

Practice Guidance

Good Dispensing Guidelines – England



Royal
Pharmaceutical
Society
of Great Britain



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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.

NHS Connecting for Health Electronic Prescription Service (Release 2)

What is the Electronic Prescription Service (EPS)?

The EPS has been designed to reduce the paper administration associated with current prescribing and dispensing processes by enabling prescriptions to be generated, transmitted and received electronically. Dispensing contractors will also be able to submit reimbursement endorsements electronically to support payment claims for medication and appliances supplied. Over time, the need for paper prescriptions will reduce significantly. This will create a system that is potentially more efficient and focused on the needs of the patient.

Release 2 of the EPS will introduce some changes to existing business processes both in the GP practice and in the pharmacy, the extent of the benefits and the changes to local processes will depend on current dispensary processes.

EPS Release 2 features the following functionalities:

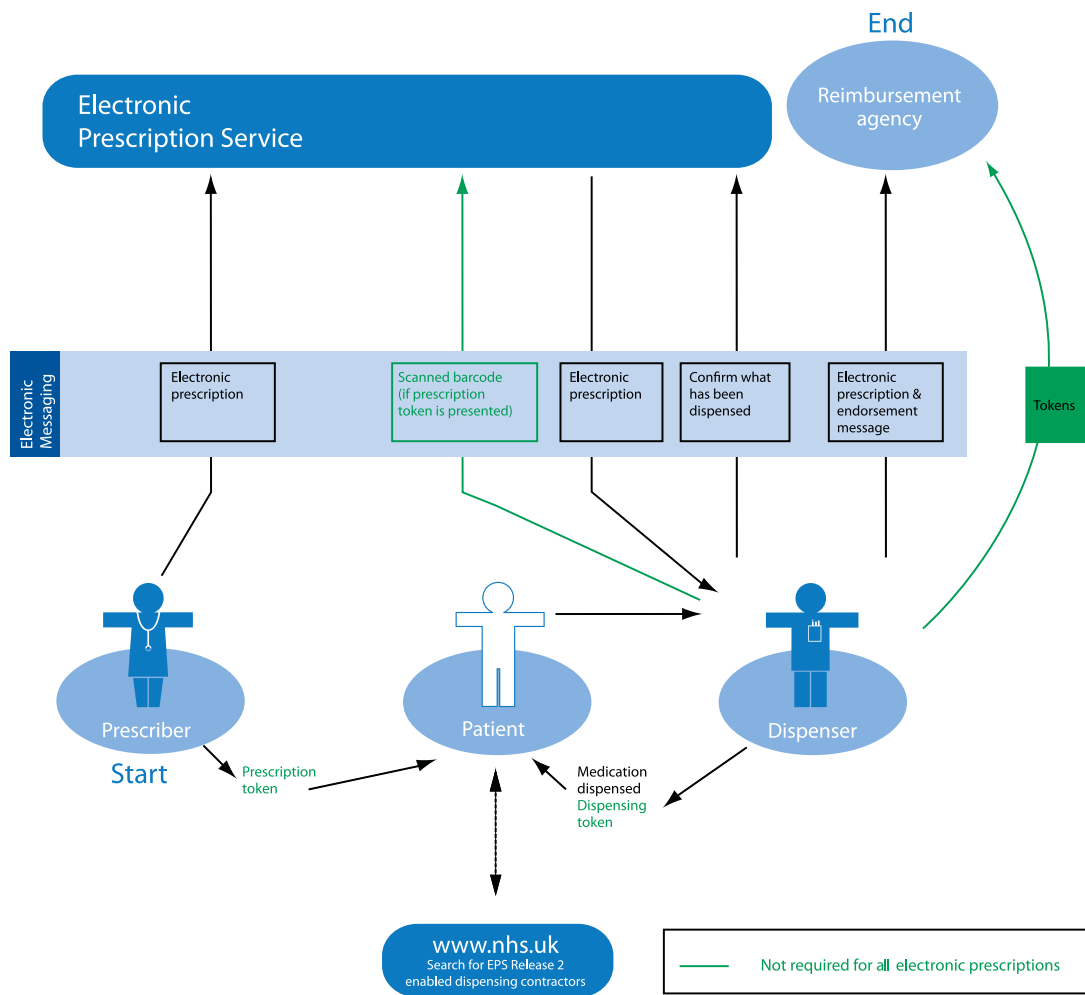
- Advanced electronic signatures on the electronic prescriptions
- The ability for a patient to nominate a dispenser
- The electronic submission of reimbursement endorsement messages
- Electronic cancellation of prescriptions

The EPS has the potential to increase the efficiency and accuracy of the dispensing process.



Diagram 1 - The Electronic Prescription Service (Release 2)

(Diagram detail kindly supplied by the NHS Connecting for Health EPS team)



EPS Release 2 Business Process Guidance for initial implementers is available to download or order from: <http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

Advanced electronic signatures

One of the fundamental changes between Release 1 and Release 2 of the EPS is the ability for prescribers to apply advanced electronic signatures to prescription messages. An advanced electronic signature is unique to an individual user and is applied using the individual's Smartcard and passcode. It is the application of the advanced electronic signature to the electronic message that qualifies it as an electronic prescription.

