To:
- All community pharmacy contractors

NHS England
Wellington House
133-155 Waterloo Road
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SE1 8UG

16 September 2024

Dear pharmacy contractor,

## Update for action: Patient safety notification for contractors using EMIS PharmOutcomes IT system

On 24 June, NHS England sent a note to those pharmacy contractors and GP practices which may have been impacted by pharmacies that had a queue of emails for their patients.

The note advised pharmacies and GP practices to await further guidance, following a clinical review of the issue to assess next steps, before verifying any new emails for electronic notifications; and to pause any actions to manage the queue.

NHS England has convened a clinical advisory group (CAG) which is supported by the office of the Chief Pharmaceutical Officer and includes GPs and pharmacists. This group has undertaken a risk assessment of the queued emails issue and made some recommendations specifically for community pharmacy based on patient safety risk.

The CAG recommends prioritising the review of any unactioned messages associated with the national advanced pharmacy services; specifically where an onward referral to the patient's GP was the outcome since 1 January 2023. See Annex 1.

These recommendations have been tested with community pharmacy teams in several pharmacies to assess the impact and process, supported by integrated care board (ICB) community pharmacy clinical leads and NHS England regions.

Community Pharmacy England and the Community Pharmacy Patient Safety Group have been consulted about the recommendations and proposed processes.

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**Action for contractors**

1. Review and action the queue of notification emails within the PharmOutcomes system for the clinical services delivered by the pharmacy, in order of priority as set out in Annex 1.

2. Follow instructions for manipulating the suppressed post event messages (PEMs) held within PharmOutcomes as set out in the supporting documentation; and follow guidance for sending notifications to a GP practice where suppressed PEMs need to be sent.

3. If there are any concerns about potential patient harm because of delayed notifications following a pharmacy consultation, please report the incident using the 'Learning From Patient Safety Events' portal and use the code 'PharmacyPEM' for reporting purposes.

4. Pharmacists must consider and fulfil their duty of candour.

5. Return any locally agreed auditing report to confirm completion of actions.

We would appreciate it if you could complete these actions by Monday 30 September 2024. If you are unable to complete the actions by this date, please inform your local pharmacy commissioning team.

Thank you for your support. If you have any questions please contact EMIS PharmOutcomes by visiting www.emisnow.com, your ICB Community Pharmacy Clinical Lead (or equivalent) or your local commissioning team.

Yours sincerely,

**Alex Morton**

Group Director – Primary Care and Community Services Delivery

NHS England

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## Annex 1: Assessment of priorities for community pharmacy queued email review

| Clinical service notification | Action by community pharmacist |
|---|---|
| **Priority 1:**<br>Blood pressure check national advanced service | 1. Review all consultations for the BP Check service from 1 January 2023 onwards in the EMIS PharmOutcomes system that have not been marked as actioned.<br>2. Next:<br>a) For consultations where a normal BP reading was recorded, mark these as actioned to remove them from the queue.<br>b) For consultations where a high/very high BP, an irregular heartbeat, **or** a symptomatic low BP reading was recorded, check the National Care Record Service (NCRS) for the patient (this can be done without consent as it is a patient safety concern), and if a more recent BP is shown, then mark the consultation as actioned to remove it from the queue.<br>c) For remaining high/very high, irregular heartbeat or symptomatic low BP consultations where no more recent BP is shown on NCRS, print a copy of the consultation and send to the patient's GP practice, advising this should have been sent automatically at the time of the consultation (within 24 to 48 hours), but has only recently been identified as not having been received.<br>Mark the consultation as actioned to remove it from the queue.<br>3. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient to inform them that their GP practice has been sent information about their BP measurement from their consultation on [date].<br>If they have any concerns, please contact the pharmacy or their GP.<br>A template message is set out in Annex 2. |

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| Clinical service notification | Action by community pharmacist |
|---|---|
| **Priority 2:** Contraception national advanced service | 1. Review all consultations for the Oral Contraception service in the EMIS PharmOutcomes system that have not been marked as actioned.<br>2. Next:<br>a) For consultations where the episode of care was completed in the pharmacy with no onward referral to the GP, mark these as actioned to remove them from the queue.<br>b) For consultations where a referral to the GP was the outcome, including those where the BP measurements were identified to be high/very high, print a copy of the consultation and send to the patient's GP practice advising this should have been sent automatically at the time of the consultation (within 24 to 48 hours) but has only recently been identified as having not being received.<br>Mark the consultation as actioned to remove it from the queue.<br>3. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient to inform them their GP practice has been sent information about their consultation on [date].<br>If they have any concerns, please contact their pharmacy or their GP.<br>A template message is set out in Annex 2. |

