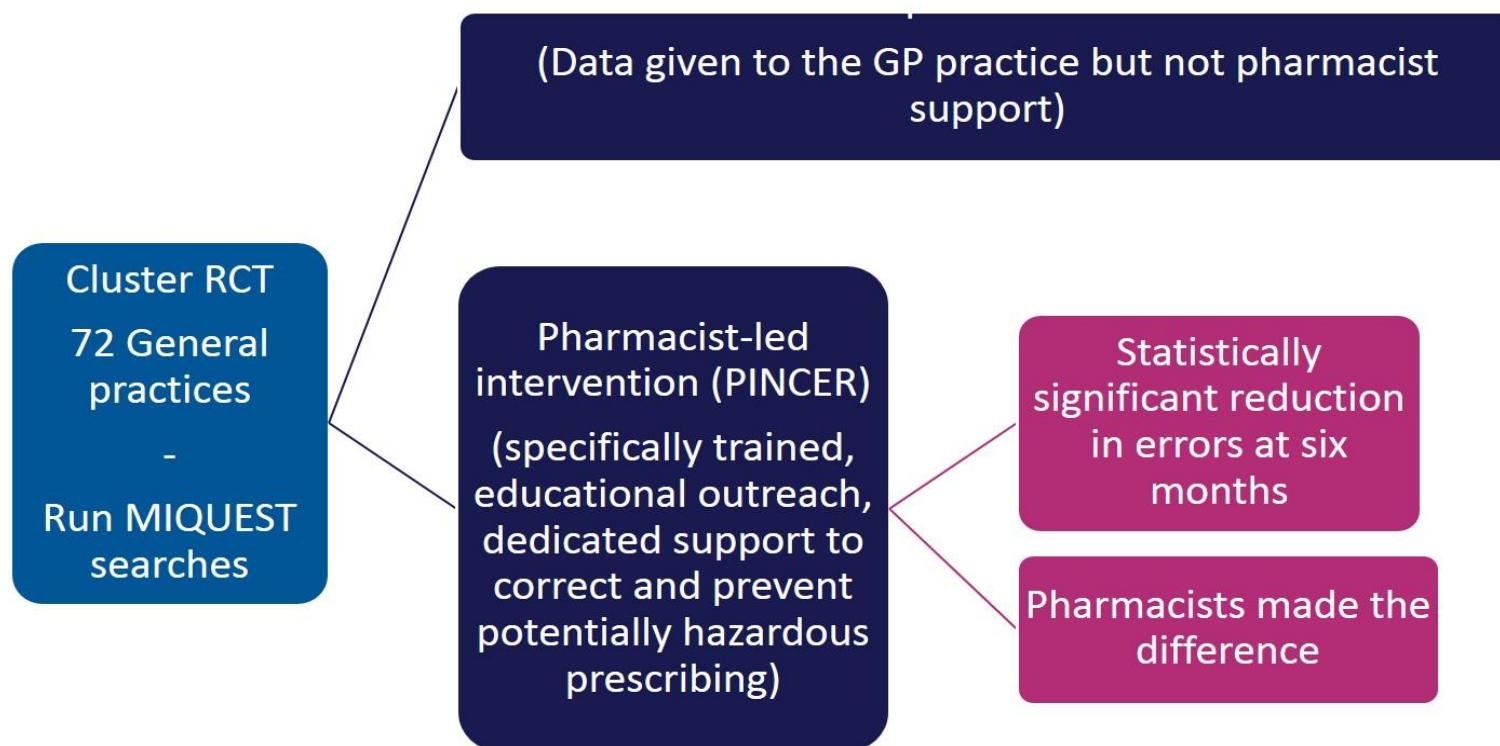
Why is there a need for PINCER?

- Prescribing errors in general practice are an important and expensive preventable cause of safety incidents, morbidity, hospitalisations and deaths.
- Prescribing errors – The PRACtICe Study¹
 - 1 in 20 items with an error – 1 in 550 with a serious error
 - Over 1 billion items dispensed in 2015 = 1.8 million serious prescribing errors
- Preventable medication-related admissions to hospital
 - These account for around 1 in 25 hospital admissions
 - Annual hospital admission costs in England for adverse drug events are £650 million (2013 prices)
- 4 classes of drug account for over 50% of these admissions:
 - anti-platelets, non-steroidal anti-inflammatory drugs (NSAIDs), diuretics and anticoagulants

¹ Avery T, Barber N, Ghaleb M et al. The PRACtICe Study (PRevalence And Causes of prescribing errors in general practiCe).
A report for the GMC. Nottingham: October 2011

The PINCER trial

Pharmacist-led IT-based intervention to reduce rates of clinically important errors in medicines management in general practices



The Lancet, 2012;379:1310 – 1319
doi:10.1016/S0140-6736(11)61817-5



A pharmacist-led information technology intervention for medication errors (PINCER): a multicentre, cluster randomised, controlled trial and cost-effectiveness analysis

Summary
Background Medication errors are common in primary care and are associated with considerable risk of patient harm. We tested whether a pharmacist-led, information technology-based intervention was more effective than simple feedback in reducing the number of patients at risk of measures related to hazardous prescribing and inadequate blood-test monitoring of medicines 6 months after the intervention.

Methods In this pragmatic, cluster randomised trial general practices in the UK were stratified by research site and list size, and randomly assigned by a web-based randomisation service in blocks of two or four to two of three groups. The practices were allocated to either computer-generated simple feedback for at-risk patients (control) or a pharmacist-led information technology intervention (PINCER), composed of feedback, educational outreach, and dedicated support. The allocation was masked to researchers and statisticians involved in processing and analysing the data. The allocation was not masked to general practices.

Findings 72 general practices with a combined list size of 480 942 patients were randomised. At 6 months' follow-up, patients in the PINCER group were significantly less likely to have been prescribed non-selective NSAIDs compared to those with a history of peptic ulcer without gastroprotection (OR 0.58, 95% CI 0.38–0.89; a β block compared to the usual antibiotic (0.73, 95% CI 0.51–0.95); or an ACE inhibitor or loop diuretic without appropriate monitoring (0.5, 95% CI 0.34–0.78). PINCER has a 95% probability of being cost effective if the decision-maker's ceiling willingness to pay reaches £75 per error avoided at 6 months.

Interpretation The PINCER intervention is an effective method for reducing a range of medication errors in general practices with computerised clinical records.

Funding Patient Safety Research Portfolio, Department of Health, England.

Introduction
Medication errors are an important cause of potentially avoidable morbidity and mortality in primary¹ and secondary care² and reports from the USA, the UK, and elsewhere have shown the urgent need to reduce the risk of occurrence of these errors.^{3–6} Although important progress has been made in the implementation of interventions for use in specialist care settings,⁷ particularly in relation to computerised entry of pharmaceutical orders^{8,9} and computerised decision support,¹⁰ the evidence for prevention of medication errors in primary care has substantial potential to reduce the frequency of these errors.¹¹ However, translation of this potential into proven benefit is far from straightforward, which relates to the difficulties in translating the organisational changes required to reduce information errors into clinical models of care.¹² The need for a new and simplified intervention has been further underscored by two trials that have raised serious doubts about the effectiveness of simple pharmacist-centred interventions.^{13,14}

Informed by the Medical Research Council's framework for complex interventions,¹⁵ we aimed to test



PINCER Publications

Could PINCER work at scale?

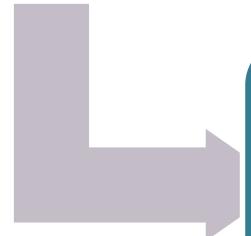


PINCER Prescribing Safety Indicator Development

- Systematic reviews to identify suitable indicators for general practice
- Two consensus exercises (with publication in BJGP) to identify important safety problems for general practice
- Developed computer searches that can be run on the clinical systems
- Trialled the queries on GP databases and in practices
- Trialled the queries in Rushcliffe CCG with pharmacist intervention
- Creation of evidence base summaries

International and national context

World Health Organisation (WHO)
set a global challenge to reduce
harm from medicines



Short life working group (2017) in
England recommended national
roll out of PINCER



The AHSN Network committed to
include patient safety as priority
area in workplans and are
supporting and funding roll out of
PINCER across England

Medication Safety Dashboard

<https://apps.nhsbsa.nhs.uk/MOD/MedicationSafety/atlas.html>

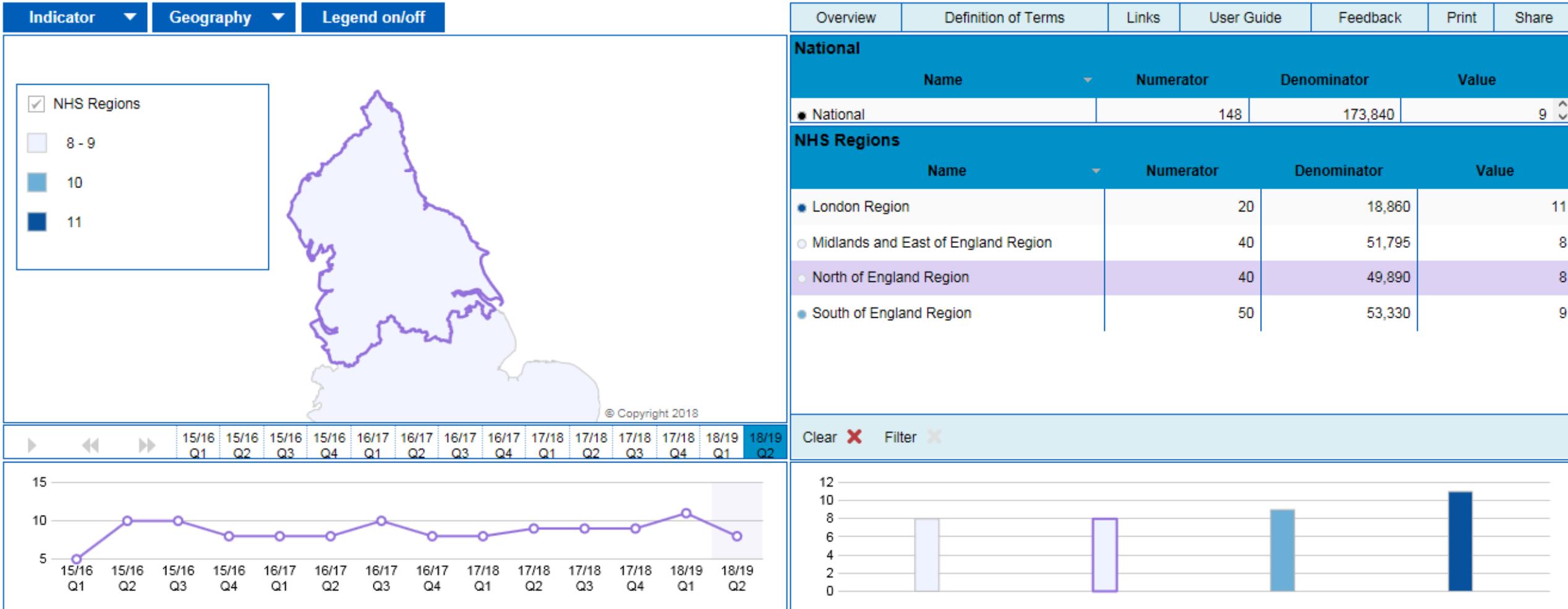
Gastrointestinal bleed >> GIB01:[Hospital admission] Admitted and prescribed a NSAID without gastro-protection >> (18/19 Q2)

INDICATOR DESCRIPTION: Number of admissions for gastric bleed per 10,000 patients currently prescribed a non-steroidal anti-inflammatory drug (NSAID) without a gastro-protective medicine.

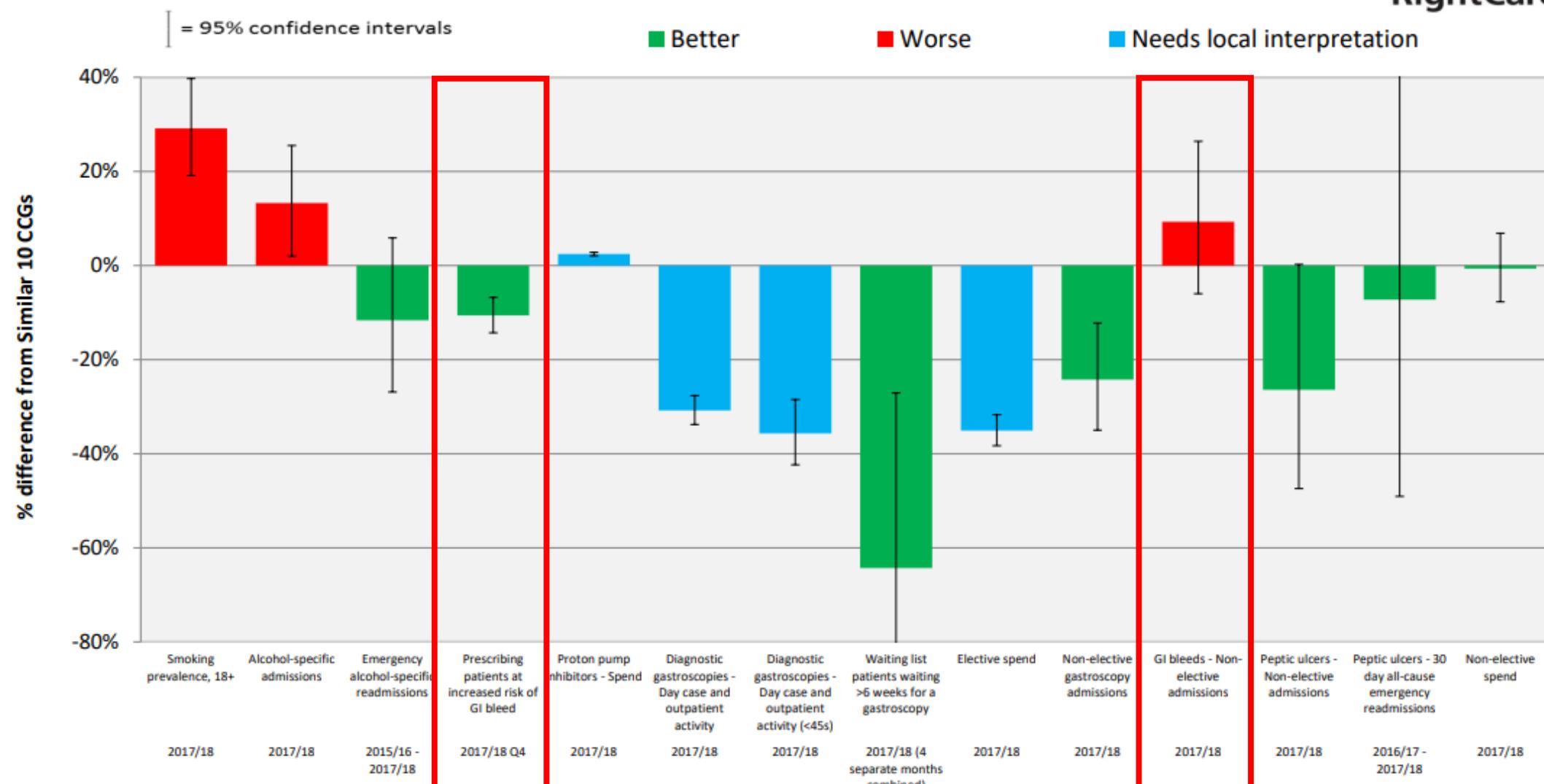
VALUE: No. of admissions per 10,000 patients at increased risk

NUMERATOR: No. of hospital admissions for gastric bleeds for patients prescribed NSAIDs without a gastro-protective medicine.

DENOMINATOR: No. of patients prescribed a NSAID without a gastro-protective medicine



Upper gastrointestinal conditions pathway

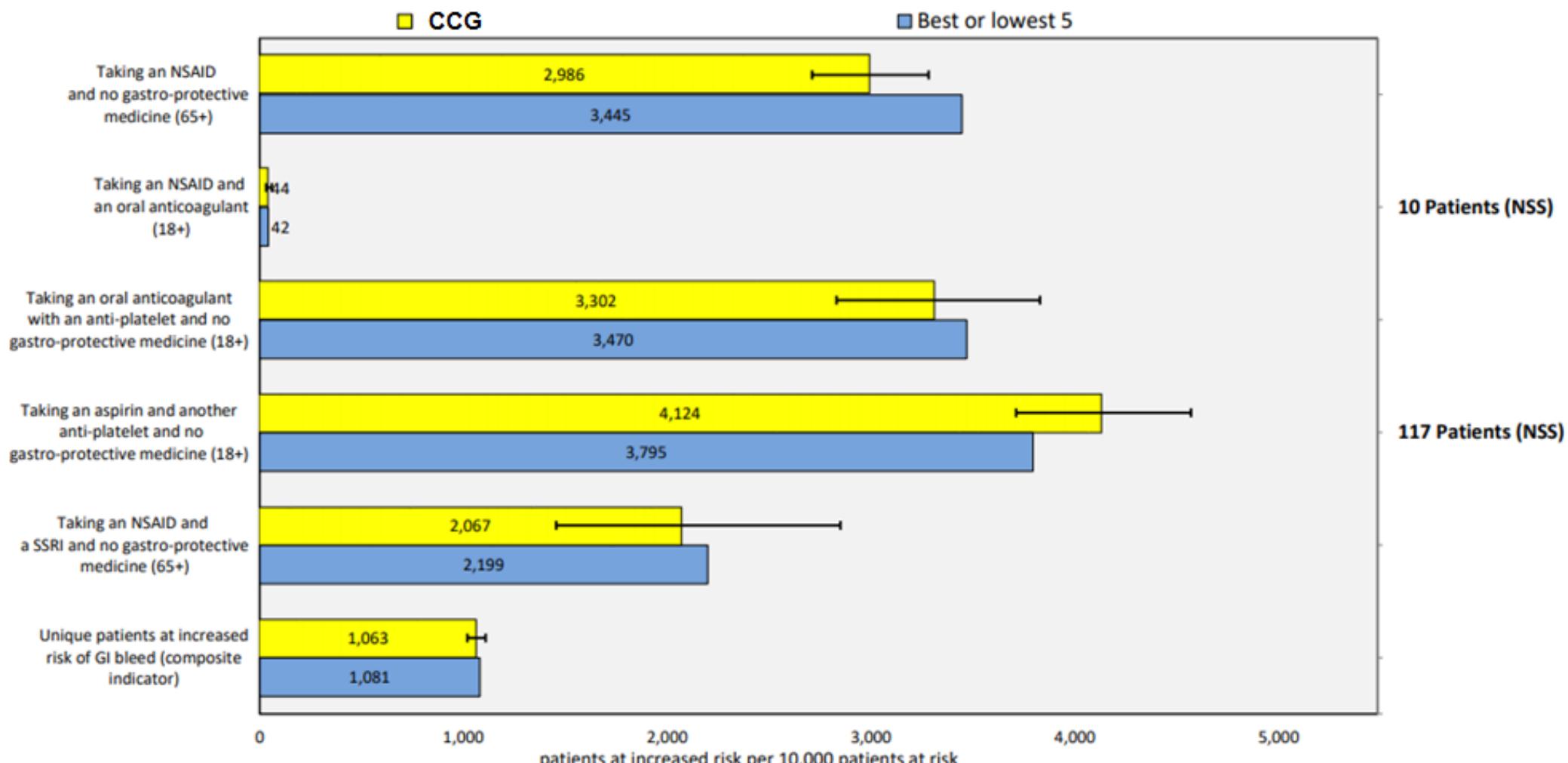


Please note: Gastroscopies are one of 15 key diagnostic tests which the NHS Constitution states less than 1% of patients should wait more than 6 weeks for. CCGs which achieve good performance compared to their peers may still be missing this target. CCGs are therefore advised to examine their waiting list times in greater detail, which are available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity>

If no bar and error bars are displaying for an indicator, this is due to the CCG values being suppressed. Full metadata for all of the above indicators can be found in the excel datafile for this pack which can be requested from rightcare@nhs.net

Proton pump inhibitors - Medication Safety Dashboard Indicators - 2017/18 Q4

How different
are we?