Prescription types out of scope for EPS Release 2

The following prescribing models are not supported and, therefore, still require a hand-signed FP10 paper prescription:

- Scenarios where the prescriber does not have access to the EPS (for example home visits and out of hours)
- Personal administration of medication
- Private prescriptions
- Bulk prescriptions for a school or institution
- Controlled drugs – Schedule 1, 2 or 3 of the Misuse of Drugs Regulations
- Scenarios when the patient chooses not have an electronic prescription
- In the initial stages of the EPS, where a patient has not nominated a dispensing contractor
- Where the prescription contains one of the limited number of items that are not directly expressible using the NHS Dictionary of Medicines and Devices (dm+d)

For these prescription types, prescribers should still issue a hand-signed FP10 prescription form. Pharmacists should ensure that these prescriptions comply with the legal requirements for a paper prescription.

Pharmacy System Requirements

Pharmacy computer systems must comply with NHS Connecting for Health Common Assurance Process Electronic Prescription Service accreditation requirements.

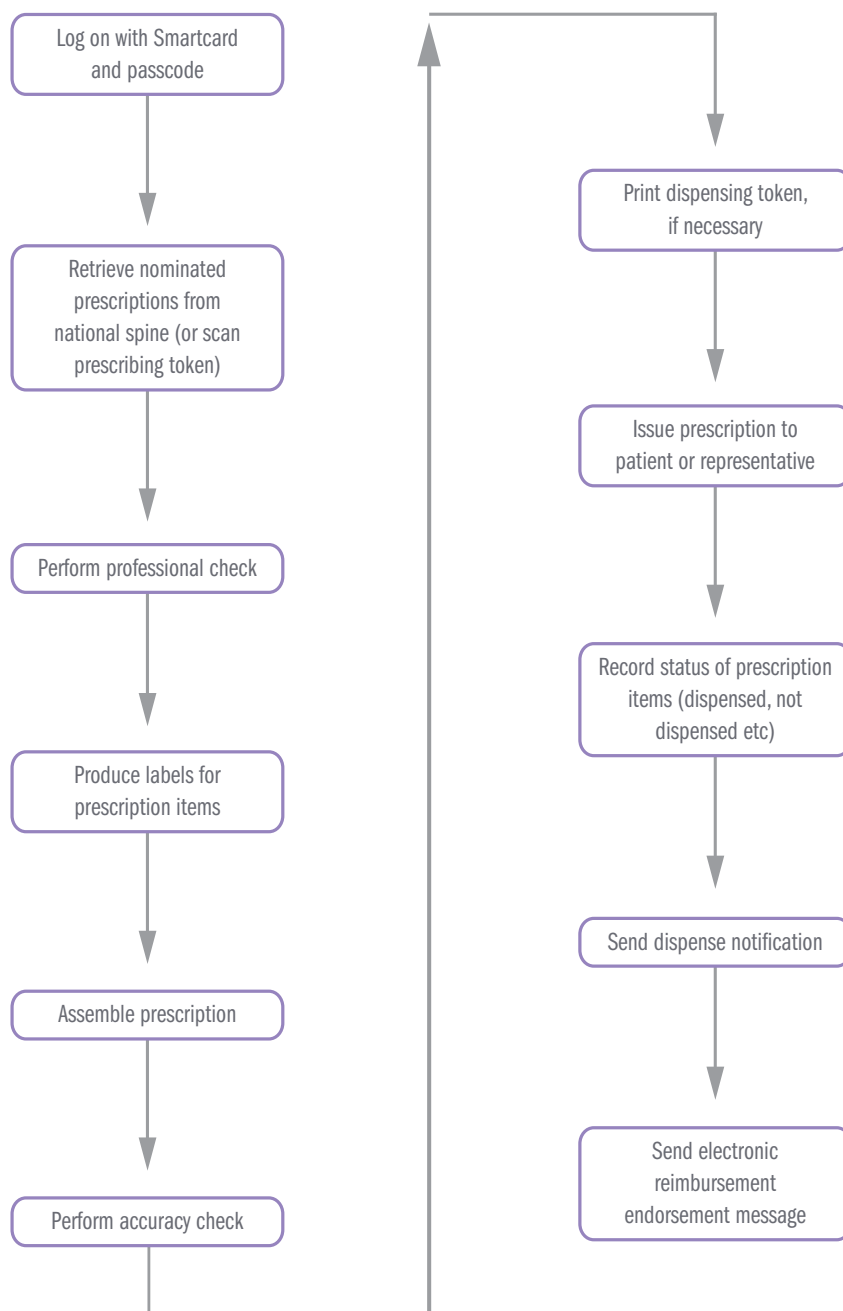
Pharmacy systems should be able to provide the following functionality:

- Routine dispensing
- Repeat dispensing
- Monitored dose dispensing
- Instalment dispensing
- Decision Support (drug-drug interactions, drug-disease interactions, duplicate therapy warnings, BNF warnings etc)
- Pharmacy intervention recording
- Medicine Use Review (MUR) Support



Dispensary Procedures and the Electronic Prescription Service

Diagram 2 – The Dispensing Process with EPS Release 2



Smartcards

All users of the Electronic Prescription Service Release 2 will need a Smartcard to allow access to the personal demographics service (PDS) on the national spine, via their pharmacy system. This is a different type of Smartcard to that required to use EPS Release 1. Smartcards are issued by the Registration Authority (usually the local Primary Care Trust). New pharmacy staff should contact the Registration Authority to apply for a Smart Card, using form RA01.

