

# Radar500

## Patient Safety Alerts User Guide

**Advice &  
Guidance**

**NHS** Digital Assured

# Advice & Guidance

**NHS** Digital Assured

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# Radar500 Will Deliver

## RISK STRATIFICATION

Identifying those patients needing urgent intervention. Automated patient alerts are highly specific in order to identify patients with genuine reversible risk.

## ACTIVE MONITORING OF YOUR PATIENTS

Over 10% of your patients need enhanced monitoring, these are often the same patients that do not present at the GP Practice. Through the validated Advice and Guidance (Eclipse Live) service optimal monitoring is delivered.

## REDUCED GP WORKLOAD

Central patient tracking and standardised calls to action enables GPs to delegate workload to their wider team whilst ensuring clinical excellence.

## SURGERY VALIDATION AND PROFESSIONAL DEVELOPMENT

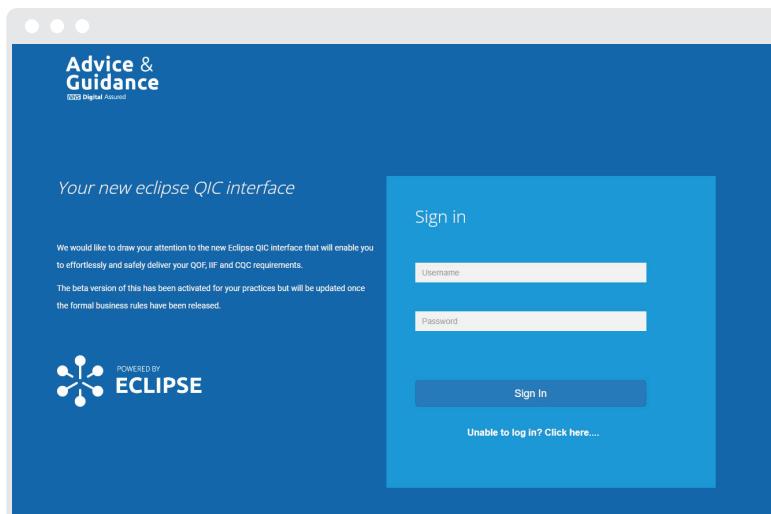
Standardised evaluation of patient outcomes enables optimisation of clinical resources. In addition the reference data can be used for CQC inspections, annual appraisals and re-validation. All alerts addressed and advice and guidance accessed is logged for each clinicians professional development plan.

The Radar alerts have been specifically designed to empower the wider GP Practice clinical team. Implementing the Advice & Guidance (Eclipse Live) service with your Healthcare Assistant, Nurse or Practice Support Pharmacist teams enables your most vulnerable patients to be managed effectively whilst reducing GP workload. This approach has been validated within General Practice to deliver significant improvements and workload efficiencies.

# NHS Pathways

For PID Eclipse is accessed via <https://secure.nhspathways.org> when using HSCN/N3.  
For non-PID Eclipse is accessed via [www.nhspathways.org](http://www.nhspathways.org)

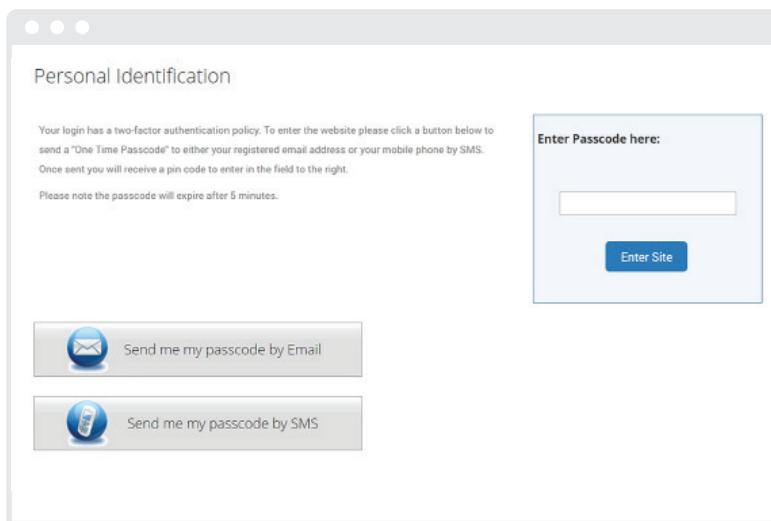
## LOGGING IN



Log in with your existing Eclipse username and password.

