Background
- Medicines use in care homes is suboptimal
- One person should assume overall responsibility for medicines management
- Pharmacist independent prescribing (PIP) provides an opportunity for pharmacists to assume this role
- National programmes investing in increased pharmacist roles
- Care homes are an identified priority area
- Evidence needed to develop services

Overall aim of the CHIPPS programme
To develop and deliver a cluster randomised controlled trial to assess the effectiveness and cost effectiveness of pharmacist independent prescribers (PIPs) assuming responsibility for medicines management within care homes compared to usual care

Objectives of feasibility study
- test and refine service specification (developed in previous work packages)
- assess service and research acceptability via a qualitative process evaluation
- estimate the size of eligible population
- explore recruitment and retention

Method
Overall aim of the CHIPPS programme
To develop and deliver a cluster randomised controlled trial to assess the effectiveness and cost effectiveness of pharmacist independent prescribers (PIPs) assuming responsibility for medicines management within care homes compared to usual care

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- estimate the size of eligible population
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Results
- Nearly all residents approached agreed to participate
- Outcome measures were completed well and suggest value of PIP service
- 39 patients received intervention

Case Study
Male 89 Years

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Baseline*</th>
<th>Follow up*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>13/30 (43%)</td>
<td>6/30 (20%)</td>
</tr>
<tr>
<td>ADRs</td>
<td>0/30 (0%)</td>
<td>0/30 (0%)</td>
</tr>
<tr>
<td>MMSE mean &amp; SD</td>
<td>20.21 [SD 7.55]</td>
<td>20.91 [SD 6.4]</td>
</tr>
<tr>
<td>(n=14/30)</td>
<td>(n=12/28)</td>
<td></td>
</tr>
<tr>
<td>Barthel mean &amp; SD</td>
<td>7.30 [SD 5.9]</td>
<td>7.07 [SD 5.9]</td>
</tr>
<tr>
<td>Drug Burden Index mean &amp; SD</td>
<td>0.92 [SD 0.84]</td>
<td>0.805 [SD 0.74]</td>
</tr>
<tr>
<td>Number of STOPP incidences</td>
<td>139 (n=29)</td>
<td>83 (n=28)</td>
</tr>
<tr>
<td>Number of START incidences</td>
<td>80 (n=29)</td>
<td>58 (n=28)</td>
</tr>
<tr>
<td>EQ-SD-SL Index</td>
<td>0.666</td>
<td>0.761</td>
</tr>
</tbody>
</table>

*Leeds data not yet available

Discussion
The study has
- confirmed feasibility of the CHIPPS programme
- confirmed refinements to service specification
- confirmed recruitment approach for definitive RCT
- suggested PIPs can improve patient care

Acknowledgement
This poster summarises independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0613-20007). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

The CHIPPS Research team acknowledges the support of the National Institute of Health Research Clinical Research Network (NIHR CRN).