

CHIPPS: Care Homes Independent Pharmacist Prescribing Service: Development and delivery of a cluster randomised controlled trial to determine both its effectiveness and cost-effectiveness

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BACKGROUND:

Research shows that almost 70% of care home residents experience at least one medication error on any given day.

Three recent reports and NICE guidance suggest that prescribing, monitoring and administration of medicines in care homes could be significantly improved, thus increasing residents’ quantity of life and improving use of NHS resources and

Research has identified the need for one person to assume overall responsibility for the management of medicines within each care home. We propose that this role could be undertaken by a pharmacist independent prescriber (PIP) who primarily assumes responsibility for the authorisation of repeat medicines.

OBJECTIVES:

- Prepare, refine and test the feasibility of a new model of care
- Evaluate and identify appropriate outcome measures
- Develop and optimise a PIP training package to enhance intervention effectiveness/ensure fidelity
- Perform a definitive RCT with internal pilot to determine the intervention’s effectiveness and cost-effectiveness

METHOD:

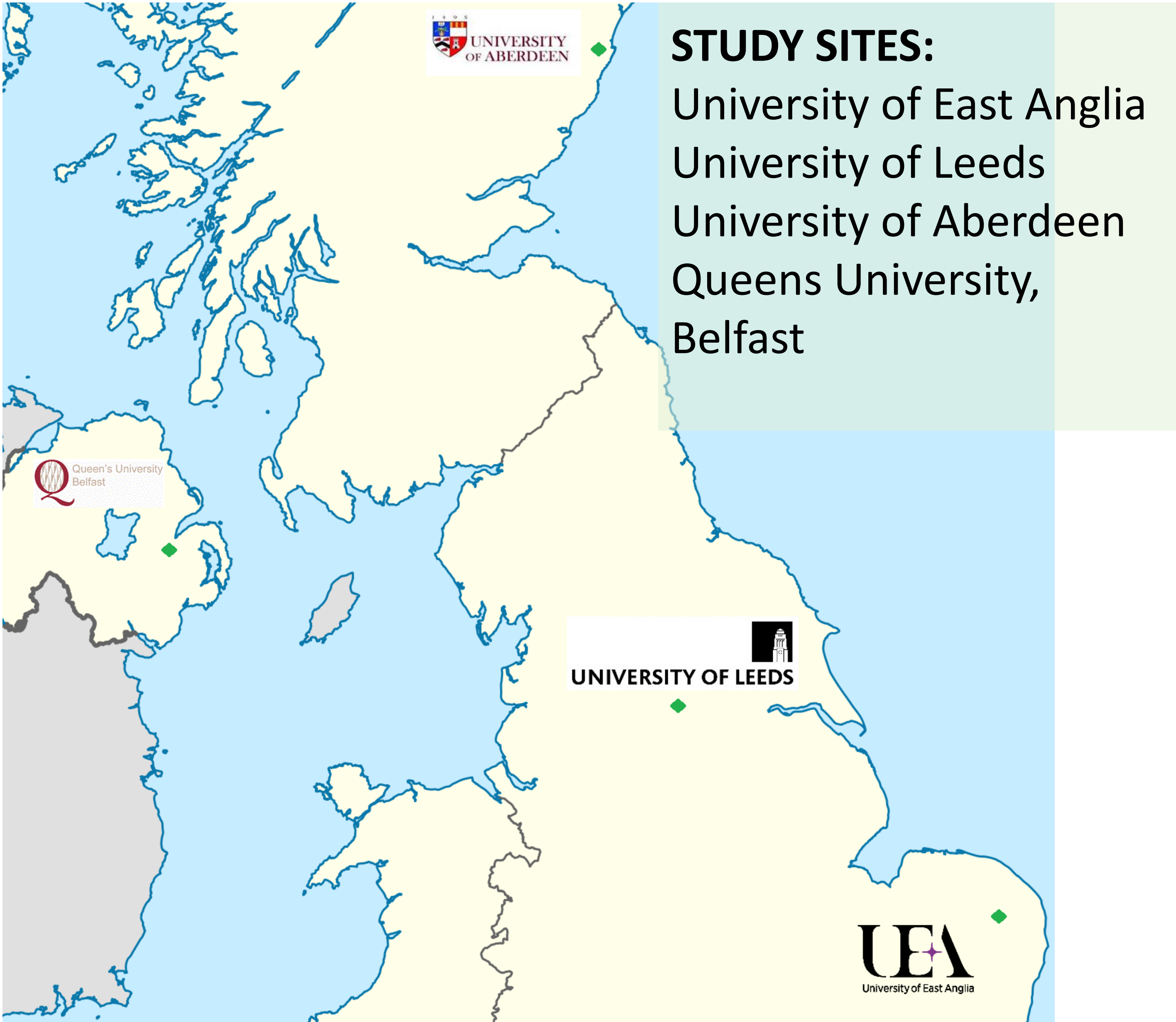
Programme of 6 work packages (WP), over five years

	WP1 Service specification development	WP2 Identification of outcome measures	WP3 Economic modelling	WP4 Training package	WP5 Feasibility study	WP6 Definitive study
Year 1 May 15 – April 16	WP1	WP2		WP4		
Year 2 May 16 – April 17			WP3	WP4	WP5	
Year 3 May 17 – April 18			WP3	WP4	WP5	WP6
Year 4 May 18 – April 19			WP3	WP4		WP6
Year 5 May 19 – April 20			WP3	WP4		WP6

References

- Allred D, homes. Cochrane Database of Systematic Reviews 2013(2)
- Barber ND, Allred DP, Raynor DK, Dickinson R, Garfield S, Jesson B et al. Care homes’ use of medicines study: prevalence, causes and potential for harm of medication errors in care homes for older people. Raynor D, Hughes C, Barber N, Chen T, Spoor P. Interventions to optimise prescribing for older people in care Qual Saf Health Care 2009; 18: 341-6
- Managing medicines in care homes, NICE guidelines, Published date: March 2014

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- WP1 (months 1-12)**
- Phase 1: Literature update
 - Phase 2: Stakeholder focus groups/interviews for views of proposed service and delivery
 - Phase 3: **Stakeholder panel to consider information gathered from phases 1 & 2**
- WP2 (months 1-12)**
- Evaluate existing outcome measures, selecting most appropriate to measure intervention impact
- WP3 (months 13-60)**
- Identify costs of intervention and develop the tools necessary for effective capture
- WP4 (months 13-36)**
- Design, test and refine the PIP training package using multi-professional focus groups
- WP5 (months 13-30)**
- Feasibility study to test the service specification and research processes
 - 40-60 residents in 4 care homes with 1 PIP (per site) over 3 months
- WP6 (months 31-60)**
- Cluster RCT (with 3 month internal pilot)
 - 900 residents in 90 care homes and 6 PIPs (per site) over 6 months

CHIPPS TEAM:
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