Policy for managing alerts in primary care
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Standard operating policies and procedures for primary care

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Prepared by: Primary Care Commissioning (PCC)
# Information Reader Box

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<td>Author</td>
<td>Primary Care Commissioning 1N04, Quarry House, LEEDS E-mail: <a href="mailto:england.primarycareops@nhs.net">england.primarycareops@nhs.net</a></td>
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NHS England
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Document Status

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**Purpose of policy**

1. NHS England is responsible for direct commissioning of services beyond the remit of clinical commissioning groups, namely primary care, offender health, military health and specialised services.

2. This document forms part of a suite of policies and procedures to support commissioning of primary care. They have been produced by Primary Care Commissioning (PCC) for use by NHS England’s area teams (ATs).

3. The policies and procedures underpin NHS England’s commitment to a single operating model for primary care – a “do once” approach intended to ensure consistency and eliminate duplication of effort in the management of the four primary care contractor groups from 1 April 2013.

4. All policies and procedures have been designed to support the principle of proportionality. By applying these policies and procedures, area teams are responding to local issues within a national framework, and our way of working across NHS England is to be proportionate in our actions.

5. The development process for the document reflects the principles set out in *Securing excellence in commissioning primary care*[^1], including the intention to build on the established good practice of predecessor organisations.

6. Primary care professional bodies, representatives of patients and the public and other stakeholders were involved in the production of these documents. NHS England is grateful to all those who gave up their time to read and comment on the drafts.

7. The authors and reviewers of these documents were asked to keep the following principles in mind:

   - Wherever possible to enable improvement of primary care
   - To balance consistency and local flexibility
   - Alignment with policy and compliance with legislation
   - Compliance with the Equality Act 2010
   - A realistic balance between attention to detail and practical application
   - A reasonable, proportionate and consistent approach across the four primary care contractor groups.

8. This suite of documents will be refined in light of feedback from users.

Policy aims and objectives

9 This policy outlines the approach to be taken by NHS England area teams (ATs) when dealing with the issue of patient safety alerts, important public health messages and other safety critical guidance to the NHS and others.

Background

10 The NHS has a responsibility to cascade alerts to its primary care contractors for action where appropriate and to monitor the implementation of alerts by contractors. This function had historically been managed by previous commissioning organisations and transferred to NHS England ATs from 1 April 2013.

11 ATs will be required to use the Central Alerting System (CAS), which is a web-based cascading system for issuing the alerts and for responding to them, confirming that the alert has been received and cascaded onwards for action as appropriate.

12 Implicit in this is the expectation that ATs will monitor the implementation of alerts by primary care contractors, given their responsibility to ensure that the services they commission are safe.

13 CAS was created in 2008 by the bringing together of the Safety Alerts Broadcast System (SABS) and the Public Health Link (PHL), so there are two different kinds of alerts issued by CAS.

14 Non-emergency alerts are issued on behalf of Department of Health (DH), Medicines and Healthcare Products Regulatory Agency (MHRA) devices, DH Estates & Facilities and the former National Patient Safety Agency (NPSA). This type of alert is issued during office hours and requires a response to CAS.

15 Emergency alerts are chief medical officer (CMO) messages, MHRA drug alerts and dear doctor letters. This type of alert can be issued 24/7 with a need to be cascaded immediately in extreme cases. No response to CAS is currently required.

16 Each AT will need to have a designated CAS liaison officer (with appropriate back up cover) responsible for cascading alerts to primary care contractors and making responses on CAS along with robust mechanisms in place to fulfil these obligations both in and outside of normal office hours when there is a need for the alert to be cascaded urgently.
Scope of the policy

17 This policy sets out the processes to be followed so the AT CAS liaison officer can arrange receipt of alerts and login access to CAS, as well as provide basic guidance on using CAS to ensure the appropriate and timely management of alerts.

18 Screen shots of the CAS will appear in the annexes to this document.

Getting set up for CAS

19 AT CAS liaison officers will, in the first instance, need to contact the CAS helpdesk to arrange receipt of alerts and login access to CAS. This will involve the AT setting up a dedicated generic email address for the receipt of alerts.

20 The CAS helpdesk can be contacted between 9am and 5pm Monday to Friday either by telephone (020 7972 1500) or by email (safetyalerts@dh.gsi.gov.uk).

Logging in to CAS

21 Once the CAS liaison officer has registered to receive the alerts and login details, and has set up the dedicated email address, they should then access the CAS website either through www.cas.dh.gov.uk or by typing dh CAS into a search engine.

22 Officers may want to either bookmark the CAS homepage or save as favourites for ease of future reference.

23 Officers: Enter your username and password to log into the system. The first time you log in you will be prompted to change the password to one of your personal choice. Passwords should have a minimum of eight characters, one to be upper case and one numerical.

