

CHIPPS

Care
Homes
Independent
Pharmacist
Prescribing
Study

Care Homes Independent Pharmacist Prescribing Study (CHIPPS)

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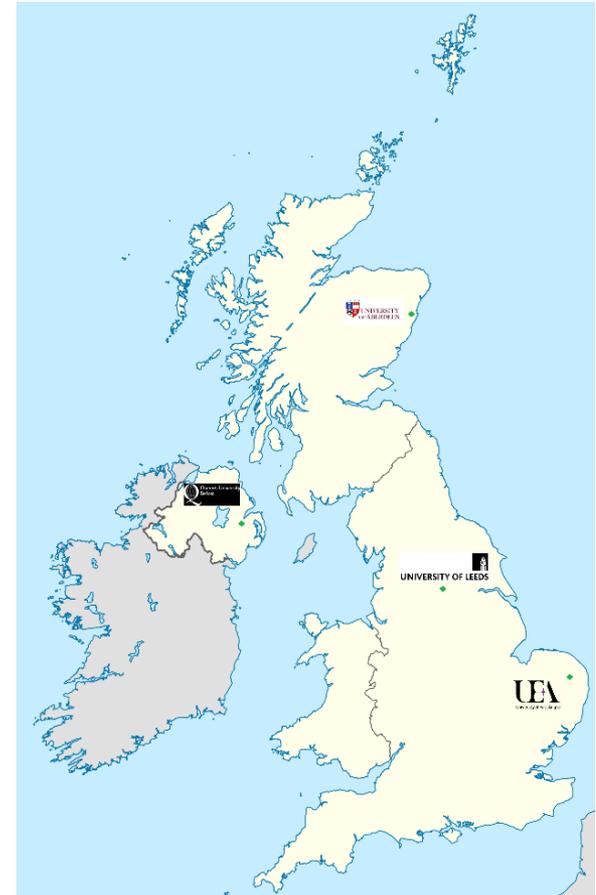


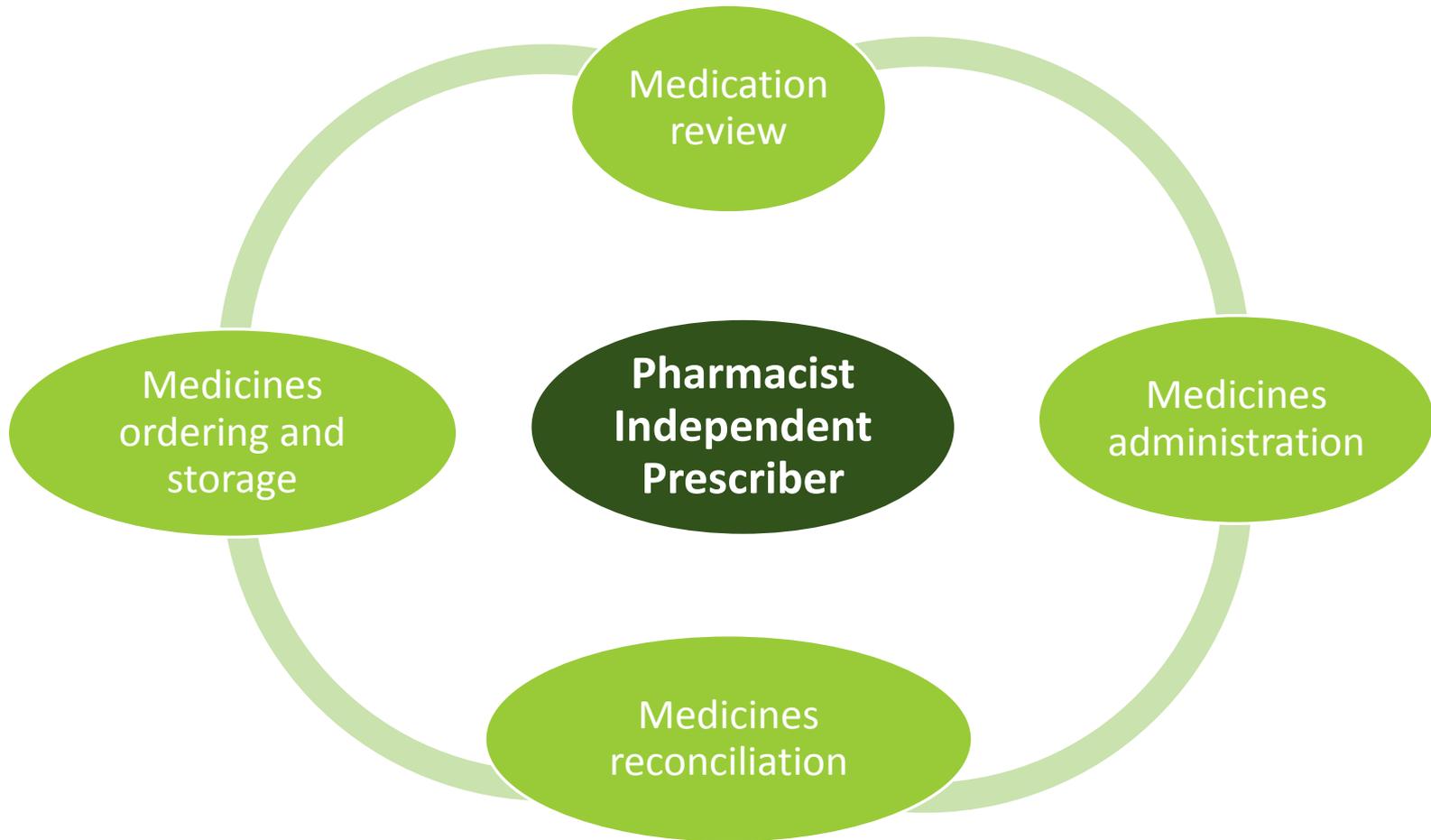
University of Leeds, UEA, University of Aberdeen, Queen's University, Belfast and South Norfolk CCG

