

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6302

**Title**

*Evaluating the National rollout of a pharmacist-led information technology intervention (PINCER) in English general practice*

**Priority 1 (Research Category)**

Prescribing and pharmacotherapeutics

**Presenters**

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**Abstract**

Context: We previously reported on the effectiveness of PINCER at reducing hazardous prescribing in primary care in a cluster randomised trial, and the subsequent roll out of the intervention in one region of England; PINCER has now been rolled out nationally to over 2,800 general practices in England.

Objectives: To evaluate the effectiveness of the national roll out of PINCER to reduce the prevalence of patient exposure to hazardous prescribing and insufficient medication monitoring, and the incidence of serious harm in patients at risk of hazardous prescribing.

Study Design and Analysis: Descriptive analysis and multivariable mixed effects logistic regression were used. Regression accounted for clustering within practices, repeated measures over time, and differing intervention start dates.

Dataset: Patients within general practices in England who are included in the Clinical Practice Research Datalink (CPRD) with linkage to PINCER implementation dates.

Population Studied: 725 General practices, included in CPRD data, who implemented PINCER as part of the national roll out between 1st July 2018 and 30th June 2021. Patients were included in each of the quarterly periods if they met the inclusion criteria for the denominator for any of the indicators.

Intervention: The pharmacist-led IT-based PINCER prescribing safety intervention.

Outcome Measures: The rates of hazardous prescribing or insufficient medication monitoring and associated serious harm outcomes were calculated quarterly over the study period April 2015 to December 2021.

Results: Initial unadjusted results show that an observed decrease in the rate of hazardous prescribing pre intervention was maintained or further improved following the intervention.

Serious harm outcomes, associated with each of the indicators and measured within primary care, showed a reduction post intervention. All cause hospitalisation and death showed a similar pattern.

For some general practices in the sample, the PINCER coincided with the Covid19 lockdown period where services were affected; the monitoring indicators showed a decrease in rate of monitoring, coinciding with the first lockdown.

Conclusions: The initial results from this study further support the use of PINCER in England to improve prescribing safety and patient outcomes.

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