Essex Partnership University
NHS Foundation Trust

Freedom of Information Request

Reference Number: EPUT.FOI.24.3824
Date Received: 12/11/2024

Information Requested:

Cover Statement Freedom of Information (FOI) Request on Allergy Recording in Electronic Patient Records (EPR) in NHS Trusts

INTRODUCTION

Who are we?
Imperial College London are undertaking a study looking at documentation of food, drug and non-drug allergies within electronic patient records and any related allergy patient safety incidents in hospital.

Why are we asking for this information?
We suspect that that awareness and documentation of food and non-drug allergies in Electronic Patient Records (EPR) are insufficient and pose a risk to patient safety. We are gathering information on how food, drug, and non-drug allergies are documented and managed within electronic patient records (EPR) across different NHS Trusts in the UK. This data will help identify current practices, challenges, and areas where national guidelines could be improved or introduced to improve patient safety and care.

Your information is fundamental in helping us understand the variations in allergy documentation practices across NHS Trusts. By sharing your experiences and insights, you will contribute to potential improvements in allergy management and patient safety on a national level.

Who can take part?
The survey link was distributed through the FOI email address to all NHS Trust Foundations and Health Boards. The selection of participants will be determined by the FOI inbox manager, with the ideal participant being someone who has access to the incident reporting portal.

How long will it take to complete this survey?
The survey should take approximately 10-15 minutes to complete. It may take longer to gather the information needed for the survey via your incident reporting system. We appreciate your time and effort in providing valuable information.

Thank you for your participation and valuable contribution to improving allergy management and patient safety.

Q1 Trust Name: Essex Partnership University NHS Foundation Trust

Q2 Type of Healthcare Facilities

1. Specialty Hospital – Yes
2. Community Hospital - Yes

Q3 Demographic of Hospital Care

Mental Health / Learning Difficulties, Forensics, Mother and Baby, Drug and Alcohol, Health and Justice, Psychological Care, Community Services inc District Nursing, Chiropody, Podiatry etc

Q4 Respondent's Role in the Trust:

Head of Records Management

Q5 Does your Trust use electronic patient records (EPR)?

Yes

Q6 Which EPR system does your Trust use?

Paris, Mobius, Excelicare, SystmOne, IAPTUS, Theseus

End of Block: Section 1: General Information

Start of Block: Section 2: Allergy Recording System

Q7 Does the EPR system used by your Trust include a specific section for recording food, drug, latex, and other allergies?

Yes

Q8 If yes to question 7, how is the initial allergy information typically entered into the system? (Select all that relevant)

26. Manually by Doctor Yes
27. Manually by Pharmacist Yes
28. Manually by Nurse Yes
29. Manually by Dietitian Yes
30. Automatically from Previous Records Yes
31. Manually by Administrative Staff Yes

Q9 If yes to question 7, who is responsible for updating and/or checking allergy information in the patient's electronic record? (Select all that apply)

33. Clinicians (e.g., doctors, nurses) - yes

34. Administrative Staff - yes
35. Pharmacists - yes
36. IT/Technical Support Staff - No
37. Don't Know No
38. Other (Please Specify) No

Q10 How is the allergy information flagged or highlighted in the patient's records to alert healthcare providers?

39. Red Flag (1) - yes
40. Pop-up Alert - No
41. Highlighted Text No
42. Other (Please Specify) No
43. Not highlighted/ alerted on the system No

Q11 What training, if any, is provided to staff on the correct recording of allergies in patient records?

44. Mandatory Training Sessions (1)
45. Optional Training (2)
46. No Training Provided (3)
47. Other (Please Specify) – various training depending on role__

All prescribers, nurses, and pharmacy staff working on an ePMA ward will need to complete the face-to-face ePMA training to access the ePMA to record allergies in patient records.

Q12 If training is provided on allergy documentation, does it specifically cover different types of allergies in the training materials?

48. Only drug allergy recording No
49. Both drug and non-drug allergy recording No
50. Drug, food, and other non-drug allergy recording Yes
51. Don't know/ Unsure No

Q13 Does your Trust have a Local Guideline or Standard Operating Procedure (SOP) in place covering allergy documentation on the EPR?

52. Yes
53. No Relates to management of drug allergies but includes general advice on documentation rather than anything specific to the ePRs.
54. Don't know/ Unsure

Q14 If yes to Question 13, does this guideline/SOP include documentation for allergens below? (Select all that relevant) Not Applicable

55. Drugs (1)

56. Food (2)

57. Other non-drug substances (e.g. latex) (3)

58. Don't know/ Unsure (5)

Q15 Does your hospital have access to specialist allergy advice for paediatric patients?

59. Yes, please specify if this service available is available through In-House, Local Centre or Regional Centre. (1) we are not a hospital service , bit a community children's asthma and allergy service. Specialist allergy provision is obtained via a referral to the local paediatricians and or tertiary centre depending on whether the tertiary centre will accept referrals direct form the community children's asthma and allergy team , varies from tertiary to tertiary centre.

