

Background Quality Report

Mefloquine Prescribing in the UK Armed Forces

Introduction

1. This biannual Official Statistic provides information on the number of mefloquine prescriptions given to UK Armed Forces personnel at MOD medical facilities. This report uses prescription data covering the period 12 September 2016 to 30 September 2017, with a focus on the latest six months (1 April to 30 September 2017).
2. Mefloquine (also known as Lariam) is used to prevent or treat malaria. It may be prescribed as one of a number of alternative chemoprophylactic drugs for military personnel deployed to areas where there is a high risk of chloroquine resistant malaria.

Background

3. A number of individuals including former Service personnel and their families, members of the public and MPs have campaigned to prevent the use of mefloquine in the UK Armed Forces due to the reported neuropsychological adverse reactions of the drug.
4. In 2015 the House of Commons Defence Committee (HCDC) conducted an inquiry into the use of mefloquine (Lariam) in the UK Armed Forces. The HCDC published its report into the use of mefloquine by the Armed Forces in May 2016, and made a number of recommendations concerning the future prescribing of the drug¹.
5. In response to the inquiry and these recommendations, the MOD amended its policy on preventing malaria in military personnel which was implemented on 12 September 2016 and further revised in June 2017. In addition the Government response to the HCDC report was published in September 2016².
6. The HCDC stated that they would monitor the MOD's policy in relation to malaria protection by requesting six monthly updates on the MOD's use of mefloquine. Publication of this Official Statistic is to meet this requirement, support the MOD's commitment to release information where possible and ensure that the public has equal access to the information.

Methodology

7. Data on prescriptions for mefloquine were extracted from the electronic patient record (DMICP) data warehouse. Data were extracted as at 6 October 2017.

¹ <https://www.publications.parliament.uk/pa/cm201516/cmselect/cmdfence/567/567.pdf>

² <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmdfence/648/648.pdf>

The rollout of DMICP commenced during 2007 and comprises an integrated primary Health Record (iHR) for clinical use and a pseudo-anonymised central data warehouse. Prior to this data warehouse, medical records were kept locally, at each individual medical centre. By 2010, DMICP was in place for the UK and the majority of Germany. Rollout to other overseas locations commenced in November 2011.

8. Information presented relates to the number of antimalarial drug prescriptions. Individuals may have received more than one prescription during the reporting period. Please note it is not possible to identify from the prescription data whether the drug was prescribed as a chemoprophylaxis to prevent malaria or if it was prescribed to treat malaria. All prescriptions for antimalarial drugs have been included and categorised as chemoprophylaxis.
9. A patient was categorised as having received a face to face risk assessment if codes were entered into their electronic record on the day of the prescription or prior to the mefloquine prescription.
10. A sample of records were reviewed by clinicians in December 2016. Clinicians who gave a prescription of mefloquine were asked to review the individual medical record if no coded data could be found to identify a risk assessment or alternative drug offered. Having checked the record, the clinician then completed a spreadsheet to indicate whether or not a face to face assessment was completed and alternative drug offered. If a clinician confirmed that a face to face risk assessment was carried out or alternative drug offered then these records have been categorised as such, even if there is no centrally coded data.
11. The data on mefloquine presented is based on personnel who have been prescribed the drug; it does not ensure the individual has taken the drug.

Relevance

Coverage

12. The report refers to mefloquine prescriptions and risk assessments to UK Armed Forces personnel between 1 April 2017 and 30 September 2017.
13. Doxycycline, atovaquone/proguanil (Malarone), proguanil, chloroquine/proguanil and chloroquine can be supplied to UK Armed Forces personnel through a Patient Group Direction. A Patient Group Direction (PGD) is a specific and detailed written direction for the administration or supply of named medicines, including those classified as Prescription Only Medicines (POM), by a named nurse, pharmacist or other authorised healthcare professional, in a specific clinical situation. A PGD is not a form of prescribing or an authority to prescribe. It is an authority to supply or administer.
14. In some cases it is possible that a patient has been supplied antimalarial drugs with the appropriate authorisations, but because of the separate process of authorisation and supply, the name of the drug was not always captured in the electronic patient record. Therefore Defence Statistics were unable to identify

which drug was given from the data warehouse, therefore these cases have not been included in the total numbers of antimalarials given. The information may have been included as free text in the patient's record.

User Needs

15. The HCDC stated that they will monitor the MOD's policy in relation to malaria protection by requesting six monthly updates on the MOD's use of mefloquine. In addition MOD continues to receive requests for information from the media and members of the public; publication of this Official Statistic is to meet this requirement, to support the MOD's commitment to release information where possible and ensure that the public has equal access to the information.

Accuracy

16. Individual MOD medical centres are responsible for ensuring the accuracy of clinical information in the electronic patient record. All coded (not free text) information is saved into the central data warehouse at regular intervals; usually every three days. The electronic patient record system is a large clinical and administrative database and is subject to the data quality issues of any large administrative system with data collated by a large number of medical and administrative staff for clinical delivery purposes.
17. The main sources of potential error in the mefloquine official statistic are as follows:
 - Incomplete or inaccurate data from the data warehouse
 - Manual error during production of report
 - Data entered as free text are not available from the data warehouse
18. To ensure that potential errors are identified and resolved, Defence Statistics (Health) implement a series of data quality checks throughout the report production. When required, these checks involve close liaison with personnel in Defence Primary Health Care headquarters who are responsible for providing service delivery, to ensure the accuracy of the figures published.

