

# **STHFT (Sheffield Teaching Hospitals Foundation Trust)**

## **EPR Issues Letter**

Sheffield  
LMC



I write as Secretary of Sheffield LMC, the only organisation that represents general practice in Sheffield.

Following a recent article in the ICB bulletin regarding STH announcing that they were aware of all the problems relating to the introduction of their new Electronic Patient Record, Oracle, we have had a number of GPs contact us regarding their ongoing concerns.

At no point prior to implementation of the EPR has there been any consultation with impacted organisations such as GP surgeries. At no point during the evaluation following implementation has there been an acknowledgment of the extra burden on impacted organisations. The recent ICB Bulletin did not address the huge impact this poorly implemented system has had on these organisations.

The feedback from general practice has been that STH view this EPR implementation as solely an internal problem that ignores the huge impact on primary care services.

As we have continued to receive a significant number of concerns at our office, relating to the EPR, since the article we decided to conduct a 1-week survey from 10th to 14th November 2025. We asked 2 simple questions:

1. Any potentially serious patient safety issues that have arisen from the new EPR. Please describe in broad terms and avoid sending patient identifiable data.
2. For the week 10/11/2025 to 14/11/2025 inclusive the measured or estimated impact on the practice in dealing with EPR problems. This can be administrative and clinical and may either be a time or financial cost estimate.

We note that this is only a snapshot of the problems, but this is 4 months after implementation and practices are seeing no let-up in workload associated with Oracle.

1. We received many concerns about letters not being received for 2-3 months post discharge resulting in.

- appointments being missed,
- incorrect prescriptions being given,
- community follow up services not being requested appropriately because the GP was unaware of a terminal diagnosis
- Respect forms being only partly completed and therefore invalid,
- DNACPR forms being only partly completed and therefore invalid, putting patients at risk of inappropriate attempted CPR
- cancer diagnoses not being recorded because 6 months after a 2WW referral for suspected cancer, no letter has been received despite the GP having to chase up oncology on several occasions.

- Obstetrics failing to inform a GP that the newborn baby was a) born and b) palliative.

These are only some of the serious consequences being picked up in general practice due to Oracle.

2. The results only represent 1 week from a 16 + week period since the implementation of the new EPR.

Practices have noted that they are receiving up to 6 copies of the same letter, although some are tag with "Amended letter". Many of these are paper copies. Practices are having to employ more staff to sift through all these letters to check whether there has been an amendment or not (usually not)

Practices are having to utilise more clinician time as well to scrutinise letters and check for any significant clinical risks. More administrative time has been spent on manually entering the department and diagnoses. Department names are often missing or wrong. Diagnoses are embedded in the body of the text and not clearly stated. A&E letters now extend to 4 pages with no additional information.

Practices using EMIS software say they must manually enter all data fields because the letters arrive as PDFs and do not integrate with their system.

We received estimates from 22 practices with an average of 7.1 hours of extra work for administrative and clinical staff to deal with the fall-out of your system. This rises to 20 hours per week for practices using EMIS software.

The cost of this has to be absorbed by the GP partners, or else there is a reduction in primary care activity elsewhere' to 'The cost of this cannot be absorbed by the GP partners indefinitely. The practices need to be compensated or else there will be reduction in primary care activity elsewhere.

We would welcome a meeting to discuss the impact of the EPR system on general practice and consideration of how STH can compensate GP partners for the financial cost to them of employing more staff to deal with this additional workload.

From an ICB perspective we are concerned that the roll out of similar systems in Doncaster and Sheffield Children's Hospital without considering the impact on associated organisations will result in serious consequences for patients. These need to be learning events so the same mistakes are not repeated and again.

I look forward to hearing from you.

**Dr Alastair Bradley**  
**Secretary**