60. No (2) no – community children's asthma and allergy service only

Q16 Does your hospital have access to specialist allergy advice for adult patients?

61. Yes, please specify if this service available is available through In-House, Local Centre or Regional Centre. (1)

No (2) The Asthama and Allergy Service at EPUT is a children's only service.

End of Block: Section 2: Allergy Recording System

Start of Block: Section 3: Allergy incidents

Section 3: Incident Section 3: Patient Safety Incidents In this section, we would like to gather some information about patient safety incidents related to allergies in hospital, for example patients who have been administered penicillin antibiotics when they have a penicillin allergy. We would like information on up to 10 cases each for both drug allergy and food or non-drug allergy incidents, prioritised by severity of harm, followed by the most recent incidents.

Our local risk team recommends that you gather the following information for your incident reporting system before answering the following questions:

1. Drug allergy incidents- Allergen, Age, Level of harm
2. Food and other non-drug allergy incidents- Allergen, Age, Reactions, If reported as serious incident, Level of harm, Is the allergen previously documented in patients' note, Is the the allergen correctly documented on EPR
3. Common causes identified on food and other non-drug allergy incidents reported.

Tips:
We recognize that many Trusts may not have a specific category for food and other non-drug allergies in their incident reporting portals. However, we have identified a few related categories that are often associated with the documentation of these incidents, including:
1. Food allergens incidents:
- Insufficient help with eating and drinking
- All other medication incidents (errors with prescribing, administration, follow-up etc.)

2. Medication allergen incidents:
- All other medication incidents (errors with prescribing, administration, follow-up etc.)
- Other injury/accident
- Inadequate or inappropriate medical care

3. Other search terms including- "anaphylaxis", "allergy", "food allergy", "allergic", "urticaria", "urticarial", "hives", "angioedema", "anaphylactic", "non-drug allergy", "adrenaline", "wheezing", "stridor", "EpiPen", "antihistamine"

4. Consider other search terms for non-drug allergy incidents including "Latex" , "Chlorhexidine" , "Povidone iodine" , "Macrogol", "PEG-polyethylene glycol" , "Polysorbate 20", "Polysorbate 80" , "Mannitol" , "EDTA" , "Tromatemol", "Trismatemol", "Metacresol" , "Arginine"

Q17 Does the incident reporting platform have a specific category for recording food or other non-drug allergy incidents?

~~63. Yes~~

64. No

Q18 In the last 10 years, has your Trust recorded any incidents where a patient was administered a food, drug, or other substance (e.g., latex) they were known to be allergic to?

~~65. Yes~~

66. No

Q19 If yes to question 18, how many such incidents have been reported in the last 10 years? [Numerical Response]

Not Applicable

Q20 If yes to question 18, please indicate the number of incidents for each category: [Numerical Response]

Not Applicable

Q21 Considering the start date of your EPR system, how many years' worth of incident data have you been able to search for this survey? Ideally, up to 10 years. (e.g. 2014 - 2024)

We can confirm that the Trust holds information that falls within the description specified in your request. However, it has been calculated that to retrieve the information would exceed the 'appropriate limit' as described in the Freedom of Information Act 2000 Fees Regulations. The appropriate limit for the NHS is set at £450. This represents the estimated cost of one person spending 18 hours in determining whether the Trust holds the information, and locating, retrieving and extracting the information. Consequently, the Trust is not obliged by the Freedom of Information Act 2000 to respond to your request (see section 12(1)).

Q22 For reported DRUG ALLERGY incidents, what are the drugs involved, age group (≤17 or >17 years), and level of harm (no harm, low harm, moderate harm, severe harm or death), listing up to 10 cases prioritized by severity of harm, followed by the most recent incidents?
Please indicate the total cases below if more than 10 cases were reported.

Example: Case 1 (Amoxicillin, >17yo, low harm).

76. Case 1 (Cyclizine, >17 years, Moderate Harm)
77. Case 2 (, Tetanus and Meningitis ACWY vaccines, ≤17, Moderate Harm)
78. Case 3 (Haloperidol, , >17 years , Low Harm)
79. Case 4 (Ferrous Sulphate, >17 years, Low Harm)
80. Case 5 (Trimethoprim, >17 years, Low Harm)
81. Case 6 (Hepatitis B vaccination, >17 years, Low Harm)
82. Case 7 (Penicillin, >17 years, Low Harm)
83. Case 8 (Lansoprazole, >17 years, Low Harm)
84. Case 9 (Trimethoprim, >17 years, Low Harm)
85. Case 10 (Penicillin, >17 years, Low Harm)

86. If more than 10 cases are reported, please indicate the total number of cases below. 38 incidents recorded (01/04/2017 – 07/01/2025)

87. No drug allergy incidents reported Not applicable

Q23 For reported FOOD and OTHER NON-DRUG ALLERGY incidents, what are the allergens involved, age (confirm age via clinical record if required), reactions, if serious incident reported and level of harm (no harm, low harm, moderate harm, severe harm or death), listing up to 10 cases prioritized by severity of harm, followed by the most recent incidents?