Excluding 'Taking an NSAID and a SSRI and no gastro protective medicine', all of the above indicators have been taken from the BSA's Medication Safety dashboard. The 'Unique patients at increased risk of GI bleed' indicator is a composite measure of the unique patients at increased risk of a GI bleed based on the four other indicators in the dashboard; however patients taking an NSAID and a SSRI and no gastro protective medicine will be included as part of the 'Taking an NSAID and no gastro protective medicine' indicator.

For CCGs with higher rates of patients at risk than their best 5 similar peers, 'How different are we?' figures show how many fewer patients would be at increased risk of a GI bleed if they performed to this benchmark. Note that as this is a quarterly indicator, CCG opportunities have been scaled up so to be provided as yearly figures.

Error bars represent 95% confidence intervals. NHS RightCare opportunities that are not statistically significantly different to the benchmark are labelled as 'NSS'. Further analysis to investigate these opportunities could include time series analysis, triangulation with other data sources or viewing alongside other related indicators.

National drivers for PINCER

NHS
England

AHSN
Network

NICE

QOF

CQC

Revalidation

1.1.8. Organisations and health professionals should consider applying the principles of the PINCER intervention to reduce the number of medicines-related patient safety incidents, taking account of existing systems and resource implications. These principles include:

- using **information technology** support
- using **educational outreach with regular reinforcement of educational messages**
- **actively involving a multidisciplinary team**, including GPs, nurses and support staff
- having **dedicated pharmacist support**
- **agreeing an action plan with clear objectives**
- providing **regular feedback** on progress
- providing clear, concise, **evidence-based** information



Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

NICE guideline
Published: 4 March 2015
nice.org.uk/guidance/ng5

Quality and Outcomes Framework (QOF)

- Prescribing safety forms part of the **Quality Improvement domain** for 2019/20
- There are two indicators worth a total of 37 points
- PINCER is a stated option within the guidance
 - NSAIDs and GI bleed risk
 - Lithium monitoring

Prescribing safety

Indicator	Points	Achievement thresholds
QI001. The contractor can demonstrate continuous quality improvement activity focused upon prescribing safety as specified in the QOF guidance.	27	NA
QI002. The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings.	10	NA

Care Quality Commission (CQC)

KLOE S4	How does the provider ensure the proper and safe use of medicines, where the service is responsible?
S4.1	How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)
S4.2	Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?
S4.3	Do people receive specific advice about their medicines in line with current national guidance or evidence?
S4.4	How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?
S4.5	Are people's medicines reconciled in line with current national guidance when transferring between locations or changing levels of care?

Other drivers

Continuing Professional Development (CPD)

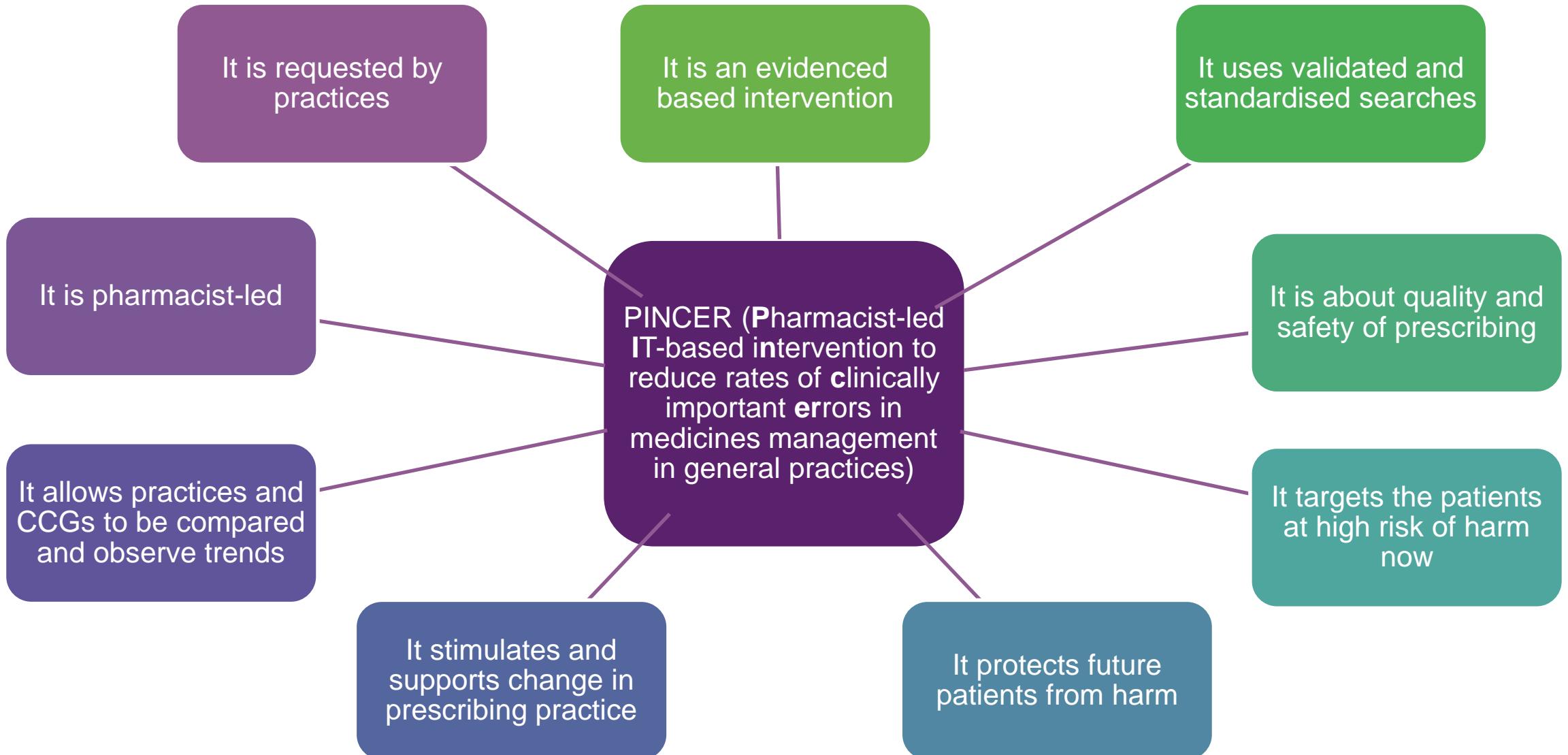
- GP Revalidation
- Pharmacist Revalidation

Local drivers

- QIPP Programme (Quality, Innovation, Productivity and Prevention)
 - Medicines use and procurement provider workstream
- MMT work plans
- AHSN programmes



Why PINCER?



Role of GP Pharmacists in Quality Improvement

- As experts in medicine and their use, pharmacists play a crucial role in quality improvement programmes
- The Royal Pharmaceutical Society actively promote the potential benefit that pharmacists can bring to primary care patients particularly in relation to long term condition management
- By integrating pharmacist skills with those of the rest of the general practice team they can work together to improve patient outcomes and safety
- PRIMIS tools provide a solid foundation for a quality improvement programme that can be instigated and led by pharmacists



PINCER myth buster

“ I need to achieve zero patients at risk in every indicator „

“ The GPs will not like it „



“ It will take too much time to do „

“ I will use PINCER in the same way in each practice „

“ I will need lots of specific training „

PINCER IMPLEMENTATION

PHASE 1: IDENTIFYING PATIENTS AT RISK

Core principles of the PINCER intervention

Identify cases of potentially hazardous prescribing

- Using national PINCER indicator searches for GP clinical systems

Pharmacists trained in the PINCER approach explore methods to minimise current and future risk

- Root cause analysis
- Educational outreach
- Action planning

Pharmacists (and pharmacy technicians) implement and monitor the action plan

- Working with, and supporting, general practice staff
- Repeating the cycle 6 monthly

PINCER : Pharmacist-led IT-based intervention to reduce rates of clinically important errors in medicines management in general practices

What does implementing the PINCER intervention mean?





National PINCER indicators

GI BLEED PRESCRIBING INDICATORS

A2	Prescription of an oral NSAID, without co-prescription of an ulcer healing drug, to a patient aged ≥ 65 years
B2	Prescription of an oral NSAID, without co-prescription of an ulcer healing drug, to a patient with a history of peptic ulceration
B3	Prescription of an antiplatelet drug without co-prescription of an ulcer-healing drug, to a patient with a history of peptic ulceration
C2	Prescription of warfarin or DOAC in combination with an oral NSAID
D2	Prescription of warfarin or DOAC and an antiplatelet drug in combination without co-prescription of an ulcer-healing drug
E2	Prescription of aspirin in combination with another antiplatelet drug without co-prescription of an ulcer-healing drug

OTHER PRESCRIBING INDICATORS

F2	Prescription of an oral NSAID to a patient with heart failure
G2	Prescription of an oral NSAID to a patient with eGFR <45
H2	Prescription of a non-selective beta-blocker to a patient with a history of asthma

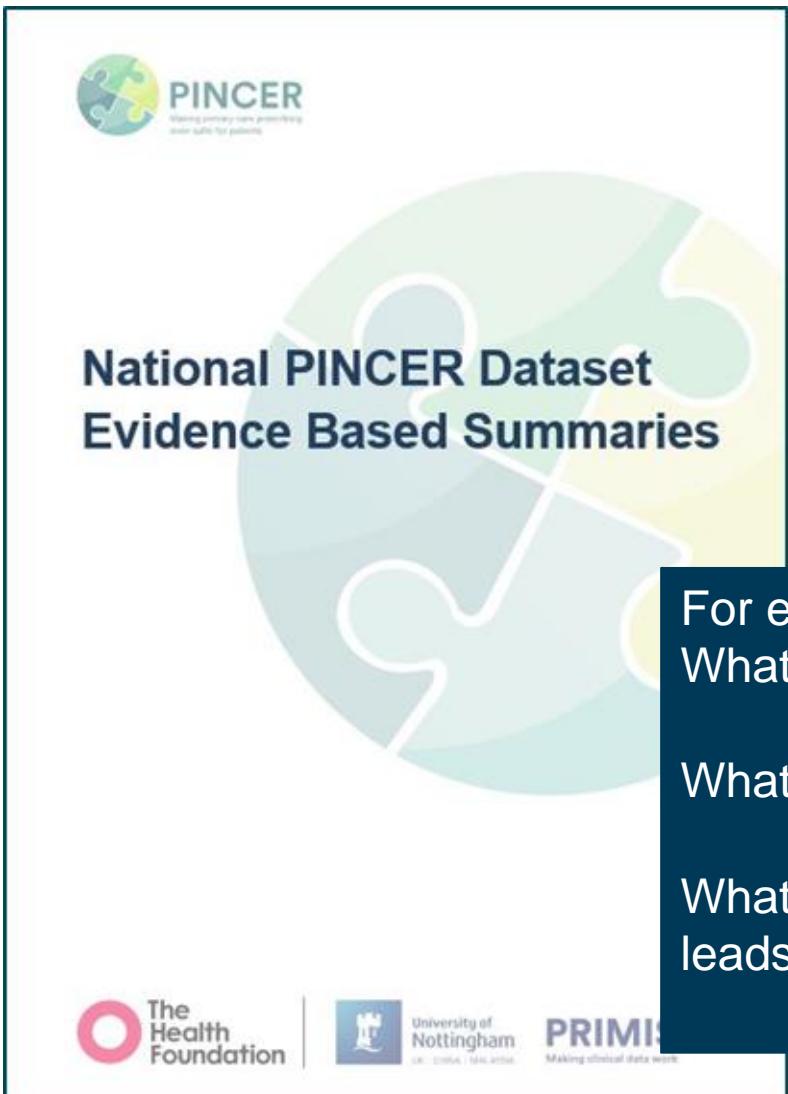
National PINCER indicators

MONITORING INDICATORS

I2	Patients aged 75 years and older who have been prescribed an angiotensin converting enzyme (ACE) inhibitor or a loop diuretic long term who have not had a computer-recorded check of their renal function and electrolytes in the previous 15 months
J2	Patients receiving methotrexate for at least three months who have not had: a full blood count (FBC) in the previous three months
J3	or liver function test (LFT) in the previous three months
K2	Patients receiving lithium for at least three months who do not have a recorded check of their lithium concentrations in the previous three months
L2	Patients receiving amiodarone for at least six months who have not had a thyroid function test (TFT) within the previous six months



Evidence based summaries



National PINCER Dataset
Evidence Based Summaries

The Health Foundation | University of Nottingham | PRIMI

National PINCER Dataset

GI BLEED PRESCRIBING INDICATORS

A2: Prescription of an oral NSAID, without co-prescription of an ulcer-healing drug, to a patient aged ≥ 65 years

What is the risk to patients?

The BNF advises that all NSAIDs are associated with serious gastrointestinal toxicity and that the risk is higher in the elderly. Selective inhibitors of cyclo-oxygenase-2 are associated with a lower risk of serious upper gastrointestinal side-effects than non-selective NSAIDs.¹ Gastrointestinal effects are the most common side effects of NSAIDs and include dyspepsia, ulcer, obstruction and bleeding.

Many patients who are over 65 years will also have additional risk factors that will further increase the risk of gastrointestinal toxicity and the overall risk should be considered when prescribing an NSAID.

What evidence is there that this pattern of prescribing is harmful?

A Cochrane intervention review noted that with NSAIDs, "Common side effects such as

For each indicator the following evidence is available:
What is the risk to patients?

What evidence is there that this pattern of prescribing is harmful?

What evidence is there that correcting the pattern of prescribing leads to a reduction in harm?



Group activity

In your groups:

- Review the list of national PINCER indicators
- Choose two indicators and consider possible (general) causes
- Each group will feedback their thoughts via a nominated spokesperson





Prescribing risk: GI Bleed - A2

In patients aged ≥ 65 years prescription of an oral NSAID without co-prescription of an ulcer-healing drug

- Large cohort study shows that patients ≥ 65 years are at significantly increased risk of GI bleed (not dissimilar to a past history of peptic ulcer)
- PPIs can reduce this risk
- The indicator will identify patients who have gastroprotection on repeat which has not been issued recently
- Patients on misoprostol will be identified for review

Key actions: Review need for NSAID and consider stopping
Add gastroprotection
Identify reasons for non-adherence

Prescribing risk: Asthma – H2

Prescription of a non-selective beta-blocker to a patient with asthma

- Long-standing well-known contraindication
- Restricted to **non-selective** beta blockers because evidence suggests a significant increase in risk of asthma exacerbation
- Almost completely attenuates the effect of SABA
- Average reduction in FEV1 of 10%. A reduction in FEV1 of $\geq 20\%$ was seen in 1 in 8 patients and symptoms of bronchospasm were experienced by 1 in 13 patients

Key action: Try to wean the patient off the beta-blocker
Review asthma symptoms/diagnosis
Ensure advice given on initiation

Monitoring: ACE/ARB inhibitor or loop diuretic renal dysfunction – I2

≥75 years, prescribed an angiotensin converting enzyme (ACE) inhibitor/ARB or a loop diuretic long-term without computer-recorded check of their renal function and electrolytes in the previous 15 months

- Loop diuretics cause a dose-related reduction in sodium and potassium, as well as causing renal dysfunction through dehydration.
- ACE inhibitors/ARB can cause renal dysfunction and hyperkalaemia to varying degrees.

Key action: Undertake renal function monitoring
Ensure all patients are included in an effective recall system

USING PRIMIS TOOLS TO IDENTIFY PATIENTS POTENTIALLY AT RISK



Getting started

<https://www.primis.nottingham.ac.uk/registration/registration/default.asp>

Both the
Pharmacist(s) and
the practice IG lead
need to register with
PRIMIS

Data Processing Agreement (DPA)

Both the
Pharmacist(s) and
the IG lead at each
practice must read
and accept the Data
Processing
Agreement
(link sent via email)

Upload prevention

If the Pharmacist
has accepted the
DPA but the IG lead
has not, the upload
will be prevented

PINCER resources

Download the
system searches
and instructions from
the PINCER
resource page (link
in PRIMIS Hub)
(PRIMIS log in
required)



PRIMIS Data Processing Agreement National roll-out of the PINCER Intervention

This data processing agreement is in support of the national roll-out of the PINCER intervention. The project is being supported by the Academic Health Science Networks (AHSNs). A data processing agreement is required because the project involves the processing of data from the GP Practice clinical information system.