## ACCESSING NHS PATHWAYS

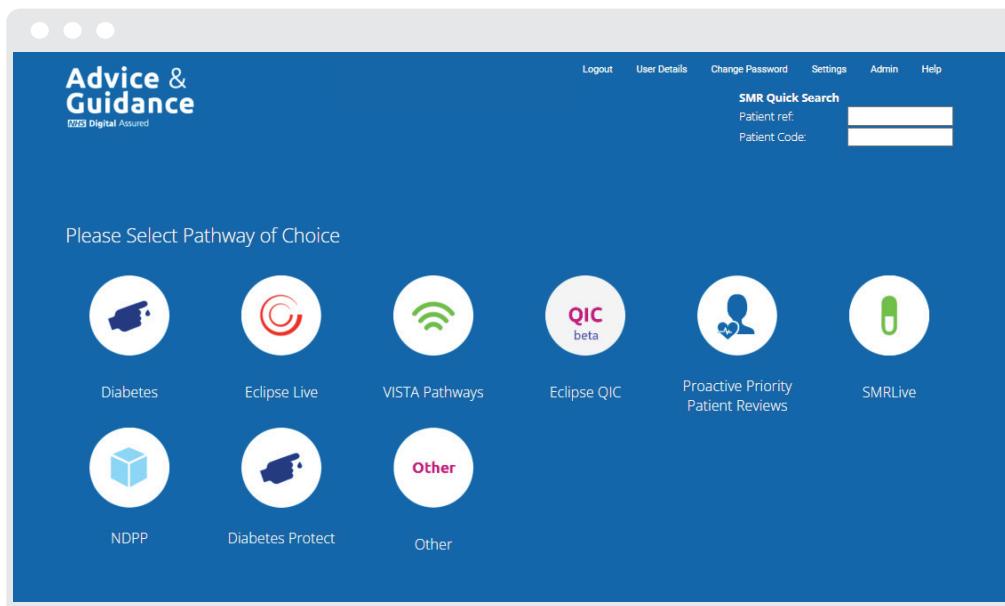
NHS Pathways is accessed through the secure Advice & Guidance (Eclipse Live) portal. In addition to being hosted on a secure ISO27001 server, two-factor authentication is required to log in. This simply involves entering an access code that is sent by SMS to your mobile or emailed to your NHS email address.



Please contact our support team if you require assistance - [support@prescribingservices.org](mailto:support@prescribingservices.org)

