

NIHR Programme grants for applied research: RP-PG-1214-20012
Lead Applicants: Professor Anthony Avery, Professor Rachel Elliott

Research Title: Avoiding patient harm through the application of prescribing safety indicators in English general practices (acronym: PRoTeCT)

PLAIN ENGLISH SUMMARY

Medicines prescribed by doctors can sometimes unintentionally harm patients, who may need to go into hospital as a result. Sometimes this could be avoided by prescribing certain medicines differently. Our research is trying to find effective and affordable ways to help GPs prescribe medicines as safely as possible.

Our research will help us to find out how big a problem this is and how much it costs the NHS. Some groups of patients are at greater risk of harm than others, and our research will concentrate on these. We will compare two different ways of protecting these patients, to see:

- How effective they are at improving safe prescribing by GPs
- Whether they reduce hospital stays and deaths
- Whether they are a good use of money for the NHS
- How these approaches are used over a period of time by GPs, and what people who use them and benefit from them think of them.

Both approaches are designed to work with the computer systems already used by doctors in general practices.

The first method gives an 'alert' on the GP's computer screen which warns the doctor if they are about to prescribe a medicine that may be harmful to the patient. We know that computer 'alerts' like this can make prescribing safer in hospitals, but we don't know if they work in general practices.

The second method searches the patient's computer record in the general practice to find patients who may have already received medicines which might harm them if they continue to take them. A pharmacist works with the practice to correct problems found in these patients, and also to set up ways to prevent this happening in the practice in the future. A previous study, called PINCER, showed that the number of patients at risk of harm is reduced when GPs use this method. However we do not know if this prevents patients from being seriously harmed, or how well it works when used more widely. We also have also updated and expanded the list of prescribing safety indicators since we did the PINCER study, so we want to apply the new list in this project.

We will ask the healthcare professionals (doctors and pharmacists) who use these two different approaches to help us understand how well they work and if people tend to use them differently over time as they get used to them, for example: do they start to ignore some of the alerts? We will also talk to healthcare managers, policymakers, researchers, patients, members of the public and other people working in healthcare to find out how the two ways might be improved and used more widely across the NHS.

Patient confidentiality will be protected in all our studies. Patients and members of the public have helped design this project and will be actively involved throughout by:

- Attending project meetings and making suggestions about the research;
- Helping to analyse data by making sure the questions asked are relevant to patients;
- Taking part in workshops to ensure the patient's perspective is considered by all taking part;
- Communicating what we find to those who have taken part, and to the wider public.

We will publish our findings in a report and in scientific journals. It is vitally important that patients have this information too and so our results will be sent to public bodies and organisations/charities concerned with patient safety. They will also be put on this website so anyone who is interested can see what we found.