The data relates to the national PINCER Indicator set, comprising of a series of prescribing safety indicators used to identify patients at risk of potentially hazardous prescribing. Pharmacists, specifically trained to deliver the intervention, review the data outputs at the GP Practice. Practice aggregate data is transferred to PRIMIS for inclusion in the CHART Online data storage facility, enabling comparative views of submitted data via the web.

For the purposes of this data processing agreement, the GP Practice is the Controller and responsible for ensuring appropriate technical and organisational measures are in place to protect personal data; and able to demonstrate the processing is done in compliance with data protection legislation. By accepting this agreement You confirm that the GP Practice has discussed and agreed upon the activities that the pharmacist will be performing on its behalf in relation to the PINCER intervention.

In respect of GP Practice data submitted to PRIMIS in the context of this agreement, PRIMIS acts as the Processor. PRIMIS is responsible for the extracted GP Practice data which will be held on a secure University of Nottingham server. The extracted data consists of practice aggregate data only. The data will be stored using the practice national code.

PRIMIS agrees not to disseminate GP Practice data to any third party that is not referenced in this agreement in any format that identifies Your practice without Your prior permission. You agree that we shall be entitled in perpetuity to use and to disclose and to license to third parties any collective database and data therein or part thereof for any purpose. A log of all persons accessing the data is kept for security purposes.

The CHART Online data storage facility enables comparative views of the submitted practice level data via the web:

- by practice staff and the named pharmacist(s) employed by the GP Practice or the relevant CCG (for the purposes of comparative analysis and risk assessment. The GP Practice national code will automatically be on view);
- by members of the relevant CCG/AHSN (for the purposes of understanding and monitoring improvements to the management of patients. Members of the CCG/AHSN will only be able to view CCG comparative data);
- by PRIMIS staff (for the purposes of toolkit maintenance and improvements, training, comparative analysis and illustration).

You must only transfer or agree to the transfer of data for storage, disclosure and use in accordance with these terms if you have obtained the consent of the Controller of that data and (where applicable) any individuals identified therein.

If You do not accept these terms, You must not transfer or agree to the transfer of data. If You act in breach of these terms, You accept responsibility for any liability that arises as a result of that breach.

References above to 'You' and 'Your' are to the user who allows the transfer of data to PRIMIS as well as to that user's organisation, as applicable.

PRIMIS will not under any circumstances remove patient identifiable data from the practice.

[YOU HAVE ALREADY SIGNED UP TO THIS AGREEMENT](#)

[Close](#)

PRIMIS

[Welcome](#) ▶ [PRIMIS Hub](#)



PRIMIS Hub

Welcome to PRIMIS Hub

All members should note that quality improvement tools for CHART are now ONLY available from within CHART itself, whichever version you are running. If you have an old version of CHART you will not be able to obtain the tools, unless you upgrade. Visit the CHART area (click on the CHART icon below) for information. A full list of all currently available CHART tools can be found on the [PRIMIS website](#).

Further information on updating and installing CHART tools can be found within PRIMIS [website](#).



Hub
areas
for ALL
members

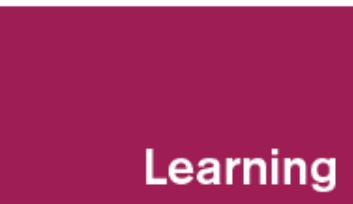


Hub
areas
for FULL
members



National PINCER
Dataset
CHART Online
access

click here



National PINCER
Dataset
RESOURCE
CENTRE



CCG access to
Diabetes Care (CHART
Online) or GRASP suite
Please request access on
the PRIMIS website...

click here



National PINCER
Dataset
CHART Online
access



Want to
know what
PDQI is?
Click here

PINCER Implementation

Resource Area

Resource Home

Templates and images

Videos

Downloads

Download all resources

Download searches for EMIS and SystmOne, the instructions documents and the data upload tool in one folder

[Download all resources](#)

Once downloaded double click the file and copy the 'National PINCER Dataset Resources' folder to your PC

Download resources individually

For EMIS Users:

- Obtain EMIS Search & upload tool: v1.0.0

[Download](#)

Once downloaded double click the file and copy the
'NPDS_1.0.0_EMIS_Resources' folder to your PC

For SystmOne Users:

- Obtain SystmOne search & Upload tool: v1.0.0

[Download](#)

Once downloaded double click the file and copy the
'NPDS_1.0.0 TPP_Resources' folder to your PC

Other links

- NPDS evidence based summaries [Download](#)

PINCER Implementation

Resource Area

Resource Home

Templates and images

Videos

Downloads

Download all resources

Download searches for EMIS and SystmOne, the instructions documents and the data upload tool in one folder

[Download all resources](#)

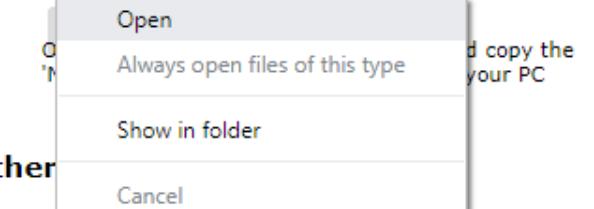
Once downloaded double click the file and copy the 'National PINCER Dataset Resources' folder to your PC

Download resources individually

For EMIS Users:

- Obtain EMIS Search & upload tool: v1.0.0

Other

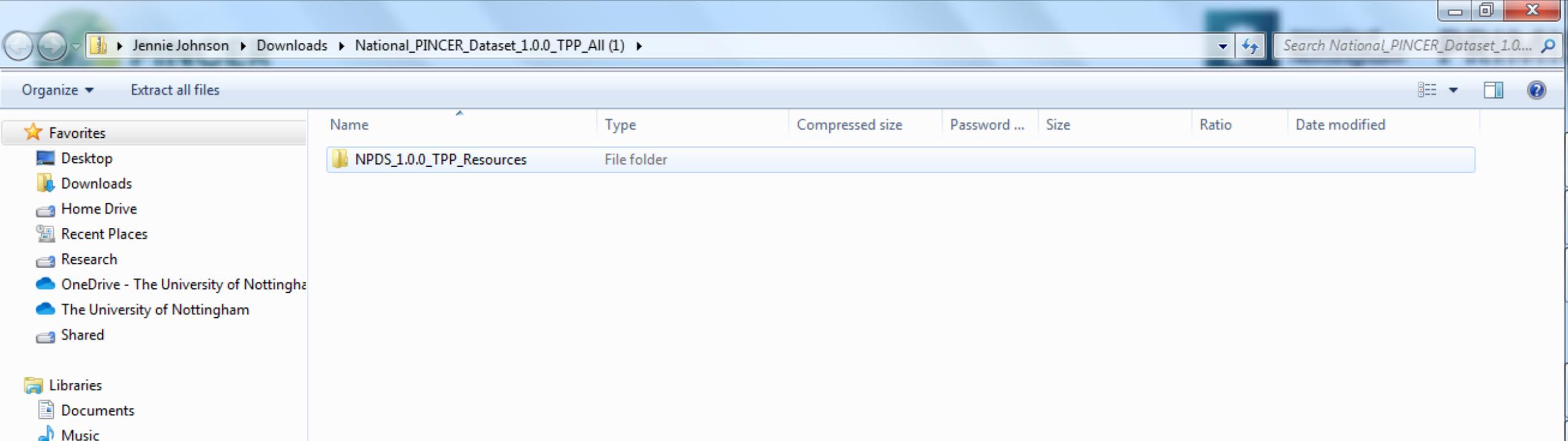


For SystmOne Users:

- Obtain SystmOne search & Upload tool: v1.0.0

[Download](#)

Once downloaded double click the file and copy the 'NPDS_1.0.0 TPP_Resources' folder to your PC



Organize Extract all files

Search National_PINCER_Dataset_1.0....

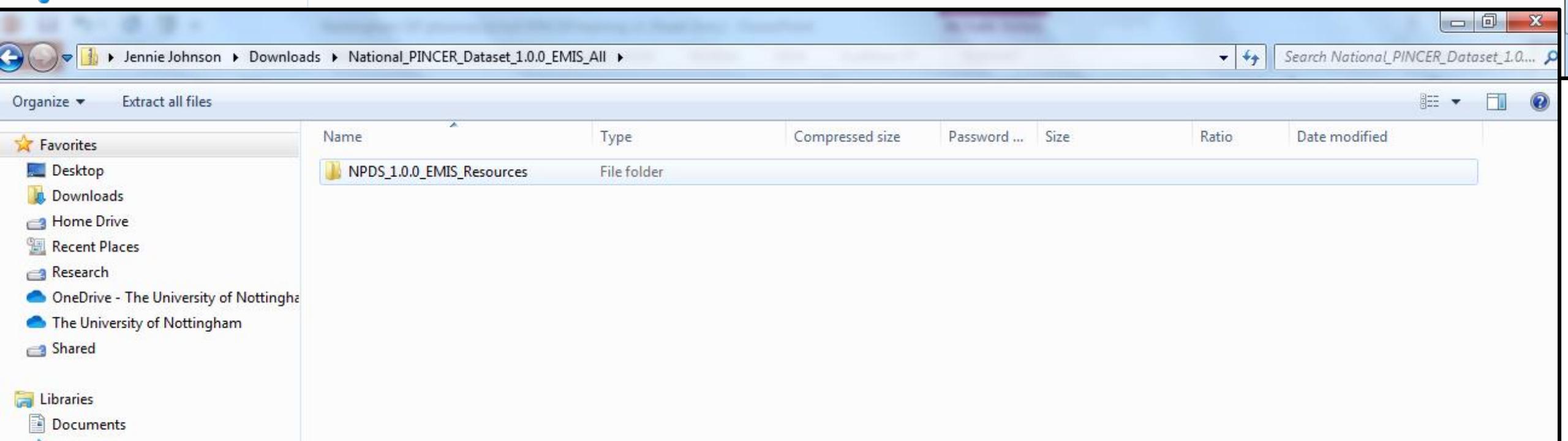
Name	Type	Compressed size	Password ...	Size	Ratio	Date modified
NPDS_1.0.0 TPP_Resources	File folder					

Favorites

- Desktop
- Downloads
- Home Drive
- Recent Places
- Research
- OneDrive - The University of Nottingham
- The University of Nottingham
- Shared

Libraries

- Documents
- Music



Organize Extract all files

Search National_PINCER_Dataset_1.0....

Name	Type	Compressed size	Password ...	Size	Ratio	Date modified
NPDS_1.0.0 EMIS_Resources	File folder					

Favorites

- Desktop
- Downloads
- Home Drive
- Recent Places
- Research
- OneDrive - The University of Nottingham
- The University of Nottingham
- Shared

Libraries

- Documents

Organize **Extract all files**

Favorites

- Desktop
- Downloads
- Home Drive
- Recent Places
- Research
- OneDrive - The University of Nottingham
- The University of Nottingham
- Shared

Libraries

Documents

Search NPDS_1.0.0 TPP_Resources

Name	Type	Compressed size	Password ...	Size	Ratio	Date modified
NPDS_UPLOAD_TOOL	File folder					01/07/2019 11:48
NPDS TPP Reports_1_0_0_20190117...	RPT File	20 KB	No	98 KB	80%	01/07/2019 11:38
PINCER_Instruction_Guide TPP_V1.0	Adobe Acrobat Document	366 KB	No	471 KB	23%	01/07/2019 10:35

You must either copy and paste these files into another folder or use the 'Extract all files' function

Organize **Extract all files**

Favorites

- Desktop
- Downloads
- Home Drive
- Recent Places
- Research
- OneDrive - The University of Nottingham
- The University of Nottingham
- Shared

Libraries

Documents

Music

Search NPDS_1.0.0 EMIS_Resources

Name	Type	Compressed size	Password ...	Size	Ratio	Date modified
NPDS_UPLOAD_TOOL	File folder					01/07/2019 11:47
National PINCER Dataset 1.0.0_EMIS	XML Document	32 KB	No	309 KB	90%	01/07/2019 11:22
PINCER_Instruction_Guide_EMIS_V1.0	Adobe Acrobat Document	382 KB	No	509 KB	26%	01/07/2019 09:38

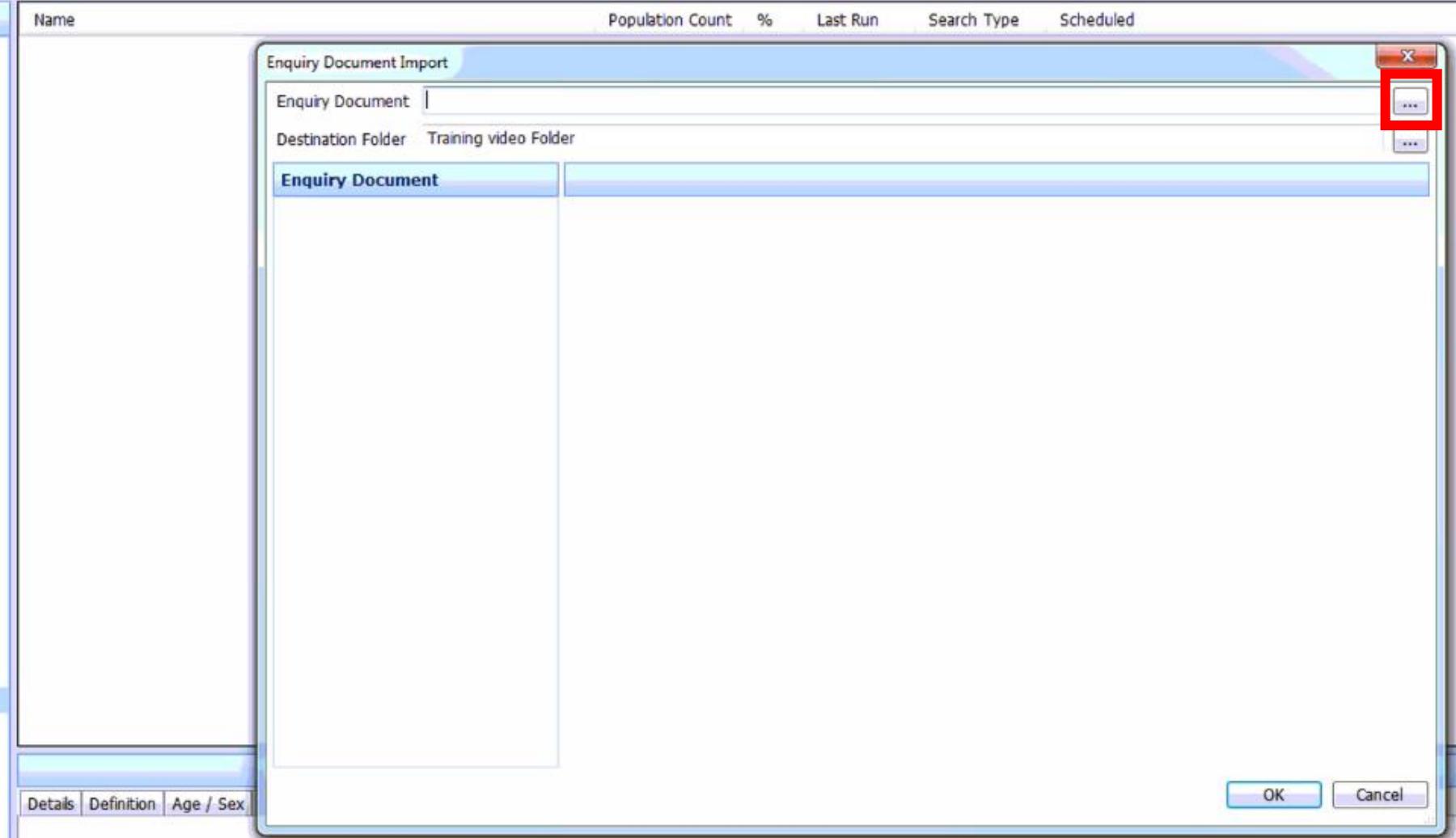
EMIS WEB SYSTEM SEARCHES

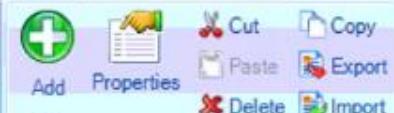


7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

- Primis GP Training Practice 3
 - Andy
 - Dai
 - Helen
 - Hull Diabetes Demo
 - James
 - John
 - K&S
 - Kate
 - Lauren
 - Library Beta Test Versions
 - Library Release Versions
 - Paul
 - PRIMIS
 - Sami
 - Sarah
 - Searches from John
 - TEMP
 - tempTIM
 - TEST
 - Test hard coded dates
 - Test Search
 - Test WPS
 - Testing updated drug groups
 - Tim
 - Training
 - Training video Folder
 - zArchive
 - zKate original library