24 After successfully logging in, you will reach the homepage with the following additional features:

25 A welcome message naming you, plus four additional links:

- View my alerts.
- View previous trusts’ alerts.
- Personal information
- Reports
Non-emergency alerts

26 Viewing alerts from the View My Alerts screen

27 Click on the View My Alerts link to see all alerts sent to you. The search fields are the same as those in the public view with three additional fields:
   1. to search alerts that require a response;
   2. alerts for which you have requested further information from the originator; and
   3. a search facility using the current status of an alert.

28 Click onto an alert title to open the alert in full.

29 From this page, you can acknowledge and respond to the alert, where applicable, and request clarification, if needed.

30 Depending on the alert originator, alerts will either contain links to the originators’ website or will have the full alert in a pdf attachment.

When a safety alert notification is received by email from CAS

31 The AT liaison officer is expected to:
   • acknowledge receipt of the safety alert within 48 hours;
   • determine whether the safety alert is relevant to their organisation;
   • distribute it to the appropriate recipients identified on each alert within locally agreed timescales; and
   • update the electronic response form on the CAS website to indicate that the above actions are complete.

Acknowledging and responding to alerts

Acknowledging alerts

32 Alerts are expected to be acknowledged within two working days. Failure to do so will generate a reminder email.

33 All liaison officers should first acknowledge alerts before submitting any other response. If this step is not selected the first action taken would count as the acknowledgement date.

34 To acknowledge an alert in CAS, access the view alert page from the link contained in the email notification or login to the CAS website and access the alert from the View My Alerts link.

35 Select Acknowledged from the drop-down Response Status menu and click
Save (bottom right) to confirm you have received and read the alert and have assessed whether it is relevant for forwarding to independent contractors, eg it does not relate to theatre equipment or hospital beds.

Responding to alerts

36 Log in to the CAS website and access the alert from the View My Alerts link.

37 Alerts sent to trusts' liaison officers have a range of possible responses, however ATs are only required to cascade alerts to independent contractors before signing off the alert: Complete. Feedback from independent contractors does not need to be included in the response to CAS but local processes should be in place to monitor their compliance with alerts to ensure that safe services are being commissioned. While not currently nationally mandated, these local processes should include compliance with relevant alerts being considered as part of regular assurance or contract review processes. The specification of a standard process for reviewing compliance is currently being considered.

38 ATs are expected to have signed off an alert within five working days, indicating that the alert has been cascaded. This is contrary to the completion deadline date set by the alert originator, which could be a year or more after issue. The reasoning behind this decision is to allow independent contractors time to take necessary action.

39 For example: NPSA 2011/PSA/003 The Adult Insulin Passport was issued 30 March 2011 with a completion date of 30 August 2012. GPs would need to have ordered a supply of the passports, issued them to diabetic patients and have processes in place to discuss with patients and staff how to keep the information contained in the passport up to date.

40 Not cascading the alert until 20 August 2012, while within the deadline, would not allow GPs sufficient time to implement the alert.

All relevant alerts must be cascaded to independent contractors

41 A few alerts may be relevant to ATs. These will be regarding the fabric of the buildings from which they operate and could include safety information on heaters, fans, blinds and so on. After cascading to independent contractors these alerts must also be circulated internally and all checks undertaken before signing them as Complete.

Emergency alerts

42 ATs will be emailed notification of these alerts and they will appear on their View My Alerts screen. Beside each one is displayed Response Not Required,
indicating that currently there is no need to acknowledge or make a response.

Most emergency alerts are issued before 7:30pm with the request to cascade within 24 or 48 hours.

However, because emergency alerts could be issued at any time with the request to cascade immediately, it is essential that ATs can cascade to independent contractors automatically.

All emergency alerts contain the cascade codes:

ATs should have set up a generic mailbox for the receipt of emergency alerts with a rule set to identify alerts from cas.alerts@dh.gsi.gov.uk and forward them automatically to GPs if they contain the code #GP# and to pharmacies if they contain the code #COMMUNITY PHARMACISTS# and so on.

For a cascade system to work, up-to-date mailing lists for each group of independent contractors must be maintained.

**Additional sections of the CAS homepage**

Links to useful information are found on the CAS homepage.

**Help**

Links to useful information are found on the CAS homepage.

**News**

This section of the homepage should be checked regularly. The CAS news is the only means of contacting liaison officers available to CAS administrators. It includes information regarding times that CAS will be unavailable while maintenance work is being undertaken. Details of any alert that has had to be reissued and information about additional guidance are placed on the help section.

