

Free Access to PINCER Audit Tools and Training

Supporting Practices to Deliver to requirements of *Prescribing Safety* QOF domain

A re-run of session 1 and 2 for new GP Practice and Primary Care Network Pharmacists

In the recently published GP contract, a new Quality Improvement (QI) domain has been created which includes a module on prescribing safety. Following a successful pilot of PINCER across the Thames Valley and to support practices to deliver to the QI domain of contract, Bucks CCG, Oxford CCG, West Berkshire CCG, East Berkshire CCG and the Oxford AHSN are supporting the region-wide roll out of PINCER tools and training - a proven pharmacist-led IT-based intervention to reduce clinically important medication errors in primary care.

What is PINCER?

The PINCER intervention comprises three core elements, all of which are underpinned by a series of action learning sessions



Why is there a need for PINCER?

- It is estimated that 66 million potentially clinically significant medication errors occur each year, 71% of which are in primary care ([EEPRU 2018](#)).
- Serious errors affect one in 550 prescription items ([Avery 2013](#)) while hazardous prescribing in general practice contributes to 1 in 25 hospital admissions.

What is the evidence for PINCER?

The effectiveness of the PINCER intervention was shown in a cluster-randomised trial which was published in the Lancet ([Avery 2012](#)). The trial compared two groups of general practices using the same prescribing indicator searches. The 'simple feedback' control group (n=36) were provided with details of patients identified by the searches, and evidence-based summaries for each of the indicators. The PINCER intervention group (n=36) was given similar information, but in addition a pharmacist was assigned to each practice to provide educational outreach regarding the indicators and practical support to tackle the prescribing safety issues. The trial demonstrated at 6-months follow-up, hazardous prescribing was significantly lower in the PINCER group and that the intervention was likely to be cost-effective.

What has been the clinical impact of PINCER?

- PINCER is recommended as a validated QI approach in the 2019/202 GP contract
- PINCER is supported by current NICE Guidelines on Medicines Optimisation ([NICE 2015](#))
- PINCER is a key part of the [RCGP patient safety toolkit](#)
- PINCER was implemented and evaluated in 370 practices across the east Midlands (12 CCGs) between Sept 2015 and Apr 2017:
 - 21,617 cases of hazardous prescribing identified
 - Statistically significant reductions in hazardous prescribing
- PINCER selected for national adoption and spread across all 15 AHSNs during 2018-2020

What was the feedback from the AHSN PINCER pilot?

A pilot of PINCER took place between November 2018 and Jan 2019 with the objective of understand the

PINCER methodology and highlighting issues and barriers to implementation

- Participants recognised positive impact on patient safety and practice resource, with system changes saving staff time in reviewing/correcting hazardous prescribing downstream
- Participating practices found process of reporting findings and engaging practice staff very positive
 - Shone light on areas not previously perceived to be problematic
 - GP teams happy to support developing an action plan to address system issues
 - Created an opportunity to speak more generally about prescribing issues

How will PINCER help with QI domain in GP contract?

QI QOF requirements	How PINCER implementation delivers to this
Audit requirement	PINCER offers an easy to use, validated audit tool within clinical system (e.g. EMIS)
Completion of reporting template	PINCER training aligned with reporting requirements and will work through these areas
Required data to evidence improvement	PINCER data outputs are simple and easy to use and can be downloaded from the system to support reporting requirements
Requirements to attend 2 peer review sessions	PINCER action learning training satisfies peer-review requirements. Certification of attendance available

Practice reporting template:



Practice reporting
template handout.p

What is expected from those delivering PINCER?

All practices wishing to implement PINCER will be required to put forward a lead Pharmacist or GP who will attend the action learning training and be responsible for the stages below and leading the QI activity at the practice.

Requirement	Time	Completion Target
PINCER lead sign-up and access eModule ALS1	90 min	February 2020
Practice sign up to PRIMIS (Ts and Cs, DPA, searches)	30 min	February 2020
Searches are run on clinical system	10 min	March 2020
Aggregated data uploaded to national PINCER database	10 min	March 2020
Lead attends session 2	2.5 hour	March 2020
Develop and deliver activity plan	2 days	April 2020
Rerun search and upload aggregate data at 6 monthly intervals	5-10 min	September 2020
Lead attends session 3	2.5 hour	TBC (June 2020)

How can practices take part?

Practices can sign up to a PINCER action learning set through the Eventbrite hyperlinks below.

Please use the password: Pincer1

Session	Date/Venue	Link
ALS1 (eLearning Module)	February 2020	<ul style="list-style-type: none"> Access to the eLearning for Action Learning Set 1 (ALS1) is via the resource area (https://www.primis.nottingham.ac.uk/pincer/). A PINCER account is needed to access this. PINCER account can be obtained via https://www.primis.nottingham.ac.uk/registration/registration/default.asp. eLearning should be completed before attending an ALS2 workshop.
ALS 2- Berkshire	24 March 2020 10.00-12.30 The Oakwood Centre, Headley Road, Woodley, Berkshire, RG5 4JZ	https://www.eventbrite.co.uk/e/pincer-action-learning-set-2-west-and-east-berkshire-tickets-94656643569 Please use the password: Pincer1
ALS2- Oxon/Bucks	31 March 2020 10.00-12.30 Oxford Academic Health Science Network, Magdalen Centre North, Robert Robinson Avenue, Oxford Science Park, OX4 4GA	https://www.eventbrite.co.uk/e/pincer-action-learning-set-2-oxfordbucks-tickets-94165843573 Please use the password: Pincer1
ALS3	TBC	