

FAO Susan Ridge, Assistant Coroner

[REDACTED]
HM Coroner's Court
Station Approach
Woking
Surrey
GU22 7AP

[REDACTED]
14 August 2023

Ref: REGULATION 28 – Matthew William Thomas Power

Dear Ms Ridge,

We write in response to the Regulation 28 report dated 26th June 2023 (the “**Report**”).

We were saddened to read of the death of Mr Power 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 undertaken an internal review of EMIS Web (the “**System**”), focussing on the issues raised as areas of concern in the Report, namely:

- Concern 1: Evidence was given that repeat prescriptions being ended by a clinician remained in the ‘pending’ medication management box (*sic*), purportedly creating a risk that it is actioned and issued rather than being cancelled.
- Concern 2: Evidence was given that EMIS Web groups prescriptions into the amount prescribed, rather than simply recording when a prescription was issued.
- Concern 3: The challenge that the Practice had with regards to ascertaining what had been prescribed.

Addressing these in turn:

Concern 1: repeat prescriptions being ended by a clinician remained in the ‘pending’ medication management box (*sic*), purportedly creating a risk that it is actioned and issued rather than being cancelled.

When a clinician ends a prescription (including, any repeat prescription) in the Medication module of the System (**End Course**), this action ends that prescription if there are no outstanding associated Workflow tasks (as discussed in further detail below).

If, however, a clinician attempts to End Course and there is an outstanding associated Workflow task, a warning box will pop up on screen that states “*cancelling an issue is not possible when there are pending requests*”. This means it is clear to the relevant clinician that the prescription has not successfully ended and acts as a prompt for them to review the outstanding Workflow task.



In relation to outstanding Workflow tasks, in addition to the immediate on-screen prompt in relation to an attempt to End Course, each time the relevant clinician logs in to the System, there is a task bar at the top of the home page which indicates how many outstanding Workflow tasks there are for each section within the System.

As an illustration, there may be 5 outstanding Workflow tasks in the “Medicines Management” tab within the System, and this will show as “Medicines management – 5”. The clinician would then click on that tab, which takes them to their Clinician specific Workflow page. It is also possible for a clinician to view global tasks, i.e. those outstanding tasks for the entire practice (and outside of their specific Workflow).

When a repeat medication prescription has been ended, it automatically moves to ‘Past Medication’. Any requests subsequently placed for that same medication item can only be actioned in one of two ways: either ‘restart’ the medication or ‘reject’ the request (shown below in Fig 1), both of which require a prescribing Clinician to use their clinical judgement in order to ascertain whether to accept or reject such a request.

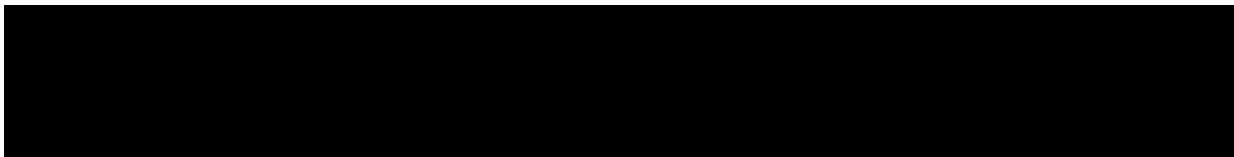


Fig 1.

In summary, there are mechanisms in place designed to ensure that where steps have been taken to end a repeat prescription the relevant clinician will be prompted to take a positive action to review the same.

Concern 2: EMIS Web groups prescriptions into the amount prescribed, rather than simply recording when a prescription was issued.

Medications are grouped within the System with the following “view” options: (i) Acute/Repeat; (ii) EMIS Drug Group; (iii) Problem Orientated View; (iv) Acute/Repeat (Alphabetical); or (v) no grouping (as shown in the dropdown option in Fig 2). As a default, medications are displayed as Acute/Repeat, which will show medications in chronological order of date last issued. An individual user of the System can choose which view to use.

Regardless of which view option is chosen, a Clinician would easily be able to see the last issue date of any particular drug, as demonstrated in the same Fig 2 below (towards the right-hand side of the view screen).



