

28 March 2025

Dear Pharmacy Contractor

**Reminder of patient safety notification: update for contractors using EMIS
PharmOutcomes IT system**

On 24th June and on 16 September 2024, NHS England sent a note setting out actions and advice to all pharmacy contractors and those GP practices that may have been impacted by pharmacies having a queue of post event message emails for their patients. The most recent note offered pharmacies and GP practices guidance on how to manage this queue.

Community pharmacy contractors were asked to complete these actions by the 31 October 2024 and if unable to do so, to inform the local pharmacy commissioning team.

A significant number of contractors have implemented changes that support the ongoing management of this issue, and following a co-ordinated effort from NHS England regional teams, ICB teams and Local Pharmaceutical Committees, there has been a significant reduction in the number of GP practices without a verified NHSmail end point.

However, despite these efforts, EMIS reports indicate there are a large number of post event message emails still unactioned within community pharmacy IT systems, potentially putting patients at increased clinical risk. We are writing to remind contractors of the essential recommended actions.

Action for contractors

1. Review and action the queue of notification emails within the PharmOutcomes system for the clinical services delivered by the pharmacy in order of priority as set out in Annex 1.
2. Follow instructions for manipulating the suppressed post event messages (PEMs) held within PharmOutcomes as set out in the supporting documentation and follow guidance for sending notifications to a GP practice where suppressed PEMs need to be sent.

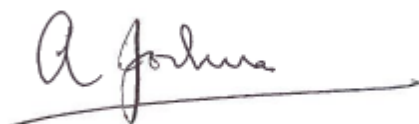
3. If there are any concerns about potential patient harm as a result of delayed notifications following a pharmacy consultation, please report the incident using the “Learning From Patient Safety Events” portal and use the code “PharmacyPEM” for reporting purposes.
4. Pharmacists must consider and fulfil their [duty of candour](#).
5. Return any locally agreed auditing report to confirm completion of actions.

Contractors are reminded that notification of the provision of the service must be sent to the patient’s general practice in a timely manner, as per the relevant service specifications.

Please complete these actions by 31 May 2025. If you are unable to complete the actions by this date, please inform your local pharmacy commissioning team. Please provide the reasons for not being able to complete the actions by this date, and the expected timescales you have for their completion.

Thank you for your support. If you have any questions please contact EMIS PharmOutcomes by visiting <https://www.optumhelpcentre.com/csm>, your ICB Community Pharmacy Clinical Lead (or equivalent) or your local commissioning team¹.

Yours faithfully

A handwritten signature in dark ink, appearing to read 'A Joshua', with a long horizontal line extending to the right.

Anne Joshua
Deputy Director of Pharmacy Commissioning
NHS England

¹ <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/>

Annex 1: Assessment of priorities for community pharmacy queued email review

Clinical service notification	Action by community pharmacist
Priority 1: Blood pressure check national advanced service	<ol style="list-style-type: none"> 1. Review all consultations for the BP Check service from 1 January 2023 onwards in the EMIS PharmOutcomes system that have not been marked as actioned. 2. A) For consultations where a normal BP reading was recorded, mark these as actioned to remove them from the queue. B) For consultations where a high/very high BP, an irregular heartbeat or a symptomatic low BP reading was recorded, check the National Care Record Service (NCRS) for the patient (this can be done without consent as it is a patient safety concern) and if a more recent BP is shown then mark the consultation as actioned to remove it from the queue. C) For remaining high/very high, irregular heartbeat or symptomatic low BP consultations where no more recent BP is shown on NCRS, print a copy of the consultation and send to the patient's GP practice advising this should have been sent automatically at the time of the consultation (within 24-48 hours) but has only recently been identified as not having been received. Mark the consultation as actioned to remove from the queue. 3. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient and inform them that their GP practice has been sent information about their BP measurement from their consultation dated xxx. If they have any concerns, please contact the pharmacy or their GP. A template message is set out in Annex 2.
Priority 2: Contraception national advanced service	<ol style="list-style-type: none"> 1. Review all consultations for the Oral Contraception service in the EMIS PharmOutcomes system that have not been marked as actioned. 2. A) For consultations where the episode of care was completed in the pharmacy with no onward referral to the GP, mark these as actioned to remove them from the queue. B) For consultations where a referral to the GP was the outcome, including those where the BP measurements were identified to be high/very high, print a copy of the consultation and send to the patient's GP practice advising this should have been sent automatically at the time of the consultation (within 24-48 hours) but has only recently been