EPS Release 2 uses the “single card” model of access – an individual Smartcard for each EPS Release 2 user. Users must not share Smartcards, or share access sessions. While the legal responsibility for dispensing remains with the pharmacist, compliance with the NHS Care Records Guarantee requires there to be an audit trail of users of the PDS, to ensure the security and confidentiality of the spine data.

Pharmacists may have been issued with “fallback cards” – “spare” smart cards for sessional use. These should be stored in a secure location, ideally in the pharmacy money safe or other secure place, but not in the controlled drugs cupboard. In addition, pharmacists should be aware of the policy of their Registration Authority on Smartcard use.

The Royal Pharmaceutical Society's view is that each pharmacy should have a nominated Smartcard sponsor. The role of the sponsor is to oversee the use and security of Smartcards within a pharmacy, and to provide a link with the Registration Authority. The sponsor should be a senior member of staff, but not necessarily the pharmacist in charge.

Pharmacists should also ensure that there are appropriate security and access arrangements for the pharmacy system, to ensure the protection of confidential patient data. Staff passwords should be changed regularly and all levels of staff should have different access levels, allowing access to different functions.

Lost or stolen Smartcards must be reported to the Registration Authority as soon as the loss or theft is discovered. The Registration Authority will then cancel the Smartcard and arrange a replacement.

If a Smartcard passcode needs to be changed, or a Smartcard needs to be unlocked, users should visit the NHS Smartcard Service Centre. The unlocking procedure sends a one time (single use) password to be sent by email or text message so that the user can unlock their Smartcard.

Details of the Smartcard unlocking procedure are at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/communications/release2/communications/smartflyer.pdf>

Full guidance on Smartcards is available on the NHS Connecting for Health EPS website, and also at the PSNC website:

www.connectingforhealth.nhs.uk/systemsandservices/eps/communications
www.psn.org.uk/smartcards

Nomination of a Dispensing Site

In EPS Release 2, patients are able to nominate a dispensing site, which may be a community pharmacy, a dispensing practice or an appliance contractor. Patients may nominate up to three dispensing sites but, since they may not nominate more than one site of each type, in practice, they may nominate only one community pharmacy. Moreover, the nomination can be only be to a single pharmacy location, not to a chain of pharmacies.

Patients may make their nomination either via the prescriber, or via the pharmacy. In the future, patients will also be able to nominate their dispensing site on the internet at HealthSpace. Pharmacies will not be notified when they have been nominated or when a nomination setting has changed.

Pharmacists are advised to ensure that their pharmacy details (contact details and opening hours) are correct on the NHS Choices website, as this information will enable a patient or prescriber to select their pharmacy for nomination. Currently pharmacists should notify the PCT in writing of any changes in their details.

Obtaining permission for nomination in the Pharmacy

Pharmacists must obtain consent for the professional services that they provide to patients (see RPSGB *Professional Guidance and Standards for the Sale and Supply of Medicines*):

<http://www.rpsgb.org/pdfs/coepsgsmeds.pdf> and for Patient Consent:

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

Pharmacists are advised to seek written permission from a patient concerning their pharmacy nomination, as is currently the case with repeat prescription collection services. However, it is not mandatory to do so, and may not be possible in some situations (for example, mail order pharmacies). Pharmacists are reminded that patients do not have to nominate a pharmacy, if they do not wish to do so.

Parents/guardians may nominate a pharmacy on behalf of a person under 16 years of age. However, pharmacists should be aware of the principle of “Gillick competence” whereby a person under the age of 16 may provide consent if he or she has “sufficient understanding and intelligence to enable him or her to understand fully what is proposed.”



If a pharmacy has obtained explicit permission to dispense a patient's prescriptions prior to the deployment of EPS Release 2, then before setting the patient's nomination on the PDS pharmacists should check:

- a) That the patient understands the difference between EPS Release 2 and traditional prescription collection services, and
- b) That there has been no change in the patient's circumstances (including their preferred pharmacy) since permission was first obtained,

Confirmation of a patient's nomination should be obtained no more than 4-6 weeks before implementation of EPS Release 2 in a pharmacy.

Pharmacists are advised to ensure that:

- All types of staff, including counter staff, are adequately trained in the process of obtaining permission for nomination (and other EPS processes)
- Robust SOPs are in place to define the process (see section on Standard Operating Procedures)
- The above permission information is provided to patients in writing (for example, as a standard A5 leaflet). A template for such a leaflet is shown in Appendix 1

Consideration should be given to providing this information in conjunction with, or as part of, a general information policy leaflet for pharmacy users, in line with information governance requirements. Such a leaflet might include a) how patient identifiable information is used in the pharmacy, b) who has access to the information, and c) how a person can view or obtain a copy of their data.

