

15th October 2014

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Dear Ma'am

Coroners Regulation 28 Report – Dorothy Joan Robinson

Recommendation 4 of the investigation report written by [REDACTED] suggests the introduction of a Trust-wide electronic prescribing system that readily makes available information about previous adverse drug reactions at the time of prescribing and dispensing of medications. Further, that the system could mandate completion of adverse drug reaction information before a prescription is accepted on the system. In the ensuing action time line the report notes that *this is currently being assessed, but implementation is likely to take at least two years.*

The Trust continues to expand its use of information technology in support of safer clinical care and has recently committed to investing £18m in a replacement patient administration system, the foundation stone from which we can fully develop electronic clinical systems.

Currently there is limited experience of e-prescribing systems in the NHS across the country. What experience hospitals have had has highlighted the need for a cautious approach with time spent testing and refining to avoid unintended consequences. The RUH Information Technology and clinical teams have close working relationships with other hospitals that are implementing e-prescribing and continue to learn from those leading this improvement. Of particular note is our work with the Oxford University Hospitals NHS Trust who use the same base system as the RUH and are just in the process of a phased roll out of e-prescribing.

Pending the development of e-prescribing at the RUH, which may well take more than two years to be fully implemented, we have strengthened processes to mitigate the risk of a drug being administered to a patient who is known to be intolerant of it. Presently, our non-electronic prescribing systems incorporate the need to record such an intolerance. Patients attend the Royal United Hospital as in-patients, out-patients and as day case patients. If patients require a medicine in any of these settings, the pharmacy will not supply that medicine against a prescription unless the allergy / adverse reaction box has been completed on the medication chart. Through internal reminders and education we continue to emphasise this absolute rule. In addition, nurses check the allergy status of in-patients before administration of medicines.

In specific specialties, such as Oncology and Haematology there is an electronic prescribing system that mandates the entry of an allergy / adverse reaction at the point of prescribing. This system is called ARIA and is referred to in the investigation report. Investment has been made to develop ARIA to ensure that it covers all out-patients and in-patients receiving the complex medicines regimens prescribed in Oncology and Haematology. This will take a further 12 – 18 months to complete.

An electronic prescribing module for patients being discharged with medication from the RUH has been developed and will be launched in March 2015. An earlier system was tested Trust wide in 2013 but required revision to capture all the safety features, an example of how testing and refining of e-prescribing is essential to avoid solving one problem whilst creating another. This system will also mandate the entry of allergies/adverse reactions in the discharge letter that goes to GPs. Currently this is done manually if an adverse reaction occurs in hospital.

The transition from paper-based health records to electronic systems at the RUH is a gradual and lengthy process. Any change of this enormity can present some risks, but these risks are managed through the Medical Records Users Group, a body that is led by one of the Trust's most senior clinicians and which works closely with the Clinical Informatics Group and Information Technology teams. No system, whether electronic or not, can ever reduce the risk of prescribing a medicine for a patient who is intolerant of it to zero. I hope I have demonstrated to you, though, the actions we have taken to mitigate that risk as much as we can.

If you would like to discuss the contents of this letter further, both myself and [REDACTED] Medical Director would be happy to meet with you.

Yours sincerely

[REDACTED]
James Scott
Chief Executive