Add / Edit

Actions

Run Report

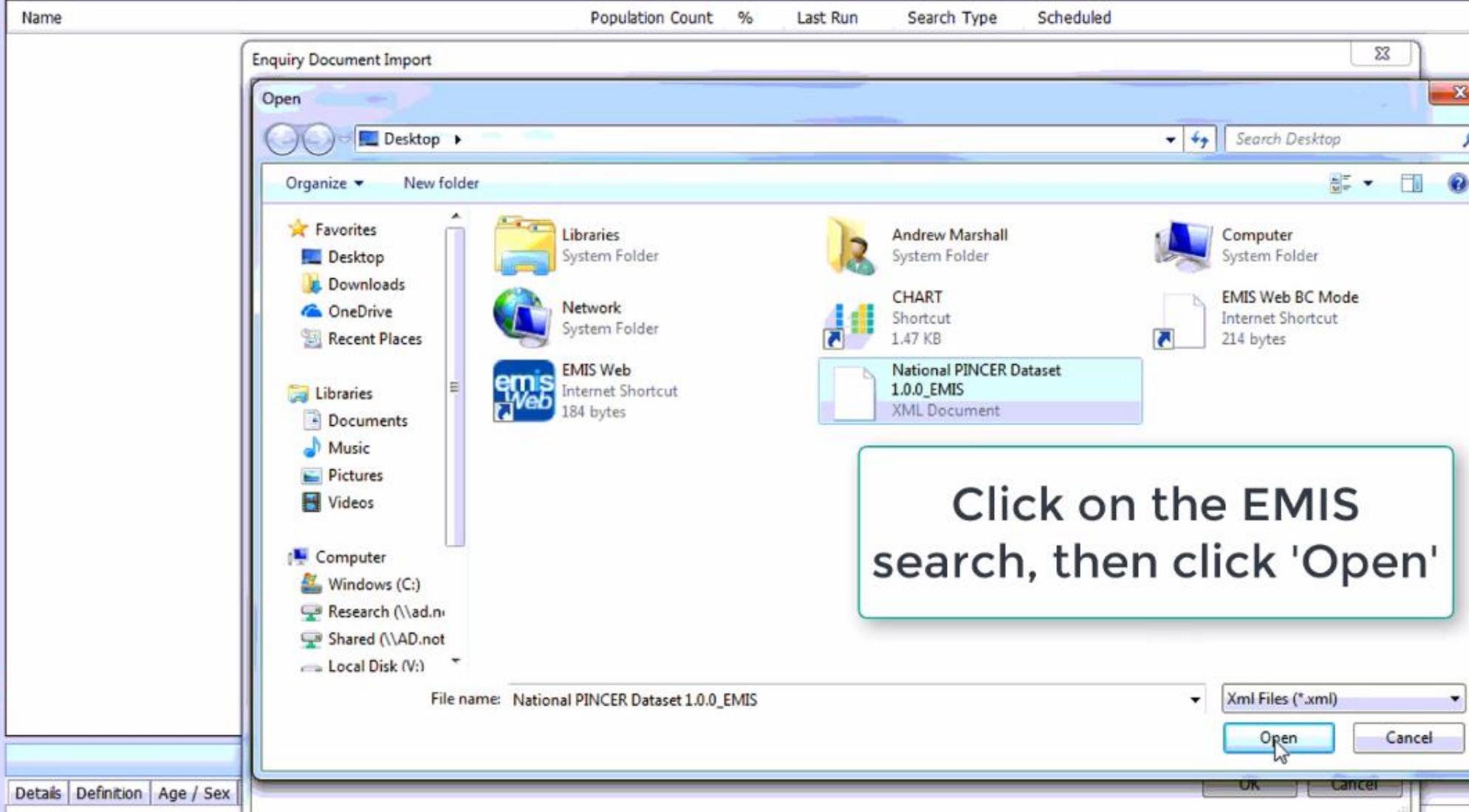
View

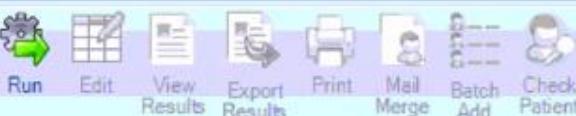
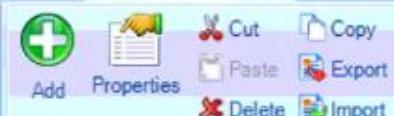
Find

! 7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

- Primis GP Training Practice 3
 - Andy
 - Dai
 - Helen
 - Hull Diabetes Demo
 - James
 - John
 - K&S
 - Kate
 - Lauren
 - Library Beta Test Versions
 - Library Release Versions
 - Paul
 - PRIMIS
 - Sami
 - Sarah
 - Searches from John
 - TEMP
 - tempTIM
 - TEST
 - Test hard coded dates
 - Test Search
 - Test WPS
 - Testing updated drug groups
 - Tim
 - Training
 - Training video Folder
 - zArchive
 - zKate original library





Add / Edit

Actions

Run Report

View

Find

! 7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

- Primis GP Training Practice 3
 - Andy
 - Dai
 - Helen
 - Hull Diabetes Demo
 - James
 - John
 - K&S
 - Kate
 - Lauren
 - Library Beta Test Versions
 - Library Release Versions
 - Paul
 - PRIMIS
 - Sami
 - Sarah
 - Searches from John
 - TEMP
 - tempTIM
 - TEST
 - Test hard coded dates
 - TestSearch
 - Test WPS
 - Testing updated drug groups
 - Tim
 - Training
 - Training video Folder
 - zArchive
 - zKate original library

Name Population Count % Last Run Search Type Scheduled

Enquiry Document Import

Enquiry Document: C:\Users\mczam2\Desktop\National PINCER Dataset 1.0.0_EMIS.xml

Destination Folder: Training video Folder

Enquiry Document

- National PINCER.Dataset
 - 1 NPDS Report (File f)
 - National PINCER
 - 2 At Risk Patients
 - A2: GI_P3A - NU
 - B2: GI_P3B - NU
 - B3: GI_P3C - NUI
 - C2: GI_P3D - NU
 - D2: GI_P3E - NU
 - E2: GI_P3F - NUI
 - F2: HF_P3I - NUI
 - G2: KI_P3K - NU
 - H2: AS_P3G - NU
 - I2: MO_P13 - NL
 - J2: MO_P15 - NL
 - J3: MO_P15 - NL
 - K2: MO_P17 - NL
 - L2: MO_P18 - NL
 - M1: Gastroprote
 - M2: Gastroprote
 - M3: Gastroprote
 - M4: Gastroprote

Click OK to complete import

OK

Cancel



! 7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

- Primis GP Training Practice 3
 - Andy
 - Dai
 - Helen
 - Hull Diabetes Demo
 - James
 - John
 - K&S
 - Kate
 - Lauren
 - Library Beta Test Versions
 - Library Release Versions
 - Paul
 - PRIMIS
 - Sami
 - Sarah
 - Searches from John
 - TEMP
 - tempTIM
 - TEST
 - Test hard coded dates
 - Test Search
 - Test WPS
 - Testing updated drug groups
 - Tim
 - Training
 - Training video Folder
 - National PINCER Dataset 1.0.0
 - zArchive
 - zCreate original library

Name	Population Count	%	Last Run	Search Type	Scheduled
------	------------------	---	----------	-------------	-----------

- 1 NPDS Report (File for Export)
- 2 At Risk Patients
- 3 Denominator Populations
- 4 Subsets

A new folder will appear in the main list called 'National PINCER dataset'



7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

- Primis GP Training Practice 3
 - Andy
 - Dai
 - Helen
 - Hull Diabetes Demo
 - James
 - John
 - K&S
 - Kate
 - Lauren
 - Library Beta Test Versions
 - Library Release Versions
 - Paul
 - PRIMIS
 - Sami
 - Sarah
 - Searches from John
 - TEMP
 - tempTIM
 - TEST
 - Test hard coded dates
 - Test Search
 - Test WPS
 - Testing updated drug groups
 - Tim
 - Training
 - Training video Folder
 - National PINCER Database
 - 1 NPDS Report (File for Export)
 - 2 At Risk Patients
 - 3 Denominator Pop
 - 4 Subsets
 - Archive
 - zKate original library

Name	Population Count	%	Last Run	Search Type	Scheduled
------	------------------	---	----------	-------------	-----------

- 1 NPDS Report (File for Export)
- 2 At Risk Patients
- 3 Denominator Populations
- 4 Subsets

Right click and
select 'Run'

Run

Edit

View Results

Add

Run Report

Check Patient

Cut

Copy

Paste

Delete

Schedule

Properties

No report selected

emis

EMIS Web Health | GP Training Practice 3 - 29840

Population Reporting Enquiry Manager FP34D Reports Batch Data Manager

Add Properties Cut Copy Paste Export Run Edit View Results Export Results Print Mail Merge Batch Add Check Patient Patient List Patient + Address Age / Sex Auto Full Hierarchy Folder Hierarchy Find

Add / Edit Actions Run Report View Find

7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

Name Population Count % Last Run Search Type Scheduled

- Primis GP Training Practice 3
 - Andy
 - Dai
 - Helen
 - Hull Diabetes Demo
 - James
 - John
 - K&S
 - Kate
 - Lauren
 - Library Beta Test Versions
 - Library Release Versions
 - Paul
 - PRIMIS
 - Sami
 - Sarah
 - Searches from John
 - TEMP
 - tempTIM
 - TEST
 - Testhard coded dates
 - TestSearch
 - Test WPS
 - Testing updated drug groups
 - Tim
 - Training
 - Training video Folder
 - National PINCER Dataset 1.0.0
 - 1 NPDS Report (File for Export)
 - 2 At Risk Patients
 - 3 Denominator Populations
 - 4 Subsets
 - Archive
 - zKate original library

Run

Run all the reports in this folder?

Advanced options

Yes No

Details Definition Age / Sex Trend Population Included Population Excluded

No report selected

Primis GP Training Practice 3

EMIS Library

Primis GP Training Training PCT

NHS Practice Manager Role | MARSHALL, Andrew (Mr) | Organisation: Primis GP Training Practice 3 | Location: Master Practice 3

7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

- Primis GP Training Practice 3
 - Andy
 - Dai
 - Helen
 - Hull Diabetes Demo
 - James
 - John
 - K&S
 - Kate
 - Lauren
 - Library Beta Test Versions
 - Library Release Versions
 - Paul
 - PRIMIS
 - Sami
 - Sarah
 - Searches from John
 - TEMP
 - tempTIM
 - TEST
 - Testhard coded dates
 - TestSearch
 - Test WPS
 - Testing updated drug groups
 - Tim
 - Training
 - Training video Folder
 - National PINCER Dataset 1.0.0
 - 1 NPDS Report (File for Export)
 - 2 At Risk Patients
 - 3 Denominator Populations
 - 4 Subsets
 - zArchive
 - zKate original library

Name	Population Count	%	Last Run	Search Type	Scheduled
A2: GL_P3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastr...	0	0%	08-Apr-2019	Patient	
B2: GL_P3B - NUMERATOR - H/O Peptic ulcer oral NSAID without gastro...	0	0%	08-Apr-2019	Patient	
B3: GL_P3C - NUMERATOR - H/O Peptic ulcer antiplatelet without gastr...	0	0%	08-Apr-2019	Patient	
C2: GL_P3D - NUMERATOR - Co-prescription of OAC and oral NSAID	0	0%	08-Apr-2019	Patient	
D2: GL_P3E - NUMERATOR - OAC and antiplatelet without gastroprotect...	0	0%	08-Apr-2019	Patient	
E2: GL_P3F - NUMERATOR - Aspirin and antiplatelet without gastroprotect...	0	0%	08-Apr-2019	Patient	
F2: HF_P3I - NUMERATOR - Heart failure and prescription of oral NSAID	0	0%	08-Apr-2019	Patient	
G2: KI_P3K - NUMERATOR - eGFR <45 and prescription of oral NSAID	0	0%	08-Apr-2019	Patient	
H2: AS_P3G - NUMERATOR - Asthma and prescription of non-selective b...	0	0%	08-Apr-2019	Patient	
I2: MO_P13 - NUMERATOR - 75+ ACEI or Loop no renal function and n...	2	100%	08-Apr-2019	Patient	
J2: MO_P15 - NUMERATOR - Methotrexate without recent FBC	0	0%	08-Apr-2019	Patient	
J3: MO_P15 - NUMERATOR - Methotrexate without recent LFT	0	0%	08-Apr-2019	Patient	
K2: MO_P17 - NUMERATOR - Lithium without recent lithium blood test	0	0%	08-Apr-2019	Patient	
L2: MO_P18 - NUMERATOR - Amodarone without recent TFT	0	0%	08-Apr-2019	Patient	
M1: Gastroprotection - Patients in 1 GI risk group	0	0%	08-Apr-2019	Patient	
M2: Gastroprotection - Patients in 2 GI risk groups	0	0%	08-Apr-2019	Patient	
M3: Gastroprotection - Patients in 3 GI risk groups	0	0%	08-Apr-2019	Patient	
M4: Gastroprotection - Patients in 4 GI risk groups	0	0%	08-Apr-2019	Patient	
M5: Gastroprotection - Patients in 5 GI risk groups	0	0%	08-Apr-2019	Patient	
M6: Gastroprotection - Patients in 6 GI risk groups	0	0%	08-Apr-2019	Patient	
N1: Monitoring - Patients in 1 monitoring risk group	2	1%	08-Apr-2019	Patient	
N2: Monitoring - Patients in 2 monitoring risk groups	0	0%	08-Apr-2019	Patient	
N3: Monitoring - Patients in 3 monitoring risk groups	0	0%	08-Apr-2019	Patient	
N4: Monitoring - Patients in 4 monitoring risk groups	0	0%	08-Apr-2019	Patient	
N5: Monitoring - Patients in 5 monitoring risk groups	0	0%	08-Apr-2019	Patient	

Details | Definition | Age / Sex | Trend | Population Included | Population Excluded

No report selected

The list of searches will show the population found for each indicator

emis EMIS Web Health | GP Training Practice 3 - 29840

Population Reporting Enquiry Manager FP34D Reports Batch Data Manager

Add Properties Cut Copy Paste Export Run Edit View Results Export Results Print Mail Merge Batch Check Patient Patient List Patient + Address Age / Sex Auto Full Hierarchy Folder Hierarchy Find

Add / Edit Actions Run Report View Find

7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

- Primis GP Training Practice 3
 - Andy
 - Dai
 - Helen
 - HullDiabetes Demo
 - James
 - John
 - K&S
 - Kate
 - Lauren
 - Library Beta Test Versions
 - Library Release Versions
 - Paul
 - PRIMIS
 - Sami
 - Sarah
 - Searches from John
 - TEMP
 - tempTIM
 - TEST
 - Testhard coded dates
 - TestSearch
 - Test WPS
 - Testing updated drug groups
 - Tim
 - Training
 - Training video Folder
 - National PINCER Dataset 1.0.0
 - 1 NPD5 Report (File for Export)
 - 2 At Risk Patients
 - 3 Denominator Populations
 - 4 Subsets
 - zArchive
 - zKate original library

Name Population Count % Last Run Search Type Scheduled

- A2: GL_P3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastro... 0 0% 08-Apr-2019 Patient
- B2: GL_P3B - NUMERATOR - H/O Peptic ulcer oral NSAID without gastro... 0 0% 08-Apr-2019 Patient
- B3: GL_P3C - NUMERATOR - H/O Peptic ulcer antiplatelet without gastr... 0 0% 08-Apr-2019 Patient
- C2: GL_P3D - NUMERATOR - Co-prescription of OAC and oral NSAID 0 0% 08-Apr-2019 Patient
- D2: GL_P3E - NUMERATOR - OAC and antiplatelet without gastropotec... 0 0% 08-Apr-2019 Patient
- E2: GL_P3F - NUMERATOR - Aspirin and antiplatelet without gastroprote... 0 0% 08-Apr-2019 Patient
- F2: HF_P3I - NUMERATOR - Heart failure and prescription of oral NSAID 0 0% 08-Apr-2019 Patient
- G2: K1_P3K - NUMERATOR - eGFR <45 and prescription of oral NSAID 0 0% 08-Apr-2019 Patient
- H2: AS_P3G - NUMERATOR - Asthma and prescription of non-selective b... 0 0% 08-Apr-2019 Patient
- I2: MO_P13 - NUMERATOR - 75+ ACEI or Loop no renal function and n... 2 100% 08-Apr-2019 Patient
- J2: MO_P15 - NUMERATOR - Methotrexate without recent FBC 0 0% 08-Apr-2019 Patient
- J3: MO_P15 - NUMERATOR - Methotrexate without recent LFT 0 0% 08-Apr-2019 Patient
- K2: MO_P17 - NUMERATOR - Lithium without recent lithium blood test 0 0% 08-Apr-2019 Patient
- L2: MO_P18 - NUMERATOR - Amiodarone without recent TFT 0 0% 08-Apr-2019 Patient
- M1: Gastroprotection - Patients in 1 GI risk group 0 0% 08-Apr-2019 Patient
- M2: Gastroprotection - Patients in 2 GI risk groups 0 0% 08-Apr-2019 Patient
- M3: Gastroprotection - Patients in 3 GI risk groups 0 0% 08-Apr-2019 Patient
- M4: Gastroprotection - Patients in 4 GI risk groups 0 0% 08-Apr-2019 Patient
- M5: Gastroprotection - Patients in 5 GI risk groups 0 0% 08-Apr-2019 Patient
- M6: Gastroprotection - Patients in 6 GI risk groups 0 0% 08-Apr-2019 Patient
- N1: Monitoring - Patients in 1 monitoring risk group 2 1% 08-Apr-2019 Patient
- N2: Monitoring - Patients in 2 monitoring risk groups 0 0% 08-Apr-2019 Patient
- N3: Monitoring - Patients in 3 monitoring risk groups 0 0% 08-Apr-2019 Patient
- N4: Monitoring - Patients in 4 monitoring risk groups 0 0% 08-Apr-2019 Patient
- N5: Monitoring - Patients in 5 monitoring risk groups 0 0% 08-Apr-2019 Patient

I2: MO_P13 - NUMERATOR - 75+ ACEI or Loop no renal function and no electrolytes

Details	Definition	Age / Sex	Trend	Population Included	Population Excluded
Patient No.	Name	Age	Sex	Usual GP	NHS Number
10507	BARTLETT, Leslie (Mr)	85y	M	STABLES, David (Dr)	473 097 7051
36	WHITE, William (Mr)	101y	M	STABLES, David (Dr)	VCBU8934

Primis GP Training Practice 3

EMIS Library

Primis GP Training Training PCT

NHS Practice Manager Role | MARSHALL, Andrew (Mr) | Organisation: Primis GP Training Practice 3 | Location: Master Practice 3

emis

EMIS Web Health | GP Training Practice 3 - 29840

Population Reporting Enquiry Manager FP34D Reports Batch Data Manager

Actions

Add Properties Cut Copy Run Edit View Results Export Results Print Mail Merge Batch Check Patient List Patient Address Age / Sex Auto Full Hierarchy Folder Hierarchy Find

Add / Edit

7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

Primis GP Training Practice 3

Name Population Count % Last Run Search Type Scheduled

National PINCER Dataset Report 08-Apr-2019 Patient

Primis GP Training Practice 3

- Andy
- Dai
- Helen
- Hull Diabetes Demo
- James
- John
- K&S
- Kate
- Lauren
- Library Beta Test Versions
- Library Release Versions
- Paul
- PRIMIS
- Sami
- Sarah
- Searches from John
- TEMP
- tempTIM
- TEST
- Test hard coded dates
- Test Search
- Test WPS
- Testing updated drug groups
- Tim
- Training
- Training video Folder
 - National PINCER Dataset 1.0.0
 - 1 NPDS Report (File for Export)
 - 2 At Risk Patients
 - 3 Denominator Populations
 - 4 Subsets
- Archive
- zKate original library

Primis GP Training Practice 3

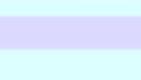
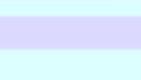
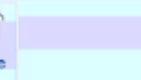
EMIS Library

Primis GP Training Training PCT

Details Definition Age / Sex Trend Population Included Population Excluded

No report selected

NHS Practice Manager Role | MARSHALL, Andrew (Mr) | Organisation: Primis GP Training Practice 3 | Location: Master Practice 3



7 workflow modules have insufficient escalation administrators, click this link to assign administrators.



