

Educational interventions delivered to prescribing advisers to influence primary care prescribing: a randomised trial using OpenPrescribing.net

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Participant flow

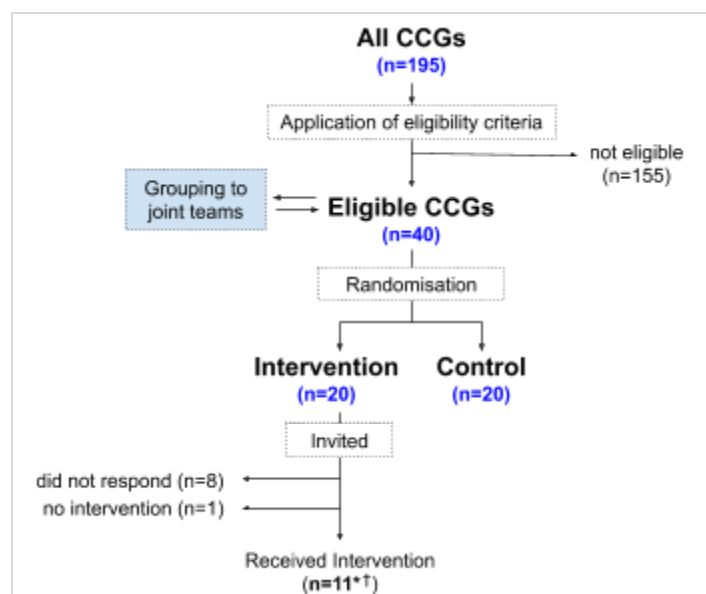


Figure 1. Participant flow. One CCG did not receive the intervention due to scheduling issues. *The intervention was delivered to 11 CCGs, with joint teams covering 6 additional CCGs from the “not eligible” group. †Two allocated CCGs were present at one intervention together, meaning 10 individual visits were conducted.

Baseline Characteristics

Table 1. Baseline Characteristics. *Items per thousand* and *Spend per thousand* refer to NHS England low-priority products prescribed in the 6-month baseline period (April-Sept 2018).

	CCGs	Population (thousands)		Percent over 65		Items per thousand		Spend per thousand	
	count	mean	std	mean	std	mean	std	mean	std
control	20	256.7	119.9	20.2	4.4	36.1	11.8	1,289	224
intervention	20	333.4	154.0	19.1	4.0	30.6	10.6	1,158	147

Outcomes

Prescribing outcomes

P1 - difference in cost of all low-priority items per thousand population, between intervention and control during the six-month follow-up period

allocation	count	Cost per 1000 patients				
		Baseline		Follow-up		Change
		mean	std	mean	std	
control	20	1,288.8	224.3	1,070.0	201.0	-218.8
intervention	20	1,158.3	146.5	959.0	152.4	-199.4

P2 - difference in number of all low-priority items per thousand population, between intervention and control during the six-month follow-up period

allocation	count	Items per 1000 patients				
		Baseline		Follow-up		Change
		mean	std	mean	std	
control	20	36.1	11.8	29.1	9.75	-7.03
intervention	20	30.6	10.6	24.9	9.02	-5.75

P3 - difference in cost of the top three low-priority items per thousand population for each CCG, between intervention and control during the six-month follow-up period

		Cost per 1000 patients				
		Baseline		Follow-up		Change
allocation	count	mean	std	mean	std	
control	20	866.8	225.7	664.1	206.8	-202.8
intervention	20	756.7	159.7	592.2	157.8	-164.5

P4 - difference in number of co-proxamol items prescribed per thousand population for each CCG, between intervention and control during the six-month follow-up period

		Items per 1000 patients				
		Baseline		Follow-up		Change
allocation	count	mean	std	mean	std	
control	20	0.295	0.160	0.199	0.123	-0.096
intervention	20	0.262	0.232	0.176	0.203	-0.086

P5 - difference in number of dosulepin items prescribed per thousand population for each CCG, between intervention and control during the six-month follow-up period

		Items per 1000 patients				
		Baseline		Follow-up		Change
allocation	count	mean	std	mean	std	
control	20	7.113	2.774	6.058	2.428	-1.055
intervention	20	6.465	3.387	5.476	2.998	-0.989

Engagement outcomes

E1 - Number of page views over one month on CCG pages showing low-priority measures, before vs after intervention, between intervention and control groups.

		Unique Pageviews_before			Unique Pageviews_after		
group	count	mean	sum	std	mean	sum	std
control	20	0.10	2	0.31	0.40	8	0.75
intervention	20	0.65	13	1.27	0.65	13	1.14

E2 - Number of page views over one month on practice pages showing low-priority measures, grouped up to CCGs

		Unique Pageviews_before			Unique Pageviews_after		
group	count	mean	sum	std	mean	sum	std
control	20	0.45	9	1.00	0.60	12	1.14
intervention	20	2.20	44	4.21	1.00	20	1.72

E3 - Number of new registrations to OpenPrescribing CCG email alerts within 3 months of intervention

group	list size (100k)		CCG alert sign-ups			
			Before		After	
	mean	std	mean	std	mean	std
control	2.57	1.20	1.20	1.67	0.15	0.37
intervention	3.34	1.54	0.85	1.31	0.35	0.59

The CCG registered population and number of sign-ups prior to the intervention were co-variables.

E4 - Number of new registrations to OpenPrescribing Practice email alerts grouped up to CCGs, within 3 months of intervention

group	list size (100k)		Practice alert sign-ups			
			Before		After	
	mean	std	mean	std	mean	std
control	2.57	1.20	0.95	1.64	0.25	0.55
intervention	3.34	1.56	2.90	3.75	0.45	1.00

The CCG registered population and number of sign-ups prior to the intervention were co-variables.

Workplans

Not analysed. We planned to measure the change in CCGs incorporating the issue into their annual workplan, for 2019-20 versus 2018-19, using basic descriptive statistics; however the required manual data collection was not carried out due to resource issues, so this outcome cannot be analysed.

Adverse events

There were no adverse events associated with this trial.