Mental Health Dashboard

Version: March 2023

Comparator Descriptions and Specifications

Contents

Background

Psychotropic drugs are used to treat a range of mental health conditions including depression, bipolar disorder and schizophrenia. They are also often used 'off-licence' to treat a number of physical health conditions ranging from nerve pain to symptoms of the menopause.

Purpose

The purpose of this dashboard is to allow prescribers to see some clinically appropriate comparators that have been developed by clinicians to support better prescribing. The comparators do not show 'good' or 'bad' prescribing, but allow users to see variation and identify areas of interest for further investigation and/ or patient review.

Limitations

Historically, primary care prescribing information was derived from the reimbursement processes for dispensed medicines. However, the NHSBSA is now able to capture extra information that undoubtedly adds value to prescribing measures. The NHS number of the recipient of a medicine prescribed in primary care can now be linked to items prescribed. This development enables the data to show how many patients are prescribed a medicine or group of medicines (rather than presentation of drugs prescribed by each GP practice). In this way, we are able to demonstrate much better the quality of prescribing in key areas.

NHS number is routinely captured through the Electronic Prescription Service (EPS) with complete accuracy. Therefore, CCGs are encouraged to drive up the uptake of EPS. To support this improvement, EPS levels will be included alongside the comparators.

Information governance is very important and in the preparation of these comparators all data protection legislation and patient confidentiality has been carefully considered and adhered to. While the comparators are derived from patient level records, personal identifiable data will not be included within the reports.

Each comparator has a full specification outlining the evidence base behind the comparator; the rationale for inclusion and the data source (see Table 1 for list of comparators).

This comparator specification document is NOT a prescribing guideline. It simply shows how the comparators were developed and the rationale behind each comparator.

Table 1: List of comparators

Comparator Title
Antidepressant prescribing
Antipsychotic prescribing
Lithium and nephrotoxic agents
Multiple psychotropics
Anti-dementia drugs and antipsychotics

Prescribing data used in these comparators

Users of these comparators must be aware of the following parameters:

- Covers all items prescribed in primary care by practices and cost centres linked to CCGs. It includes acute and repeat items. However, over 77% of all items dispensed are for repeated medicines. [1]

- Does not include hospital prescribing.

- Does not include medicines supplied over the counter.

- Does not include medicines supplied by NHS community services.

- Data restricted to prescription items where the NHS number could be identified for the patient.

Each comparator is derived using prescribing data and reported by month, although some figures may be based on a 12 month rolling period. Historic data is available to allow CCGs and Practices to chart their progress in addressing a particular comparator area.

All of the comparators show monthly data at Practice level (aggregated to CCG level) and are available for all patients.

Patient counts: Some comparators are based on a number of unique patients. This has been determined from prescriptions where the NHSBSA has been able to obtain details regarding patient NHS number and age at practice location. Where the same patient appears in the data for more than one practice location they will be counted as one patient for each of the practice locations they appear in.

NB: While NHS numbers are used to formulate these comparators, no personal identifiable data will be released through these comparators.

How to use these comparators

We envisage that the comparators will be used by CCGs in collaboration with local GP practices and with the relevant and appropriate education and training support in place.

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Data Source: NHS Business Services Authority - based on data from the NHSBSA's data warehouse system which contains all NHS prescription data, with the exception of prescriptions which are dispensed in prisons, hospitals and private prescriptions.

Analysis is based on drugs that were reimbursed by the NHSBSA. It excludes items not dispensed and disallowed. If a prescription was issued, but not presented for dispensing or was not submitted to NHS Prescription Services by the dispenser, then it is not included in the data provided.