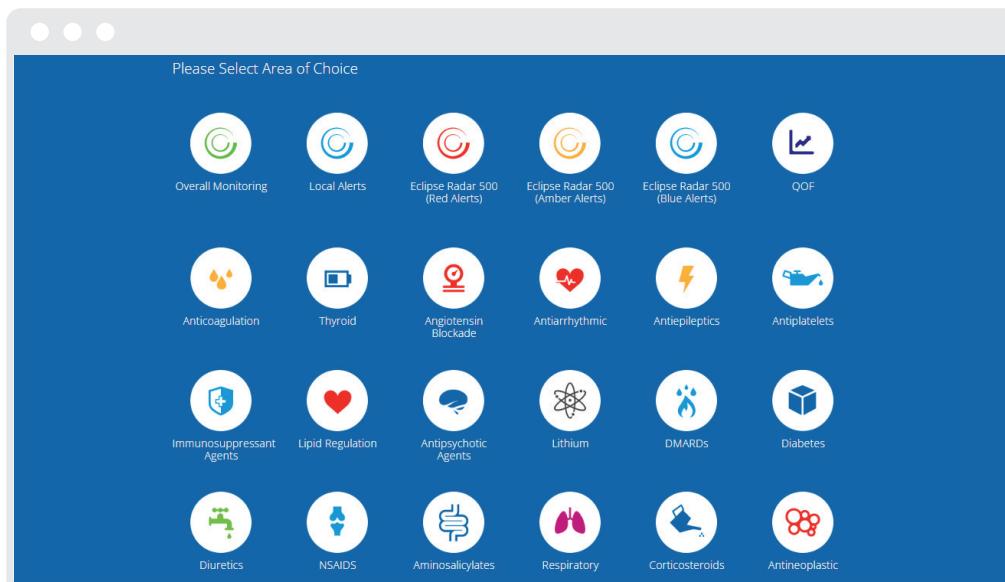
# THE HOME PAGE

Once logged in the home page will be shown.



The Eclipse Live icon takes you through to the Radar alert suite. These are categorised into Red, Amber and Blue (monitoring) categories of alerts.

The Local Alerts icon will contain all relevant alerts. At CCG level access management of the alerts is enabled and all of these will be shown through this icon. All the other individual icons, Radar alerts and drug /LTCs, contain all patient alerts relevant to those areas.



# ICB VIEW RADAR ALERT MANAGEMENT

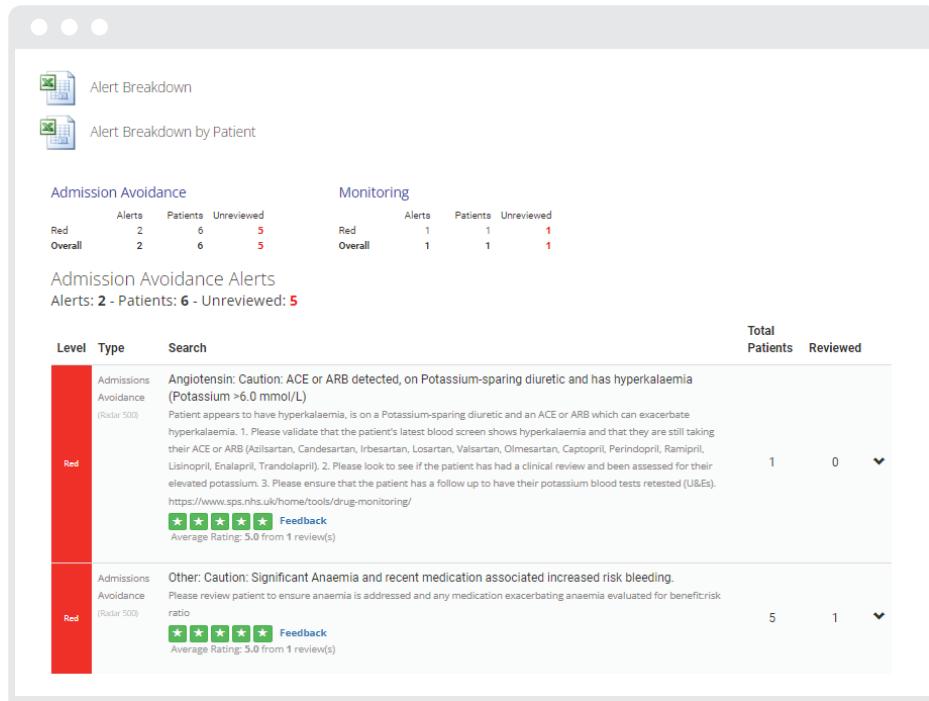
All the Radar alerts are defaulted to ON. This means that all alerts will be seen in the Local Alerts icon. There is a toggle switch at CCG access level (see picture) to allow alerts to be set to OFF which means they will still be run but not be shown within the Local Alerts icon. This will allow the practices to have a defined subset of alerts. The alerts will still run and be populated throughout all the long term conditions and Radar500 icons.

