

North East London Quality Alerts

Frequently Asked Questions

I can't find the form.

A PDF copy of the form is on the Primary Care Portal (this page). However, this version of the form is for information only.

Please search for the actual form by name in your Practice system (EMIS or SystmOne), using the search term *Quality Alerts*. Many of the fields on this form will auto-populate.

You can use the NEL ICB email to raise an issue. nelondonicb.qualityalert@nhs.net.

Which providers/Trusts can I raise an alert for?

An alert can be raised for any NHS provider commissioned by the ICB, although the process is slightly different for local NHS Trusts and for small or non-local providers.

For the five NEL Trusts, namely Barts Health, East London Foundation Trust (ELFT), Barking Havering and Redbridge University Trust (BHRUT), North East London Foundation Trust (NELFT) and Homerton Healthcare, the alert should be emailed directly to them, using the email addresses provided on the alert form.

If you need to raise an alert for small or non-local providers, please email the alert to NEL ICB via the email on the alert form and the ICB will direct it to the appropriate provider.

Please ensure that the only identifier you share with the ICB is the patient's NHS number.

Systems like EMIS and AccuRx include Patient Identifiable Data (PID) in file names, in the body of an email and email subject lines by default. Please delete any PID other than NHS numbers from email subject lines and cover text. If your system saves the alert form with the patient's name, initials or date of birth, please rename and save the file using the NHS number only. The ICB can only process forms with the NHS number, we cannot process forms with people's names, initials, dates of birth, etc. because our data processing agreement does not cover those types of patient identifiable data.

What if I don't know who the provider is?

If you don't know who the relevant provider is, please select that option on the alert form and email the alert form to NEL ICB and the ICB will work with you to identify the provider. Please use only the NHS number as the sole identifier.

What if the alert involves more than one provider?

If the alert involves more than one provider, you can email the alert form to the providers involved and ask each to review their part of the pathway and the interface. Providers will work together to jointly respond to such alerts.

What information is required to raise a quality alert?

The quality alert form is easy to use and specifies what information is needed. It will even allow auto-population of some fields, like the NHS number. Users should provide a clear, concise summary of the issue and be clear about what their question is so that it can be accurately investigated and responded to.

Should I use personal identifiable data on the alert form?

The process is based on using a single unique identifier, namely the patient's NHS number. *Please avoid using names, initials, dates of birth, addresses, sex, age, etc.* This is particularly important when directing your alert to NEL ICB to process and forward to small or non-local providers. NEL ICB cannot manage or process alerts that include identifiers such as dates of birth or initials. If you are using **AccuRx**, please remove all the patient identifiable information, except the patient's NHS number. If patient identifiers other than the NHS number are included as part of the document-saving and naming protocol or auto-included in email subject lines or the body of the email, please ensure that you re-name such files and edit email subject lines and body removing such identifiers, for example, initials, dates of birth, names, etc. *Only the NHS number should be used.*

How will the data I share with the ICB be managed and protected?

The ICB has completed a Data Processing Agreement (DPA) for the data shared with the ICB. This DPA is available on the Primary Care Portal setting out how the data will be used and processed. When you send an alert via the ICB you are agreeing to the DPA.

Please remember to remove all patient identifiable data from any alert you send to the ICB except the patient's NHS number. Our DPA only allows the ICB to process alerts using the NHS number – nothing more. If using **AccuRx**, **please re-name** the alert after initial saving, removing any initials, DoB, etc. before sending it to the ICB. If patient identifiers other than the NHS number are included as part of the document-saving and naming protocol or auto-included in email subject lines, please ensure that you re-name such files and edit email subject lines removing such identifiers, for example, initials, dates of birth, names, etc. Only the NHS number should be used.

If the ICB receives an alert with additional patient-identifiable information like the patient's DoB, we will delete it and ask you to resend it using **ONLY** the patient's NHS number.

What if the issue involves more than one patient?

Please list as many patients' NHS numbers as you have available – this will help the provider review as much information as possible to best address the issue. If it is a general issue affecting a lot of patients, please simply state that.

What happens if there is information missing?

If there is missing information or additional information required, the Trust or NEL ICB will contact the practice via return email. Please note that if no response is received within 10 working days of the request for additional information, the quality alert will be considered as having been withdrawn.

What information should not be included in a quality alert?

- Please avoid emotive language

- Please do not include names of patients or healthcare professionals
- Except for NHS numbers, please do not include Patient Identifiable Data (PID) such as names, addresses, dates of birth, etc. This is particularly important for those alerts that will be processed by the ICB, i.e. for small or non-NEL providers
- Please do not include photos

Who can raise a quality alert?

Any member of the practice team can raise an alert about a quality issue, but it is recommended that the description of the issue is written by a clinician or a senior member of staff.

When can I expect to receive a response?

For urgent alerts, within 15 working days and for non-urgent alerts, within 25 working days. Some alerts may take longer to investigate and respond. You will be informed if it will be longer than 25 working days.

The due date has passed, but I have not received a response. What should I do?

Providers and the ICB will give you an update if the deadline for the response has been missed – this should be up to five days after the deadline. Some complex issues may take longer than 25 working days so please be patient.

You can email the provider to ask about the status of the response. If you do not receive a response to your chaser, you can escalate the issue to NEL ICB at nelondonicb.qualityalert@nhs.net. If your original alert was for a small or non-NEL provider, please chase any overdue responses by emailing NEL ICB at nelondonicb.qualityalert@nhs.net.

What is the process for querying a response?

Please respond directly to the response email, highlighting the reasons for your query. The provider should respond within an additional ten working days.

I've been raising alerts, but nothing seems to change – is it worth it?

This is a new system designed with all five local north east London Trusts with the aim to improve quality of care for our patients. All Trusts will report on alerts twice a year to a Place committee or group/s so that conversations can happen with the aim of improving care and reducing the number of alerts over time. The ICB will report to Place groups once a year on all the alerts across the patch for system learning. There is good evidence that alerts do improve patient care and reduce duplication and workload in primary care.

What is the difference between this system and Learning from Patient Safety Events (LFPSE)?

LFPSE is helpful for national learning about a patient safety issue, but it does not give you a response about a particular issue unlike a quality alert. The way LFPSE is currently designed the Trust or provider will not see your LFPSE report and so may not learn and change as a result. This may change in the future. LFPSE is also useful to share when things go well – a positive safety event.

You may want to report on a patient safety issue using both systems. The CQC state that *“recording patient safety events, both positive and negative, indicates a positive safety culture. Positive safety*

cultures encourage staff to be open and honest when things go wrong. Recording patient safety events can proactively improve safety.” (GP myth buster 24).

How do I know if this is the appropriate route to use to raise a concern?

The criteria for quality alerts are:

- There may be learning for the Trust/provider or GPs relating to a quality issue or patient outcome
- Issues that are not time-critical
- Systemic issues
- When other routes to resolve the issue have failed, e.g. unable to get through or get a reply by telephone or email
- Patient-specific (could involve multiple patients) issues
- Occurred within the last 12 months
- Related to services commissioned by NEL ICB

If the concern does not fit the above criteria, please see guidance below.

Concerns that do not fit Quality Alert criteria

If the concern does not fit the above criteria, the concern should be directed to the most appropriate recipient.

Trust contacts can be found in the Quality Alerts page in the Primary Care Portal: [North East London – Primary Care Portal](#).

The ICB can be contacted for advice using the quality alert email.
nelondonicb.qualityalert@nhs.net.