

Have the New GP Contract and NICE guidelines improved the clinical care of patients with epilepsy?

Presenter: Dr Ian Minshall, GP, Cheshire

Service Category: Primary Care

Contact(s): ian.minshall@nhs.net

Background: The New GP Contract introduced epilepsy as a core quality indicator from April 2004.

Aim: To assess the effect on patient care in the five years after the introduction of the New Contract.

Design: Prospective survey.

Setting: 13 general practices serving Ellesmere Port and Neston (population 70,177).

Methods: The case notes of 540 patients aged 16 years and over with epilepsy on treatment were reviewed.

Main outcome measures: The proportion of patients (a) with poor control not receiving shared care (b) with an uncertain diagnosis (c) women of childbearing age not having been counselled (d) patients non compliant with prescription collection (e) patients with uncontrolled idiopathic epilepsy not on valproate (f) patients with uncontrolled partial epilepsy on valproate (g) other prescribing anomalies.

Results: Seventy three patients had uncontrolled epilepsy and were not under shared care. Diagnostic doubt existed in 25 patients, predominantly non epileptic attack disorder. There was no evidence in any patient the original diagnoses had been actively reviewed. There were 98 women of childbearing age, 21 of whom had no evidence of pre-conceptual counselling and 61 who were not receiving folic acid routinely. Thirty five patients were non concordant with prescription collection. There were 3 patients with a history consistent with uncontrolled idiopathic epilepsy who had never been prescribed valproate. Twelve were being prescribed valproate alone for uncontrolled partial epilepsy. Seventy four patients had prescription anomalies mainly multi-dosing and daily medication which were not true once daily preparations. One patient on vigabatrin was not under ophthalmological care.

Conclusion: Despite marked improvements in review rates of patients with epilepsy after the introduction of the New GP Contract five years previously, there are still significant unmet needs in this patient group. A re-wording or change of the QOF targets might now be appropriate to prompt GPs to consider, in more detail, the deficiencies highlighted in this paper. Access to quality services needs to be in place to assist in managing the clinical issues. Provision of intermediate care in the form of a GPwSI would provide the appropriate expertise without the need to refer necessarily to secondary care