

Introduction to PINCER

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PINCER

Making primary care prescribing
even safer for patients

Presentation Outline

What is PINCER?

What is the evidence?

National Drivers

What to do if you want to
implement PINCER in your
practice?

In the UK, how many prescriptions in primary care contain potentially life-threatening errors?

- 1 in 550 prescriptions.

Avery AJ, Ghaleb M, Barber N, Franklin BD, Armstrong SJ, Serumaga B. et al. The prevalence and nature of prescribing and monitoring errors in English general practice: a retrospective case note review. *British Journal of General Practice* 2013; 63(11): 543-553

- Considering over 1.1 billion items were dispensed in England in 2018, this is equivalent to approximately 1.8 million severe prescribing errors each year.

What is PINCER?

- PINCER is a proven **P**harmacist-led **IT** **I**ntervention to **r**educe clinically important medication **e**rrors in primary care.
- The intervention comprises 3 components that are applied in a quality improvement cycle:

Identify cases of potentially hazardous prescribing
- Using national PINCER indicator searches for GP clinical systems

Pharmacists trained in the PINCER approach explore methods to minimize current and future risk
- Root cause analysis
- Educational Outreach
- Action planning

An action plan is developed with the practice team
- Pharmacist supports implementation and monitoring of its execution
- Over a 6 month audit cycle, then repeated in 6 months time.

What is the evidence for PINCER?

- The PINCER trial was a cluster randomized controlled trial in which 72 practices participated and were allocated to two groups.
- Both groups utilised the same searches to identify patients at risk.
- The control group received computerized feedback in the form of a list of patients identified at risk plus brief educational materials explaining the importance of each error.
- The intervention group received the above plus pharmacist support trained in the principles of educational outreach and root cause analysis (PINCER).

What is the evidence for PINCER?

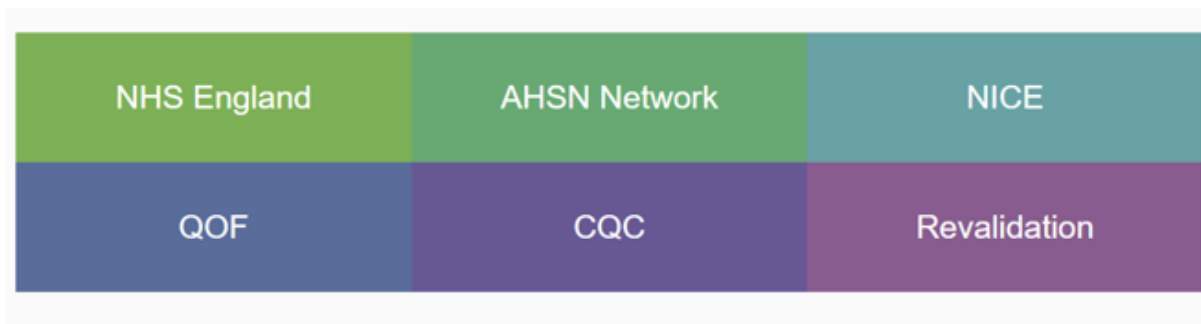
At six-months follow up, patients in the PINCER group had significantly fewer prescribing errors than those in the control group.

Support from a PINCER trained pharmacist was central to the success of the intervention.

There was evidence that the intervention was cost-effective and could be rolled out across the NHS at low cost to reduce medication errors.

National Drivers for PINCER

PINCER fits into the wider NHS agenda and its implementation can assist NHS organizations in meeting their priorities.