**Lipid Regulation: Caution: Statin detected with liver impairment (ALT >150)**  
Patient appears to be on a statin which is contra-indicated in liver impairment. 1. Please validate that the patient's latest blood screen shows liver impairment and that they are still taking a statin (atorvastatin, fluvastatin, pravastatin, rosuvastatin, simvastatin). 2. Please look to see if the patient has had a clinical review and been assessed for their liver impairment. 3. Please ensure that the patient has a follow up to have their ALT retested. <https://www.sps.nhs.uk/home/tools/drug-monitoring/>  
Feedback  
No feedback added.

**Antiplatelet: Caution: Multiple antiplatelet agents detected with anaemia (Hb <10g/dl).**  
Patient appears to have anaemia and on multiple antiplatelet agents that can exacerbate the anaemia. 1. Please validate that the Patient's latest blood screen shows significant anaemia and that they are still taking their multiple antiplatelet agents (aspirin, clopidogrel, cilostazol, dipyridamole, prasugrel, seleipipag, ticagrelor). 2. Please look to see if the patient has had a clinical review and been assessed for alternative causes for their anaemia. 3. Please ensure that the patient has a follow up to have their anaemia retested. <https://bnf.nice.org.uk/interaction/aspirin-2.html>  
Feedback  
No feedback added.

**Angiotensin: Caution: ACE or ARB detected and hyponatraemia (serum sodium <125 mEq/L)**  
Patient appears to be on either a ACE or ARB with hyponatraemia. 1. Please validate that the patient's latest blood screen shows significant hyponatraemia (<125) and that they are still taking their ACE or ARB (Azilsartan, Candesartan, Irbesartan, Losartan, Valsartan, Olmesartan, Captopril, Perindopril, Ramipril, Lisinopril, Enalapril, Trandolapril). 2. Please look to see if the patient has had a clinical review and been assessed for their low sodium levels. 3. Please ensure that the patient has a follow up to have their sodium blood tests retested (U&Es). <https://www.sps.nhs.uk/home/tools/drug-monitoring/>  
Feedback  
No feedback added.

# PRACTICE VIEW RADAR ALERT MANAGEMENT



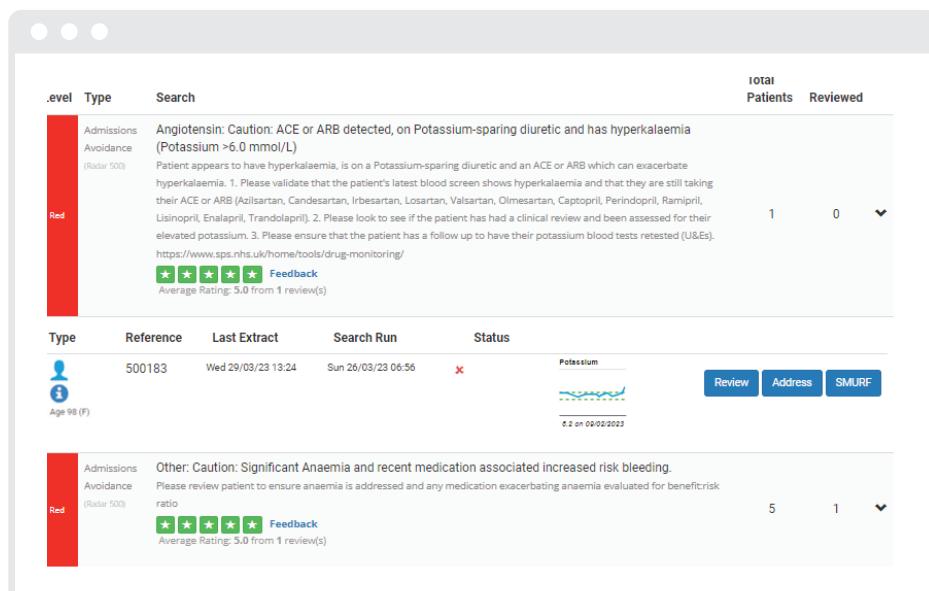
	Alerts	Patients	Unreviewed
Red	2	6	5
Overall	2	6	5