National PINCER Dataset Report

Last Run: 08-Apr-2019 15:46 Relative Date: 08-Apr-2019 15:46

Population Count	Males	Females
4609	2223	2386

	Organisation Code ▾	M12345
Search ▾		
1. Version 1.0.0 VDate 20181207: Practice Population		2760
A1: GLP3A - DENOMINATOR - Age 65+ without gastroprotection		1127
A2: GLP3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastroprotection		0
B1: GL_P3B&C - DENOMINATOR - H/O Peptic ulcer without gastroprotection		110
B2: GL_P3B - NUMERATOR - H/O Peptic ulcer oral NSAID without gastroprotection		0
B3: GL_P3C - NUMERATOR - H/O Peptic ulcer antiplatelet without gastroprotection		0
C1: GL_P3D - DENOMINATOR - Prescription of OAC		0
C2: GL_P3D - NUMERATOR - Co-prescription of OAC and oral NSAID		0
D1: GLP3E - DENOMINATOR - OAC without gastroprotection		0
D2: GL_P3E - NUMERATOR - OAC and antiplatelet without gastroprotection		0
E1: GL_P3F - DENOMINATOR - Aspirin without gastroprotection		0
E2: GL_P3F - NUMERATOR - Aspirin and antiplatelet without gastroprotection		0
F1: HF_P3I - DENOMINATOR - Patients with heart failure > 3m ago		50
F2: HF_P3I - NUMERATOR - Heart failure and prescription of oral NSAID		0
G1: KI_P3K - DENOMINATOR - Patients with eGFR <45 >3m ago		40
G2: KI_P3K - NUMERATOR - eGFR <45 and prescription of oral NSAID		0
H1: AS_P3G - DENOMINATOR - Patients with unresolved asthma > 3m ago		514
H2: AS_P3G - NUMERATOR - Asthma and prescription of non-selective beta-blocker		0
II: MO_P13 - DENOMINATOR - Aged 75+ long term ACEI/ARB or loop diuretic		2

to export results, click on the export button on the menu bar

emis Report Viewer National PINCER Dataset Report EMIS Web Health Care System - Primis GP Training Practice 3 - 29840

Population Reporting Enquiry Manager FP34D Reports Batch Data Manager National PINCER Dataset Report

Edit Report Print Export Tabular Graphical Close

Edit Actions View Close

7 workflow modules have insufficient escalation administrators, click this link to assign administrators.

National PINCER Dataset Report

Last Run: 08-Apr-2019 15:46 Relative Date: 08-Apr-2019 15:46

Population Count	Males	Females
4609	2223	2386

	Organisation Code	M12345
Search▼		
1. Version 1.0.0 VDate 20181207: Practice Population		2760
A1: GLP3A - DENOMINATOR - Age 65+ without gastroprotection		1127
A2: GLP3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastroprotection		0
B1: GLP3B&C - DENOMINATOR - H/O Peptic ulcer without gastroprotection		110
B2: GLP3B - NUMERATOR - H/O Peptic ulcer oral NSAID without gastroprotection		0
B3: GLP3C - NUMERATOR - H/O Peptic ulcer antiplatelet without gastroprotection		0
C1: GLP3D - DENOMINATOR - Prescription of OAC		0
C2: GLP3D - NUMERATOR - Co-prescription of OAC and oral NSAID		0
D1: GLP3E - DENOMINATOR - OAC without gastroprotection		0
D2: GLP3E - NUMERATOR - OAC and antiplatelet without gastroprotection		0
E1: GLP3F - DENOMINATOR - Aspirin without gastroprotection		0
E2: GLP3F - NUMERATOR - Aspirin and antiplatelet without gastroprotection		0
F1: HF_P3I - DENOMINATOR - Patients with heart failure > 3m ago		50
F2: HF_P3I - NUMERATOR - Heart failure and prescription of oral NSAID		0
G1: KI_P3K - DENOMINATOR - Patients with eGFR <45 >3m ago		40
G2: KI_P3K - NUMERATOR - eGFR <45 and prescription of oral NSAID		0
H1: AS_P3G - DENOMINATOR - Patients with unresolved asthma > 3m ago		514
H2: AS_P3G - NUMERATOR - Asthma and prescription of non-selective beta-blocker		0
II: MO_P13 - DENOMINATOR - Aged 75+ long term ACEI/ARB or loop diuretic		2

Click OK

Export Report

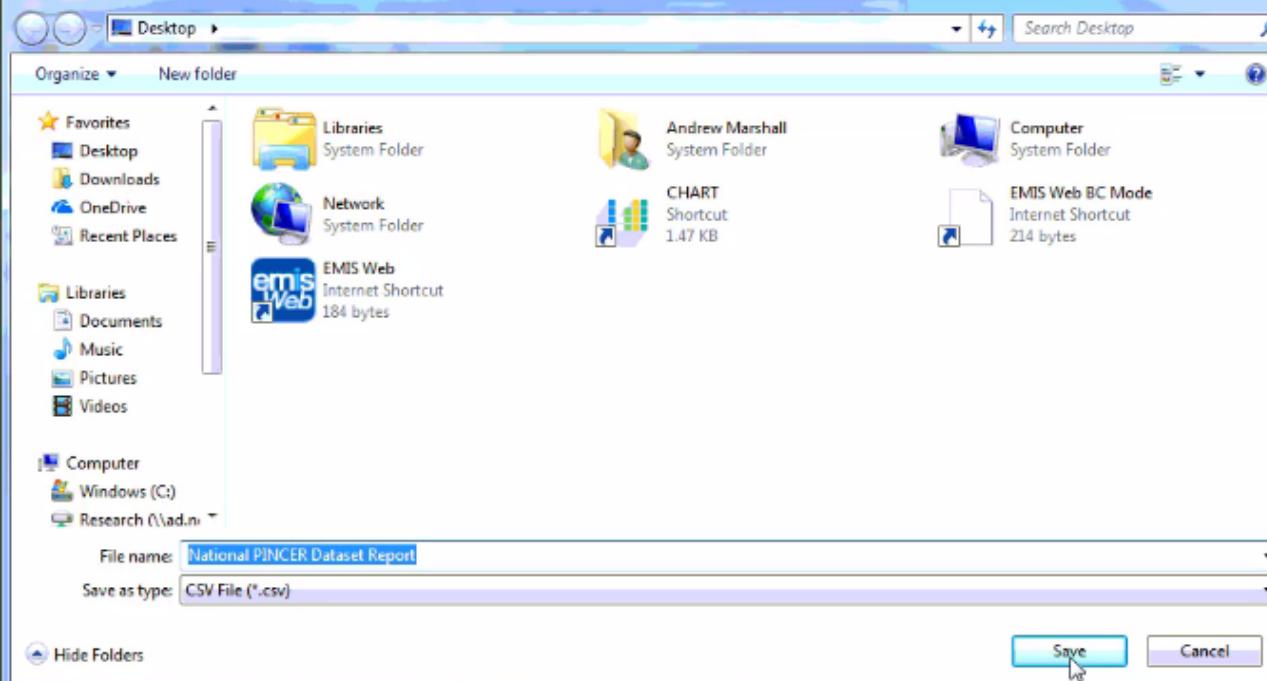
Export format:

Excel CSV HTML PDF

Exclude report header

OK Cancel

NHS Practice Manager Role | MARSHALL, Andrew (Mr) | Organisation: Primis GP Training Practice 3 | Location: Master Practice 3 Page 1 of 3



B3: GL_P3C – NUMERATOR – H/O Peptic ulcer antiplatelet without gastroprotection	0
C1: GL_P3D – DENOMINATOR – Prescription of OAC	0
C2: GL_P3D – NUMERATOR – Co-prescription of OAC and oral NSAID	0
D1: GL_P3E – DENOMINATOR – OAC without gastroprotection	0
D2: GL_P3E – NUMERATOR – OAC and antiplatelet without gastroprotection	0
E1: GL_P3F – DENOMINATOR – Aspirin without gastroprotection	0
E2: GL_P3F – NUMERATOR – Aspirin and antiplatelet without gastroprotection	0
F1: HF_P3I – DENOMINATOR – Patients with heart failure > 3m ago	50
F2: HF_P3I – NUMERATOR – Heart failure and prescription of oral NSAID	0
G1: KI_P3K – DENOMINATOR – Patients with eGFR <45 >3m ago	40
G2: KI_P3K – NUMERATOR – eGFR <45 and prescription of oral NSAID	0
H1: AS_P3G – DENOMINATOR – Patients with unresolved asthma > 3m ago	514
H2: AS_P3G – NUMERATOR – Asthma and prescription of non-selective beta-blocker	0
II: MO_P13 – DENOMINATOR – Aged 75+ long term ACEI/ARB or loop diuretic	2



TPP SYSTMONE SYSTEM SEARCHES

The screenshot shows the TPP SystmOne software interface. The top menu bar includes Patient, Appointments, Reporting (which is selected and highlighted in blue), Audit, Setup, Links, Clinical Tools, Workflow, User, System, and Help. Below the menu bar is a toolbar with various icons for Save, Details, Next, Acute, Note, and Home, along with other clinical and administrative icons. On the left, there is a sidebar with a search bar, appointment icons (Search, Appts, etc.), and a calendar for March 2019. The main content area is a large, empty grid representing appointment slots. A context menu is open over the grid, listing various reporting options. The menu items are:

- Capitation Report
- Cytology Target Report
- Immunisation Target Report
- Incomplete Registrations
- Incomplete Baby Registrations
- Clinical Reporting** (this item is highlighted with a mouse cursor)
- Batch Reporting
- MIQUEST
- QOF Indicators
- QOF Tools
- OPES Extract Viewer
- IM&T DES Reports
- Appointment Reports
- NDTMS Extract
- Stop Smoking Services Return
- Referral Tracking
- Miscellaneous Reports
- Randomised Groups

At the bottom of the reporting menu, there are buttons for Search, Free Slot Search, Settings, Print Rotas/Labels, and Refresh.

Patient Appointments Reporting Audit Setup Links Clinical Tools Workflow User System Help

Search Apps Task Notify IM Discard Save Details Next Acute Note Home

New Join Copy Import Export Excluded Patients Report Queue Upload Refresh

My Reports (1096)

Waiting Completed Search reports... Favourites By Owner My Reports (1096)

AAAAA (17)

Against Primary Prevention Audit 08012019 (10)

Best Practice Business Intelligence (3)

COPD Rx (11)

Care Home Service (3)

Diabetes Diabetes Mellitus Register Diabetes type 1 only Diabetes type 2 on REGISTER

Drugs Require Monitoring (3)

ES Pneumococcal 2016/17 (3)

Enhanced Services (3)

Enhanced Services Quarterly Flu Target Patients 2016/17 (3)

(1) ?Review sodium valproate (in epilepsy) as women of child bearing age

(2) ?Review sodium valproate (in epilepsy) as women of child bearing age

(EDIT) Patients on Carbimazole (Neo-mercazole) without Thyroid Function test

(exc) Active foot ulceration (Since 01/06/2017)

(exc) Currently pregnant (since 01/06/2017)

(exc) Patient on palliative care (codes cluster)

(exc) Under 30 years old

(2) ALL monotherapy with HbA1c above 53mmol/mol

(2) ALL T2DM on DUAL ORAL therapy (excludes fixed combinations)

(2) ALL T2DM on DUAL ORAL therapy (includes fixed combinations)

(2) antidiabetic or insulin BUT NOT DPPi [jt]

(2) antidiabetic or insulin BUT NOT METFORMIN [jt]

(2) antidiabetic or insulin BUT NOT SGLT2i [jt]

(2) antidiabetic or insulin BUT NOT SULPHONYLUREAS [jt]

(2) antidiabetic or insulin BUT NOT THIAZOLIDINEDIONES [jt]

(2) Diabetes Mellitus Register

(2) Diabetes type 1 only

(2) Diabetes type 2 on REGISTER

(2) DMT2 on 3 or more ORAL antidiabetics (excludes fixed combinations)

(2) DMT2 on >1 oral antidiabetic

(2) DMT2 on oral DUAL THERAPY (excludes fixed combinations)

(2) EXCLUDED patients [jt]

(2) on FIXED combinations only (within 4m)

(2) Over 75 years old

14290 32.7 % 20 Nov 2018 13:14

678 1.6 % 20 Nov 2018 13:14

265 0.6 % 25 Oct 2018 16:09

272 0.6 % 25 Oct 2018 16:09

1869 4.3 % 20 Nov 2018 13:14

1135 2.6 % 20 Nov 2018 13:14

1892 4.3 % 20 Nov 2018 13:14

1848 4.2 % 20 Nov 2018 13:14

1891 4.3 % 20 Nov 2018 13:14

2153 4.9 % 20 Nov 2018 13:14

268 0.6 % 20 Nov 2018 13:14

1889 4.3 % 20 Nov 2018 13:14

209 0.5 % 25 Oct 2018 16:09

655 1.5 % 25 Oct 2018 16:09

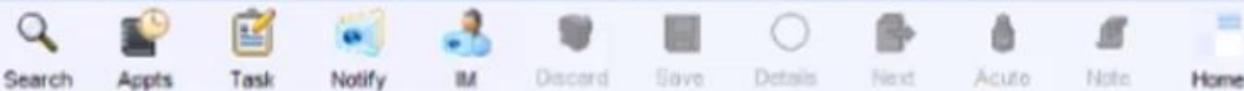
446 1.0 % 25 Oct 2018 16:09

14616 33.5 % 20 Nov 2018 13:14

9 0.0 % 25 Oct 2018 16:09

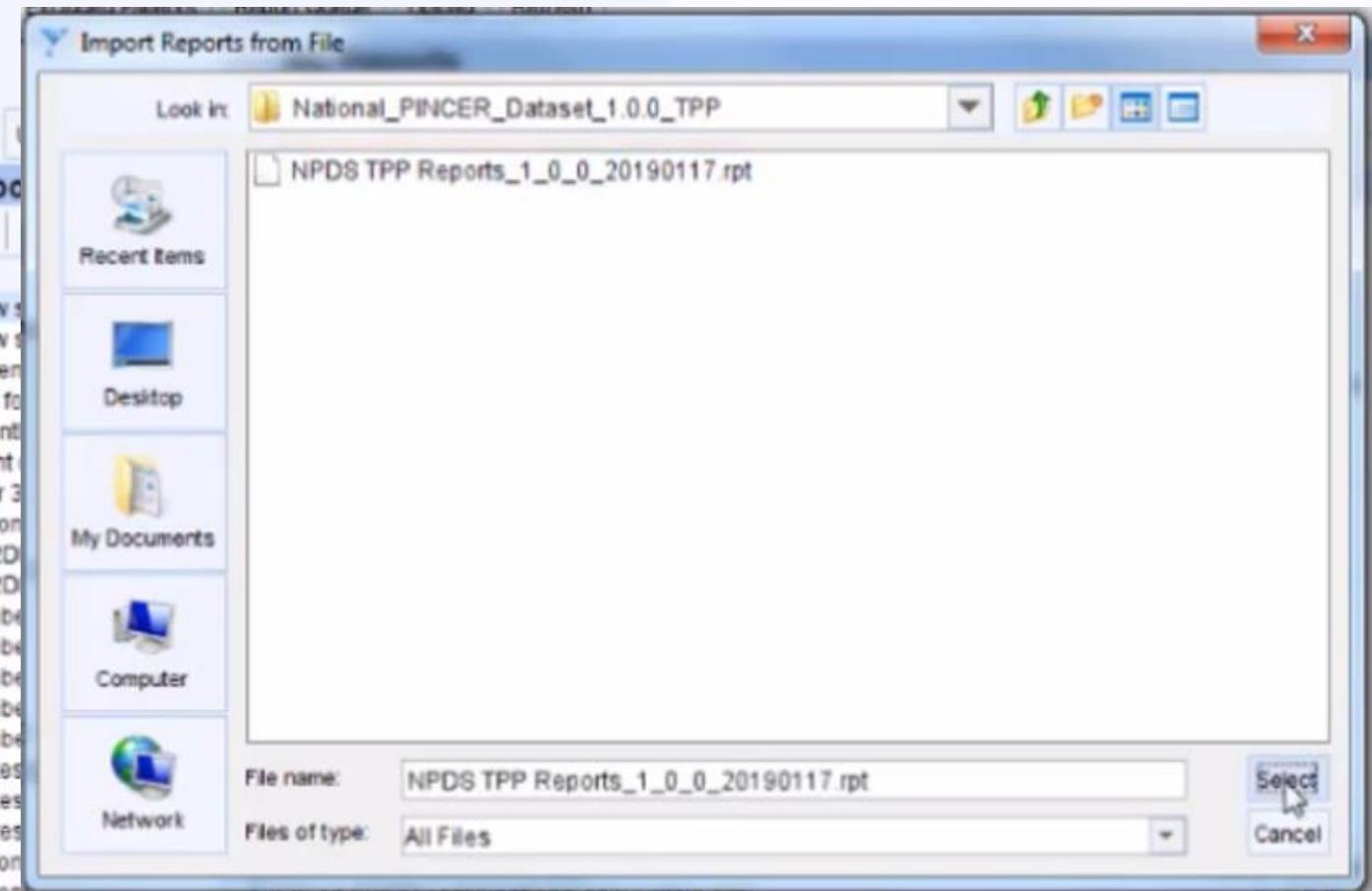
4043 9.2 % 25 Oct 2018 15:53

Select Import Button



New Join Copy Import Export Excluded Patients Report Queue

- Waiting
- Completed
- Search reports...
- Favourites
- By Owner
 - My Reports (109)
 - AAAAA (17)
 - Ageing Primary Prevention Audit 08012019 (10)
 - Best Practice
 - Business Intelligence (9)
 - COPD Ris (11)
 - Care Home Service (7)
 - Child Deaths
 - Child Flu Return 2018 to 2019 (1)
 - David Ingle (3)
 - Delosse Ferrigan (5)
 - Diabetes
 - Drugs Require Monitoring (7)
 - ES Pneumococcal 2018/17 (3)
 - Enhanced
 - Enhanced Services (3)
 - Enhanced Services Quarterly
 - No Target Patients 2018/17 (3)