Information to be provided to patients concerning nomination

The Royal Pharmaceutical Society advises that pharmacists should provide the following information about the service when obtaining patient permission for a dispensing site nomination to the EPS, in order to comply with the nomination requirements:

- The service involves the *secure* electronic transfer of prescriptions. Paper is not required (although at present there are some prescriptions which cannot be sent via EPS)
- Patients *do not have to receive their prescriptions via the EPS* but, if paper prescriptions are issued, patients cannot nominate a dispenser electronically as they can with the EPS
- *Any EPS Release 2 dispensing site can be nominated. Patients are not restricted to choosing a pharmacy near their GP's surgery*
- A patient's prescriptions issued through EPS Release 2 will be sent to their nominated dispensing site. *If the patient wants to nominate a different dispenser, they must tell the prescriber this at the time of the consultation*
- Patients can change their nomination at the prescriber's or dispenser's location *at any time*, including part way through a repeat dispensing cycle (although patients are advised to change their nomination at the beginning or end of a repeat cycle). Any prescriptions which have not been downloaded before the change of contractor will be accessed by the new nominated contractor
- If a patient has nominated a dispensing site, the site will be able to access the prescription *in advance of the patient presenting to collect it*. However, *if the patient goes to a different site, there may be a delay before the non-nominated site can access the prescription*

The NHS Connecting for Health leaflet '*Explaining the Electronic Prescription Service – information for patients and carers in England*' contains all this information and is available to order from: <http://information.connectingforhealth.nhs.uk>

Cancelling/Changing a patient's nomination

EPS Release 2 enabled pharmacies will be able to send a message to the EPS to change a patient's nomination settings. The process for this is described in the EPS Release 2 Business Process Guidance:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

When a nomination has been changed, any prescriptions that have not yet been downloaded will be transferred to the new nominated dispenser. Pharmacies will not be notified when a nomination has been changed.

Standard operating procedures need to be established locally to ensure that:

- Nomination is communicated consistently to patients, and
- Is captured in an auditable way so that, if challenged, processes are in place (either written or verbal) to back up information following on from a customer complaint or from an audit perspective

Any changes made to a patient's nomination settings are recorded by the system and PCTs will have access to audit facilities to monitor this to ensure that the system is being used appropriately.

Pharmacists will need to maintain an audit trail to show that they have captured, recorded and acted upon a patient's nomination request in a timely manner. As with initial nomination, pharmacists are advised to seek the explicit permission of a patient for any change of nomination. Where possible, this permission should be obtained in writing.

Pharmacists and their staff shall not give or offer any gift or reward to encourage a patient to nominate their pharmacy; this also includes the offering of share dividends of profits, discounts and loyalty points. Such activities constitute a breach of the Dispensing Contractor's Terms of Service. The NHS Pharmaceutical Service Regulations 2005, prohibit pharmacists or their staff from offering inducements to encourage patients to nominate their pharmacy.

Pharmacists should also:

- Not mislead patients about their pharmacy nomination (patients may change their nomination at any time)
- Not collude with other non-pharmacist staff to obtain inappropriate nominations

Pharmacists are reminded that they have a professional responsibility to ensure that on receipt of prescriptions (including electronic prescriptions), they are authorized to receive and dispense them. (Royal Pharmaceutical Society of Great Britain, *Professional Standards and Guidance for the Sale and Supply of Medicines*. 2007): <http://www.rpsgb.org/pdfs/coepsgssmeds.pdf>

Prescription Tokens

Prescription tokens are printed on form FP10SS by the prescriber. The prescription token does not constitute a legal prescription, for two reasons:

- It is only a copy of the electronic prescription which is the legal entity as it has been signed with an advanced electronic signature
- The prescriber will not sign the token; standard text will be printed in the signature box to prevent the prescriber from signing it

Pharmacists are reminded that the electronic prescription (EP) is the legal prescription and that they must not dispense solely against a prescription token, even one that has been signed by a prescriber and issued as a prescription. However, if the patient arrives at the pharmacy with a signed prescription token, but no electronic prescription is available and the surgery is closed, but the medicine is required urgently, the pharmacist should consider making an emergency supply of the required medicine.

The EPS Release 2 Business Process Guidance describes the circumstances in which prescription tokens may be issued to patients:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

A prescription token (Repeat Dispensing Authorisation Token) **must** be issued by prescribers to patients when authorising prescriptions for repeat dispensing (see *Electronic Repeat Dispensing*). Prescription tokens **may** be issued to patients with single prescriptions – for example, on patient request – but this is optional.

Pharmacists should be aware therefore that, with the initial EPS Release 2 implementation, walk-in patients therefore may or may not present in the pharmacy with a prescription token.



Pharmacists should satisfy themselves concerning the identity of a patient collecting a prescription. Pharmacists should also have a procedure for identifying patients who present in the pharmacy without a prescription token, and who are not known to the pharmacy staff. This may involve the patient confirming their address and/or date of birth, as they would do when collecting a prescription currently, or providing some form of identification, as when currently collecting controlled drugs.

Types of ID that may be considered suitable include:

- Driving licence (including photocard section)
- Any official photo ID
- Passport
- Birth/marriage certificate
- Pension or benefit book
- Council rent book
- National savings book



Retrieval of Prescriptions from the EPS

Electronic prescriptions from the EPS may be retrieved:

1. By scanning the barcode on the prescription token presented by the patient (or entering the patient's name and then confirming their identity by checking their address and/or date of birth)
2. By manually entering the prescription ID printed on the prescription token
3. By routine download from the spine (for prescriptions from patients who have nominated that pharmacy)

Full details of the prescription retrieval process are available in the EPS Release 2 Business Process Guidance:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

Pharmacists should use the routine downloading procedure to streamline their working processes, especially the management of routine prescriptions and repeat dispensing. An automatic download can be done once a day, either in the morning in readiness for the beginning of the working day, or before close of business in the evening. Alternatively, pharmacy users may make manual downloads during the day, before specific wholesaler order deadlines, or delivery schedules.

