

## USING CHART ONLINE COMPARATIVE ANALYSIS SERVICE TO SUPPORT THE NATIONAL ROLLOUT OF PINCER

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**Background:** PINCER is a proven pharmacist-led IT-based intervention to reduce clinically important medication errors in primary care.<sup>1,2</sup> It is currently being rolled out to general practices in England by PRIMIS at the University of Nottingham in partnership with the Academic Health Science Network (AHSN). Patients at risk of potentially hazardous prescribing are identified by searching general practice computer systems using a set of 13 evidence-based prescribing safety indicators. Summative data for each practice are then securely transferred to an online comparative analysis service (CHART Online) to enable meaningful comparisons to be made at practice, Primary Care Network (PCN), Clinical Commissioning Group (CCG) and AHSN levels.

**Aim:** The aim of the comparative analysis service is to provide a measure of the scale, spread and impact of the national rollout of PINCER in England and enable pharmacists and practices to prioritise areas for improvement, thus providing the impetus for change.

**Methods:** CHART Online is a data storage facility allowing comparative views and downloadable reports of submitted data via the web. Only aggregate data are sent to CHART Online; not patient level data. PRIMIS undertakes a variety of procedures to ensure that patient and practice confidentiality is safeguarded. This includes exercising strict controls over receipt of data and access to the database, the level of aggregation in analyses, the content and distribution of reports to users of the service and the content of reports placed in the public domain.

**Results:** As of September 2020, 103 (76%) CCGs in 15 AHSN localities had engaged in the PINCER rollout. Over 2,500 general practices had uploaded baseline data to the national PINCER comparative analysis service showing that a minimum of 24.55 million patient records had been searched to identify instances of potentially hazardous prescribing using 13 prescribing safety indicators. In total, 196,632 at-risk patients were identified in at least one prescribing safety indicator at baseline giving an overall prevalence of 8.01 patients at risk of medication error per 1,000 registered patients.

Of the practices that had uploaded baseline data to CHART Online, 1,060 had uploaded follow-up data on at least one occasion. Analysis of follow-up data from all 1,060 practices showed a reduction in the absolute number of at-risk patients identified in at least one prescribing safety indicator of 13,387 patients (from 92,762 to 79,375 patients; -14.4%). Greatest reductions could be seen for those indicators associated with GI bleed which showed a decrease of 10,559 at-risk patients (from 40,720 to 30,161 patients; -25.9%).

**Conclusion:** We have developed a mechanism to collect outcome data to support the national rollout of PINCER. This has been hugely beneficial in terms of providing the ability to monitor changes in numbers of at-risk patients across localities and on a national basis. However, it has also led to a number of challenges at different stages of the rollout, and these will be presented at the conference. Over time, as more and more practices participate in the national rollout of PINCER, the facility is providing a national picture of medication safety.

### References

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