(2) DMT2 on oral DUAL THERAPY (excludes fixed combinations)	446	1.0 %	25 Oct 2018 16:09	
(2) EXCLUDED patients [J]	14616	33.5 %	20 Nov 2018 13:14	
(2) on FIXED combinations only (within 4m)	9	0.0 %	25 Oct 2018 16:09	
(2) Over 75 years old	4043	9.2 %	25 Oct 2018 15:53	

Patient Appointments Reporting Audit Setup Links Clinical Tools Workflow User System Help

Search Apps Task Notify IM Discard Save Details Next Acute Note Home

New Join Copy Import Export Excluded Patients Report Queue Upload Refresh

My Reports

Information

Successfully read 160 report(s) from C:\Users\robin.conibere\L83100\Desktop\National_PINCER_Dataset_1.0.0_TPPNPDS TPP Reports_1_0_0_20190117.rpt

14280	32.7 %	20 Nov 2018 13:14	
678	1.6 %	20 Nov 2018 13:14	
265	0.6 %	25 Oct 2018 16:09	
272	0.6 %	25 Oct 2018 16:09	
1869	4.3 %	20 Nov 2018 13:14	
1135	2.6 %	20 Nov 2018 13:14	
1892	4.3 %	20 Nov 2018 13:14	
1848	4.2 %	20 Nov 2018 13:14	
1891	4.3 %	20 Nov 2018 13:14	
2153	4.9 %	20 Nov 2018 13:14	
268	0.6 %	20 Nov 2018 13:14	
1889	4.3 %	20 Nov 2018 13:14	
209	0.5 %	25 Oct 2018 16:09	
655	1.5 %	25 Oct 2018 16:09	
446	1.0 %	25 Oct 2018 16:09	
14616	33.5 %	20 Nov 2018 13:14	
9	0.0 %	25 Oct 2018 16:09	
4043	9.2 %	25 Oct 2018 15:53	

Patient Appointments Reporting Audit Setup Lists Clinical Tools Workflow User System Help

Search Apps Task Notify IM Discard Save Details Next Acute Note Home

New Join Copy Import Export Excluded Patients Report Queue Upload Refresh

My Reports

Data included up to 14 Mar 2019 17:07

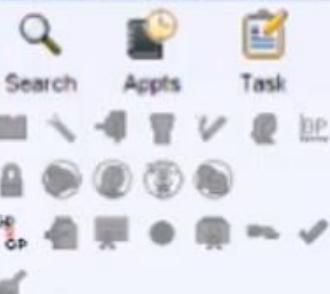
Name	Count	%	Last Run	Flags
(1) ?Review sodium valproate (in epilepsy) as women of child bearing age	49	0.1 %	06 Oct 2017 12:14	!
(2) ?Review sodium valproate (in epilepsy) as women of child bearing age	49	0.1 %	06 Oct 2017 11:40	!
(EDIT) Patients on Carbimazole (Neo-mercazole) without Thyroid Function test i...	19	0.0 %	29 Aug 2018 09:34	!
(exc) Active foot ulceration (Since 01/06/2017)	36	0.1 %	20 Nov 2018 13:14	!
	8	0.7 %	20 Nov 2018 13:14	!
	0	0.3 %	20 Nov 2018 13:14	!
	0	32.7 %	20 Nov 2018 13:14	!
	8	1.6 %	20 Nov 2018 13:14	!
	5	0.6 %	25 Oct 2018 16:09	!
	2	0.6 %	25 Oct 2018 16:09	!
	9	4.3 %	20 Nov 2018 13:14	!
	5	2.6 %	20 Nov 2018 13:14	!
	2	4.3 %	20 Nov 2018 13:14	!
(21) antidiabetic or insulin BUT NOT SULPHONYLUREAS [t]	1848	4.2 %	20 Nov 2018 13:14	!
(21) antidiabetic or insulin BUT NOT THIAZOLIDINEDIONES [t]	1891	4.3 %	20 Nov 2018 13:14	!
(21) Diabetes Mellitus Register	2153	4.9 %	20 Nov 2018 13:14	!
(21) Diabetes type 1 only	268	0.6 %	20 Nov 2018 13:14	!
(21) Diabetes type 2 on REGISTER	1889	4.3 %	20 Nov 2018 13:14	!
(21) DMT2 on 3 or more ORAL antidiabetics (excludes fixed combinations)	209	0.5 %	25 Oct 2018 16:09	!
(21) DMT2 on >1 oral antidiabetic	655	1.5 %	25 Oct 2018 16:09	!
(21) DMT2 on oral DUAL THERAPY (excludes fixed combinations)	446	1.0 %	25 Oct 2018 16:09	!
(21) EXCLUDED patients [t]	14616	33.5 %	20 Nov 2018 13:14	!
(21) on FIXED combinations only (within 4m)	9	0.0 %	25 Oct 2018 16:09	!
(21) Over 75 years old	4043	9.2 %	25 Oct 2018 15:53	!

Import Reports

Category: ** Multiple Categories Selected ** New Category

Sub category: New Sub-category

Keep Existing Categories



New Join Copy Import Export Excluded Patients

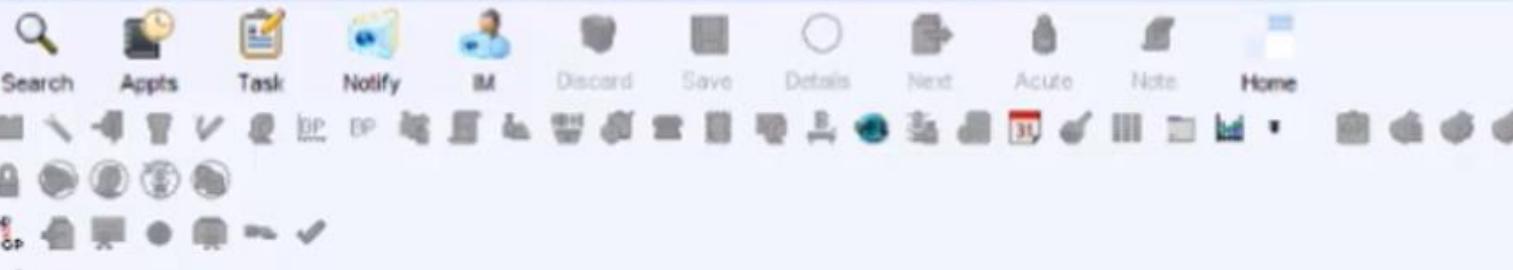
Report Queue [Upload](#) [Refresh](#)

Indicators



Data included up to 14 Mar 2019 17:07

Name	Count	%	Last Run	Flags
1. Version 1.0.0 VDate 20181207: Practice Population				
A1: GI_P3A - DENOMINATOR - Age 65+ without gastroprotection				
A2: GI_P3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastroprot...				
B1: GI_P3B&C - DENOMINATOR - H/O Peptic ulcer without gastroprotection				
B2: GI_P3B - NUMERATOR - H/O Peptic ulcer oral NSAID without gastroprotecti...				
B3: GI_P3C - NUMERATOR - H/O Peptic ulcer antiplatelet without gastroprotecti...				
C1: GI_P3D - DENOMINATOR - Prescription of OAC				
C2: GI_P3D - NUMERATOR - Co-prescription of OAC and oral NSAID				
D1: GI_P3E - DENOMINATOR - OAC without gastroprotection				
D2: GI_P3E - NUMERATOR - OAC and antiplatelet without gastroprotection				
E1: GI_P3F - DENOMINATOR - Aspirin without gastroprotection				
E2: GI_P3F - NUMERATOR - Aspirin and antiplatelet without gastroprotection				
F1: HF_P3I - DENOMINATOR - Patients with heart failure > 3m ago				
F2: HF_P3I - NUMERATOR - Heart failure and prescription of oral NSAID				
G1: KI_P3K - DENOMINATOR - Patients with eGFR < 45 >3m ago				
G2: KI_P3K - NUMERATOR - eGFR < 45 and prescription of oral NSAID				
H1: AS_P3G - DENOMINATOR - Patients with unresolved asthma > 3m ago				
H2: AS_P3G - NUMERATOR - Asthma and prescription of non-selective beta-bl...				
I1: MO_P13 - DENOMINATOR - Aged 75+ long term ACEI/ARB or loop diuretic				
I2: MO_P13 - NUMERATOR - 75+ ACEI or loop no renal function and no electrol...				
J1: MO_P15 - DENOMINATOR - Methotrexate in last 3m and between 6m and 3...				
J2: MO_P15 - NUMERATOR - Methotrexate without recent FBC				
J3: MO_P15 - NUMERATOR - Methotrexate without recent LFT				
K1: MO_P17 - DENOMINATOR - Lithium last 3m and between 6m and 3m ago				



New Join Copy Import Export Excluded Patients

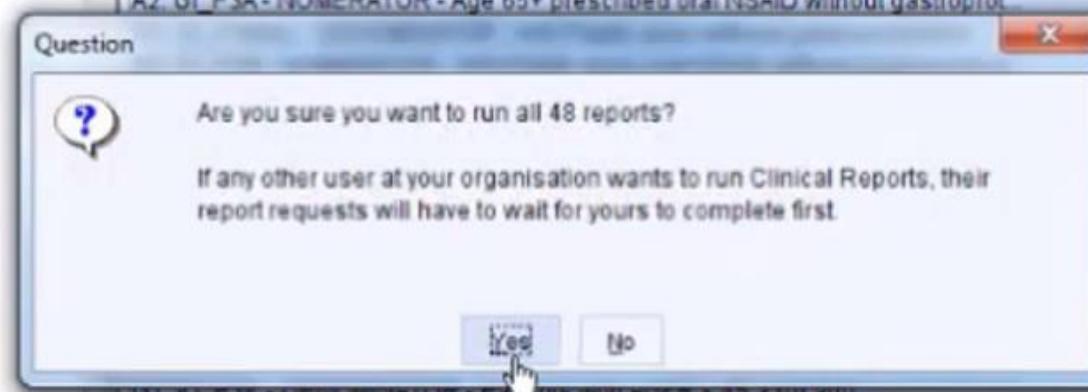
[Report Queue](#) [Upload](#) [Refresh](#)

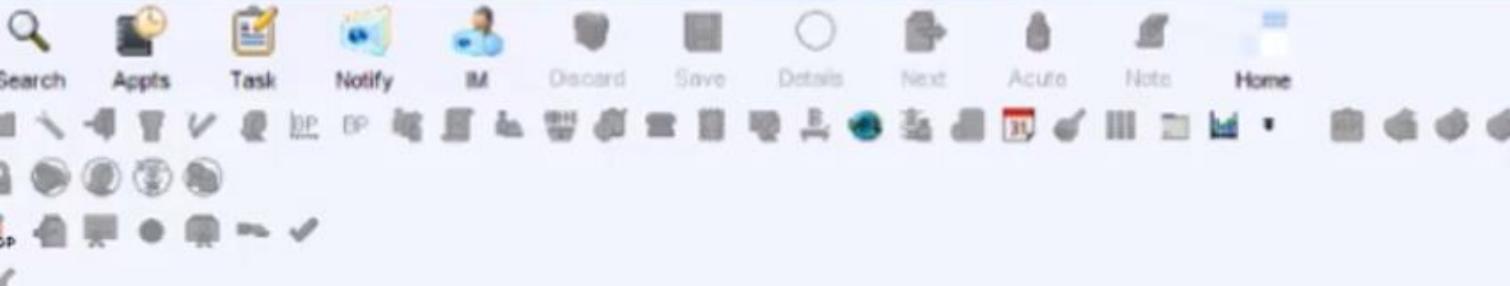
Indicators



Data included up to 14 Mar 2019 17:07

A screenshot of a clinical reporting interface. At the top, there is a table with columns for 'Name', 'Count', '%', 'Last Run', and 'Flags'. Below the table, several report definitions are listed: '1. Version|1.0.0|vDate|20181207: Practice Population', 'A1: GI_P3A - DENOMINATOR - Age 65+ without gastroprotection', and 'A2: GI_P3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastroprot'. A vertical column of green and yellow icons is on the far right. A modal dialog box is centered in the interface, containing the text 'Are you sure you want to run all 48 reports?' and 'If any other user at your organisation wants to run Clinical Reports, their report requests will have to wait for yours to complete first.' with 'Yes' and 'No' buttons. The 'Yes' button is highlighted with a mouse cursor.





- » JAMH (7)
- » JAM (7)
- » HSC
- » HSC
- » LSC (7)
- » LSC
- » HSC
- » HSC
- » HSC
- » HSC
- » Medicines Management (5)
- » Medicines Optimisation Team (35)
- » Medicines Optimisation (27)
- » Miscellaneous (7)
- » Miscellaneous Reports (7)
- » PRIMIS (4)
- » PRIMIS NPDS
 - » Indicators (48)

Indicators

□ |

Name ▾

1. Version|1.0.0|VDate|20181207: Practice Population
 A1: GI_P3A - DENOMINATOR - Age 65+ without gastroprotection
 A2: GI_P3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastroprotection
 B1: GI_P3B&C - DENOMINATOR - H/O Peptic ulcer without gastroprotection
 B2: GI_P3B - NUMERATOR - H/O Peptic ulcer oral NSAID without gastroprotection
 B3: GI_P3C - NUMERATOR - H/O Peptic ulcer antiplatelet without gastroprotection
 C1: GI_P3D - DENOMINATOR - Prescription of OAC
 C2: OI_P3D - NUMERATOR - Co-prescription of OAC and oral NSAID
D1: OI_P3E - DENOMINATOR - OAC and antiplatelet without gastroprotection
D2: OI_P3E - NUMERATOR - OAC and antiplatelet without gastroprotection
 E1: OI_P3F - DENOMINATOR - Aspirin without gastroprotection
 E2: GI_P3F - NUMERATOR - Aspirin and antiplatelet without gastroprotection
 F1: HF_P3I - DENOMINATOR - Patients with heart failure > 3m ago
 F2: HF_P3I - NUMERATOR - Heart failure and prescription of oral NSAID
 G1: KI_P3K - DENOMINATOR - Patients with eGFR < 45 >3m ago
 G2: KI_P3K - NUMERATOR - eGFR < 45 and prescription of oral NSAID
 H1: AS_P3G - DENOMINATOR - Patients with unresolved asthma > 3m ago
 H2: AS_P3G - NUMERATOR - Asthma and prescription of non-selective beta-blocker
 I1: MO_P13 - DENOMINATOR - Aged 75+ long term ACEI/ARB or loop diuretic
 I2: MO_P13 - NUMERATOR - 75+ ACEI or loop no renal function and no electrolyte
 J1: MO_P15 - DENOMINATOR - Methotrexate in last 3m and between 6m and 3y
 J2: MO_P15 - NUMERATOR - Methotrexate without recent FBC
 J3: MO_P15 - NUMERATOR - Methotrexate without recent LFT
 K1: MO_P17 - DENOMINATOR - Lithium last 3m and between 6m and 3m ago

Patients potentially at risk are in the numerator lines

Denominator = Base population. These are NOT the patients at risk

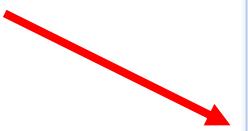
Numerator: Patients within the base population who may currently be at risk of harm

You only need to review the numerator lists

(14 in total available)

To help you prioritise patients for review some combination lists have also been generated e.g. patients in 1 or more GI risk groups

