

Principles of Good Dispensing

The Society has issued professional standards and guidance on various issues relating to the dispensing process (see References & Further Information). These standards include Professional Standards and Guidance on Patient Consent, Patient Confidentiality and the Sale and Supply of Medicines. The general principles listed below are not intended to replace these professional standards and guidance, but to expand on them, in the context of EPS use, and these documents will be referenced in these Guidelines, where relevant.

The EPS has the potential to deliver major benefits to internet pharmacy providers. This guidance applies equally to internet pharmacy businesses and other professional standards for internet pharmacies will also still apply (*Professional Standards and Guidance for Internet Pharmacy Services*): <http://www.rpsgb.org/pdfs/coepsintpharm.pdf>

There are a number of general principles that are relevant to the use of EPS in the dispensing process:

The Scope of IT Systems

As a fundamental principle, pharmacists should be aware of the scope of IT systems as an aid to best professional practice.

Pharmacy systems providing EPS Release 2 functions will be subject to the NHS Connecting for Health Common Assurance Process (CAP). The CAP is a single end-to-end process for assuring development and delivery of high quality and clinically safe IT services.

It encompasses:

- Functional Interaction with the Spine
- Clinical Safety
- Information Governance (Information Security)
- Service Management of the system when use in live sites

Each system used in a pharmacy for EPS Release 2 will have been assured against, and have successfully met, the requirements defined by this process.

It is important to remember that an IT system does not in any way replace the professional judgement of the pharmacist, and, when using EPS and other IT systems, pharmacists remain responsible and accountable for their actions and the quality of their practice.

Education and Training

Pharmacy organizations should have a training procedure for EPS, either at company or branch level, which ensures that all staff are appropriately trained (including locum pharmacists, bank staff or sessional staff). Locum pharmacists and other contractors must ensure that they have received appropriate training on EPS.

The key training objectives for EPS Release 2 should be to ensure that pharmacy users:

- Understand the key functionality/business model of EPS Release 2
- Are aware of the scope of the EPS Release 2 and its impacts on GP practices, community pharmacy and patients
- Have received any system-specific training from the system supplier
- Are able to implement the changes to dispensing processes required, in line with business process guidance documentation
- Have knowledge of the updated SOPs

As part of the Common Assurance process, NHS Connecting for Health EPS will be providing a lead to the various strands of training required for EPS Release 2. They will work with systems suppliers and pharmacy organisations, to ensure that system specific EPS training material is produced by suppliers, and supporting NHS organisations in the delivery of training.





Confidentiality

Pharmacy staff should be aware of the principles of confidentiality in the pharmacy. These will include the prevention of accidental disclosure of patient identifiable data, and the secure storage and destruction of patient identifiable data (see RPSGB *Professional Standards and Guidance for Patient Confidentiality*): <http://www.rpsgb.org/pdfs/coepsopatconf.pdf>

These standards already apply in pharmacies, but it is anticipated that the implementation of the EPS Release 2 will introduce new issues around management of patient identifiable data (concerning display of information on different system screens, on dispensing tokens or on stand-alone checking docket, which may be generated by some pharmacy systems to specifically support accuracy checking).

In the light of EPS Release 2 and other potential developments in pharmacy, such as access to the Summary Care Record, it is important that pharmacists anticipate new issues in their local pharmacies, and take action to ensure that patient confidentiality is maintained.

All NHS bodies that provide or support the provision of NHS Services must work within the NHS Information Governance Framework. The Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society are working collaboratively with the Department of Health and NHS Connecting for Health to develop guidance and tools for pharmacy contractors to meet current and future NHS Information governance requirements. An outcome of this work, expected later in 2009, will include support for pharmacy contractors in developing a confidentiality policy.

Staff Communication Skills

It is anticipated that the implementation of the EPS Release 2 and the working practices that will accompany it will increase the need for good communication skills and techniques for all types of pharmacy staff. This will be especially the case in busy pharmacies. Training on EPS should include training on handling EPS scenarios in the pharmacy. Some staff may need more comprehensive communication skills training. Information on communication skills training for pharmacists and their staff is available from the National Pharmacy Association, and the University Schools of Pharmacy.

Maintaining Patient Choice

There is an increasing emphasis in the current NHS on promoting and maintaining patient choice. EPS Release 2 provides a tool for patients to nominate a pharmacy of their choice, regardless of location. Pharmacists should be aware of this requirement and of any factors which may limit patient choice, following the implementation of EPS Release 2.

Business Processes & Risk Management

There is an element of risk with any business process and, in healthcare, this risk may translate to a clinical risk to patient safety. The risks involved with any business process will depend on the exact procedures followed, the IT systems used and the points of human interaction.

By analysing the business processes for dispensing in a pharmacy, it will be possible to identify the main risks associated with the process and the single points of failure in the process.

Pharmacists should be aware of the principles of risk reduction and risk management when implementing EPS Release 2 in their pharmacies. The Royal Pharmaceutical Society has produced general guidance on risk reduction in the dispensing process and this should be taken into account by pharmacists who are implementing EPS Release 2 in their dispensaries. This guidance is available at:

<http://www.rpsgb.org/pdfs/restoolriskmin.pdf>

The design and appropriate implementation of IT systems in a pharmacy should reduce risk associated with human error in the routine dispensing process. However, the performance of new systems should be closely monitored. Pharmacists should consider monitoring error rates and error types in the pharmacy before and after implementation. The Royal Pharmaceutical Society has produced general guidance on the reporting of dispensing errors and incidents. This guidance, together with an incident reporting form template, is available at:

<http://www.rpsgb.org/pdfs/restooldealdisperr.pdf>

Pharmacists should also consider reports of experiences and lessons learnt from the EPS Release 2 early implementer sites. NHS Connecting for Health is producing an EPS Release 2 Implementation Toolkit, which will include lessons learned, case studies, advice and tips and examples of good practice.