Optum

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18th December 2025

FAO Alexander Frodsham
HM Assistant Coroner for Cheshire

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Dear Mr Frodsham,

We write in response to the Regulation 28 Report dated 10th November 2025 (the "**Report**").

We were sorry to read about the passing of Mr Mitchell, and we would like to take this opportunity to offer our condolences to his family following their loss.

We have undertaken an internal review of EMIS Web (the "**System**"), focusing on the issue raised as a concern in the Report. We understand you were informed, during the inquest, that the System automatically removes medication from the list of repeat prescriptions if it is not re-ordered for a period of 12 months. Further, the GP is not notified of this fact and is not prompted to authorise the change. Unfortunately, this information is not quite correct, as detailed below.

This review was undertaken by our internal team, including a Clinical Director, a Clinical Safety Officer and a Product Manager.

Investigation Findings

The System has functionality that addresses repeat medications that have not been issued for a period of time, in order to prevent outdated or inappropriate medication from remaining active indefinitely. This helps mitigate the risk of inappropriate medication usage and/or medication wastage arising from patients ordering repeat medications that they no longer require. This is in line with guidance from within the Royal College of General Practitioners and Royal Pharmaceutical Society Repeat Prescribing Toolkit (2024).

How the functionality works

Within the System platform, there is a "Medication" tab, under which all medication for a patient is managed by the relevant GP within that patient's care record. A GP can add a drug, end a course, reauthorise, issue (amongst other functions) medication, as well as manage acute and repeat prescriptions.

Repeat medication does not automatically expire unless a System user (who has the appropriate Role-Based Access Control authority) configures the setting in EMIS Web for such expiry date (please see the Knowledge Based Article (KB0063211)). Without this configuration, the functionality has a default setting so that the repeat prescription remains active and the System **will not** automatically cancel repeat medication.

When the relevant System user activates this functionality (as per the screenshot below) they can also configure the time period that the System will use, with the minimum time period being 1 year.
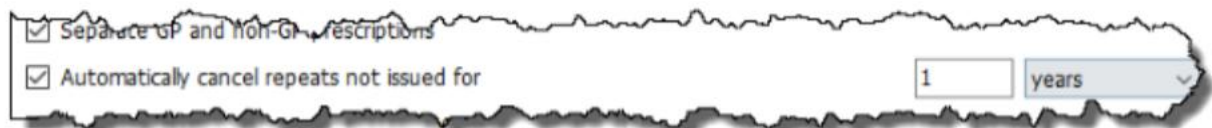
To illustrate, where a System user activates the functionality and configures it to 1 year, the System calculates this time using the following logic:

- Last issue date + the course duration + the value entered in 'Automatically cancel repeats not issued for' in the Organisation's medication configuration settings.

Therefore, for a repeat medication with a last issue date of 01/01/25 and a course duration of 28 days; the course duration is added to the last issue date, making 29/01/25 and then the value entered in the 'Automatically cancel repeats not issued for' field is added meaning the repeat medication will expire on 29/01/26 (if no further issues are made during that period). Once this time period has passed, the System will 'end' the medication course and move it from 'Current' medication to 'Past' medications as that is how a System user has configured the functionality.

The minimum time period for the expiration of repeat medications is set as 1 year from the end of a medication course duration, to enable GP Practices to identify patients that are not requesting repeat medications within this period (i.e. through a patient's regular / annual medication reviews with their GP), and act accordingly prior to the System cancelling the repeat medication. It should be noted that a GP has access within the "Medication" tab to view "Current" and "Past" medication for any patient at any time.

Conclusion

Optum always looks for opportunity to enhance its products to enable clinicians to be best supported when taking ultimate responsibility for any clinical decisions and / or care that is provided.

In this instance, based on the information provided in the Report and our subsequent review, we do not believe there are any software developments beyond the existing functionality in the System that are required to mitigate the specific risk raised in the Report.

We trust that the details outlined above assist. If you have any further queries then please contact me ▮▮▮ ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ in the first instance.

Kind regards,

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Chief Clinical Information Officer