National Institute of Health Research (NIHR)
PgFAR £2m 5-year

CHUMS - 70% of care homes residents had medication errors on daily basis

One person responsible for medicines management within the home





Aim



To determine the effectiveness and cost-effectiveness of pharmacist independent prescribers assuming responsibility for medicines management in care homes

CHIPPS overview

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WP1: Systematic Review (SR) of evidence on medicine optimisation, stakeholder views, service spec.

WP2: Identification and evaluation of potential out come measures

WP3: Development of Health Economic approaches

WP4: Develop and test training

WP5: Non-randomised feasibility study

WP6: RCT with internal pilot

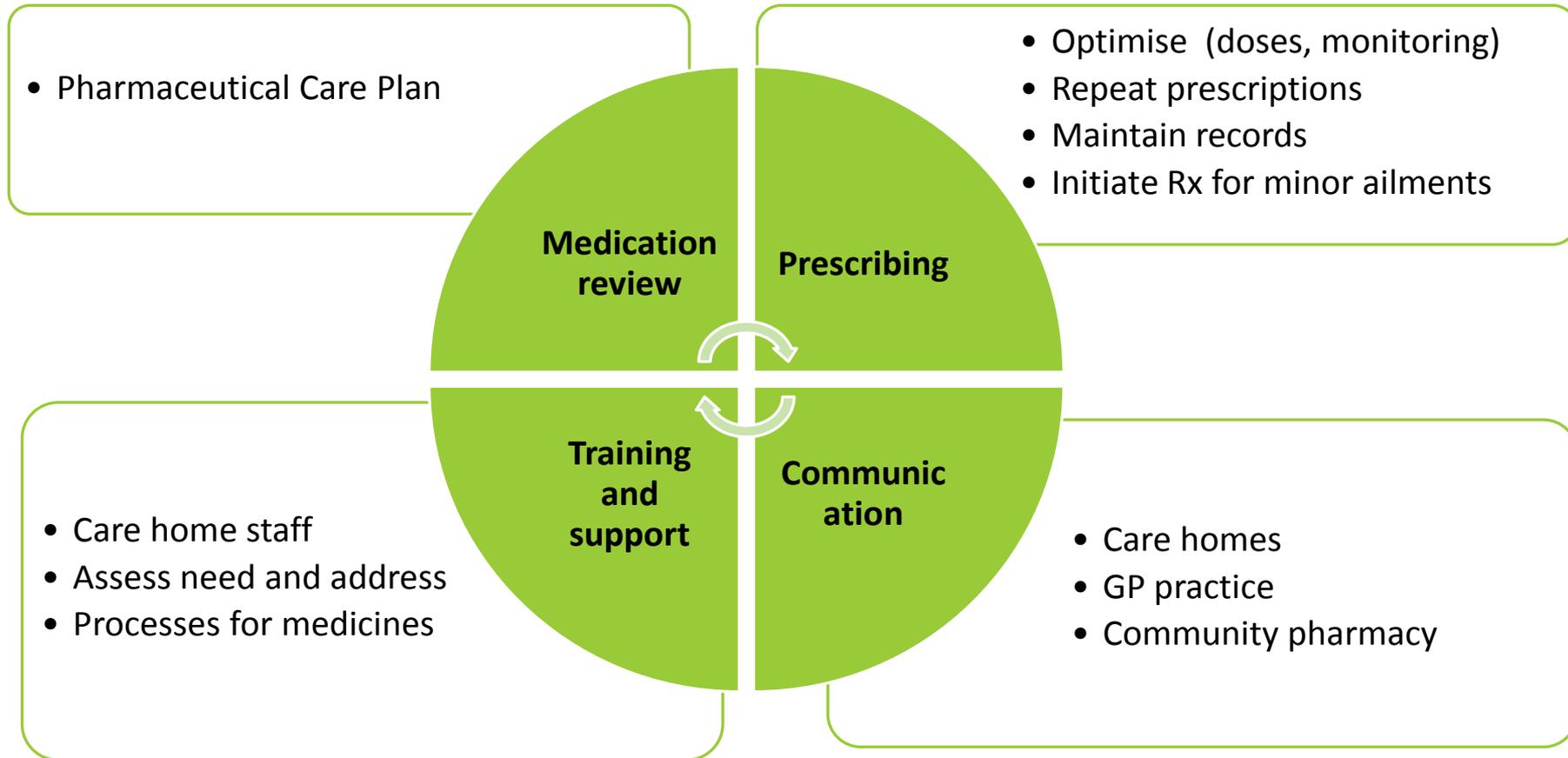
Feasibility study



Method

- Recruit one PIP and one GP at each site
 - Train PIP and sign-off as competent
- Recruit one home with ten residents at each site
- Collect baseline data
- Provide service for three months
- Collect follow up data
- Analyse data for quality
- Stakeholder focus groups

PIP role



Care home staff

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The pharmacist was able to spend more time with us and the resident looking at the medications that they were on, speaking to the staff who knew the residents really well and getting a detailed history which unfortunately **we know the GPs haven't got the time to do ...**

(CHMan)

I've been struggling with getting the monthly scripts and the cycles already started this is what the care homes need (CHN)

....we've been looking at somebody who we want some pain relief, it didn't arrive, ...but one word from the PIP and there it is.
(CHMan)

The pharmacist doesn't know her history...I said she may always have to remain on some type of antipsychotic (CHMan)

GPs

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I think pharmacists are increasingly a crucial resource within primary care and there have been moves over the last couple of years to bring in more pharmacists to GP practices on a full time basis.

We see it as a very positive thing. The PIP brings a lot of knowledge and time-efficiency to us and we work I guess, side-by-side, is the best way to put it.

Because the PIP is going in and dealing with maybe some of the issues that we would have dealt with in the past, there's the potential that you see your patients less, and you have less of a close relationship with some patients in the nursing homes, so that would be a potential negative going forward

