Torridge Health QOF 2019 Network Quality Improvement activity for Lithium

1. Introduction

In the 2019 GP contract, as part of QOF and worth a total of 37 points, we are required to take part in quality improvement activity (27 points) which is shared at network meetings (10 points) to allow collection of results, agreed actions and then re-audit to assess impact. The area of focus will change each year. This year we are to be looking at End of Life Care and prescribing related to NSAIDs, Valproate and Lithium. This is the Torridge Health plan for Lithium

2. Detailed contractor guidance from NHS England

NHS England GMS contract guidance 2019
https://www.england.nhs.uk/wp-content/uploads/2019/05/gms-contract-qof-guidance-april-2019.pdf
Pages 96 to 106, some information copied below.

Monitoring or potentially toxic medications – Lithium
NICE guidance Bipolar disorder: assessment and management, clearly sets out the requirements for monitoring lithium once a patient has been returned from secondary to primary care. Analysis of the practice's prescribing data and searches within the practice's electronic clinical system will be able to identify individual patients prescribed lithium who are not being managed in line with NICE guidance. Practices are encouraged to review their process for following up a person who has not responded to invitations for monitoring or fails to order or collect prescriptions to ensure concordance with treatment plans and avoid clinical deterioration and crisis. Practices can use the QI approach to ensure their processes for lithium monitoring are robust and comply with NICE guidance and take action to identify and reduce any risks to individual patients.

Identifying areas for improvement: All practices should undertake an audit of the current quality of their prescribing in relation to the following:

- **Patients receiving lithium and being monitored in primary care who have not had a recorded check of their lithium concentrations, estimated glomerular filtration rate, urea and electrolytes, serum calcium and thyroid function in the previous 6 months.**

3. Methodology for collecting practice information

This is a readily available search using an Ardens search

Clinical Reports > Ardens > Prescribing > Mental Health

- ?Review lithium as no UE, bone or TFT in 6/12 + Primary Care

Search also created using similar methodology (and confirmed numbers match)

4. Results

Baseline results August 2019, with **repeat results at January 2020 in bold**

Practice	A	B	C	D	E	F
List Size	2728	12385	8820	5125	6886	15330
Lithium issued (%)	4 (0.1%) **4 (0.1%)**	11 **12**	10 **11**	7 **7**	6 **5**	10 **10**
Lithium issued, monitoring in primary care with no or incomplete bloods last 6m	2 (0.1%) **0 (0.0%)**	9 **1**	6 **1**	7 **0**	3 **0**	2 **0**

5. Discussion and actions to try and improve our prescribing safety for Lithium

- Invite patients already overdue their bloods.
- Set regular dates for testing, eg birthday and 6m later. Add script message with these dates, **Please have 6 monthly blood testing each April and October for lithium monitoring**
- Do not issue where blood test is overdue
- Repeat monthly search using batch search tool, with results sent automatically to HCA to invite and chase as appropriate.

NICE guidance CG185 - April 2018

https://www.nice.org.uk/guidance/cg185/chapter/1-Recommendations#promoting-recovery-and-return-to-primary-care

6. Monitoring lithium Reference Information

1.10.19 Measure the person's plasma lithium level every 3 months for the first year.
1.10.20 After the first year, measure plasma lithium levels every 6 months, or every 3 months for people in any of the following groups:

- older people
- people taking drugs that interact with lithium
- people who are at risk of impaired renal or thyroid function, raised calcium levels or other complications
- people who have poor symptom control
- people with poor adherence
- people whose last plasma lithium level was 0.8 mmol per litre or higher.

1.10.21 Measure the person's weight or BMI and arrange tests for urea and electrolytes including calcium, estimated glomerular filtration rate (eGFR) and thyroid function every 6 months, and more often if there is evidence of impaired renal or thyroid function, raised calcium levels or an increase in mood symptoms that might be related to impaired thyroid function.
1.10.22 Monitor lithium dose and plasma lithium levels more frequently if urea levels and creatinine levels become elevated, or eGFR falls over 2 or more tests, and assess the rate of deterioration of renal function. For further information see NICE's guidance on chronic kidney disease and acute kidney injury.
1.10.23 When discussing whether to continue lithium, take into account clinical efficacy, other risk factors for renal impairment and cardiovascular disease, and degree of renal impairment; if needed seek advice from a renal specialist and a clinician with expertise in managing bipolar disorder.
1.10.24 Monitor the person at every appointment for symptoms of neurotoxicity, including paraesthesia, ataxia, tremor and cognitive impairment, which can occur at therapeutic levels of lithium.

7. Notes for Reporting Template, to be completed for each practice

Practice name and ODS code
Hartland Surgery L83129
Diagnosing the issues
What issues did the practice identify with prescribing safety?

From 4 patients prescribed lithium, we identified 2 who were not fully up to date with their monitoring requirements.
What changes did the practice make to try to address issues identified with prescribing safety?
● We changed prescriptions to include dates for expected blood testing ● Run monthly searches to check none missed ● Use pop up warnings to tell us if overdue.
Results
What did the practice achieve?
All of our patients are now up to date, and have documented dates for repeat testing, along with systems to monitor for any delayed testing
What changes will/ have been embedded into practice systems to ensure prescribing safety in the future?
As per changes box above
How did the network peer support meetings influence the practice's QI plans and understanding of prescribing safety?
● Encouraged network good practice for share improvement and learning. ● Benchmarking to help us see how our performance matched our peers. ● Shared use of network pharmacist skills.
Please attach the results of both prescribing audits (as appendices) [this document]