BMA

Professor Martin Severs
Medical Director
NHS Digital

10 January 2018

Dear Martin,

Thank you for your letter to Richard. I have been invited to respond on his behalf, given I was present and representing GPC at the workshop on 27 November.

I think we can all agree that the section 28 arose from a tragic case. The Coroner here seems to be suggesting a course of action that could potentially stand to be of benefit to GPs, clinical pharmacy colleagues and moreover, our patients.

I understand that these points have been made repeatedly over many years, but perhaps with good reason, given this case. The most common urgent prescriptions I encounter as a GP are *'just in case'* medicines around end of life care. I was pleased to hear at the workshop on 27 November, that controlled drugs will finally be able to be issued through ePS in the coming months. I expect that to really improve governance in this area, and NHS Digital's pivotal role in facilitating this should be recognised.

However, it feels a retrograde step for NHS Digital, as an organisation striving for technological innovation and paperless solutions to improve patient outcomes, to be advocating GPs to resort to telephoning their pharmacy colleagues to document a written reminder for an urgent prescription on a piece of paper. This does not feel like a long-term solution, nor an acceptable current way of working for the majority of GPs.

Any patient task in my surgery is done electronically. It is easily searched, audited and scrutinised. If a patient task is urgent it is flagged accordingly electronically in order of importance. It would be potentially negligent to have recourse to pen and paper for such a clinical episode and I cannot believe that this is the intended outcome of the section 28 report.

I am sure - as I remarked in our workshop - there are dozens of ways that GPs deal with 'urgent scripts' and it is down to one's own professional responsibility to ensure that a patient is treated and has their prescription sorted in a timely fashion. There are clear responsibilities for pharmacists here too. Taking this event, where an ePS script was correctly issued, and where a pharmacy mislaid the token, the onus of change must be on the system processes to provide a safety net, and on the 'break' in the chain to review its working. I propose that this is further taken forward and discussed with the JGPITC.

You are well aware, I am sure, of the wider context to this issue and your suggested guidance: extreme pressures face the NHS right now and general practice is no exception. We may wish to consider the potential deleterious workload impact of the suggested guidance and the feasibility around this.

GPs are of course responsible for their prescribing but depend on other parts of primary care to be safe, reliable and effective. The onerous professional responsibilities carried by GPs should never be used as an excuse to fail to commission the safe ancillary systems on which both GPs and patients depend.

You may recall my example in the workshop of my duty doctor session the previous day where I spent almost fifty minutes on telephone calls to various pharmacies waiting to be connected to determine if any had a soluble or liquid formulation of dexamethasone available to dispense for an infant with croup (where I was keen to avoid an unplanned admission). I do not feel the proposed solutions are feasible or sensible in the short or long term. The point of ePS is to be safer, and to be more efficient. If this is not the case, then we need to interrogate ePS primarily.

I appreciate that we considered terminology and reference time frames for urgent and/or critical scripts, but there were concerns around the tables in the room from pharmacy colleagues that these terms/functions would be abused. I maintain that would similarly turn out to be to the prescriber's detriment, and we should not so readily rubbish the idea.

I also accept the need to contact via 'phone or other immediate means in an emergency - but we do need all parts of the system to work responsibly and complete tasks allocated to them, and in the example shared by the Nottinghamshire Coroner, this was the central issue and thus I remain unconvinced that the suggested solution is the best solution.

As I said, I think that the best way forward to progress this particular discussion is within the JGPITC. We are happy to make the necessary arrangements from our side if this is something you would be happy for us to take forward?

Yours sincerely,

Dr Katie Bramall-Stainer
GPC (Hertfordshire representative)