

The Care Home Independent Pharmacist Prescriber Study (CHIPPS): development and implementation of an RCT to estimate safety, effectiveness and cost-effectiveness

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Plain language summary

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Plain language summary

The purpose of this study was to explore whether a pharmacist who can prescribe drugs could work with care homes and general practitioners to improve how medicines are prescribed, how they are monitored to see whether they are working or causing problems and how the medicines are then given to the residents. The question was whether this approach was likely to be safe, to improve care for residents and to be a good way for utilising NHS money.

The project included six parts:

- *Listening* to everyone to help us design a service to create something that was likely to be acceptable and effective
- *Thinking* about what the best way would be to capture whether the service worked or not [i.e. what outcome(s) to measure]
- *Thinking* about the costs and benefits of the service and how best to capture these to find out whether the service was likely to provide value for money to the NHS
- *Designing* a training package for the pharmacists to increase the chances of them being effective in their role
- *Testing* the study design to make sure that we had thought about everything
- *Running* the main study that involved 882 residents and 72 care homes where half of them received the pharmacist service and half did not, to find out whether the pharmacist service reduced falls (a common side effect of medication).

The service presented no safety concerns. The pharmacists switched and stopped the medication, of which one quarter should have reduced the chances of falls. The service was generally liked. However, there is no evidence to suggest that the service reduced the number of falls or that it represented good value for NHS money.

Our public and patient involvement members have helped us at every stage of the process. They were a central part of our final reporting event.

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This report

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