Data owner & contact details: nhsbsa@nhs.net

Time Frame: Refreshed monthly

Data quality assurance

NHS Prescription Services have their own internal quality process to assure the data they provide matches what was originally submitted as part of the prescription processing activity. Some processes are complex and manual therefore there may be random inaccuracies in capturing prescription information which are then reflected in the data but checks are in place to reduce the chance of issues occurring. The processes operate to a number of key performance indicators, one of which is the percentage Prescription Information Accuracy, the target being 99.4% and as of December 2018 prescribing, the accuracy level achieved over the latest 12 month rolling period was 99.68%.

The comparators take advantage of the developments linking the NHS number to prescription items. Currently, nearly 95% of all paper prescription items can be linked to an NHS number with an accuracy of over 99%. Age and date of birth can be linked to 73% of paper prescription items with an accuracy of 97%. As the utilisation of EPS increases, the coverage and accuracy of this data will increase.

Mental Health Comparator Specifications

Numbers of patients prescribed antidepressants

Section 1: Introduction / Overview		
1.1	**Title**	Numbers of patients prescribed antidepressants
1.2	**Definition**	Identifying the variation in prescribing of antidepressants
1.3	**Reporting Level**	Practice level (aggregated to CCG).
1.4	**Numerator**	Number of unique patients prescribed an item from 'Antidepressant Drugs' (0403)
1.5	**Denominator**	Practice list size
1.6	**Methodology**	Numerator divided by denominator, presented as a total count and also normalised to show prescribing per 1000 patients.
Section 2: Rationale		
2.1	**Purpose**	There is a five-fold variation in the number of patients prescribed antidepressants across England. This metric highlights CCGs and practices that are outliers, and supports commissioners and clinicians to identify unwarranted variation. Patients who are prescribed multiple antidepressants should be reviewed at regular intervals.
2.2	**Evidence and Policy Base**	**NICE (2009a)** *Depression. The treatment and management of depression in adults (NICE guideline). National Institute for Health and Clinical Excellence..* **www.nice.org.uk [Free Full-text**]

Numbers of patients prescribed antipsychotics

3.1	Title	Numbers of patients prescribed antipsychotics
3.2	Definition	Identifying the variation in prescribing of antipsychotics
3.3	Reporting Level	Practice level (aggregated to CCG).
3.4	Numerator	Number of unique patients prescribed an item from 'Drugs Used In Psychoses & Rel.Disorders' (0402) Excluding Lithium Carbonate (0402030K0), Lithium Citrate (0402030P0), Sodium Valproate (0408010W0), Valproic Acid (0402030Q0), and Valproic Acid (040801020)
3.5	Denominator	Practice list size
3.6	Methodology	Numerator divided by denominator, presented as a total count and also normalised to show prescribing per 1000 patients.
Section 2: Rationale		
3.7	Purpose	There is a four-fold variation in the number of patients prescribed antipsychotics across England. This metric highlights CCGs and practices that are outliers, and supports commissioners and clinicians to identify unwarranted variation. Patients who are prescribed multiple antipsychotics should be reviewed at regular intervals.
3.8	Evidence and Policy Base	[Psychosis and schizophrenia in adults: prevention and management](#) (2014) NICE guideline CG178

Number of unique patients co-prescribed lithium and nephrotoxic agents

4.1	**Title**	Number of unique patients co-prescribed lithium and nephrotoxic agents
4.2	**Definition**	Identifying the number of patients who have received a prescription for lithium and a nephrotoxic medicine in the same month.
4.3	**Reporting Level**	Practice level (aggregated to CCG).
4.4	**Numerator**	Number of unique patients prescribed at least one item from group one, and one item from group 2

Group 1	
Lithium Carbonate and Citrate	
BNF Chemical Substance	**BNF Code**
Lithium Carbonate	0402030K0
Lithium Citrate	0402030P0

And

Group 2	
Diuretics and ACE / ACE2	
BNF Section	**BNF Code**
Diuretics	0202
BNF Sub Paragraph	**BNF Code**
Angiotensin-Converting Enzyme Inhibitors	0205051
Angiotensin-II Receptor Antagonists	0205052