I think overall it led to better patient care, better medicines management for those patients and nursing homes.

PIPs

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The nurses would give you the impression that they [res/rel] don't want any changes ...but when you chat to them [the res/rel.] they were happy to stop things

...and I think that's fine if you have a good working relationship with that GP practice

Everybody is getting the monitoring but they don't do anything with the results...the one on lithium that was not in range was a big one for me

I've made a point of talking to the HCA ...you get an awful lot of valuable information...particularly things to do with constipation...nurses say they have terrible constipation but HCA shows you the records that say not

Residents and relatives

So, what you think about having a pharmacist in the care home?

...yeah, it's a good idea...

Why do you think it's a good idea?

Well then, the people can get individual medicines what they need...they've [pharmacists] got their fingers on the pulse of the medicines that are coming out...

Resident

Sometimes find that when you go for the GP, it takes much longer, if you know, you asked them to reduce something...I found with the PIP, after the phone call, it's implemented straightaway, you know, there's no hanging around, which is good, I like that.

Relative

Summary - Service



GP, CH manager/staff, patients, relatives (interview)

- Overall very positive
- Minimal changes suggested
- Relationships very important

PIP (focus group)

- Increased confidence to prescribe
- Service pressures impacting on time to meet care home staff
- Pharmaceutical Care Plans were time consuming
- Difficulty meeting GP (CCG employed pharmacist)
- Suggested time insufficient (16 hours per month)

Summary - Research

- Training model effective
- Recruitment rate better than anticipated
- Data collection feasible
- Outcome measures appropriate
- Intervention acceptable and feasible

Cluster RCT (WP6)

- Internal pilot complete
 - Success required to secure funding for final stage
- Trial ongoing
 - 49 clusters (PIP-GP-CH) recruited and randomised
 - 881 residents recruited (target = 880)
- See you in a year's time...

Acknowledgement

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Thanks for listening