

Torrige Health QOF 2019 Network Quality Improvement activity for Valproate

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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 Torrige Health plan for Valproate

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)

<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.

Valproate and pregnancy prevention programme – MHRA alert April 2018, [updated October 2018](#)

<https://www.gov.uk/guidance/valproate-use-by-women-and-girls>

Valproate medicines (Epilim ▼, Depakote ▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met; [May 2018](#)

<https://www.gov.uk/drug-safety-update/valproate-medicines-epilim-depakote-contraindicated-in-women-and-girls-of-childbearing-potential-unless-conditions-of-pregnancy-prevention-programme-are-met>

During 2018, all practices and individual GPs will have been sent a pack of information advising them of the need to identify any girl or woman of childbearing potential (this is defined as a pre-menopausal woman who is capable of becoming pregnant) currently being prescribed valproate and setting out a series of actions for health professionals including GPs. Valproate use in pregnancy is associated with an increased risk of children with congenital abnormalities and developmental delay. Valproate is contraindicated in women of

childbearing potential unless the conditions of the valproate pregnancy prevention programme are fulfilled. Whilst the rates of prescribing of valproate continue to decline slowly there are wide geographical variations in prescribing. Clear actions have been set for general practices to

- identify and recall existing patients
- provide them with a copy of the [Patient Guide](#)
- to check they have had a specialist review in the last year
- to have systems in place to identify and appropriately manage new patients who are prescribed valproate and are of child bearing potential.

The pregnancy prevention programme requires GPs to:

- Ensure continuous use of highly effective contraception* in all women of childbearing potential (consider the need for pregnancy testing if not a highly effective method).
- Check that all patients have an up to date, signed, Annual Risk Acknowledgment Form each time a repeat prescription is issued.
- Ensure the patient is referred back to the specialist for review, annually.
- Refer back to the specialist urgently (within days) in case of unplanned pregnancy;
- where a patient wants to plan a pregnancy.

* The Summary of Product Characteristics for valproate states that 'Women of childbearing potential who are prescribed valproate must use effective contraception without interruption during the entire duration of treatment with valproate. These patients must be provided with comprehensive information on pregnancy prevention and should be referred for contraceptive advice if they are not using effective contraception. At least one effective method of contraception (preferably a user independent form such as an intra-uterine device or implant) or two complementary forms of contraception including a barrier method should be used. Individual circumstances should be evaluated in each case when choosing the contraception method, involving the patient in the discussion to guarantee her engagement and compliance with the chosen measures. Even if she has amenorrhoea she must follow all the advice on effective contraception.' For children or for patients without the capacity to make an informed decision, provide the information and advice on highly effective methods of contraception and 105 on the use of valproate during pregnancy to their parents/ caregiver/ responsible person and make sure they clearly understand the content.

The practice should regularly use the audit function on their clinical system to identify at risk patients and ensure timely recall for clinical review in line with the MHRA alert. Such continuous measurement can be used to demonstrate compliance with the MHRA alert. This improvement programme offers general practice a further opportunity to ensure these actions have been completed and that ongoing systems to protect patients from harm have been put in place.

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

- **Girls and women of childbearing potential currently being prescribed valproate have had an annual specialist medication review and are taking this in compliance with the pregnancy prevention programme as documented by a**

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

1. Monthly search for new patients
2. Monthly checklist for existing patients:
 - 2.1. Date of annual review and risk acknowledgement form
 - 2.2. Indication for treatment and named specialist
 - 2.3. Pregnancy prevention plan

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

Practice name and ODS code
Hartland Surgery L83129
Diagnosing the issues
<i>What issues did the practice identify with prescribing safety?</i>
<ul style="list-style-type: none">● We have no women in the at risk age group taking valproate.● We have active popups to warn us of prescribing to this group.● We don't have existing regular audit to check we still comply
<i>What changes did the practice make to try to address issues identified with prescribing safety?</i>
<ul style="list-style-type: none">● Run monthly searches to check none missed● Continue to use pop up warnings● Be aware of valproate program in event of new patient registration on this medication
Results
<i>What did the practice achieve?</i>

Better monitoring as above

What changes will/ have been embedded into practice systems to ensure prescribing safety in the future?

As above, regular searches

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]