Pharmacists should verify the patient's address if there is a discrepancy between the patient address downloaded from the national spine, and the patient address stored on the pharmacy system. If the address on the pharmacy system is incorrect, it should be updated. If the address on the spine is incorrect, patients should be advised to notify their GP of a change of address.

As described above, the prescribing token should not be used as a prescription. If the prescriber has made a handwritten amendment or addition on the prescribing token, the pharmacist should make contact with the prescriber and ask them to cancel the prescription and/or issue a new prescription via the EPS, taking into account the handwritten change.

Problems with EP retrieval

Pharmacists should be aware of the scenarios which might occur with EP retrieval using EPS Release 2:

- A patient arrives in an EPS Release 2 enabled pharmacy with an EPS Release 1 prescription token. EPS Release 1 prescriptions can be scanned on EPS Release 2 to obtain the prescription data from the national spine but, in this case, the paper form constitutes the prescription rather than the electronic message
- A patient arrives in a pharmacy urgently needing to collect their prescription but the patient has previously nominated another pharmacy and their prescription has already been routinely downloaded there
- The prescriber has cancelled the prescription (see *Cancellation of Electronic Prescriptions*). If the patient presents with a prescription token, which is scanned, the EPS will give a rejection message, saying that the prescription has been cancelled
- The prescriber has not yet sent the prescription to the EPS
- The prescription has been removed from the EPS under the spine housekeeping rules (see *Spine Housekeeping & Expiry Rules*)
- Electronic prescription download speeds are slow. This should be reported to the normal IT helpdesk for the pharmacy, which may be the system supplier or a local group helpdesk

The name and address of the nominated dispensing contractor will be printed on the right hand side of the prescription token. This will help to ensure the patient always knows which pharmacy they have nominated. However, occasionally a patient, or patient's relative, may present at a non-nominated pharmacy with an urgent need for a prescription that has already been downloaded at their nominated pharmacy.

In exceptional circumstances (such as where medication is required urgently or if the patient is a long distance from their nominated contractor) it is possible to return the prescription back to the spine. The patient's prescription token, or the prescription identifier number supplied by the nominated pharmacy can be used to download the prescription at another EPS Release 2 enabled pharmacy.

If there are likely to be issues with product availability elsewhere, and the medicine is required urgently, pharmacists should consider the use of the emergency supply provisions to supply the required medicine.

Dispensing Tokens

Dispensing Tokens are printed on form FP10DT by the dispenser. Dispensing tokens may be printed in a number of scenarios:

- When a prescription has been downloaded at a nominated pharmacy, but the pharmacy is not able to fulfil the prescription and the patient wishes to go to another pharmacy. The prescription is released back to the spine and the patient is issued with a dispensing token, so that the prescription can be accessed at another EPS Release 2 enabled pharmacy
- Where a patient has nominated a pharmacy and either pays prescription charges, or is exempt from paying prescription charges for a non-age related reason. The dispensing token is printed in order for the patient to sign and declare their exemption

Full details of the use of dispensing tokens are provided in the EPS Release 2 Business Process Guidance:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

As with the Prescription Tokens, the Dispensing Token is not a legal prescription, and is not subject to the secure storage requirements for prescriptions. However, pharmacists are reminded that the Dispensing Token will display identifiable personal data and therefore there is a professional requirement to handle, store and dispose of these in a confidential manner.

Primary Care Trusts are responsible for providing the stationery for Dispensing Tokens.

Pharmacists are advised to:

- a) Discuss technical requirements for printing Dispensing Tokens with their pharmacy system supplier, in order that the hardware used for printing tokens is appropriate for the volume of tokens that might be required
- b) Liaise with the Primary Care Trust and Local Pharmaceutical Committee about arrangements for the supply and circulation of the stationery

Supplementary Clinical Information

Currently, the right-hand side of an FP10 prescription form is in some cases used for communication of supplementary information to the patient. This might include the patient's repeat prescription review date, date of last repeat authorisation, or instruction for the patient to arrange an appointment for monitoring tests.

With EPS Release 2, the patient may not always receive a prescription token – with this written information – so pharmacists will need to provide this information (relevant to the clinical care of the patient) to them, in cases where the information is required. The approaches taken, including the workloads involved, will be assessed during the initial implementation.

The arrangements for giving supplementary information to patients during the initial implementation of EPS Release 2 are described in the EPS Release 2 Business Process Guidance: <http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

Pharmacists should consider the best way to communicate this information to the patient. Where possible, pharmacists should provide printed information – by printing the dispensing token with the supplementary clinical information on the right hand side – so that the patient has documented evidence of the supplementary clinical information, as currently happens with the right hand side of the FP10 prescription form. However, printed information may not always be read and understood by patients, and pharmacists should consider reinforcing the printed information with verbal communication, where it is deemed necessary.