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| Clinical service notification | Action by community pharmacist |
|---|---|
| **Priority 2:**<br><br>Pharmacy First consultations for minor illness and clinical pathways consultations. | 1. Review all consultations for the PF Minor Illness and PF Clinical Pathway consultations in the EMIS PharmOutcomes system that have not been marked as actioned.<br>2. Next:<br>a) For consultations where the episode of care was completed in the pharmacy with no onward referral to the GP **and** where no medication was supplied under the patient group directions (PGDs), mark these as actioned to remove from the queue.<br>b) For consultations where the outcome was escalated to the GP **or** where medication was supplied under the PGDs, print a copy of the consultation and send to the patient's GP practice, advising this should have been sent automatically at the time of the consultation (within 24 to 48 hours), but has only recently been identified as not having been received.<br>Mark the consultation as actioned to remove it from the queue.<br>c) For consultations where medication was supplied under the PGDs, check the NCRS to see if there is a record of the medication.<br>If there is, mark the consultation as actioned to remove it from the queue.<br>If there is not a record of the medication, print a copy and send to the patient's GP practice, as described above.<br>d) For consultations where patients were escalated to urgent and emergency care settings, mark as actioned to remove from the queue.<br>This is on the assumption that patient will need to have sought further advice at the time and is in line with how other care settings advise patients to attend urgent care.<br>3. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient and inform them their GP practice has been sent information about their consultation on [date].<br>If they have any concerns, please contact the pharmacy or their GP. See Annex 2. |

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|---|---|
| **Priority 3:**<br>Smoking Cessation Service | 1. Review all consultations for the Smoking Cessation Service in the EMIS PharmOutcomes system that have not been marked as actioned.<br>2. Next:<br>a) For consultations where a referral to the GP was the outcome, print a copy of the consultation and send to the patient's GP practice, advising this should have been sent automatically at the time of the consultation (within 24 to 48 hours), but has only recently been identified as not having been received.<br>Mark the consultation as actioned to remove it from the queue.<br>b) For consultations where the episode of care was completed in the pharmacy with no onward referral to the GP, mark these as actioned to remove them from the queue.<br>3. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient and inform them their GP practice has been sent information about their consultation on [date].<br>If they have any concerns please contact the pharmacy or their GP. See Annex 2. |

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|---|---|
| **Priority 4:**<br>Local services | 1. Review all remaining consultations in the EMIS PharmOutcomes system that have not been marked as actioned, including those before 1 January 2023.<br>These are likely to be for locally commissioned services.<br>Consider clinical priority for sending to GP with reference to the local service specification and service level agreement.<br>2. Next:<br>a) For consultations where the episode of care was completed in the pharmacy with no onward referral to the GP, **and** no medication was supplied, mark these as actioned to remove them from the queue.<br>b) For consultations where a referral to the GP was the outcome **or** where medication was supplied, print a copy of the consultation and send to the patient's GP practice, advising this should have been sent automatically at the time of the consultation (within 24-48 hours), but has only recently been identified as not having been received.<br>Mark the consultation as actioned to remove it from the queue.<br>3. Pharmacists may need to seek clarification with primary care commissioning team and/local authority for any service specifications where appropriate.<br>4. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient and inform them their GP practice has been sent information about the care they received from [service] on [date].<br>If they have any concerns please contact the pharmacy or their GP. See Annex 2. |

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## Annex 2: Template message to patients

Dear [patient],

Our records show that you had a blood pressure check on [date]. At the time, your blood pressure was considered to be high / very high; you had an irregular heartbeat; low BP with symptoms; [Delete as appropriate].

Consequently, you were referred for medical help and asked to make contact with the general practice team. However, the referral was not received due to a technical issue and it is possible that you may not have contacted the GP.

Please note that your GP has now been resent the information from your consultation dated [date]. We would like to use this opportunity to remind you to make contact with your GP if you have not already done so. If you have any concerns, please contact the pharmacy [Add phone number or email].

**Use suitable alternative text for other services.**

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