Please indicate the total cases below if more than 10 cases were reported.

Example: Case 1 (Peanut, 3yo, anaphylaxis, serious incident reported, moderate harm).

88. Case 1 (Silicon,47, Burning sensation and rash, Serious incident not reported, Low Harm) (1)

89. Case 2 (Shellfish, 57, Swollen tongue, Serious incident not reported, Low Harm) (2)

90. Case 3 (Nuts, 26,Drop in oxygen saturation , Serious incident not reported, Low Harm) (3)

91. Case 4 (Inadine, 69, No adverse reaction, Serious incident not reported, No Harm) (4)

92. Case 5 (Peanuts, No patient affected (Near Miss), No adverse reaction, Serious incident not reported, No Harm) (5)

93. Case 6 (allergen, age, reaction, serious incident reported, level of harm) (7) Not applicable

94. Case 7 (allergen, age, reaction, serious incident reported, level of harm) (8) Not applicable

95. Case 8 (allergen, age, reaction, serious incident reported, level of harm) (9) Not applicable

96. Case 9 (allergen, age, reaction, serious incident reported, level of harm) (10) Not applicable

97. Case 10 (allergen, age, reaction, serious incident reported, level of harm) (11) Not applicable

98. If more than 10 cases report, please indicate the total number of cases below. (13) Not applicable

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99. No food allergy OR other non-drug allergy incidents reported (14) Not applicable

Q24 For FOOD AND OTHER NON-DRUG ALLERGY incidents, how many of the incidents was the allergen clearly documented in patients notes/correspondence prior to the incident? Please insert the number of cases involved in each category. (e.g. 0 - 100)

100. Food allergies documented correctly, please specify: (1)

_____

101. Food allergies not documented, please specify: (2)

_____

102. Non-drug allergies documented correctly, please specify: (3)

_____

103. Non-drug allergies not documented, please specify: (4)

_____

104. The food/ non-drug allergens were not previously known (7)

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We can confirm that the Trust holds information that falls within the description specified in your request. However, it has been calculated that to retrieve the information would exceed the 'appropriate limit' as described in the Freedom of Information Act 2000 Fees Regulations. The appropriate limit for the NHS is set at £450. This represents the estimated cost of one person spending 18 hours in determining whether the Trust holds the information, and locating, retrieving and extracting the information. Consequently, the Trust is not obliged by the Freedom of Information Act 2000 to respond to your request (see section 12(1)).

Q25 For FOOD AND OTHER NON-DRUG ALLERGY incidents, how many of the incidents was the allergen correctly documented on the relevant field in EPR prior to incident (Cerner / Epic / Other)? Please insert the number of cases involved in each category. (e.g. 0 - 100)

105. Food allergies documented correctly, please specify: (1)

_____

106. Food allergies not documented, please specify: (2)

_____

107. Non-drug allergies documented correctly, please specify: (3)

_____

108. Non-drug allergies not documented, please specify: (4)

_____

109. The food/ non-drug allergens were not previously known (5)

_____

We can confirm that the Trust holds information that falls within the description specified in your request. However, it has been calculated that to retrieve the

information would exceed the 'appropriate limit' as described in the Freedom of Information Act 2000 Fees Regulations. The appropriate limit for the NHS is set at £450. This represents the estimated cost of one person spending 18 hours in determining whether the Trust holds the information, and locating, retrieving and extracting the information. Consequently, the Trust is not obliged by the Freedom of Information Act 2000 to respond to your request (see section 12(1)).

Q26 What were the causes identified in the food or other non-drug incidents? (Multiple answers allowed)

110. Allergy not recorded in EPR - Silicon allergy not recorded

111. Allergy recorded but not flagged/alerted

112. Staff did not check EPR - 1

113. Incorrect substance administered due to similar names/packaging

114. System error or failure

115. Other (Please Specify) See below

1 – Patient chose to eat nuts to test allergy

1 – Patient given incorrect food by servery

1 – Patient eating nuts on ward, unaware of peer with allergy

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116. Unsure/ Don't know (7)

End of Block: Section 3: Allergy incidents

Start of Block: Section 4: Feedback and Improvements

Q27 What challenges, if any, does your Trust face in accurately recording and managing allergy information in EPR systems?

This question does not meet FOI criteria due to opinion basis.

Q28 What improvements do you suggest could be made at a national level to better manage allergy information in patient records?
This question does not meet FOI criteria due to opinion basis.

End of Block: Section 4: Feedback and Improvements

Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation.

EPUT's Publication Scheme is located on its Website at the following link
https://eput.nhs.uk