	Alerts	Patients	Unreviewed
Red	1	1	1
Overall	1	1	1

Admission Avoidance Alerts  
Alerts: 2 - Patients: 6 - Unreviewed: 5

Level	Type	Search	Total Patients	Reviewed
Red	Admissions Avoidance (Radar 500)	Angiotensin: Caution: ACE or ARB detected, on Potassium-sparing diuretic and has hyperkalaemia (Potassium >6.0 mmol/L) Patient appears to have hyperkalaemia, is on a Potassium-sparing diuretic and an ACE or ARB which can exacerbate hyperkalaemia. 1. Please validate that the patient's latest blood screen shows hyperkalaemia and that they are still taking their ACE or ARB (Ailsartan, Candesartan, Irbesartan, Losartan, Valsartan, Olmesartan, Captopril, Perindopril, Ramipril, Lisinopril, Enalapril, Trandolapril). 2. Please look to see if the patient has had a clinical review and been assessed for their elevated potassium. 3. Please ensure that the patient has a follow up to have their potassium blood tests retested (U&Es). <a href="https://www.sps.nhs.uk/home/tools/drug-monitoring/">https://www.sps.nhs.uk/home/tools/drug-monitoring/</a> ★ ★ ★ ★ ★ Feedback Average Rating: 5.0 from 1 review(s)	1	0
Red	Admissions Avoidance (Radar 500)	Other: Caution: Significant Anaemia and recent medication associated increased risk bleeding. Please review patient to ensure anaemia is addressed and any medication exacerbating anaemia evaluated for benefit/risk ratio ★ ★ ★ ★ ★ Feedback Average Rating: 5.0 from 1 review(s)	5	1

Patient500 alerts are run over a weekend and will remain in position until the next run regardless of action or exclusion giving a week to action alerts and annotate onto the system.



Level	Type	Search	Total Patients	Reviewed
Red	Admissions Avoidance (Radar 500)	Angiotensin: Caution: ACE or ARB detected, on Potassium-sparing diuretic and has hyperkalaemia (Potassium >6.0 mmol/L) Patient appears to have hyperkalaemia, is on a Potassium-sparing diuretic and an ACE or ARB which can exacerbate hyperkalaemia. 1. Please validate that the patient's latest blood screen shows hyperkalaemia and that they are still taking their ACE or ARB (Ailsartan, Candesartan, Irbesartan, Losartan, Valsartan, Olmesartan, Captopril, Perindopril, Ramipril, Lisinopril, Enalapril, Trandolapril). 2. Please look to see if the patient has had a clinical review and been assessed for their elevated potassium. 3. Please ensure that the patient has a follow up to have their potassium blood tests retested (U&Es). <a href="https://www.sps.nhs.uk/home/tools/drug-monitoring/">https://www.sps.nhs.uk/home/tools/drug-monitoring/</a> ★ ★ ★ ★ ★ Feedback Average Rating: 5.0 from 1 review(s)	1	0

Type	Reference	Last Extract	Search Run	Status
Age 98 (F)	500183	Wed 29/03/23 13:24	Sun 26/03/23 06:56	<span style="color: red;">X</span>

Potassium

6.2 on 02/02/2023

Review Address SMURF

Level	Type	Search	Total Patients	Reviewed
Red	Admissions Avoidance (Radar 500)	Other: Caution: Significant Anaemia and recent medication associated increased risk bleeding. Please review patient to ensure anaemia is addressed and any medication exacerbating anaemia evaluated for benefit/risk ratio ★ ★ ★ ★ ★ Feedback Average Rating: 5.0 from 1 review(s)	5	1

Once loaded click on the down arrow symbol on the right hand side of the alert. This will open to display information to help review the patient(s) on the alert. There are also two Excel icons to export the information as required.

You can access the individual patient portal at this point. More detailed information is available under 'WHAT DOES AN INDIVIDUAL PATIENT RECORD LOOK LIKE' later in this document.