4.5	**Denominator**	Practice list size
4.6	**Methodology**	Numerator divided by denominator, presented as a total count and also normalised to show prescribing per 1000 patients.
Section 2: Rationale		
4.7	**Purpose**	Patient who are prescribed lithium should have their lithium levels and renal function tested at least every 3 months. Where co-prescribing of additional nephrotoxic agents is unavoidable, testing should be more frequent and patients counselled to recognize the symptoms of lithium toxicity.
4.8	**Evidence and Policy Base**	https://cks.nice.org.uk/bipolar-disorder#!prescribingInfoSub:8

Number of unique patients prescribed multiple psychotropics

5.1	**Title**	Number of unique patients prescribed multiple psychotropics
5.2	**Definition**	Identifying the number of patients prescribed a combination of at least one antidepressant and at least one antipsychotic
5.3	**Reporting Level**	Practice level (aggregated to CCG).
5.4	**Numerator**	Number of unique patients prescribed at least one item from each group

Group 1	
Antidepressants	
BNF Section	**BNF Code**
Antidepressant Drugs	0403%

Group 2	
Antipsychotics	
BNF Section	**BNF Code**
Drugs Used In Psychoses & Rel.Disorders	0402%
Excluding	
BNF Chemical Substance	**BNF Code**
Lithium Carbonate	0402030K0%
Lithium Citrate	0402030P0%
Sodium Valproate	0408010W0%
Valproic Acid	0402030Q0%
Valproic Acid	040801020%

5.5	**Denominator**	Practice list size .
5.6	**Methodology**	Numerator divided by denominator, presented as a total count and also normalised to show prescribing per 1000 patients.

Section 2: Rationale		
5.7	**Purpose**	Whilst often clinically necessary, prescribing of multiple psychotropics carries a number of increased risks that warrant close monitoring. Patients prescribed 3 or more psychotropics concurrently should be reviewed regularly to confirm that treatment is still appropriate.
5.8	**Evidence and Policy Base**	[Psychosis and schizophrenia in adults: prevention and management](#) (2014) NICE guideline CG178

Number of unique patients prescribed anti-dementia drugs and antipsychotics

6.1	**Title**	Number of unique patients prescribed anti-dementia drugs and antipsychotics
6.2	**Definition**	Identifying the number of patients who are prescribed and anti-dementia drug and an antipsychotic.
6.3	**Reporting Level**	Practice level (aggregated to CCG).
6.4	**Numerator**	Number of unique patients prescribed at least one item from each group
6.5	**Denominator**	Practice list size
6.6	**Methodology**	Numerator divided by denominator, presented as a total count and also normalised to show prescribing per 1000 patients.

For 6.4:

Group 1	
Anti-Dementia	
BNF Section	**BNF Code**
Dementia	0411

Group 2	
Antipsychotics	
BNF Section	**BNF Code**
Drugs Used In Psychoses & Rel.Disorders	0402
Excluding	
BNF Chemical Substance	**BNF Code**
Lithium Carbonate	0402030K0
Lithium Citrate	0402030P0
Sodium Valproate	0408010W0
Valproic Acid	0402030Q0
Valproic Acid	040801020

Section 2: Rationale		
6.7	**Purpose**	Antipsychotics are sometimes prescribed to manage the behavioural and psychological symptoms associated with dementia (BPSD) It has been estimated that there are an estimated 1800 excess deaths and 1620 cerebrovascular accidents each year as a result of the prescription of antipsychotics to people with dementia.
6.8	**Evidence and Policy Base**	The use of antipsychotic medication for people with dementia - Time for action; A report for the Minister of State for Care Services by Professor Sube Banerjee – November 2009 (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyA ndGuida nce/DH_108303

Appendix 1

Working group**:**

Name	Role / Organisation
Wajid Qureshi	Interim Lead for Medicines Optimisation Primary Care Workstream
Ann Jacklin	Medicines & Pharmacy Professional Advisor NHSI
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