

HM Assistant Coroner, Miss Carly Henley, North Tyneside Coroners Civic Centre Barras Bridge Newcastle Upon Tyne NE1 8QH

4th April 2023

Ref: REGULATION 28 – 21st February 2023

Dear Miss Henley,

We write in response to the Regulation 28 report dated 21st February 2023 (the "Report").

Firstly, we were saddened to read of the death of Ms Ross and would like to take this opportunity to express our sincere condolences to their family.

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 have reviewed and considered your concerns raised in the Report and have undertaken an internal review.

As stated in the Report, the patient first became eligible for invitation for cervical screening via the National Screening Programme, in 2012, at the age of 25. EMIS Web was the Electronic Patient Record system ("the **System**") used by Ms Ross's GP surgery (as part of the Collingwood Health Group) until 2017, when they migrated to another Electronic Patient Record system.

Your first concern was in relation to evidence provided during the coroner's inquest by a GP Partner from the Collingwood Health Group, namely that the System does not provide an automatic flag, or alert, on a patient's medical record if they are classed as a non-responder to an invitation for a National Screening Programme event, such as cervical screening ("**Cervical Screening Event**").

However, we feel it important to note that in the case of a patient failing to respond to an invitation for a Cervical Screening Event, an automatic alert (triggered by the absence of a code indicating completion of Cervical Screening Event), which reads "*Cervical Smear due or outstanding*", will display each time the patient's record is opened in the System. This alert is triggered regardless of whether the patient has historically attended for a Cervical Screening Event or not (in accordance with the NHS Cervical Screening Programme). The alert remains visible on the patient record until the patient is recalled by the National Screening Programme in 3 or 5 years depending on age.

A clinical user may choose to suppress alerts during a clinical session; however this automatically reverts to the default of 'visible' when they next log in to the System as alerts cannot be turned off at a Practice level.

In addition to the automatic alert described above, any GP practice using the System has the ability to extract a list of patients who remain eligible, but are not up to date, with their cervical screening. This can be undertaken by accessing the 'Population excluded' file from the QOF reporting screen (part of the Population Reporting module). It is possible to exclude patients from cervical screening recalls (and therefore this list), but should only be after an informed discussion between the patient and a





clinician which is documented on a disclaimer letter (known as informed consent for withdrawal from the Cervical Screening Programme). EMIS Web has included QOF alerts since before this patient would have been eligible for her first cervical smear in 2012.

We can confirm that all of the functionality described above meets the specification provided by NHS Digital (now, NHS England).

Conclusion

At EMIS we are proponents of continuous improvement, and we will continue to review our solutions to determine whether there are changes to be made which would improve their performance.

In this instance, we believe that the System already meets required specifications as well as your recommendation of including an automatic flag/alert when a patient fails to attend for cervical screening as part of the National Screening Programme.

EMIS will continue to review and investigate any cases of a similar nature, and review effectiveness of any current and ongoing mitigations.

We trust that the details outlined above are of help.

If you have any further queries then please contact our Senior Clinical Director, , in the first instance.



Chief Medical officer, EMIS Group