Under Reference is the patient identifier:

**Emis and Vision** - This is the same patient reference as found in the clinical system.

**SystmOne** - This is an encrypted system created number that cross references to the NHS number.

To identify patients where role based PID access has been granted, you can view the NHS number by clicking on the small blue 'i' located under the age/gender. There are also two Excel icons located near the top of this page. Both will populate with the patients NHS number and highlight all relevant alerts for the highlighted patients.

## HOW TO RECORD THE OUTCOME OF THE REVIEW AGAINST THE PATIENT

### Click the review box

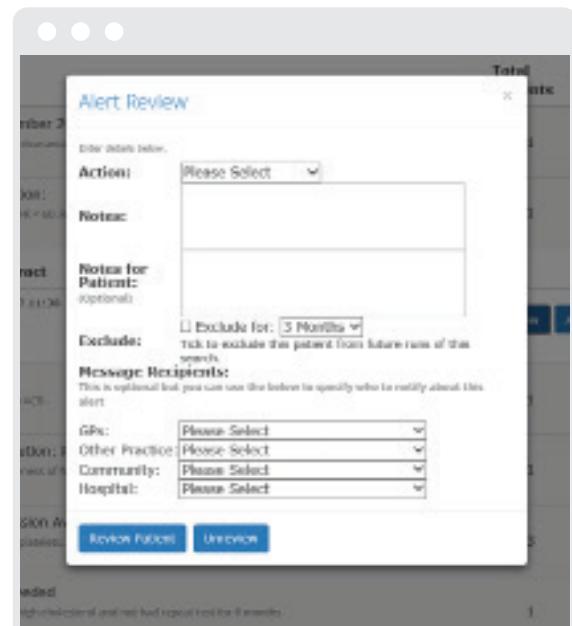
This brings up the review form:

#### Review box

This needs completing once an action has been decided.

Within the Action dropdown choose from one of the following:

- No Action Needed
- Appointment Requested
- Blood Test Requested
- Medication Altered
- Patient Called
- Information Passed On
- Addressed



Notes: You may record here why you have chosen a particular option, e.g. 'No action because the patient doesn't tolerate the alternative medication'.

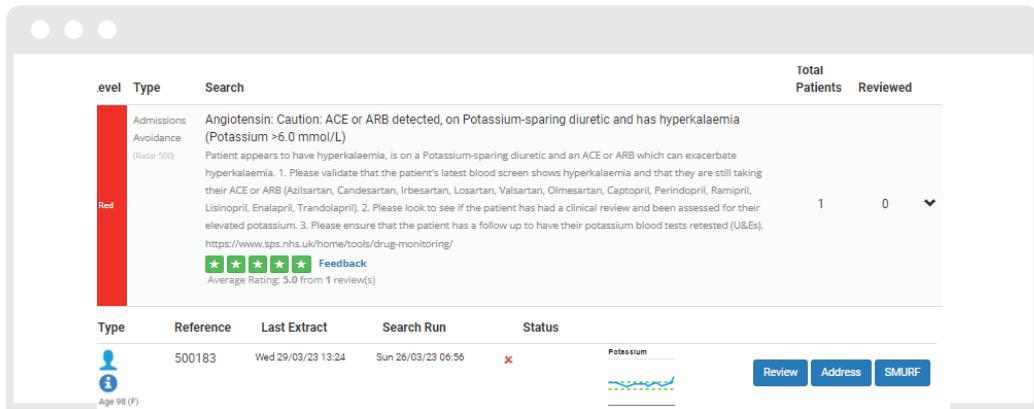
Exclude: If it is not relevant, appropriate or after clinical review that repeat alerts keep appearing then there is the option to exclude from future runs of the search for up to 12 months. The initial run of alerts will always contain patients that you may wish to exclude as the search criteria algorithm looks purely at data extracted and not any free text information or exemption codes.

Message Recipients: Here you can notify other people inside or outside your practice that this review has taken place or to issue to a GP, Nurse or HCA. The system will send them an email alert confirming this, provided they have an Eclipse profile set up in the system. This can be used rather than Task as mentioned above.

Address box: This box simply annotates the alert has been addressed without adding in any additional information. The alert has no exclude option and will stay in place for as long as the alert criteria is fulfilled. After 3 months it will lose its addressed status and require further attention.

