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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

Registration date
01/10/2018

Overall study status
Completed

Last Edited
26/02/2025

Condition category
Other

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] 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 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
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
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

Secondary study design
Randomised controlled trial

Study setting(s)
Other

Study type(s)
Other

Participant information sheet
No participant information sheet available

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 measure
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.

Secondary outcome measures
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 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

Overall study start date
16/07/2018

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

Age group
Not Specified

Sex
Not Specified

Target number of participants
40

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
England

United Kingdom

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

Sponsor information

Organisation
NHS England

Sponsor details
80 London Road
London
United Kingdom
SE1 6LH

Sponsor type
Other

ROR
https://ror.org/02wnqcb97

Funder(s)

Funder type
Not defined

Funder Name
NHS England

Funder Name
Health Foundation

Results and Publications

Publication and dissemination plan
We will publish results in a peer-reviewed publication.

All of the analysis code will be publicly available. The trialists plan to publish the results in peer-reviewed journals within 12 months of results being available. They will post the results online before 12 months of trial completion if journal publication is not possible within this timeline.

Intention to publish date
31/05/2021

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?
Basic results		24/11/2020	24/11/2020	No	No
Results article		25/02/2025	26/02/2025	Yes	No