**Personal information**

Clicking on this link will allow you to reset your password at any time. The facility to change all other information has been disabled and any changes should be requested from the CAS helpdesk: safetyalerts@dh.gsi.gov.uk
Reports

Although ATs are unlikely to need to run reports to check compliance with alerts there is a suite of reports available once logged into CAS. Reports are accessed via the Reports link. Full details of the reports and how to run them is available from the Guide – Reports Manual and Guide – Quick guide to CAS reports in the Help section of CAS.
Annex 1: abbreviations and acronyms

A&E  accident and emergency
APHO  Association of Public Health Observatories (now known as the Network of Public Health Observatories)
APMS  Alternative Provider Medical Services
AT  area team (of NHS England)
AUR  appliance use reviews
BDA  British Dental Association
BMA  British Medical Association
CCG  clinical commissioning group
CD  controlled drug
CDAO  controlled drug accountable officer
CGST  NHS Clinical Governance Support Team
CIC  community interest company
CMO  chief medical officer
COT  course of treatment
CPAF  community pharmacy assurance framework
CQC  Care Quality Commission
CQRS  Calculating Quality Reporting Service (replacement for QMAS)
DAC  dispensing appliance contractor
Days  calendar days unless working days is specifically stated
DBS  Disclosure and Barring Service
DDA  Disability Discrimination Act
DES  directed enhanced service
DH  Department of Health
EEA  European Economic Area
ePACT  electronic prescribing analysis and costs
ESPLPS  essential small pharmacy local pharmaceutical services
EU  European Union
FHS  family health services
FHS AU  family health services appeals unit
FHSS  family health shared services
FPC  family practitioner committee
FTA  failed to attend
FTT  first-tier tribunal
GDP  general dental practitioner
GDS  General Dental Services
GMC  General Medical Council
GMS  General Medical Services
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OMP  ophthalmic medical practitioner
ONS  Office of National Statistics
OOH  out of hours
PAF  postcode address file
PALS  patient advice and liaison service
PAM  professions allied to medicine
PCC  Primary Care Commissioning
PCT  primary care trust
PDS  personal dental services
PDS NBO  Personal Demographic Service National Back Office
PGD  patient group direction
PHE  Public Health England
PLDP  performers’ list decision panel
PMC  primary medical contract
PMS  Personal Medical Services
PNA  pharmaceutical needs assessment
POL  payments online
PPD  prescription pricing division (part of NHS BSA)
PSG  performance screening group
PSNC  Pharmaceutical Services Negotiating Committee
QOF  quality and outcomes framework
RCGP  Royal College of General Practitioners
RO  responsible officer
SEO  social enterprise organisation
SFE  statement of financial entitlements
SI  statutory instrument
SMART  specific, measurable, achievable, realistic, timely
SOA  super output area
SOP  standard operating procedure
SPMS  Specialist Personal Medical Services
SUI  serious untoward incident
UDA  unit of dental activity
UOA  unit of orthodontic activity
Annex 2: Screen shots

Login

View my alerts
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Click on alert title to open the alert in full

Acknowledge and respond to the alert
### Additional information:

Please bring this notice to the attention of relevant employees in your establishment. Below is a suggested list of recipients:

- Trusts
- CAS and SAMS (SH) liaison officers for onward distribution to all relevant staff including:
  - Cardiophathic departments
  - Cardiothoracic surgeons
  - Cardiothoracic surgery directors
  - Clinical governance leads
  - Directors of nursing
  - General surgeons
  - General surgery
  - General surgical units, directors of
  - Vascular surgeons
  - Nursing director
  - Plastic surgeons
  - Plastic surgery, directors of
  - Risk managers
  - Audit/quality managers
  - Theatre managers
  - Theatre nurses
  - Therapists
  - Thoracic surgeons
  - Thoracic surgery departments
  - Thoracic surgery directors
  - Transplant surgeons
  - Urological surgeons

In addition to distribution
- Establishments registered with the Care Quality Commission (CQC), England only
  - This alert should be read by:
    - Hospitals in the independent sector
    - Independent treatment centres

### Action reference:
- NDA/212054

### Action summary:
- Action summary deadline: 19 Sep 2012
- Action complete deadline: 26 Sep 2012

### Response status:
- [ ]
Example originator site – through link on alert

Medical Device Alert: Surgical stapler Duet TRSTM Universal straight and articulating single use loading units (SULU) manufactured by Covidien (MDA/2012/064)

C ASUS deadlines
Action underway: 19 September 2012, action complete: 26 September 2012

Flat MDA2012/064 | Issued: 12 September 2012 at 15:00

England Northen Ireland Scotland Wales

Device Problem Action Distribution Manufacturer contact Feedback

Surgical stapler,
Duet TRSTM Universal straight and articulating single use loading units (SULU)

These devices may also have been incorporated into BEST PRACTICE™ kits.

Manufactured by Covidien.

The affected product codes and descriptions are:

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Units from the affected lots may also have been incorporated into Covidien BEST PRACTICE™ kits. The UK code for the affected kits is KIT1003 (K) Imperial Sleeve Kit.
Responding to an alert

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Version control tracker

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