# WHAT DOES AN INDIVIDUAL PATIENT RECORD LOOK LIKE?

Click on the **SMURF** icon ( Structured Medication Use review & Follow up) to access the patient record.

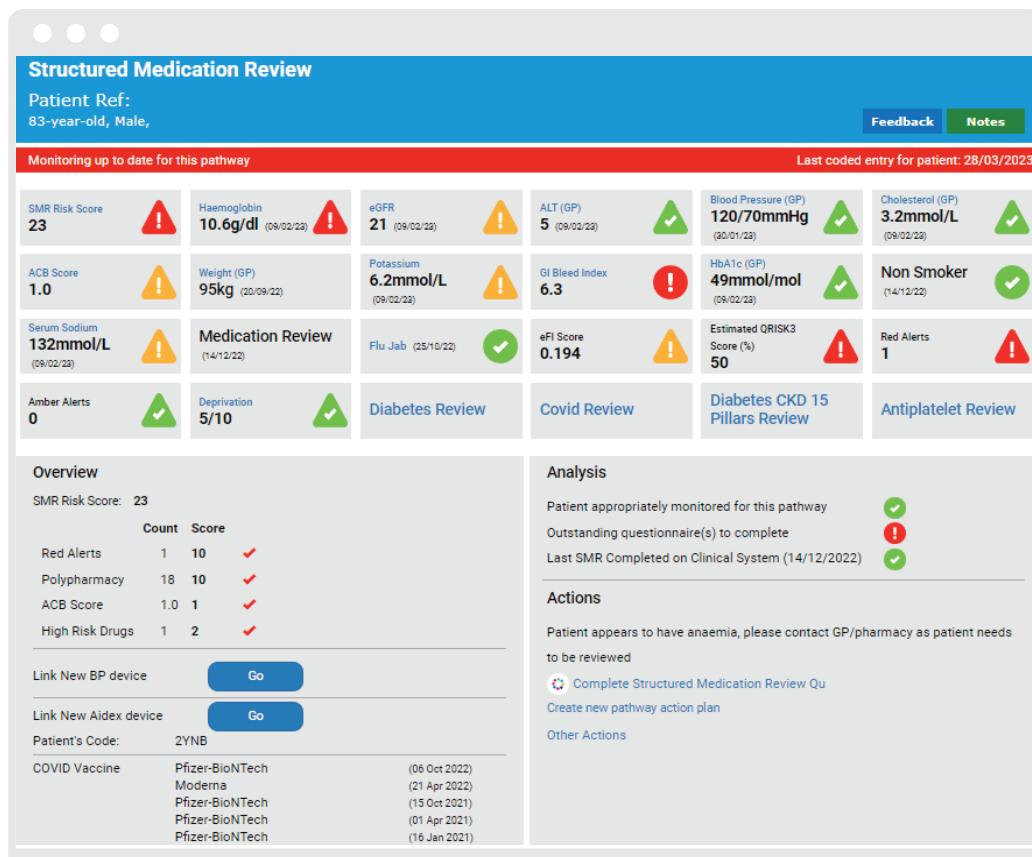


The screenshot shows a search result for a patient. The top section displays a red alert for 'Admissions Avoidance (Radar 500)' with the message: 'Angiotensin: Caution: ACE or ARB detected, on Potassium-sparing diuretic and has hyperkalaemia (Potassium >6.0 mmol/L). Patient appears to have hyperkalaemia, is on a Potassium-sparing diuretic and an ACE or ARB which can exacerbate hyperkalaemia. 1. Please validate that the patient's latest blood screen shows hyperkalaemia and that they are still taking their ACE or ARB (Azcilsartan, Candesartan, Irbesartan, Losartan, Olmesartan, Captopril, Perindopril, Ramipril, Lisinopril, Enalapril, Trandolapril). 2. Please look to see if the patient has had a clinical review and been assessed for their elevated potassium. 3. Please ensure that the patient has a follow up to have their potassium blood tests retested (U&Es). <https://www.sps.nhs.uk/home/tools/drug-monitoring/>'.