Pharmacy systems have functionality to alert pharmacy staff to the availability of supplementary clinical information, and to provide customised printouts of this information. How this is done will vary from supplier to supplier and pharmacists should discuss this issue with system suppliers to find what options are available to them.

Pharmacists should consider their procedure for dealing with requests for prescription and supplementary clinical information by a) the patient, and b) a third party on behalf of the patient.

If a third party requests supplementary clinical information on behalf of a patient (for example, if the patient is elderly or housebound), pharmacists should ask for written permission from the patient to allow the third party to collect the information.

A parent/guardian may collect supplementary clinical information on behalf of a person under the age of 16.

Professional Checking

Pharmacists have a professional requirement to ensure that “every prescription is clinically assessed to determine its suitability for the patient” (RPSGB *Professional Standards and Guidance for the Sale and Supply of Medicines*):

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

Pharmacists are reminded that the EPS is a method of delivering prescription messages from the prescriber to the dispenser and that, at the current time, the same clinical problems that can occur on paper-based prescriptions may occur on electronic prescriptions.

Pharmacy computer systems may assist efficient dispensing by ‘filling in’ template details from the prescription message. Pharmacists are reminded that the system is pre-populating information for inspection and verification by the pharmacist and the usual professional dispensing vigilance is still required.

Pharmacy computer systems maintain a prescribing and dispensing history for each patient, and also have decision support tools to support the pharmacist’s professional check (drug interactions, drug disease interactions etc). The decision support warnings produced by pharmacy computer systems should inform, not replace, the pharmacist’s clinical judgement.

As is currently the case, pharmacists should maintain a record of any significant clinical interventions made. The pharmacy system should have functionality to support this. The Royal Pharmaceutical Society has produced guidance on reporting clinical interventions. This is available at:

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



Substitution

In the future, with EPS Release 2, prescriptions will be issued electronically for products, using the product codes within the NHS Dictionary of Medicines & Devices (dm+d). These will be either for the Virtual Medicinal Product (VMP) code (eg: Aspirin Tablets 75mg) or for the Actual Medicinal Product (AMP) code (eg. Angettes 75mg Tablets (Bristol Myers Squibb)). If the AMP is selected, the prescription will therefore include details of the specific formulation and manufacturer. Following the implementation of EPS Release 2, there may be an increase in prescriptions with an AMP, where the actual manufacturer is specified.

The pharmacist is obliged to supply the product specified on the prescription. The Medicines Act 1968, S64, states that *“no person shall, to the prejudice of the purchaser, sell any medicinal product which is not of the nature or quality demanded by the purchaser.”*

The Professional standards and guidance for the sale and supply of medicines, which supplements and supports the Society's Code of Ethics, currently states that *“except in an emergency, a specifically named product is not substituted with any other product, without the approval of the patient or carer, and the prescriber, a hospital drug and therapeutics committee, or other similarly agreed local protocol.”*

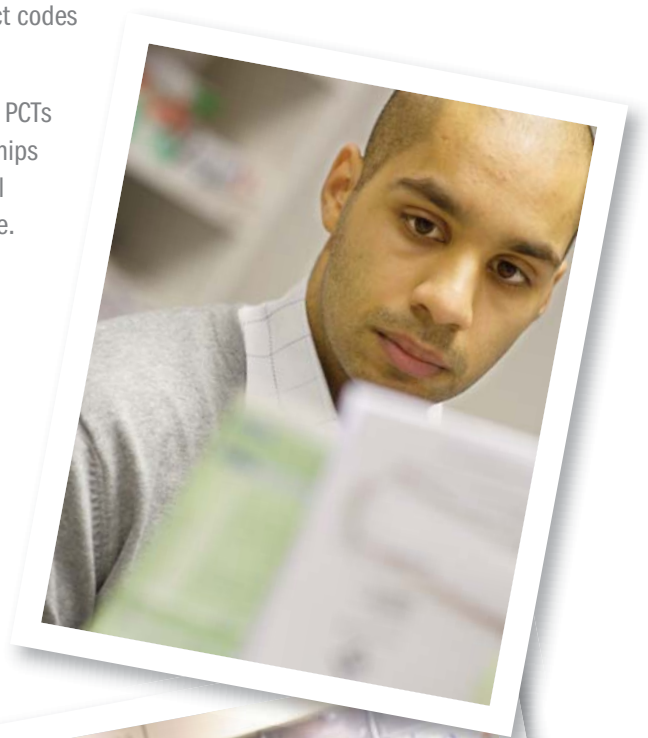
However, it may not always possible for a pharmacist to supply a specific generic product or PI product against a prescription, due to stock availability and other considerations. In this circumstance, the pharmacist must contact the prescriber to ascertain whether an alternative product can be supplied, as currently happens. The prescriber must then cancel the prescription and issue an alternative. If the prescriber is not contactable, the pharmacist must make an appropriate professional decision, after consultation with the patient.

The Royal Pharmaceutical Society is currently monitoring the issue of substitution against primary care prescriptions at a national level, to ensure that the pharmacy profession is appropriately supported in the use of EPS in the longer term.

However, in order to address initial issues concerning substitution as EPS Release 2 is rolled out, pharmacists should work locally with GP practices, where possible, in implementing EPS:

- To encourage generic (VMP) prescribing at a local level as much as possible, where appropriate
- To encourage the production of local prescribing lists used in GP systems, based largely on generic (VMP) product codes

PCTs will have a role in facilitating these discussions/processes. Pharmacists working for PCTs are advised to establish close working relationships with Local Pharmaceutical Committee and Local Medical Committee representatives on this issue.



