

Fixing a National Clinical Safety Issue

Chair: Dr Marcus Baw

Panel: Lesley Kay, Emma Melhuish, Ian Thompson, Neil Watson

Aims of today's Webinar

- **Reflection** - on the ways national IT problems are currently reported by *non-technical* end users, monitored by responsible organisations, and acted upon nationally, using an example.
- **Learning** - sharing knowledge about the *existing* mechanisms for managing safety and other UI problems in healthcare systems.
- **Critical analysis** - are the existing measures appropriate? Can they be improved? Specifically what is missing?
- **To start a conversation** - about how we think these issues *should* be handled, what needs to change to create that future, and whether the FCI can be instrumental in its creation.

Today's Panel

- **Dr Marcus Baw** - GP and Emergency Physician, Chair of the RCGP Health Informatics Group, FCI Fellow and open source developer
- **Dr Lesley Kay** - Consultant Rheumatologist at Newcastle Hospitals and Deputy Medical Director at the Healthcare Safety Investigation Branch
- **Emma Melhuish** – Principal Informatics Specialist at NHS Digital
- **Dr Ian Thompson** - Clinical Lead (Primary Care) in Digital Health and Care at The Scottish Government
- **Neil Watson** – Director of Pharmacy, Newcastle Hospitals NHS Foundation Trust

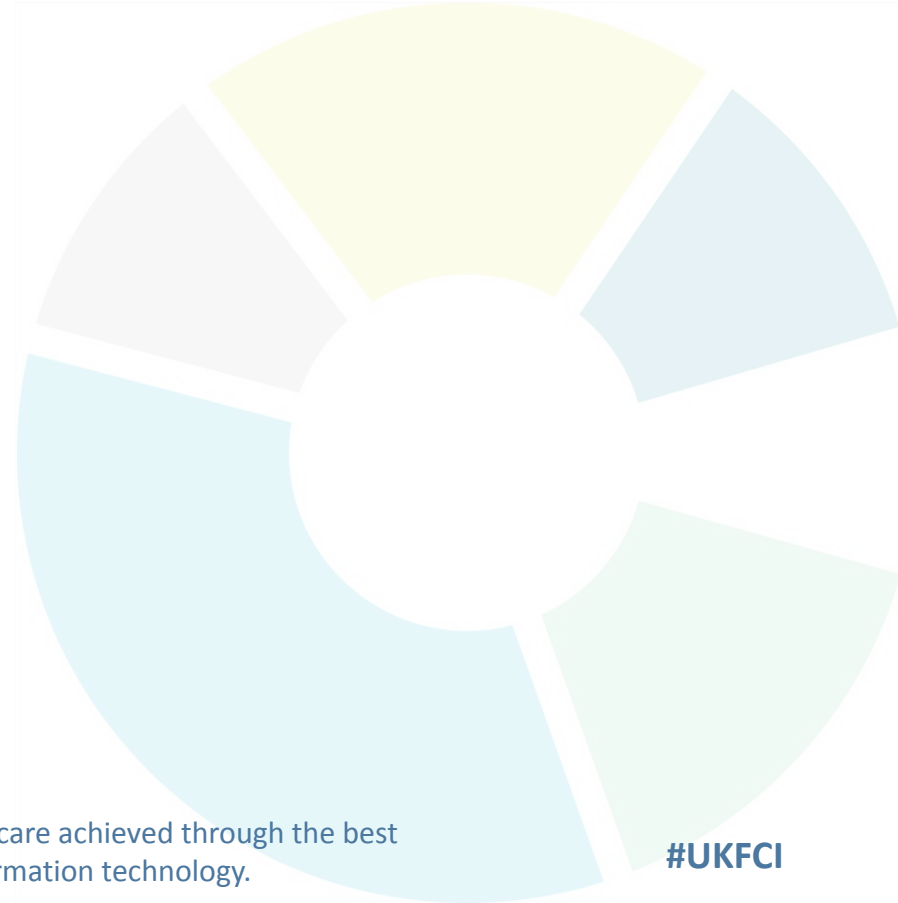
Panel reflections

Safe, effective and efficient health and care achieved through the best use of information and information technology.




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'Double-barreled' drug names



- Aka compound preparations



Autocorrection of ' - ' to 'or'

Drug prescribed    Trimethoprim 200mg tablets

Script type NHS Issue Private Issue Instalment Dispensed Issue




Dose  

Total quantity Number tablets = tablet



Packs

Free Text

Trimethoprim 50mg/5ml oral suspension sugar free
100 ml - 4 MILLILITRES (=40MG) TWICE DAILY or START ON THE DAY BEFORE THE MCUG PROCEDURE, CONTINUE THE DAY OF THE PROCEDURE AND ONE DAY AFTER THE PROCEDURE. THEN STOP.

Drug prescribed    Macroglol compound oral powder sachets NPF sugar free

Script type NHS Issue Private Issue Instalment Dispensed Issue

Dose   Times & Doses

Total quantity Number sachets = sachet

Macroglol compound oral powder sachets NPF sugar free
30 sachet - take 1 or 8 sachets per day for constipation as required

Other GP IT examples...

- Constituent drugs in compound preparations (eg Elleste Duet) are not always shown to the user at the point of prescription [[link](#)]
- Change in SNOMED-CT code for eGFR (following a change in the measurement method) resulted in historical data not being shown to the user at the point of filing. [[link](#)]
- Unhelpfully alphabetical order of drug suggestions on text search:
'penicill' => 'Penicillamine' not 'Penicillin V'
'phenoxy' => 'Phenoxybenzamine' not 'Phenoxymethylpenicillin'

Reflections on the process?

- It was not obvious how best to report the issue.
- Without using Informatics contacts I don't think my issue would have been acted on.
- Multiple reporting was required (multiple emails, phone helpdesk)
- Some existing issue reporting systems did not favour use of modern tools such as screenshots or video.
- “you are the first to complain - therefore user error”
- “It's been like this for X years”

Reflections on the process?

- There are **too many issues** for anything other than a distributed “all clinical staff” surveillance response to be effective
- I didn't receive any progress reports during the reporting process

Discussion



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Existing parts of the solution?

will be updated following the webinar with additional information from the discussion

- GP System User Groups? (NVUG † , S1NUG ✂ , EMIS-NUG ✓)
- RCGP HIG, Joint GP IT Committee
- MHRA
- Communities of practice such as [Digital Health Networks](#)
- NHS Digital, GP IT Futures framework (though England only)
- Usability surveys? (of limited help here in specific safety issues)
- DCB0129 & DCB0160?

Considerations for a solution

will be updated following the webinar with additional information from the discussion

- Easy to report for a **non-technical** user
- Removes all need for multiple reporting (DATIX + helpdesk + user group)
- Collates all user reports about same issue so we can weight impact
- Works across all 4 Nations of the UK and information is shared
- **Open** publication of issues *despite the 'commercial sensitivities'* - we have this with Yellow Cards for drugs so why not with software?
- Reporting users receive confirmation of issue, feedback, and closure reports, so they feel feedback was valued.

Links

- Marcus Baw on Digital Health Networks ‘Fixing a National Clinical Safety Issue’
<https://discourse.digitalhealth.net/t/fixing-a-national-clinical-safety-issue/14126>
- NRLS (noting that ODS code is required hence cannot be used in Devolved Nations)
https://report.nrls.nhs.uk/GP_eForm
- Yellow Card Scheme <https://yellowcard.mhra.gov.uk/>