

16th July 2021

Ref: **REGULATION 28: 21 May 2021 (DM)**

Dear Mr Golomback,

With regard to the Regulation 28 report dated 21 May 2021 (the “**Report**”), we were saddened to read of this incident. We treat such matters with the utmost seriousness and an internal review has been undertaken, focusing on the issue of repeat medications and compliance.

Firstly, we reviewed the functionality available within EMIS Web and confirmed that it was working as designed and in a manner that complies with the system requirements specified by NHS Digital.

On review of the patient’s electronic record, it appears that the patient had been inconsistent in terms of medication compliance since commencing on Sertraline in December 2018. In the four months prior to being changed to electronic repeat prescriptions via EPS, the record shows that they had been non-compliant on a number of occasions, including 2 occasions where the patient failed to return to the GP Practice on time for a review and to obtain a further prescription. On the first occasion, there was a delay of 20 days and on the second occasion, a delay of 14 days.

The patient was switched to repeat prescriptions on 11 July 2019 for 28-day quantities. On the 2 September 2019, when the patient requested the 2nd repeat prescription (approximately 24 days later than expected) the current and average percentage compliance with the repeat medication was as displayed below. This was a further indication of under use of the medication and this should have alerted the GP practice to the fact that the patient was non-compliant with his medication.

Drug / Dosage / Quantity	Usage Current / Average	Last Issue Date / Authoriser	Last Issue Number / Method
Repeat			
A Sertraline 100mg tablets One To Be Taken Each Day, 28 tablet	4% 8%	02-Sep-2019 [REDACTED]	2 of 12 Electronic R2
B Sertraline 50mg Tablets One To Be Taken Each Day, 28 tablet	4% 8%	02-Sep-2019 [REDACTED]	2 of 12 Electronic R2

When a patient is placed on repeat prescriptions, the review date set is at the GP’s discretion (up to a maximum of 12 months). This supports the benefits of repeat prescribing for both the patient and GP whilst allowing the GP to set an appropriate interval for review, depending upon the patient’s clinical presentation and compliance with treatment.

On commencing the patient on repeat prescriptions, the GP confirmed a review date of 12 months. A shorter time frame for review could have been chosen which may have alerted the GP to compliance issues earlier.

In addition, prescribers have the ability to check the status of a prescription using the NHS’s Electronic Prescription Service (EPS) Prescription Tracker. This allows a prescriber to identify if EPS prescriptions have left the organisation, been downloaded by the dispensing pharmacy and/or been dispensed.

We recognise that medicines management and patient compliance is a highly complex area for practices to manage given the scale of repeat prescribing each undertakes. Practices should have robust policies in place to ensure that patients at risk through non-compliance are followed up and monitored closely; some practices will use other specific tools for at risk patients (e.g. diary entries or creating compliance reports) to help manage poor compliance. Furthermore, prescribers have the ability to check the status of a prescription using the NHS's Electronic Prescription Service (EPS) Prescription Tracker. This allows a prescriber to identify if EPS prescriptions have left the organisation, been downloaded by the dispensing pharmacy and/or been dispensed. However, use of such tools varies across different areas and practices.

We are presently considering a number of potential digital tools that we could look to develop so as to aid further patient compliance.

We agree that patients at risk present a specific challenge in terms of ensuring medication compliance and would welcome a discussion with the profession, NHS England, NHS Digital and other system suppliers to create best practice for primary care to help manage this risk. Enhanced, robust practice processes alongside new IT capabilities are likely to be needed and these can then flow through to the relevant NHS Digital functional specifications in order to ensure compliance nationally.

We trust that the details outlined above are of help.

Finally, as a company we work very hard to support health care services across the UK and patient safety is of paramount importance to us. We were saddened to read of the issues relating to this particular incident and we would like to pass our condolences on to the family.

If you have any further queries then please contact our Senior Clinical Director, [REDACTED] (via [REDACTED] in the first instance.

Kind regards

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the bottom.

Dr [REDACTED]
Chief Medical Officer, EMIS Group