Care Homes Independent Pharmacist Prescribing Study (CHIPPS)

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on behalf of CHIPPS team

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CHIPPS

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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
Pharmacist Independent Prescriber

- Medication review
- Medicines ordering and storage
- Medicines reconciliation
- Medicines administration

CHIPPS: Care Homes Independent Pharmacist Prescribing Study
Aim

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

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

WP2: Identification and evaluation of potential outcome measures

WP3: Development of Health Economic approaches

WP4: Develop and test training

WP5: Non-randomised feasibility study

WP6: RCT with internal pilot
Feasibility study

- Check service spec
- Test training
- Acceptability
- Explore recruitment
- Data collection
- Choose outcome measure
- Health Economics
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**

- Pharmaceutical Care Plan

**Medication review**
- Care home staff
- Assess need and address
- Processes for medicines

**Prescribing**
- Optimise (doses, monitoring)
- Repeat prescriptions
- Maintain records
- Initiate Rx for minor ailments

**Training and support**

**Communication**
- Care homes
- GP practice
- Community pharmacy
Care home staff

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)

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

....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)
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.

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.

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.
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.

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.

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

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...

Relative

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.

Resident
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

This presentation summarises independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0613-20007). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

The CHIPPS Research team acknowledges the support of the National Institute of Health Research Clinical Research Network (NIHR CRN).
Thanks for listening