Labelling of Prescriptions

Once a barcode on a prescription token has been scanned (or the patient and prescription identified on the PDS), the electronic prescription can be downloaded and displayed according to the processes of the pharmacy system. In most cases, the electronic prescription will be displayed on screen, as a facsimile of an FP10 prescription form. The user can then select each item for dispensing, amending the directions as appropriate, and produce appropriate labels for each item.

Pharmacists should bear in mind that any directions downloaded from the EPS may not provide adequate instructions to the patient for using the product, and should use their professional judgement to ensure that all products are appropriately labelled for patient use (see RPSGB *Medicines, Ethics & Practice (July 2008)*):

<http://www.rpsgb.org/pdfs/MEP33S1-2a.pdf>

Pharmacists should consult actively with pharmacy system suppliers to resolve any issues concerning labelling that are related to system configuration.

Assembly of Prescriptions

Prescription items are then assembled and labelled ready for a final accuracy check. In order to reduce risks of errors in the dispensary, pharmacists may wish to use a system of baskets or boxes to facilitate physical processing of prescriptions. Each basket will contain the prescription items, the labels generated, the prescription token (where applicable), dispensing token or any other pharmacy system generated paper docket used to support accuracy checking (see *Accuracy Checking*).

The use of pharmacy robots (automated dispensing) may increase the efficiency of the dispensing process, reduce risks of errors and further streamline the medicine supply process in an EPS Release 2 enabled pharmacy handling large prescription volumes.

Pharmacists considering the use of pharmacy robots should discuss interface requirements for EPS Release 2 dispensing functions with their pharmacy software supplier.



Accuracy Checking

Traditionally, the final accuracy check for a prescription has involved the pharmacist or accuracy checking technician checking the final dispensed items and labels against the FP10 prescription form.

However, with EPS Release 2, there will, in many cases, no longer be a paper prescription to perform the check against, and pharmacists will need to consider how the accuracy check will be performed in an EPS Release 2 enabled pharmacy. As a general principle, the accuracy check must be performed from the unedited prescribing data from the EPS.

The following approaches should be considered:

- Display of the electronic prescription on a second pharmacy system workstation, separately from the labeling workstation. Pharmacists would need to consider whether they have the resources to have a second workstation in the dispensary, and also the risk management and Health and Safety implications of a pharmacist doing accuracy checking from a screen all day
- Use of the prescription token, if available
- Routine printing of all dispensing tokens, so that they can be used as the “prescription” for the accuracy check
- Some pharmacy systems have functionality to print a separate paper docket of unedited prescription message to specifically support accuracy checking

Accuracy checking from dispensed labels must not be done, because of the risk that the dispensed labels do not reflect the original prescribing information.

Pharmacists are advised to consult with their pharmacy system suppliers about what functionality might be available to support accuracy checking.

While one pharmacist may supervise the dispensing of a prescription and make the accuracy check, it is often the case that the completed prescription will be handed out to the patient by a second pharmacist at a later time. The accuracy checking procedure should be such that the second pharmacist is able to easily check the dispensed item against the prescription.

Owings & Out of Stock Items

EPS Release 2 has a process for dealing with out of stock items. As well as items that are flagged as either “dispensed” or “not dispensed” there are also two intermediate statuses that can be used “partial” and “owing”, to cover instances where an item is partially dispensed, and where one item on a prescription of two or more items is completely out of stock.

Full details of these processes are documented in the EPS Release 2 Business Process Guidance: <http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

Pharmacists are reminded of their professional obligation to give the patient the opportunity to have the prescription dispensed at another pharmacy if any item(s) are out of stock, and required urgently (RPSGB *Professional Standards and Guidance for the Sale and Supply of Medicines*): <http://www.rpsgb.org/pdfs/coepsgsmeds.pdf>

Dispense Notification

After a medicine has been dispensed, a “dispense notification” message should be sent to the Spine, to notify the EPS that the prescription has been dispensed.

This notification should be sent when a patient collects their prescription, to support EPS business processes, but pharmacists should consider how this can be implemented in the normal workflow of their pharmacy. One possibility is for pharmacy systems to generate a bag label with a barcode, which can be scanned by the counter staff when a patient collects their prescription.

A dispense notification should be sent with each collection event – either a fully dispensed item, a partly dispensed item with owing quantity, or a prescription with a completed owing. Pharmacists should discuss the configuration options for this with their pharmacy system supplier.

It would be useful for pharmacists to have a record of dispensed prescriptions as well as dispense notifications issued. This would enable an end-of-day reconciliation process, in case counter staff have forgotten to scan prescriptions as having been supplied.

Submission of Reimbursement Endorsement Messages

Pharmacists should send an electronic reimbursement endorsement message to NHS Prescription Services, which will include prescription endorsement information, and prescription charge status.

A reimbursement message can only be submitted once a final dispense notification has been sent. A schedule will be issued for pharmacists to follow as to when to submit the reimbursement message.