Indicators					Data included up to 10 Jan 2019 17:08			
Name	Count	%	Last Run	Flags				
A1: GI_P3A - DENOMINATOR - Age 65+ without gastroprotection	1566	19.1 %	11 Jan 2019 11:18	✓✓				
A2: GI_P3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastroprotection	2	0.1 %	11 Jan 2019 11:19	✓✓				
B1: GI_P3B&C - DENOMINATOR - H/O Peptic ulcer without gastroprotection	59	0.7 %	11 Jan 2019 11:19	✓✓				
B2: GI_P3B - NUMERATOR - H/O Peptic ulcer oral NSAID without gastroprotection	0	0.0 %	11 Jan 2019 11:19	✓✓				
B3: GI_P3C - NUMERATOR - H/O Peptic ulcer antiplatelet without gastroprotection	2	0.4 %	11 Jan 2019 11:19	✓✓				
C1: GI_P3D - DENOMINATOR - Prescription of OAC	275	3.4 %	11 Jan 2019 11:19	✓✓				
C2: GI_P3D - NUMERATOR - Co-prescription of OAC and oral NSAID	1	0.4 %	11 Jan 2019 11:19	✓✓				
D1: GI_P3E - DENOMINATOR - OAC without gastroprotection	178	2.2 %	11 Jan 2019 11:19	✓✓				
D2: GI_P3E - NUMERATOR - OAC and antiplatelet without gastroprotection	2	1.1 %	11 Jan 2019 11:19	✓✓				
E1: GI_P3F - DENOMINATOR - Aspirin without gastroprotection	125	1.5 %	11 Jan 2019 11:19	✓✓				
E2: GI_P3F - NUMERATOR - Aspirin and antiplatelet without gastroprotection	1	0.8 %	11 Jan 2019 11:19	✓✓				
F1: HF_P3I - DENOMINATOR - Patients with heart Failure > 3m ago	97	1.2 %	11 Jan 2019 11:19	✓✓				
F2: HF_P3I - NUMERATOR - Heart failure and prescription of oral NSAID	2	2.1 %	11 Jan 2019 11:19	✓✓				
G1: KI_P3K - DENOMINATOR - Patients with eGFR < 45 >3m ago	115	1.4 %	11 Jan 2019 11:19	✓✓				
G2: KI_P3K - NUMERATOR - eGFR < 45 and prescription of oral NSAID	1	0.9 %	11 Jan 2019 11:19	✓✓				
H1: AS_P3G - DENOMINATOR - Patients with unresolved asthma > 3m ago	807	9.8 %	11 Jan 2019 11:19	✓✓				
H2: AS_P3G - NUMERATOR - Asthma and prescription of non-selective beta-blocker	10	1.2 %	11 Jan 2019 11:19	✓✓				
I1: MO_P13 - DENOMINATOR - Aged 75+ long term ACEI/ARB or loop diuretic	425	5.2 %	11 Jan 2019 11:19	✓✓				
I2: MO_P13 - NUMERATOR - 75+ ACEI or Loop no renal function and no electrolytes	9	2.1 %	11 Jan 2019 11:19	✓✓				
J1: MO_P15 - DENOMINATOR - Methotrexate in last 3m and between 6m and 3m ago	33	0.4 %	11 Jan 2019 11:19	✓✓				
J2: MO_P15 - NUMERATOR - Methotrexate without recent FBC	2	6.1 %	11 Jan 2019 11:19	✓✓				
J3: MO_P15 - NUMERATOR - Methotrexate without recent LFT	3	9.1 %	11 Jan 2019 11:19	✓✓				
K1: MO_P17 - DENOMINATOR - Lithium last 3m and between 6m and 3m ago	4	0.0 %	11 Jan 2019 11:19	✓✓				
K2: MO_P17 - NUMERATOR - Lithium without recent lithium blood test	0	0.0 %	11 Jan 2019 11:19	✓✓				
L1: MO_P18 - DENOMINATOR - Amiodarone in last 6m and between 12m and 6m ago	1	0.0 %	11 Jan 2019 11:19	✓✓				
L2: MO_P18 - NUMERATOR - Amiodarone without recent recent TFT	0	0.0 %	11 Jan 2019 11:19	✓✓				
1. Version 1.0.0 VDate 20181207: Practice Population	8167	99.7 %	11 Jan 2019 11:20	✓✓				
M1: Gastroprotection - Patients in 1 GI risk group	6	0.1 %	11 Jan 2019 11:20	✓✓				
M2: Gastroprotection - Patients in 2 GI risk groups	1	0.0 %	11 Jan 2019 11:20	✓✓				
M3: Gastroprotection - Patients in 3 GI risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
M4: Gastroprotection - Patients in 4 GI risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
M5: Gastroprotection - Patients in 5 GI risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
M6: Gastroprotection - Patients in 6 GI risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
N1: Monitoring - Patients in 1 monitoring risk group	10	0.1 %	11 Jan 2019 11:20	✓✓				
N2: Monitoring - Patients in 2 monitoring risk groups	2	0.0 %	11 Jan 2019 11:20	✓✓				
N3: Monitoring - Patients in 3 monitoring risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
N4: Monitoring - Patients in 4 monitoring risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
N5: Monitoring - Patients in 5 monitoring risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
O1: Other - patients in 1 Other risk group	13	0.2 %	11 Jan 2019 11:20	✓✓				
O2: Other - patients in 2 Other risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
O3: Other - patients in 3 Other risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
T1: Total - Patients in 1 risk group	29	0.4 %	11 Jan 2019 11:20	✓✓				
T2: Total - Patients in 2 risk groups	3	0.0 %	11 Jan 2019 11:20	✓✓				
T3: Total - Patients in 3 risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				
T4: Total - Patients in 4 risk groups	0	0.0 %	11 Jan 2019 11:20	✓✓				





Patient Appointments Reporting Audit Setup Links Clinical Tools Workflow User System Help

Search Task Discard Save Details Next Acute Note Apps Home Reports

Close Refresh Save All Pages to CSV Save All Pages to RTF Select Output Configure Output

Showing 15 result(s) (15 patient(s)): NPDS Ind01 Q15 - NUMERATOR (National PINCER Data Set)

Default report output

Page 1 of 1

NHS number	Title	First name	Select all patients shown	Sex	Date of birth	Age	Address
	Miss	Flopsy		Female	30 Jul 1941	77	761 Colwick Woods Court, Nottingham, Nottinghamshire, NG10 1JL
	Mr	Father		Male	01 Jan 1901	118	861, Mill View Close, Nottingham, Nottinghamshire, NG10 1JL
	Mr	Appley		Male	15 Jun 1942	76	756 Mafeking Street, Nottingham, Nottinghamshire, NG10 1JL
	Mr	Peter		Male	31 Aug 1941	77	379 Plumptre Place, Nottingham, Nottinghamshire, NG10 1JL
	Miss	Hyde		Female	23 Sep 1937	81	1 Campbell Street, Leicester, Leicestershire, LE1 1JL
	Captain	William		Male	05 Feb 1919	99	Airways, 102 Kinder Road, Hayfield, High Peak, Derbyshire, SK20 0JL
	Mr	Algernon		Male	11 Jun 1932	86	443 Queens Drive, Nottingham, Nottinghamshire, NG10 1JL
	Mr	Pig		Male	25 Mar 1944	74	110 Steep Turnpike, Matlock, Derbyshire, DE4 3JL
	Mr	Squirrel		Male	03 Jun 1948	70	534 Tottle Road, Nottingham, Nottinghamshire, NG10 1JL
	Mr	Peter					
	Mr	Possible					
	Mr	Timothy					
	Mr	John					
	Sir	River					
	Mr	Timothy					

15 Results out of 15 (15 Patient(s))

Open as RTF

Open as RTF (specific columns)

Open as CSV

Open as CSV default columns

Save as RTF

Save as RTF (specific columns)

Save as CSV (highlighted with a red box)

Save as CSV default columns

RTF Settings

Warning

You are about to output this table from SystmOne to the C:\Users\mczap\Desktop\VALS1\downloadable resources\All NPDS Resources\National PINCER Dataset Resources\NPDS UPLOAD TOOL directory.

Because SystmOne cannot control who has access to this directory, it is your responsibility to ensure that the file is deleted or protected in a sufficient manner to prevent patient data being made available to unauthorised persons.

Show Message Next Time?

OK

This PC

File name: Table.csv

Files of type: All Files

Save Cancel

UPLOADING SUMMARY DATA



PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View.

Enable Editing

B30



Formula Bar



PINCER Upload Tool

Tool Version 1.0.0

21/01/2019

1 Click on cell to right. Then use down arrow to select the system generating the PINCER Report.

2 Obtain your PINCER export file by completing these steps:

3 Enter Practice National ID on right



Home Data Summary

SystemType : EMIS

PINCER Upload Tool

Tool Version 1.0.0

1 Click on cell to right. Then use down arrow to select the system generating the PINCER Report.

EMIS

EMIS
TPP
Vision Outcomes Manager

2 Obtain your PINCER export file by completing these steps:

- Run the PRIMIS National PINCER Dataset searches in EMIS
- View the results of the export file contained in folder 1. "National PINCER Dataset – File for Export"
- Export it as a CSV file to a memorable folder on the practice network drive
- Browse to the exported CSV file using the button in step 5 below.

3 Enter Practice National ID on right





SystemType



TPP



PINCER Upload Tool

Tool Version 1.0.0

1 Click on cell to right. Then use down arrow to select the system generating the PINCER Report.

TPP

2 Obtain your PINCER export file by completing these steps:

- Run the PRIMIS National PINCER Dataset searches in System One
- Export the summary file by right clicking on one of the reports in the folder containing the denominator and numerator reports
- Select 'Table' then 'Save as CSV. Rename the file on saving it and save it to a memorable folder on the practice network drive
- Browse to the exported csv file using the button in step 5 below

3 Enter Practice National ID on right





PracCons...



Use dropdown on right to select consent status ---->

2 **Obtain your PINCER export file by completing these steps:**

- a) Run the PRIMIS National PINCER Dataset searches in System One
- b) Export the summary file by right clicking on one of the reports in the folder containing the denominator and numerator reports
- c) Select 'Table' then 'Save as CSV. Rename the file on saving it and save it to a memorable folder on the practice network drive
- d) Browse to the exported csv file using the button in step 5 below

3 Enter Practice National ID on right

M12345

4 Click on cell to right. Then use down arrow to select practice's consent to upload status

Use dropdown on right to select consent status ---->

Use dropdown on right to select consent status ---->
Yes: The practice consents to upload to CHART on line
No: Do not upload to CHART on line

5 Use button to find and upload response

Load PINCER Response File

6 Reload response file to Upload to PRIMIS if not done so on initial loading.





SystemType

EMIS

2	Obtain your PINCER export file by completing these steps:	a) Run the PRIMIS National PINCER Dataset searches in EMIS b) View the results of the export file contained in folder 1. "National PINCER Dataset – File for Export" c) Export it as a CSV file to a memorable folder on the practice network drive d) Browse to the exported CSV file using the button in step 5 below.
3	Enter Practice National ID on right	M83004
4	Click on cell to right. Then use down arrow to select practice's consent to upload status	Yes: The practice consents to upload to CHART on line
5	Use button to find and upload response	Load PINCER Response File
6	Reload response file to Upload to PRIMIS if not done so on initial loading.	





PIN CER
Making primary care prescribing
even safer for patients

M12345

National PIN

Practice population

PRESCRIBING

GI Bleed Composite Indicator

01: Age 65+, prescribed oral NSAID without gastroprotection (GI_P3A)

Prescription of an oral NSAID, without co-prescription of an ulcer healing drug to a

Data to be uploaded to PRIMIS - Select OK to proceed

```
TimeStamp=16-Jan-2019
11:13:53,PracCode=M12345,Topic=NPDSRPA,Rundate=16/01/2019
09:36:00,RRefDate=16/01/2019
09:35:00,PCT=,Code=9999R2,PracSys=EMIS,LIBVER=1.0.0,LIBDATE=20181207,SLIB
VER=1.0.0,PRACPOP=2760,,,DEN01=1111,NUM01=1,DEN02=109,NUM02=1,DEN0
3=109,NUM03=3,DEN04=8,NUM04=0,DEN05=8,NUM05=1,DEN06=6,NUM06=2,D
EN07=50,NUM07=1,DEN08=40,NUM08=1,DEN09=514,NUM09=0,DEN10=7,NUM1
0=6,DEN11=0,NUM11a=0,NUM11b=0,DEN12=0,NUM12=0,DEN13=1,NUM13=0,A
tRisk1G=4,AtRisk2G=2,AtRisk3G=0,AtRisk4G=0,AtRisk5G=0,AtRisk6G=0,AtRisk1M
=6,AtRisk2M=0,AtRisk3M=0,AtRisk4M=0,AtRisk5M=0,AtRisk1O=0,AtRisk2O=1,At
Risk3O=0,AtRisk1A=9,AtRisk2A=1,AtRisk3A=0,AtRisk4A=0,AtRisk5A=1,AtRisk6A=
0,AtRisk7A=0,EMIS,Chartlite,EOF=TRUE
```

OK

Cancel

07/12/2018 12:41

Patients satisfying risk criteria			
No. pats pot at risk	No. pats at risk	% pats at risk	
1111	1	0.09%	

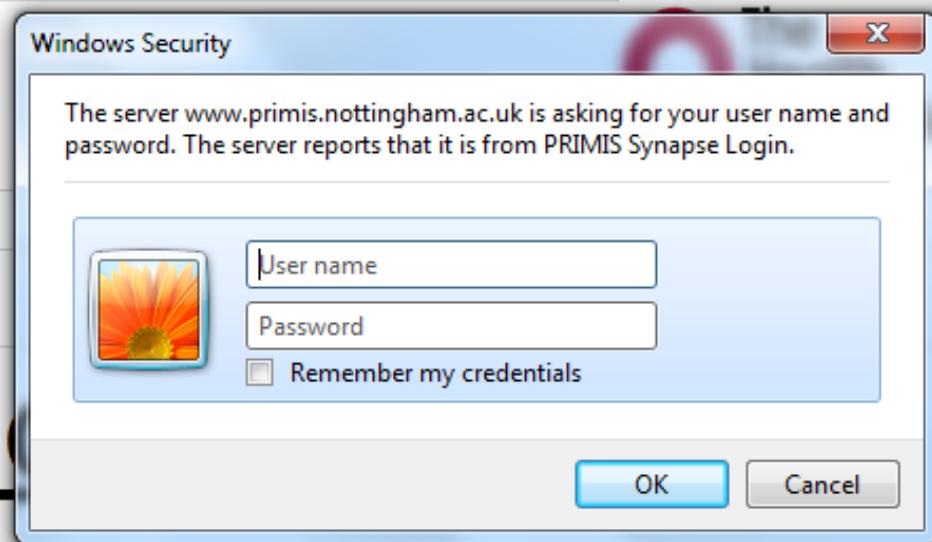
Home Data Summary +



PIN CER
Making primary care prescribing
even safer for patients

M12345

National PINCER



PRIMIS
Making clinical data work

07/12/2018 12:41

Practice population

2760

PRESCRIBING

GI Bleed Composite Indicator

01: Age 65+, prescribed oral NSAID without gastroprotection (GI_P3A) Prescription of an oral NSAID, without co-prescription of an ulcer healing drug to a	No. pats pot at risk	Patients satisfying risk criteria	
		No. pats at risk	% pats at risk
	1111	1	0.09%

Home Data Summary +



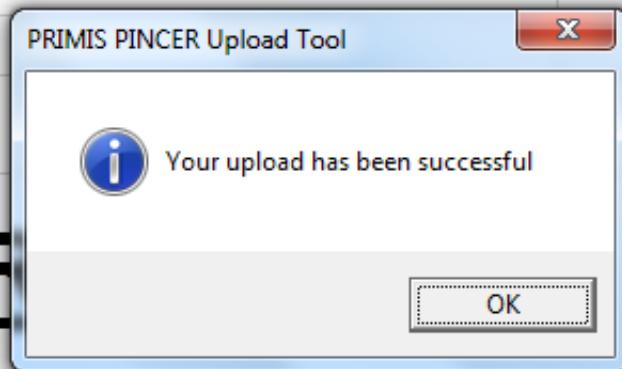
PINCER
Making primary care prescribing
even safer for patients



University of
Nottingham
UK | CHINA | MALAYSIA

PRIMIS
Making clinical data work

M12345



07/12/2018 12:41

Practice population

2760

PRESCRIBING

GI Bleed Composite Indicator

01: Age 65+, prescribed oral NSAID without gastroprotection (GI_P3A)

Prescription of an oral NSAID, without co-prescription of an ulcer healing drug to a

	Patients satisfying risk criteria		
	No. pats pot at risk	No. pats at risk	% pats at risk
	1111	1	0.09%

Home

Data

Summary



PINCER UPLOAD Tool v015 - Excel

Jennie Johnson

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

Cut Copy Paste Format Painter Clipboard

Font Alignment Number Styles Cells Editing

General Conditional Formatting as Table Cell Styles Insert Delete Format

AutoSum Fill Clear Sort & Find & Filter Select

A1 : X ✓ fx

A B C D E F G H I

1

2

3 M12345

4

5

6

7

8

9

10

11

12

 **PINCER**
Making primary care prescribing even safer for patients

 The Health Foundation

 University of Nottingham
UK | CHINA | MALAYSIA

 PRIMIS
Making clinical data work

Print Report

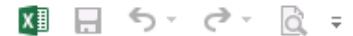
National PINCER Data Set 14/06/2019 10:13

Practice population 2760

PRESCRIBING
GI Bleed Composite Indicator

	Patients satisfying risk criteria	
No. pats pot at risk	No. pats at risk	% pats at risk

Home Data Summary



FILE

PRINT PREVIEW



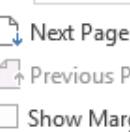
Print



Page Setup



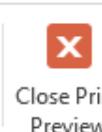
Zoom



Next Page



Previous Page



Close Print Preview

Print

Print (Ctrl+P)

National PINCER Data Set

Practice population: 27,60

PRES CRIBING

GI Shared Composite Indicator

	No. prescriptions	No. patients	% patients
GI: Aspirin, prescribed oral NSAID without gastroprotection (GI P1)	1141	0	0.00%
GI: IBO, peptid-ileum, oral NSAID without gastroprotection (GI P2)	110	0	0.00%
GI: IBO, peptid-ileum, and placebo without gastroprotection (GI P3)	110	0	0.00%
GI: Co-prescription of OAC and oral NSAID (GI P4)	0	0	0.00%
GI: Co-prescription of OAC and ODBC in combination with an oral NSAID (GI P5)	0	0	0.00%
GI: Co-prescription of OAC and antiplatelet without gastroprotection (GI P6)	0	0	0.00%
GI: Prescription of aspirin in combination with another antiplatelet drug, without co-prescription of an ulcer-healing drug (GI P7)	0	0	0.00%

No. of Gastro-protective indications by no. of patients

No. of Indicators	No. of patients
1 Indicator only	0
2 Indicators	0
3 Indicators	0
4 Indicators	0
5 Indicators	0
6 Indicators	0
Total number of patients identified by Indicators	0

Other Prescribing Indicators

	No. prescriptions	No. patients	% patients
GI: Heart failure and prescription of oral NSAID (GI P8)	50	0	0.00%
GI: Prescription of oral NSAID to a patient with heart failure	40	0	0.00%
GI: OADR: Heart and prescription of oral NSAID (GI P9)	40	0	0.00%
GI: Prescription of an oral NSAID to a patient with reduced renal function (ADR: 45)	20.5	0	0.00%
GI: Asthma and prescription of non-selective beta-blocker (GI P10)	0	0	0.00%

No. of Other Prescribing indicators by no. of patients

No. of Indicators	No. of patients
1 Indicator only	0
2 Indicators	0
3 Indicators	0
Total number of patients identified by Indicators	0

