

Safety Alert Policy

January | 2014

Version	V2
Supersedes	December 2013
Applies to	All Staff, Duty Doctors and Pharmacists
Author	Belinda Coker
Approved by	Clinical Governance Team
Issue date	January 2014
Review due	January 2018

1. Introduction

South East London Doctors Co-operative (SELDOC) provides out-of-hours and unscheduled primary care services to patients registered with a GP practice in Lambeth, Lewisham or Southwark PCT and unregistered patients residing within its boundaries.

The service SELDOC provides is for urgent medical conditions, not for routine care such as the issue of repeat prescriptions. It may also be necessary to provide advice to callers as a result of recent safety alerts that have been issued by the NHS to ensure their safety is maintained.

2. Legal, ethical and good practice guidance for responding to safety alerts and raising concerns about patient safety

Increasing patient safety is at the heart of the Department of Health's White Paper *Equity and excellence: Liberating the NHS*¹. As part of this strategy the Central Alerting System (CAS) was instigated in 2008 to enable alerts and urgent patient safety specific guidance to be accessed at any time.

Safety alerts, emergency alerts, drug alerts, 'Dear Doctor' letters and Medical Device Alerts are available on the CAS website². They are issued on behalf of the Medicines and Healthcare products Regulatory Agency³, the National Patient Safety Agency⁴, and the Department of Health (including Health Protection Agency notices)⁵.

SELDOC also responds to local alerts or notices from the South East London Health Protection Unit and other local providers or commissioners about patients trying to obtain drugs irregularly (PODI alert).

The General Medical Council's document *Good Medical Practice*⁶ identifies a doctor's duty to raise concerns if patient safety is or may be seriously compromised by inadequate premises, equipment or other resources policies and systems.

3. Key principles to consider

The documents cited above are clear on the following principles:

Duty doctors must keep their patients' safety at the heart of clinical care

Duty doctors must keep their professional knowledge and skills up to date

Duty doctors must provide effective treatments based on the best available evidence and

¹http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

²<https://www.cas.dh.gov.uk/Home.aspx>

³<http://www.mhra.gov.uk>

⁴<http://www.npsa.nhs.uk/>

⁵<http://www.dh.gov.uk/cmo>

⁶http://www.gmc-uk.org/guidance/good_medical_practice.asp

make good use of the resources available

Duty doctors should report concerns about patient safety to the relevant organisation

4. Key points for doctors keeping up to date with national and local safety alerts

SELDOC expects the all duty doctors to act in accordance with the GMC's Good Medical Practice guide at all times.

4.1 Duty doctors should consider if recent safety alerts are relevant to the provision of unscheduled primary care by:

- reading the most recent safety alerts on the safety alert notice board or when logging on to the Adastra system
- assessing if the safety alert is applicable to their practice now or in the future

4.2 Duty doctors must clearly document in the patient record on Adastra when a caller requires advice concerning a safety alert, detailing:

- complete patient details (name, age, address)
- advice given in response to safety alert

5. Key points for doctors who identify a safety issue

When a duty doctor becomes aware of an actual or potential breach in patient safety SELDOC expects the following principles to be followed:

5.1 The duty doctor must:

- raise their concerns with the Medical Director or Duty Clinical Director
- document their concerns fully on the Adastra patient record
- complete an incident form (accessed through Adastra / Intranet link)

5.2 Duty doctors should consider escalating the safety issue externally.

- For medicines: complete a yellow card for all unexpected adverse effects using the form stored on Adastra or www.mhra.gov.uk/yellowcard (requires registration)
- For faulty equipment or premises issues: work with the duty supervisor to collect details of the issues and ensure reporting to the relevant body
- For notifiable diseases (Appendix 1) – complete the notification form on Adastra and contact the South East London Health Protection Unit

6. Key points for doctors wishing to initiate a 'patient obtaining drugs irregularly' (PODI) alert

SELDOC expects the following principles to be followed by all duty doctors:

6.1 Duty doctors must raise their concerns with the duty supervisor if there are concerns that a caller is trying to obtain drugs irregularly.

6.2 Duty doctors must document their concerns on the patient's record on Adastra.

7. Governance and reporting

The Clinical Governance Committee (CGC) is responsible for over-seeing SELDOC's response to safety alerts.

Appendix 1

List of notifiable diseases in the United Kingdom

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolyticuraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

As of April 2010, it is no longer a requirement to notify the following diseases: dysentery, ophthalmia neonatorum, leptospirosis, and relapsing fever.