

To all Surrey and Sussex LMCs practices

10th August 2018

Dear Colleagues

Central Alerting System (CAS) : Use of Docman Version 7 with Electronic Data Transfer (EDT) enabled

I am writing to advise all colleagues they should have received a CAS message, together with accompanying correspondence, if they currently or in the past have:

- Used NHSMail to receive communications
- Used Docman Version 7
- Had the EDT function enabled to transfer documents into the patients electronic records

If practices have never used Docman, or have only ever used Docman Version 10, then no action is required.

The identified risk is that the Docman process may not have successfully transferred all patient-related correspondence into an identified patient record, or have been clinically reviewed. Approximately half of all GP practices are thought to be affected.

Practices should have received the following:-

- Docman Version 7 – GP Alert Scheduling Guidance
- Docman unprocessed documents guidance
- Clinical risk assessment template

Practices should also be provided with a named CCG Lead [or NHS England Lead in non-delegated CCGs] to act as a contact during this process.

Practices are asked to:

- Review the "**Docman 7 – GP Alert Scheduling Guidance**" - to check if the practice systems are appropriately configured.
- Review and check that manual processes are in place to manage any documents that cannot be converted by the scheduler. We recommend that the system is configured to have a minimum of two users to receive alerts.
- Review "**Docman unprocessed documents guidance**" - and run the software which has been made available by Docman to support the practices manage/review the unprocessed folder and its content.

Local Medical Committees for
Croydon, Kingston & Richmond, Surrey,
East Sussex and West Sussex

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- For all unprocessed documents a clinical risk assessment will need to be undertaken by the practice using the **clinical risk assessment form**.
- Practices will be asked to contact their CCGs immediately to alert them of any high risk assessments.
- Following completion of the clinical risk assessment practices to file documents to Docman and the clinical system.
- Practices will be required to report to the nominated CCG lead:
 - i) That the unprocessed folder has been checked for unfiled documents: Y/N
 - ii) The number of unique files found to be reviewed: Number
 - iii) The practice has a risk assessment plan : Y/N
 - iv) Incidents of harm (low, medium, high): Number
 - v) Actions taken to inform patient: Text
 - vi) Hours/minutes taken to review, record and conclude clinical risk assessment: Number
 - vii) Robust management processed in place : Y/N

CCGs have been asked to ensure local GP IT teams are available to support practices if required, in particular, if your practice is:-

- Having difficulty identifying the "unprocessed folder"
- Having difficulty running the deduplication tool, which removes duplicates from the unprocessed folder

You should contact your CCG for advice.

The NHS England proposed timescales for this are for affected practices to have informed CCGs of the numbers of unprocessed folders by Thursday 23rd August and complete the clinical risk assessments by Thursday 20th September. The LMC is aware that:-

- Many practices are facing significant workload pressures already
- And have a shortage of clinicians
- And that there may be hundreds or more unprocessed file documents

Although practices are being asked to record the time taken to undertake the clinical risk assessment, in preparation for reimbursement arrangements currently being negotiated, noting that the CAS process should not be delayed because of the uncertain clinical risks to patients inherent in this Alert, if a practice identifies a significant volume of unprocessed folders and/or a shortage of available clinicians they should alert their CCG to this issue, and also the LMC. No patient identifiable information should be passed to CCGs.

Colleagues will realise this is yet another IT system issue which is creating work for General Practice, and potential harm for patients. However, attractive as it may seem at times, we cannot go back to pen and paper.

I will update practices once any further advice is received; in the first instance your CCG/NHS England Lead should be contacted with any queries.

With best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'Julius', written in a cursive style.

Dr Julius Parker
Chief Executive