Timeliness and Punctuality

Timeliness

19. Data are entered into the electronic patient record in real time and the data warehouse is updated every three days. Defence Statistics (Health) extract data, and publish mefloquine prescribing figures on a biannual basis.
20. Figures are published seven weeks after the end of the reporting period. This is due to the time lag in data availability and to allow time for the production of the statistic.

Punctuality

21. The Official Statistics reports have been published on time to meet preannounced release dates. A one year release schedule outlining the following financial year's publication date is published on the Defence Statistics website. Future publication dates will also be announced on the UK Statistics Authority hub at least one month in advance.

Accessibility and Clarity

Accessibility

22. Mefloquine prescribing statistics are published on the GOV.UK website. The publications are available from 0930 hours on the day of release.

Clarity

23. Users with an interest in the key findings can read a short summary of main messages immediately on the front page.
24. The report refers to mefloquine prescriptions and risk assessments to UK Armed Forces personnel between 12 September 2016 and 30 September 2017.

Coherence and Comparability

Coherence

25. At the time of publication it was not possible to identify information relating to the numbers of prescriptions for antimalarial drugs including mefloquine for the total UK population or other foreign militaries for comparative purposes.

Comparability Over Time

26. This is the **second** release in a series. Data for the latest six month period were compared to the previous six month period and totals for the twelve months were presented.

Trade-offs between output quality components

27. Where possible Defence Statistics (Health) minimise the cost to Government of producing these statistics by using data already collated for operational delivery purposes within MOD. The main source of data used for compiling these statistics is the electronic patient record (DMICP) data warehouse. DMICP data was cross referenced with the MOD's Joint Personnel Administration (JPA) system to identify UK Armed Forces personnel and remove civilians. Both data systems are large administrative databases, and as such, data quality across fields is of varying quality and completeness.

Assessment of User Needs and Perceptions

28. In reference to the UK Statistics Authority report, The use made of Official Statistics, the Mefloquine Prescribing Statistic is used for:

- (i) Policy making and monitoring
- (ii) Inform general public of the performance of government

29. External organisations such as the House of Commons Defence Committee use the reports for monitoring the numbers of prescriptions of mefloquine to UK Armed Forces and whether a face to face risk assessment was conducted prior to prescription, and an alternative antimalarial drug offered.

Description of Users and Usage of Statistics

30. The Mefloquine Prescribing Statistic has been published in response to recommendations by the HCDC following an inquiry into the use of mefloquine in the UK Armed Forces.
31. The publication of the statistic also plays an important part in ensuring the Department's accountability to the British public.

Strengths and Weakness in Relation to User Needs

32. Users external to the MOD are encouraged to give feedback via the MOD website. The publication provides details of how to give feedback.
33. The key strength of the Mefloquine Prescribing data is that the prescription data used is the information held at each MOD medical centre. The timeliness of this data and the regular updates to the data model mean the most up to date information is available for analysis.
34. The key weakness is that Defence Statistics (Health) have no control over the quality of the raw data in the data warehouse that was used to collate figures. The prescription and associated risk assessment data in DMICP are input by medical centre staff. Information may be recorded in a patient's medical record as free text which is not available in the data warehouse. It is possible that for some patients they have received a risk assessment however it was not entered into the medical record as coded information and therefore was not available for analysis. In order to partially overcome this problem, Defence Statistics engaged with Defence Primary Healthcare (DPHC) to investigate missing information relating to face to face risk assessments and alternative drug offered in medical records for the period 12 September 2016 to 31 December 2016. DPHC are continuing to monitor mefloquine prescriptions by requesting that clinicians provide assurance that prescriptions were given according to policy and to address the prescribing workforce about the importance of entering coded data to provide central assurance.

Performance cost and respondent burden

Operational Cost

35. The production of the Mefloquine Prescribing Official Statistic requires 0.2 FTE per year.

36. The Mefloquine Prescribing report uses administrative data sources already collected by the MOD. As such, there is no respondent burden, and the main operational cost to production of the statistics is for quality assurance and data interpretation.

Confidentiality, Transparency and Security

37. All Defence Statistics (Health) staff involved in the production of Mefloquine Prescribing Official Statistic have signed a declaration that they have completed the Government wide Responsible for Information training and they understand their responsibilities under the Data Protection Act and the Official Statistics Code of Practice. All staff involved in the production process have signed the Data Protection Act, and all MOD, Civil Service and data protection regulations are adhered to.
38. Defence Statistics (Health) also adhere to Joint Service Publication 200 (March 2016). Defence Statistics (Health) ensure that the Mefloquine Prescribing data is kept confidential by holding this data on a secure server. Only individuals who work on the reports have access to the data.
39. Defence Statistics (Health) adhere to the principles and protocols laid out in the Code of Practice for Official Statistics and comply with pre-release access arrangements. The Defence Statistics Pre-Release Access lists are available on the GOV.UK website (<https://www.gov.uk/government/statistics/defence-statistics-pre-release-access-list>).