The bottom section shows the patient's details: Type 500183, Reference 500183, Last Extract Wed 29/03/23 13:24, Search Run Sun 26/03/23 06:56, Status X. A chart titled 'Potassium' shows a single data point. Buttons for 'Review', 'Address', and 'SMURF' are visible.

This allows you to view in detail summary care record areas such as medication history, test results, conditions and alerts of the patient concerned.

Individual patients can be searched for using their NHS number for S1 practices or Emis ref number. There are Search boxes on top right corner of the home page.



The SMURF interface is shown. The top navigation bar includes 'Structured Medication Review', 'Patient Ref: 83-year-old, Male, ', 'Feedback', and 'Notes'.

The 'Monitoring up to date for this pathway' section displays various health metrics with status indicators (green checkmark, yellow warning, red error):

- SMR Risk Score: 23 (Red Alert)
- Haemoglobin: 10.6g/dl (09/02/23) (Red Alert)
- eGFR: 21 (09/02/23) (Yellow)
- ALT (GP): 5 (09/02/23) (Green)
- Blood Pressure (GP): 120/70mmHg (00/01/23) (Green)
- Cholesterol (GP): 3.2mmol/L (09/02/23) (Green)
- ACB Score: 1.0 (Yellow)
- Weight (GP): 95kg (20/09/22) (Yellow)
- Potassium: 6.2mmol/L (09/02/23) (Yellow)
- GI Bleed Index: 6.3 (Red Alert)
- HbA1c (GP): 49mmol/mol (09/02/23) (Green)
- Non Smoker: (14/12/22) (Green)
- Serum Sodium: 132mmol/L (09/02/23) (Yellow)
- Medication Review: (14/12/22) (Green)
- Flu Jab: (25/10/22) (Green)
- eFI Score: 0.194 (Yellow)
- Estimated QRISK3 Score (%): 50 (Red Alert)
- Red Alerts: 1 (Red Alert)
- Amber Alerts: 0 (Green)
- Deprivation: 5/10 (Green)
- Diabetes Review: (Green)
- Covid Review: (Green)
- Diabetes CKD 15 Pillars Review: (Green)
- Antiplatelet Review: (Green)

The 'Overview' section shows SMR Risk Score: 23, Red Alerts: 1, Polyparmacy: 18, ACB Score: 1.0, and High Risk Drugs: 1.

The 'Analysis' section notes: 'Patient appropriately monitored for this pathway' (Green), 'Outstanding questionnaire(s) to complete' (Red), and 'Last SMR Completed on Clinical System (14/12/2022)' (Green).

The 'Actions' section includes: 'Patient appears to have anaemia, please contact GP/pharmacy as patient needs to be reviewed' (Text), a 'Complete Structured Medication Review Qu' button, a 'Create new pathway action plan' button, and an 'Other Actions' section.

Data within the patient SMURF is updated within 24 hours of the latest data extraction processed.

# NHS PATHWAYS SUPPORT

We have a range of support services and training programmes available to help you make the most of your NHS Pathways System. Please call **01553 615555** or email **support@prescribingservices.org** to find out more about our:

**User guides – SystmOne and Emis Web**

**Telephone helpline service**

**Online demos**

[www.eclipsesolutions.org](http://www.eclipsesolutions.org)

[secure.nhspathways.org](http://secure.nhspathways.org)

## HOW TO SET UP USERS FOR ECLIPSE

ICB level log in requests have to be authorised by the Head of Medicines Management and should be sent to support@prescribingservices.org

Practice level log in requests have to be authorised by either the Practice Manager / Lead GP or Primary Contact listed on the original sign up form and should be sent to support@prescribingservices.org for Information Governance purposes.

All log in requests require the following:

- Name
- Job Role
- NHS Email
- Mobile Number (optional)
- ICB
- Practice National Code
- Practice Name

Once received these requests will be actioned, details sent to users directly and you will be updated.

# Advice & Guidance

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