

Does a teaching session given to pharmacists with influence over the prescribing of a regional group of general practices affect the number of low-priority medicines prescribed?

Submission date 26/09/2018	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 01/10/2018	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 26/02/2025	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

In England approximately £9.2 billion is spent annually on 1.1. billion prescriptions. NHS England recently released guidance to CCGs (regional NHS organisations who are responsible for buying and planning all of the standard NHS services for people in their area, like medicines and hip operations) on 18 prescription items, in order to reduce costs, improve quality and safety, and encourage more consistency in prescribing across general practices. The items are mostly treatments lacking evidence of clinical effectiveness, e.g. homeopathic remedies, or where more cost-effective items are available, e.g. perindopril arginine. The aim of the study is to see if providing a teaching session to pharmacists working in CCGs has an effect on the amount of these 18 prescriptions given out by general practices in their area.

Who can participate?

Professionals working in or on behalf of CCGs

What does the study involve?

Half of the CCGs will receive a teaching session (one session per CCG) and the comparison group will receive nothing from NHS England beyond normal implementation materials and data.

What are the possible benefits and risks of participating?

The participants will benefit from a teaching session which is intended to increase their awareness and support them to implement the guidance on low priority treatments. This is a low risk intervention, but the time burden may divert from other tasks.

Where is the study run from?

Study run from the Centre for Evidence Based Medicine at the University of Oxford and teaching sessions will be conducted in 20 CCGs at their offices (or other location of their choosing) across England.

When is the study starting and how long is it expected to run for?

July 2018 to November 2019

Who is funding the study?

This is low cost agile evaluation of a teaching session that NHS England were planning to do already. The costs of this are borne by NHS England in their routine budgets and the University of Oxford - DataLab (UK) is funding the staff time of the evaluating research.

Who is the main contact?

Ben Goldacre

ben.goldacre@phc.ox.ac.uk

Contact information

Type(s)

Scientific

Contact name

Dr Ben Goldacre

Contact details

Centre for Evidence Based Medicine,
Nuffield Department of Primary Care Health Sciences,
University of Oxford
Oxford
United Kingdom
OX2 6GG

Additional identifiers

Protocol serial number

OP-RECAP

Study information

Scientific Title

A Randomised controlled trial of structured Educational sessions to Clinical Commissioning Groups and Assessing the impact on primary care Prescribing

Acronym

RECAP

Study objectives

Null hypothesis:

A structured education session on current prescribing performance to a CCG has no impact prescribing behaviour.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not required.

Study design

Interventional single-centre randomised controlled trial

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Conditions treated by medications considered low-priority

Interventions

Clinical Commissioning Groups (CCGs) will be randomised into the intervention or the control group. Randomisation will take place in software. Those randomised to the intervention group will be invited to participate in a single educational intervention. The intervention will be a single education session, delivered in-person by a senior NHS England representative at a location of each CCG's choice. It will focus on implementation of NHS England low-priority prescribing guidance and will include an audit-and-feedback element. It will be 1-2 hours in duration. Interventions will take place over a 3 month period. CCGs in the control group will not be contacted.

Intervention Type

Other

Primary outcome(s)

The following are assessed by the change from the baseline (April to September 2018) to the follow-up (April to September 2019) using a regression model:

1. Cost per 1,000 patients for all 18 pre-specified "low-priority" treatments combined
2. Total items per 1000 across all 18 low priority treatments.

Key secondary outcome(s)

Prescribing measures are assessed by the change from the baseline (April to September 2018) to the follow-up (April to September 2019) using a regression model:

3. Cost per 1,000 patients for top 3 pre-specified "low-priority" treatments combined.
4. Total items prescribed per 1000 registered patients for Co-proxamol.
5. Total items prescribed per 1000 registered patients for Dosulepin

Engagement measures:

1. Number of page views over one month on CCG page showing low-priority measures, assessed using web page views data from Google analytics, as the change from the baseline for 1 month before/after and change between April to September 2018 and April to September 2019
2. Number of page views over one month on practice pages showing low-priority measures, grouped up to CCGs, assessed using web page views data from Google analytics, as the change from the baseline for 1 month before/after and change between April to September 2018 and April to September 2019
3. Number of registrations to OpenPrescribing CCG email alerts, assessed by counting new email sign-ups within 3 months of the intervention (compared between the intervention and

control groups)

4. Number of registrations to OpenPrescribing Practice email alerts grouped up to CCG, assessed by counting new email sign-ups within 3 months of the intervention (compared between the intervention and control groups)

Other:

Change in number of CCGs with guidance included in workplans, assessed via an NHS England survey pre-session (2017-2018) and 6 months later (2018-2019) using basic descriptive statistics

Completion date

30/11/2019

Eligibility

Key inclusion criteria

Clinical Commissioning Groups (CCGs) in England with the highest expenditure on low-priority items per 1000 registered patients.

Participant type(s)

Other

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

Total final enrolment

40

Key exclusion criteria

CCGs where members of the DataLab team are employed or have been recently employed.

Date of first enrolment

03/10/2018

Date of final enrolment

30/11/2018

Locations

Countries of recruitment

United Kingdom

England

Study participating centre
NHS England
80 London Road
London
United Kingdom
SE1 6LH

Sponsor information

Organisation
NHS England

ROR
<https://ror.org/02wnqcb97>

Funder(s)

Funder type
Not defined

Funder Name
NHS England

Funder Name
Health Foundation

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be shared online openly to all at Figshare following publication of results, if not sooner.

IPD sharing plan summary

Stored in repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		25/02/2025	26/02/2025	Yes	No
Basic results		24/11/2020	24/11/2020	No	No
	Participant information sheet				