	<p>identified as having not being received). Mark the consultation as actioned to remove from the queue.</p> <p>3. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient and inform them their GP practice has been sent information about their consultation dated xxx. If they have any concerns, please contact the pharmacy or their GP. A template message is set out in Annex 2.</p>
<p>Priority 2: Pharmacy First consultations for minor illness and clinical pathways consultations.</p>	<p>1. Review all consultations for the PF Minor Illness and PF Clinical Pathway consultations in the EMIS PharmOutcomes system that have not been marked as actioned.</p> <p>2. A) For consultations where the episode of care was completed in the pharmacy with no onward referral to the GP, AND no medication was supplied under the PGDs, mark these as actioned to remove from the queue.</p> <p>B) For consultations where the outcome was escalated to the GP OR where medication was supplied under the PGDs, print a copy of the consultation and send to the patient's GP practice advising this should have been sent automatically at the time of the consultation (within 24-48 hours) but has only recently been identified as not having been received). Mark the consultation as actioned to remove from the queue.</p> <p>C) For consultations where medication was supplied under the PGDs, check the NCRS to see if there is a record of the medication. If there is, mark the consultation as actioned to remove from the queue. If there is not a record of the medication print a copy and send to the patient's GP practice as described above.</p> <p>D) For consultations where patients were escalated to urgent and emergency care settings, mark as actioned to remove from the queue. This is on the assumption that patient will need to have sought further advice at the time and is in line with how other care settings advise patients to attend urgent care.</p> <p>3. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient and inform them their GP practice has been sent information about their consultation dated xxx. If they have any concerns please contact the pharmacy or their GP. See Annex 2.</p>
<p>Priority 3: Smoking Cessation Service</p>	<p>1. Review all consultations for the Smoking Cessation Service in the EMIS PharmOutcomes system that have not been marked as actioned.</p>

	<p>2. A) For consultations where a referral to the GP was the outcome, print a copy of the consultation and send to the patient's GP practice advising this should have been sent automatically at the time of the consultation (within 24-48 hours) but has only recently been identified as not having been received). Mark the consultation as actioned to remove from the queue.</p> <p>B) For consultations where the episode of care was completed in the pharmacy with no onward referral to the GP, mark these as actioned to remove them from the queue.</p> <p>3. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient and inform them their GP practice has been sent information about their consultation dated xxx. If they have any concerns please contact the pharmacy or their GP. See Annex 2.</p>
Priority 4: Local services	<p>1. Review all remaining consultations in the EMIS PharmOutcomes system that have not been marked as actioned, including those before 1st January 2023. These are likely to be for locally commissioned services. Consider clinical priority for sending to GP with reference to the local service specification and Service Level Agreement.</p> <p>2. A) For consultations where the episode of care was completed in the pharmacy with no onward referral to the GP, AND no medication was supplied, mark these as actioned to remove from the queue.</p> <p>B) For consultations where a referral to the GP was the outcome GP OR where medication was supplied, print a copy of the consultation and send to the patient's GP practice advising this should have been sent automatically at the time of the consultation (within 24-48 hours) but has only recently been identified as not having been received). Mark the consultation as actioned to remove from the queue.</p> <p>3. Pharmacists may need to seek clarification with primary care commissioning team and/local authority for any service specifications where appropriate</p> <p>4. Pharmacist must fulfil responsibilities under their duty of candour and contact the patient and inform them their GP practice has been sent information about the care they received from xxx service dated xxx. If they have any concerns please contact the pharmacy or their GP. See Annex 2.</p>

Annex 2: Template message to patients

Dear xxx,

Our records show that you had a blood pressure check on xxx date. At the time, your blood pressure was considered to be high / very high; you had an irregular heartbeat; low BP with symptoms; [Delete as appropriate].

Consequently, you were referred for medical help and asked to make contact with the general practice team. However, the referral was not received due to a technical issue and it is possible that you may not have contacted the GP.

Please note your GP has now been resent the information from your consultation dated xxx. We would like to use this opportunity to remind you to make contact with your GP if you have not already done so. If you have any concerns please contact the pharmacy [Add phone number or email].

Use suitable alternative text for other services.