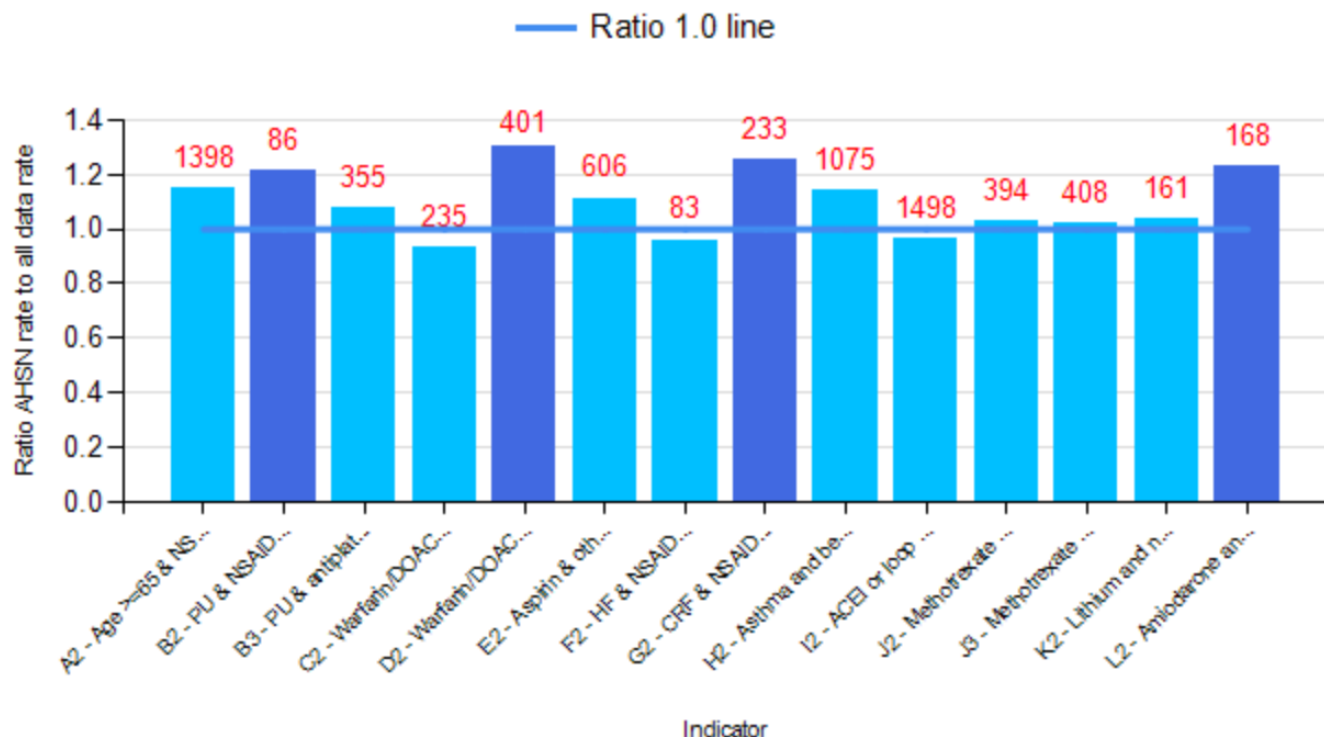
The indicators

The evidence behind each of the indicators can be found in the PINCER evidence-based Summary Document, which is located in the PINCER Resource Centre.



Eastern

Ratio of rate for AHSN with rate for all data
for all PINCER National Roll-out indicators



Hover over bars to see number potentially at risk

Rate less than average - 20% = pale blue,
within 20% of average = blue, higher than average + 20% = dark blue

Next Training Dates

ALS 1 Introduction

Online training,
20 min.

ALS 2 Quality Improvement

Face to face, half a day.

21st January, Newmarket
23rd January, Peterborough
4th February, Norwich

ALS 3 Resistance to change

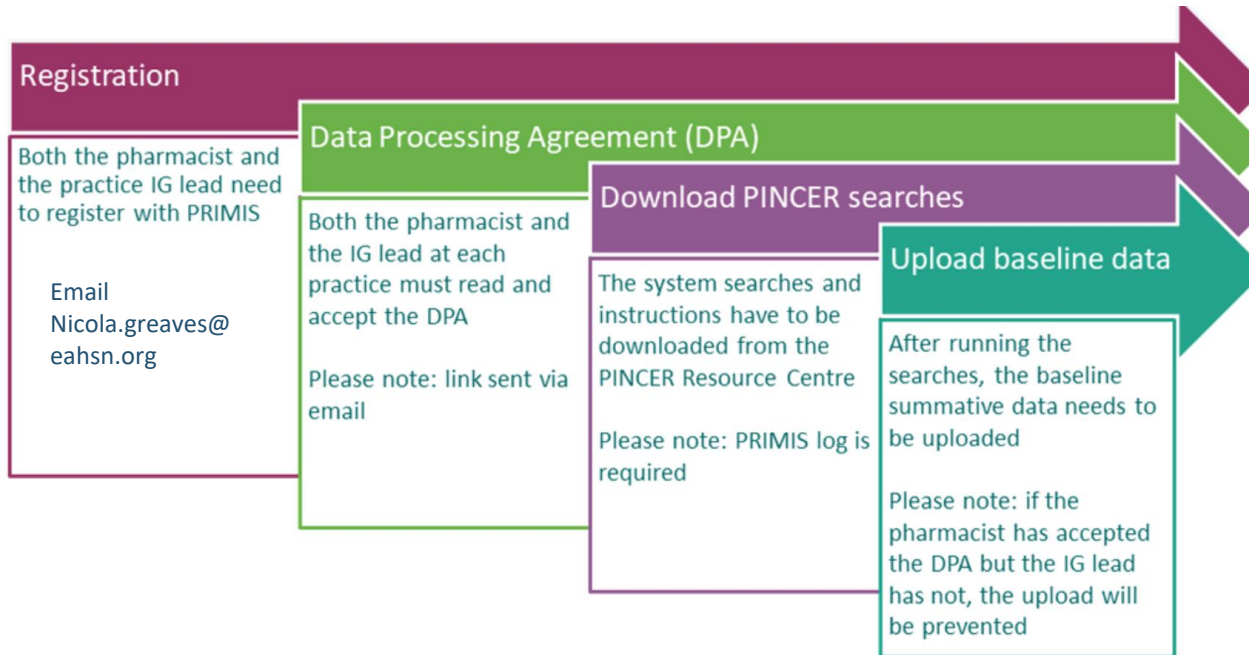
Face to face, half a day.

23rd January, Newmarket

In summary, what are the advantages of implementing PINCER?

- Evidence Based-Intervention;
- Free Quality Improvement Training;
- Benchmarking at national, regional and local level;
- Endorsed by NICE;
- 37 QOF points on the QI domain of the GP contract;
- Low requirements in terms of time. It is expected that a pharmacist will spend 2 days per GP practice implementing PINCER over a 6 month audit cycle period;
- All CCG's in east Anglia are currently on board.

Next Steps





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The PINCER programme of work is the result of collaboration with,
or funding received from, the organisations acknowledged below:



Department
of Health &
Social Care

East Midlands
Academic Health
Science Network

Igniting Innovation



Lincolnshire Community 
Health Services
NHS Trust

Greater Manchester
Primary Care Patient Safety
Translational Research Centre


National Institute for
Health Research

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