Eclipse Live

Eclipse Advice and Guidance - Q & A

April 2024 update

Q1 What is Eclipse used for?

A: Eclipse is a medication-based risk stratification tool designed to help pick up patients who are likely to be put at risk of harm from their medication.

Q2 Does Eclipse work?

A: The use of Eclipse is associated with significant reductions in emergency admissions and A&E attendances from primary care. In 2015, Eclipse conducted a service impact assessment on eight million patients and found that Accident and Emergency admissions were reduced by 10%.

Q3 Is Eclipse an accredited/secure system?

A: Yes, 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.

GP data is extracted and patient identifiable data is retrievable only at practice level.

NHS Digital have supported NHS Pathways implementation across England. The system is currently used in 2814 surgeries across the UK as of April 2024 and has been rolled out across all GP practices in Herts and West Essex.

Q4 Why are we using Eclipse across the ICB?

A: By managing alerts highlighted by the system report, practices can improve medicines related systems and processes to ensure safer prescribing for their patients. Active alert monitoring supports CQC inspections.

Q5 What is the evidence behind the alert?

A: Each RADAR 500 alert will have a link to where the evidence behind this is based. This is underpinned by national guidance and safety alerts e.g., MHRA, NICE, CQC, BNF and SPS Drug Monitoring in Adults in Primary Care. For examples of radar alerts please see: RADAR 500 user guide

Q6 How many red alerts are expected to be seen?

A: Eclipse refreshes all Radar 500 alerts on a Sunday, based on the latest automated data extraction. On average the red alerts are normally 1 per 1000 patients per GP

practice. Reflecting good practice, practices should review red alerts at the beginning of the week and over time the number of red alerts that need addressing will reduce.

Q7 What do GP practice staff need to do?

A: To support safer prescribing, the HWE ICB GP Enhanced Care Framework for 24/25 requires GP practices to review all redRADAR alerts that are reported on a weekly basis. Practices should develop systems to address or review these alerts and 'click' the appropriate button in the Eclipse Live system to reflect that this has been done (see page 8 on how to action alerts in the RADAR 500 user guide). Clinical documentation of the management of alerts should also be recorded in the patient's clinical system.

Q8 Who needs to be reviewing these alerts?

A: The alerts can be reviewed by either a GP, Nurse or Pharmacist/Pharmacy technician. GP practices may also put in place processes for non-clinical staff to forward the alerts to the appropriate clinician for review. If this process is applied practice staff should ensure that there is a plan to update the Eclipse system to show that alerts have been reviewed/addressed.

Q9 How does the ICB monitor progress on alerts actioned by practices?

A: The ICB receives monthly reports from Eclipse on the number of alerts triggered for each practice and the number of alerts that were reviewed. The data is published and sent out every month via the newsletter in the ECF dashboard report.

Q10 How do I set up additional users on Eclipse once my practice is live on the system?

A: Additional user requests need to be sent through by either the Practice Manager/Lead GP or named primary user in the GP practice. These need to be emailed to support@prescribingservices.org. They will need to include Name, Job Title, NHS Email and Name of the practice.

Q11 Where can I find the Anticoagulant alerts which need reviewing for 2024/25 ECF Incentive scheme?

A: The DOAC Dashboard is in Eclipse Live Module. In the same way as managing red RADAR alerts, practices need to review patients with potential DOAC prescribing issues. In addition, the anticoagulant red alerts are part of the Radar 500 red alerts. Practices are required to ensure that a robust system is in place to support regular alert review and required to manage 100% of anticoagulant alerts in Eclipse Live by end of Q1 24/25 (anticoagulant alerts in RADAR 500 red alerts and DOAC safety alerts).

Q12 Does the DOAC Dashboard address alerts for all four DOACs?

A: NO. A search for dabigatran was not built due to the complexities when considering underdosing as these should be based on an individual assessment of the thromboembolic and bleeding risk as per the guidance on page 9 on DOAC dosing for non-valvular AF to prevent stroke. Dabigatran accounts for 1% of all DOACs prescribed in our ICB. Alerts are triggered for clinical safety issues relating to edoxaban, apixaban and rivaroxaban prescribing.

Q13 Forgetting or resetting log in details.

A:Email support@prescribingservices.org or reset via Eclipse homepage.