

# Morecambe Bay



## Primary Care Collaborative

### Alerts Cascade Policy

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## 1. INTRODUCTION

### 1.1 Summary

The NHS is a complex system of interconnected organisations. It is essential that there is an effective method for sharing information that has the potential to impact on patients and their care.

There are a number of national and local alerting systems in place to share important information about issues relating to medicines, medical devices and indeed patients themselves.

As an organisation providing healthcare services, we must ensure we have robust procedures in place to be made aware of all alerts, and processes to determine the relevance of these alerts to our services for onward cascade to our workforce.

### 1.2 Scope

This policy applies to all services operated by the Organisation and all personnel who contribute to the operation of those services.

## 2. Alerting Systems

Central Alerting System - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

Alerts available on the CAS website include NHS Improvement Patient Safety Alerts (PSA) and Estates Alerts, MHRA Dear Doctor letters, Medical Device Alerts (MDA) and Drug Alerts, Chief Medical Officer (CMO) Alerts, and Department of Health & Social Care Supply Disruption Alerts (SDA).

Alerts are received from [safetyalerts@mhra.gov.uk](mailto:safetyalerts@mhra.gov.uk).

### 2.2 NHS England Alerting System

As well as cascading CAS alerts, this service also circulates national Healthcare Practitioner Alert Notices (HPAN), local Patient Abuse Alerts and other relevant information such as drug safety notices.

Alerts are received from [england.englandCASalerts@nhs.net](mailto:england.englandCASalerts@nhs.net).



### 3. How Alerts are Received and Reviewed

The Alert Manager is responsible for being subscribed to the alerting systems.

The Alert Manager is appointed by the Board to review and determine which alerts are relevant to the organisation and its services, and for their onward cascade. Urgent alerts should be reviewed within 24 hours of receipt and all other alerts should be reviewed 72 hours or receipt.

The following general principles will be used to determine which alerts do not need to be cascaded. All alerts received will be logged, regardless of whether they are cascaded. The log will record the rationale for not cascading an alert, or the teams it was cascaded to.

- Those marked not relevant to primary care.
- Drug alerts that require quarantine of stock, refer to incorrect packaging or labelling and are relevant to wholesalers and pharmacies.
- Supply disruption alerts where action is more appropriate by the patient's registered practice.
- Medical device alerts for devices not used within the service.

All other alerts should be reviewed based on the content.

Where the Alert Manager is unsure on the relevance of any given alert, they should discuss the matter with the Medical Director.

Where the Alert Manager will be unavailable due to sickness or leave, the Board will be responsible for appointing a deputy to cover the period of absence to ensure the Alert Cascade system is maintained.

### 4. Review Guidance

Patient Safety Alerts (PSA) - Default action: cascade.

These would generally be considered relevant and it would be rare for a PSA not to be cascaded.

Medical Device Alerts (MDA) - Default action: review and cascade if relevant.

These often relate to devices not used in any of the organisation's services and therefore are not cascaded by default.

MHRA Dear Doctor letters - Default action: review and cascade if relevant.

For example, letters that require the identification of cohorts of patients would not be cascaded as this is best undertaken by the registered GP Practices.

Chief Medical Office (CMO) Alerts - Default action: cascade.

These generally cover matters of national concern such as changes to prescribing guidance or recreational drug incidents that clinical staff need to be aware of.

Supply Disruption Alerts (SDA) - Default action: retain for reference.

The expectation is that registered GP practices will identify affected patients and take any action required. These alerts are therefore not routinely cascaded. SDAs that authorise the use of parallel imports or unlicensed prescribing are cascaded.

Healthcare Practitioner Alert Notices (HPAN) - Default action: review and cascade if relevant.

HPANs can cover any type of medical professional. Only those relating to General Practitioners are cascaded to employees responsible for engaging clinical staff.

Patient Abuse Alerts - Default action: review and place alert on clinical system where relevant.

These cover any incident where it is considered a patient is abusing use of the NHS, though most commonly relate to prescribing matters. All clinical systems are checked to see if the patient is known to services, and if so alerts are added to those systems. The alert itself is not cascaded.

## 5. Cascade Procedure

The Organisation maintains a list server mailing system for cascading relevant alerts.

The system allows for members to be added to different lists so that alerts can be targeted accordingly. For example, GPs, nurses, operational staff.

It is a condition of working for the Organisation to be subscribed to the list server system and members do not have the ability to unsubscribe.

Once the Alert Manager has determined that an alert should be cascaded, they will use the list server to cascade it to all relevant groups.



The list server maintains a record of each ‘campaign’ that has been sent. All alerts are sent with the subject line “Important Alerts” with hyperlinks in the email body to relevant information.

The list server allows tracking of whether emails have been opened and links clicked

## 6. DISSEMINATION/TRAINING PLAN

Action by	Action Required	Implementation Date
Tom Whitaker	Upload policy to MBPCC website	Following approval of V0.1 end Sept 2021
Tom Whitaker	Host current copy on Federation G Drive (supporting induction process), updating Policy tracker	Following approval of V0.1 end Sept 2021
Andrew Giles	Ensure all employees are aware of the policy and are asked to read and understand it	MBPCC Board Meeting Sept 2021
Tom Whitaker	Upload to TeamNet	Sept 2021
Liz Stedman	Upload to TeamNet/shared drive/website	May 2022

## 7. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page changed	Description of change	Review Date
V0.1	27/08/21	All	New policy - created	August 2023
V0.2	19/09/21	3	Additions regarding alter management from CCG feedback	September 2023
V1.0	17/05/2022	Review	Approved by the Board	17/05/2024