CHIPPS – Care Home Independent Pharmacist Prescribing Study

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Background

- Medicines management for older adults in care homes (CHs) is known to be suboptimal for a variety of reasons including lack of responsibility for review of patients' medicines. The Care Homes Use of Medicines Study (CHUMS) reported that ≥70% of CH residents are exposed to ≥1 medication error[1] .
- Consequently, it has been suggested that one person should take overall responsibility for medicines management in CHs.
- CHIPPS is a 5-year (2015-2020) NIHR- funded programme of research which is aiming to determine the effectiveness and cost-effectiveness of **pharmacist independent prescribers (PIPs)** assuming responsibility of care home residents' medications.
- Led by the University of East Anglia, CHIPPS comprises **6 Work Packages** with sites in Norfolk, Belfast, Aberdeen & Leeds.

CHIPPS Programme Overview

WP1
- Systematic review of evidence on medicines optimisation / stakeholder involvement to inform PIP service specification & training programme

WP2
- **Identification of outcomes to be measured in CHIPPS/development of a Core Outcome Set (COS) for all studies aimed at optimising prescribing in CHs**

WP3
- Development of health economic approaches (e.g. tools to capture costs associated with intervention)

WP4
- Development and testing of PIP training package

WP5
- Feasibility study (involving 1 PIP, 1 GP Practice, 1 CH, 10 residents per site) over 3 months

WP6
- Cluster- randomised controlled trial (involving total of 90 CHs and 900 residents with 6 PIPs per site) over 6 months

Focus on WP2: Core Outcome Set development

- **Background:** Heterogeneity in outcome measurement across studies testing similar interventions is a recognised problem. A proposed solution is the development and use of COSs. A COS is a list of outcomes which should be measured and reported, as a minimum, in all effectiveness studies in a specific area [2].
- **Method:** *1)* Potential outcomes for inclusion in the COS were identified (by review of published literature & stakeholder involvement). Stakeholders included GPs, pharmacists, CH managers & staff, CH residents & relatives. *2)* A Delphi consensus exercise was conducted to refine the COS. An expert Delphi panel (n=19) rated the importance of the proposed outcomes. Inclusion criteria for the COS was defined as ≥70% of panel participants scoring the outcome as 'very important' and <15% scoring as 'not important.'
- **Results:** The final COS comprises 13 outcomes organised into 7 domains (in bold text below) and 3 overarching categories:

Medication-related	Patient-related	Healthcare utilisation-related
• **Potentially inappropriate prescribing** • *Number of medicines* • *Duplicate drugs* • *Use of antipsychotics* • *Harmful interactions* • *Anticholinergic burden* • **Adverse drug events** • **Prescribing errors**	• **Quality of life** • **Falls** • **All-cause mortality**	• **Admissions to hospitals (and associated costs)** • *Admissions to A&E (and associated costs)*

- **Discussion/conclusion:** We have developed a COS for effectiveness trials aimed at optimising prescribing in older adults in CHs. Future work should focus on evaluating appropriate tools for these key outcomes to further reduce heterogeneity in outcome measurement between studies.

References:
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[2] Williamson PR, Altman DG, Blazeby JM et al. Developing core outcome sets for clinical trials: issues to consider. BMC Trials. 2012; 13:132.

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