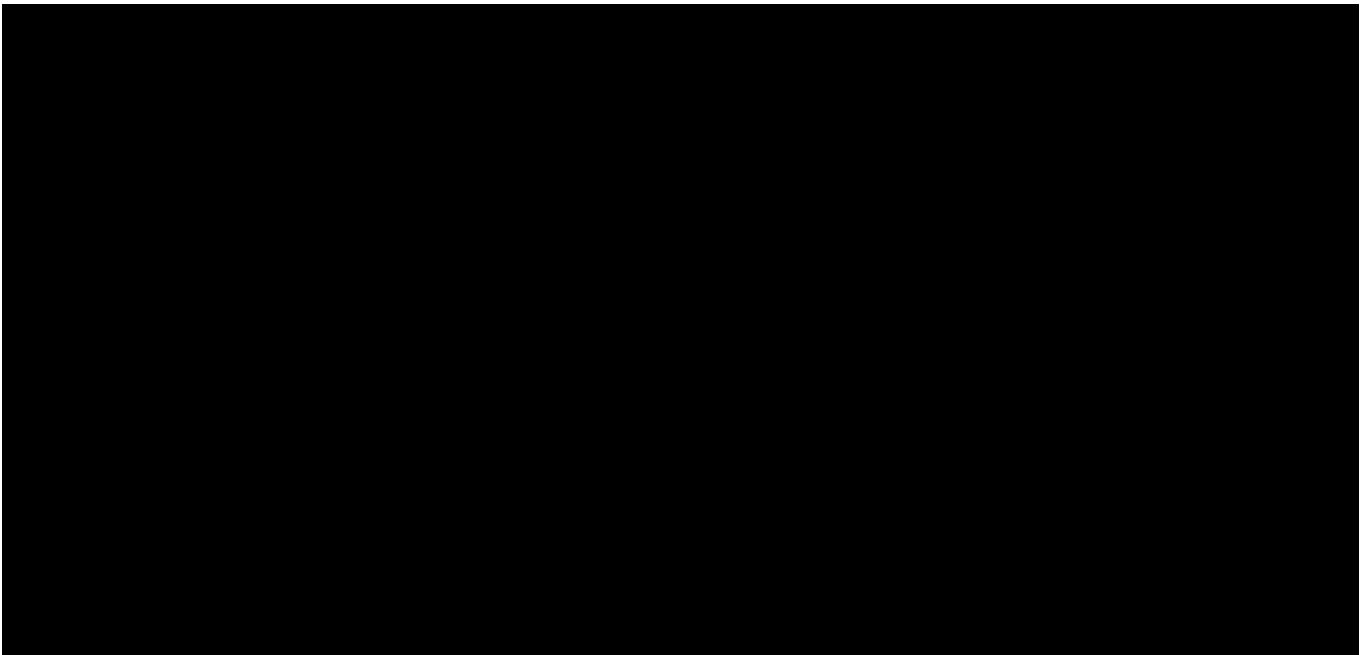


Fig 2.

In summary, it is open to the relevant clinician to configure their view as required.

Concern 3: challenges that the Practice reported having with regard to ascertaining what had been prescribed.

The System has a Drug History function (within the Medication module) which allows users to view the timeline of any actions performed against each medication entry within the patient record by right-clicking on the relevant medication and choosing “Drug History” (as shown in Fig 3). This includes dates and times a course was commenced, modified, or ended, as well as when requests for medication issues were placed (shown below in Fig 4).

The Drug History panel defaults the view to show the history for all courses of the same preparation (e.g., Co-codamol [REDACTED] tablets), but also allows the user to change the view to show the history for courses for all medications with the same ingredients, (e.g., Paracetamol or Codeine) or to show the history specifically for the medication course that has been selected.





Fig 3.

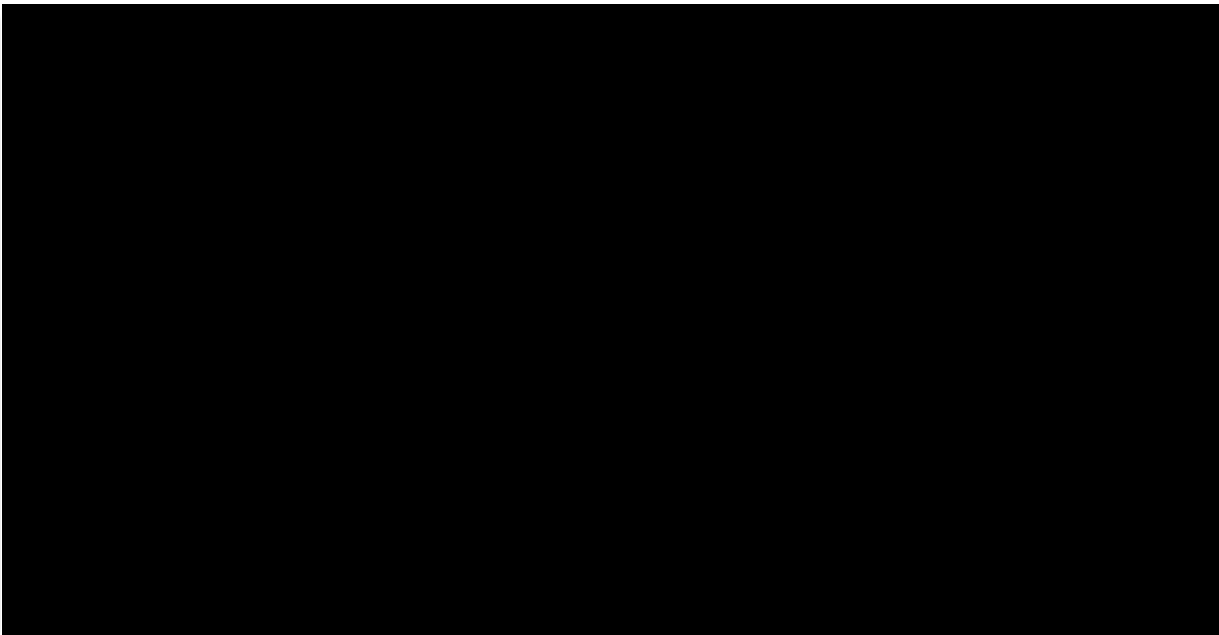


Fig 4.

The required information is therefore readily available within the System.

Conclusion

Based upon the information provided in the Report and our subsequent review, we do not believe there are any software developments that are required in order to mitigate risks relating to this case beyond the



functionality that already exists within the System. In addition, we note that the functionality described above meets the specifications provided by NHS England.

Training is provided on use of the System (including all the functions detailed in our response above) at the point of implementation. Additionally, all GP Practices are encouraged to have relevant processes in place to ensure all clinicians are up to date with their knowledge of System use.

Training is further supported by a series of related online Knowledge Base articles that can be accessed, as part of self-directed learning, by EMIS users (i.e. Clinicians) at any time via the EMIS Now platform. These include articles relevant to the medication modules.

EMIS are happy to provide further training, free of charge, to the Practice in relation to the optimal use of the functionality discussed in this Report.

We trust that the details outlined above assist.

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

Kind regards

[REDACTED]

[REDACTED]
Chief Medical officer, EMIS Group