E15

X ✓ fx

	A	B	C	D
1				
2	Last Run:	16/01/2019 09:36	Relative Date:	16/01/2019 09:35
3		Organisation Code	M12345	
4	Practice Population		2760	
5	GI_P3A - DENOMINATOR - Age 65+ without gastroprotection		1111	
6	GI_P3A - NUMERATOR - Age 65+ prescribed oral NSAID without gastroprotection		1	
7	GI_P3B&C - DENOMINATOR - H/O Peptic ulcer without gastroprotection		109	
8	GI_P3B - NUMERATOR - H/O Peptic ulcer oral NSAID without gastroprotection		1	
9	GI_P3C - NUMERATOR - H/O Peptic ulcer antiplatelet without gastroprotection		3	
10	GI_P3D - DENOMINATOR - Prescription of OAC		8	
11	GI_P3D - NUMERATOR - Co-prescription of OAC and oral NSAID		0	
12	GI_P3E - DENOMINATOR - OAC without gastroprotection		8	
13	GI_P3E - NUMERATOR - OAC and antiplatelet without gastroprotection		1	
14	GI_P3F - DENOMINATOR - Aspirin without gastroprotection		6	
15	GI_P3F - NUMERATOR - Aspirin and antiplatelet without gastroprotection		2	
16	HF_P3I - DENOMINATOR - Patients with heart failure > 3m ago		50	
17	HF_P3I - NUMERATOR - Heart failure and prescription of oral NSAID		1	
18	KI_P3K - DENOMINATOR - Patients with eGFR <45 >3m ago		40	
19	KI_P3K - NUMERATOR - eGFR <45 and prescription of oral NSAID		1	
20	AS_P3G - DENOMINATOR - Patients with unresolved asthma > 3m ago		514	
21	AS_P3G - NUMERATOR - Asthma and prescription of non-selective beta-blocker		0	
22	MO_P13 - DENOMINATOR - Aged 75+ long term ACEI/ARB or loop diuretic		7	
23	MO_P13 - NUMERATOR - 75+ ACEI or Loop no renal function and no electrolytes		6	
24	MO_P15 - DENOMINATOR - Methotrexate in last 3m and between 6m and 3m ago		0	
25	MO_P15 - NUMERATOR - Methotrexate without recent FBC		0	
26	MO_P15 - NUMERATOR - Methotrexate without recent LFT		0	

Data

PINCER UPLOAD Tool v012.xlsx - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

Jennie Johnson (PRIMIS)

Cut Copy Format Painter Paste Clipboard

Font Alignment Number Styles Cells Editing

Calibri 14 A A Wrap Text General Conditional Formatting Table Cell Styles Insert Delete Format

B I U Merge & Center % ,

Clipboard

Yes: The practice consents to upload to CHART on line

3 Enter Practice National ID on right M12345

4 Click on cell to right. Then use down arrow to select practice's consent to upload status

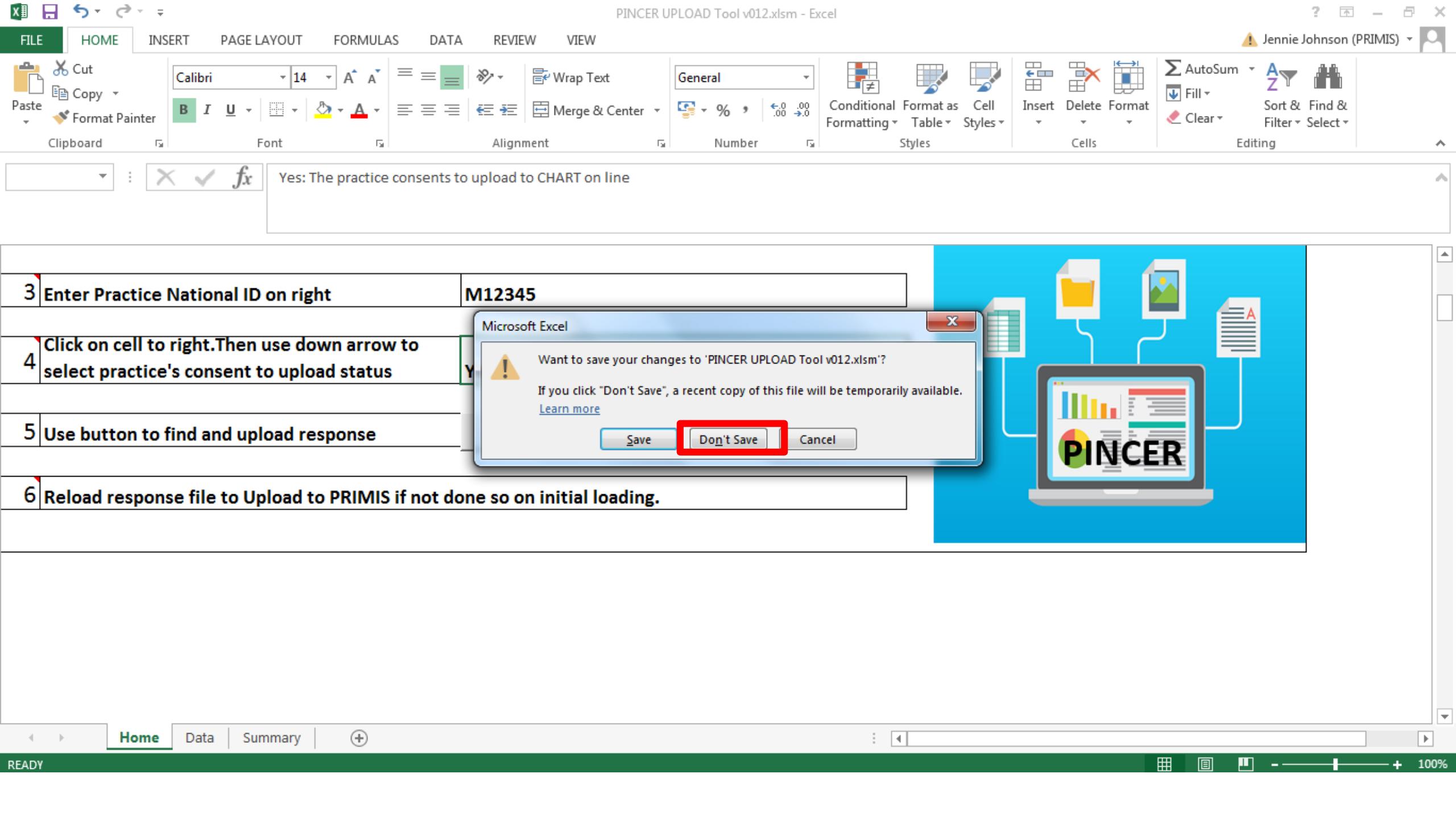
5 Use button to find and upload response

6 Reload response file to Upload to PRIMIS if not done so on initial loading.

Microsoft Excel

Want to save your changes to 'PINCER UPLOAD Tool v012.xlsx'?
If you click "Don't Save", a recent copy of this file will be temporarily available.
[Learn more](#)

Save Don't Save Cancel



Home Data Summary +

READY 100%

The Power of Comparative Analysis

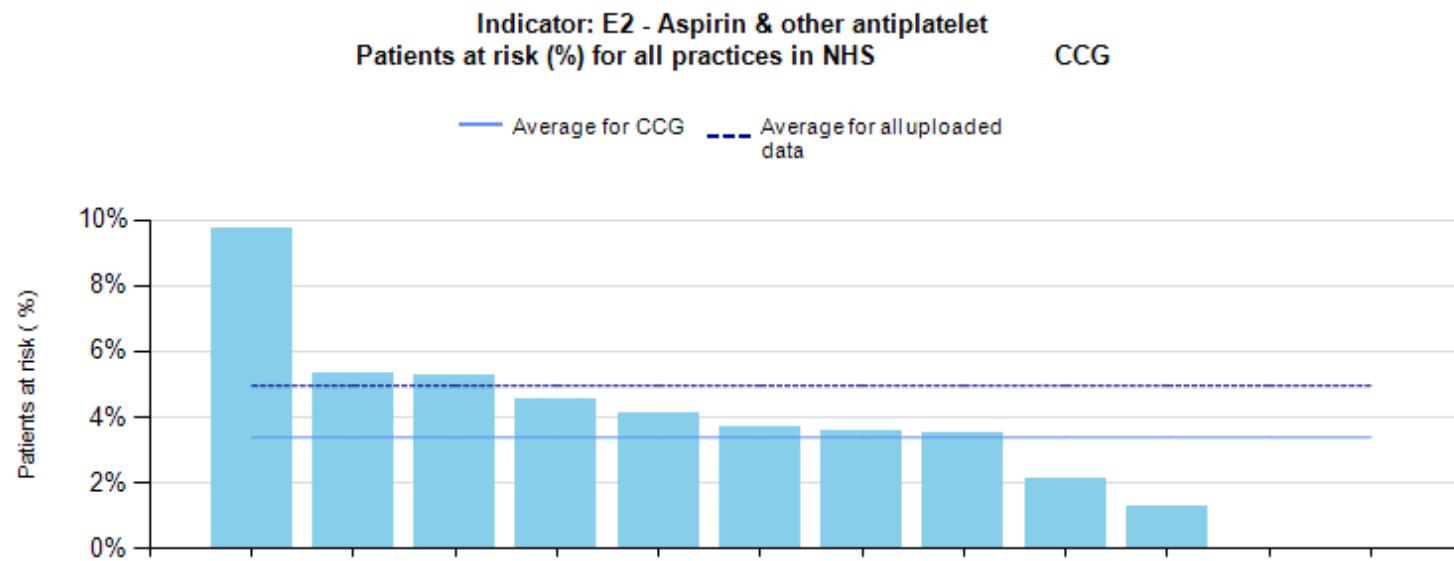
The National Rollout of PINCER

Report: Organisation level:

Analysis:

AHSN:

CCG:



The Power of Comparative Analysis

The National Rollout of PINCER

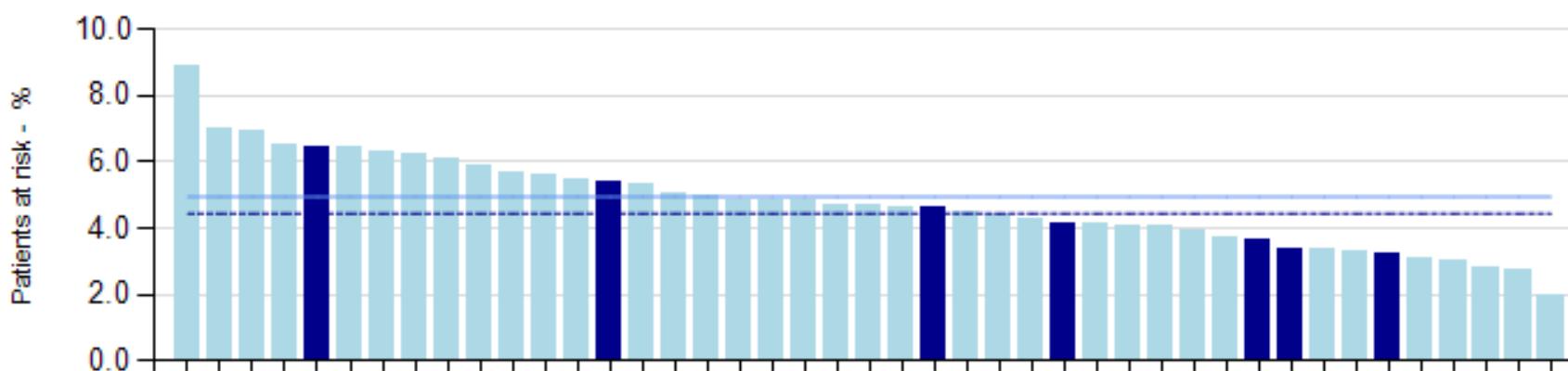
Report: Organisation level:

Analysis:

AHSN:

Indicator: E2 - Aspirin & other antiplatelet
Patients at risk for all CCGs (AHSN in dark blue)
(Only CCGs with 5 or more practices uploading shown)

— Average for all CCGs - - - Average for chosen AHSN





PINCER
Making primary care prescribing
even safer for patients

PRIMIS Helpdesk

- All PRIMIS customers can access support via the Helpdesk - by telephone or email
- The Helpdesk is available during the following days and times (subject to University of Nottingham closure dates)

Monday - Friday 9:00am to 5:00pm

0115 846 6424

helpdesk@primis.nottingham.ac.uk

Medication Safety Dashboard

<https://apps.nhsbsa.nhs.uk/MOD/MedicationSafety/atlas.html>

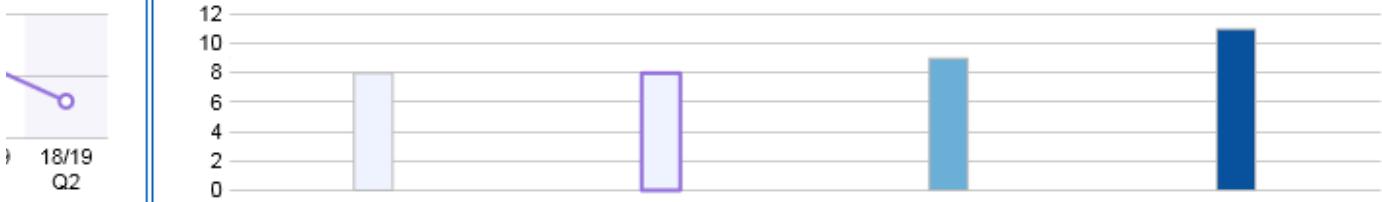
Gastrointestinal bleed >> GIB01:[Hospital admission] Admitted and prescribed a NSAID without gastro-protection >> (18/19 Q2)

INDICATOR DESCRIPTION: Number of admissions for gastric bleed per 10,000 patients currently prescribed a non-steroidal anti-inflammatory drug (NSAID) without a gastro-protective medicine.

VALUE: No. of admissions per 10,000 patients at increased risk

NUMERATOR: No. of hospital admissions for gastric bleeds for patients prescribed NSAIDs without a gastro-protective medicine.

DENOMINATOR: No. of patients prescribed a NSAID without a gastro-protective medicine

Indicator	Geography	Legend on/off	Overview	Definition of Terms	Links	User Guide	Feedback	Print	Share																																				
<p>▼ Gastrointestinal bleed</p> <ul style="list-style-type: none"> ▶ GIB01:[Hospital admission] Admitted and prescribed a NSAID without gastro-protection ▶ GIB01:[Increased risk of hospital admission] Prescribed NSAID without gastro-protection ▶ GIB02:[Hospital admission] Admitted and prescribed NSAID + oral anticoagulant ▶ GIB02:[Increased risk of hospital admission] Prescribed NSAID + oral anticoagulant ▶ GIB03:[Hospital admission] Admitted and prescribed an oral anticoagulant + anti-platelet without gastro-protection ▶ GIB03:[Increased risk of hospital admission] Prescribed an oral anticoagulant + anti-platelet without gastro-protection ▶ GIB04:[Hospital admission] Admitted and prescribed aspirin + anti-platelet without gastro-protection ▶ GIB04:[Increased risk of hospital admission] Prescribed aspirin + anti-platelet without gastro-protection 			<table border="1"> <thead> <tr> <th colspan="2">National</th> <th colspan="2">NHS Regions</th> <th colspan="2"></th> </tr> <tr> <th>Name</th> <th>Numerator</th> <th>Name</th> <th>Numerator</th> <th>Denominator</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>● National</td> <td>148</td> <td>● London Region</td> <td>20</td> <td>173,840</td> <td>9</td> </tr> <tr> <td></td> <td></td> <td>○ Midlands and East of England Region</td> <td>40</td> <td></td> <td>8</td> </tr> <tr> <td></td> <td></td> <td>○ North of England Region</td> <td>40</td> <td></td> <td>8</td> </tr> <tr> <td></td> <td></td> <td>● South of England Region</td> <td>50</td> <td></td> <td>9</td> </tr> </tbody> </table> <p>18/19 Q1 18/19 Q2</p> <p>Clear  Filter </p> <p>18/19 Q2</p> 							National		NHS Regions				Name	Numerator	Name	Numerator	Denominator	Value	● National	148	● London Region	20	173,840	9			○ Midlands and East of England Region	40		8			○ North of England Region	40		8			● South of England Region	50		9
National		NHS Regions																																											
Name	Numerator	Name	Numerator	Denominator	Value																																								
● National	148	● London Region	20	173,840	9																																								
		○ Midlands and East of England Region	40		8																																								
		○ North of England Region	40		8																																								
		● South of England Region	50		9																																								



Introducing PINCER to the practice

We weren't strangers to our practices...we have almost got one foot in the door already so then they are more receptive to what you are saying...I think if you sent a stranger in they might be a bit more wary as in who is this person and are they criticising

(CCG Pharmacist focus group Participant 3_Site 11)



Next steps:

- Access and run the PINCER searches for the relevant GP clinical system
- Upload baseline data to comparative analysis service
- Print and review summary results for the practice
- Preliminary investigation of potential causes at individual patient level



Pharmacists' identified issues by using the intervention

*We did come across quite a number of patients who were say taking a regular NSAID who were prescribed the PPI but they came up on the search in, in chart because of **noncompliance** so we were quite pleased that the searches did pick up on that*

(CCG Pharmacist site 7)

*... we weren't expecting to find anybody in that were we? We thought we will have nobody in this indicator and actually it ended up being the one that kind of **shocked us a bit** (asthma and non-selective beta-blocker)*

(CCG Pharmacist focus group participant 2_Site 9)

*... I mean I found loads of patients on antipsychotics that really shouldn't have been, that was, **that was quite scary really** there were loads of patients in care homes who just... oh yes it's a **it really was an eye opener.***

(CCG Pharmacist site 10)

*...it also sort of made us sort of realise if there was some groups of patients particularly dementia patients in whom **we were using antipsychotic drugs that weren't necessarily monitoring them***

(GP site 11 Prac 2)

Overview of session 2

Review data



Root cause analysis



Feedback session planning



Creating an action plan



SMART objectives



Comparative data views





PINCER
Making primary care prescribing
even safer for patients

The PINCER programme of work is the result of collaboration with,
or funding received from, the organisations acknowledged below:



**Department
of Health &
Social Care**

Greater Manchester
Primary Care Patient Safety
Translational Research Centre



UNIVERSITY OF
LINCOLN

East Midlands
**Academic Health
Science Network**
Igniting Innovation

Lincolnshire Community
Health Services **NHS**
NHS Trust

NHS
*National Institute for
Health Research*

School for
Primary Care
Research

NHS
*National Institute for
Health Research*



MANCHESTER
1824
The University of Manchester