Once an electronic reimbursement endorsement message has been submitted, it cannot be amended electronically and pharmacists will need to contact NHS Prescription Services to report the problem. Over time EPS Release 2 compliant systems will be designed to allow dispensing contractors to add the necessary changes to the electronic reimbursement endorsement message and resubmit it.

Pharmacists are reminded of their professional obligation to ensure that reimbursement claims are honest and accurate (RPSGB *Professional Standards for the Sale and Supply of Medicines*):

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

As at present, other endorsements will also be required for example endorsements to claim broken bulk, out-of-pocket expenses or the “No Cheaper Stock Obtainable” (NCSO). These will be supported by the pharmacy systems and pharmacists should check that their pharmacy computer systems are correctly configured to make appropriate electronic endorsements.



Cancellation of Electronic Prescriptions

Prescriptions or individual prescribed items may be cancelled on the EPS Release 2.

Prescriptions/items can only be cancelled by prescribers or their authorised staff, at a location where the prescription/item was generated, not by a dispensing site. Prescriptions/items cannot be amended; if an amendment is required, the prescriber must cancel a prescription and issue a new one. Further details of the cancellation process for EPS Release 2 may be found in the EPS Release 2 Business Process Guidance:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

If a pharmacist attempts to download an electronic prescription that has been cancelled, they will receive a rejection message indicating that the prescription has been cancelled by the prescriber.

It is possible that a prescriber will have issued a prescription token for a cancelled prescription/prescription item.

If the prescriber cancels an individual prescribed item then the item will be marked as cancelled when the electronic prescription is shown on screen. Cancelled items will not be printed on dispensing tokens.

If a prescriber wishes to cancel a prescription after it has been downloaded to the dispensing site, they will receive a message indication that the cancellation request has been unsuccessful. The prescriber will then need to contact the pharmacy by phone to cancel the prescription verbally. If an electronic prescription is cancelled verbally after it has been downloaded, it should either be processed as “Not dispensed” or returned to the spine for the prescriber to cancel.

Where the medication has already been collected by the patient, the prescriber will be required to contact the patient.

Given the above scenarios, pharmacy staff should be aware that good communication between surgery staff and pharmacy staff is paramount in managing prescription cancellations and patients' expectations concerning them.

Pharmacists and GPs should work together to produce local procedures to deal with the number of prescription cancellations.

Electronic Repeat Dispensing

EPS Release 2 will support repeat dispensing. The prescriber issues a repeatable prescription, which is transmitted to the spine in the usual way, and the patient is issued with a Repeatable Prescription Authorising Token.

The EPS then manages the release of each repeat issue. The first issue is available to be downloaded from the spine as soon as it is sent to the spine. Each subsequent issue is available once the previous issue is complete (designated either “dispensed” or “not dispensed”).

The spine will automatically send the nominated dispensing site the next repeat issue 7 days before the expected issue date of the next issue. The expected issue date is defaulted to 28 days after the receipt of the final dispense notification for the previous issue, unless the prescriber has specified a fixed number of days’ supply for each issue. (The default can be changed if the prescription is for less or more than one month).

Alternatively, a pharmacy can pull down repeat issues in advance of them being sent automatically by the spine, when the instalment interval is flexible.

In a change to the current repeat dispensing procedure, patients can change their nominated pharmacy midway through a repeatable prescription. When a patient changes their nomination, any outstanding repeat issues which have not already been downloaded will be transferred to the new dispensing site. Patients should be advised to change their nomination directly after they have collected their last issue.

Further information on the EPS Release 2 Repeat Dispensing functions is available in the EPS Release 2 Business Process Guidance:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/release2guide.pdf>

Further information on the repeat dispensing service has been issued by the National Prescribing Centre and can be found at the following location:

http://www.npci.org.uk/medicines_management/patients/repeatdisp/resources/dwr_for_web.pdf

Pharmacy systems may be configured to support different scheduling methodologies for repeat dispensing. Pharmacists should consult with systems suppliers on how systems can be configured to support their pharmacy processes.

Data Structure & Product Selection

The coding of medicines prescribable on EPS is according to the NHS dictionary of medicines and devices (dm+d) standard. The dm+d provides a code and description for each medicine, and supports the interoperability of all systems – both GP and pharmacy systems – that are involved in the EPS.

Further information about the dm+d may be found at: <http://www.dmd.nhs.uk>

Currently, GP systems are not required to make 100% mapping between their own drug databases and the dm+d, so the situation may arise that an item cannot be prescribed by the EPS because it has not been mapped in the GP computer system to the appropriate dm+d code. In these cases a hand signed FP10 paper prescription would need to be generated for the patient.

Pharmacists may also identify incorrect dm+d mappings, usually where the item selected on the pharmacy system screen does not correspond with the information printed on the prescribing token. In addition, some product names may not display correctly on labels, because of the implementation of dm+d concepts in pharmacy systems.

Pharmacists are advised to report such errors immediately to their system supplier, and to the National Patient Safety Agency using their online reporting form (**Patient Safety Incident Report**). Pharmacists should, however, also be aware that pharmacy multiples may have specified reporting channels.

Pharmacists are also advised to facilitate communication with local GP practices on dm+d issues, where the prescriber's intent needs to be clarified. Primary Care Trusts may have a facilitating role with this.





Standard Operating Procedures

Since January 2005, the Royal Pharmaceutical Society has required pharmacists to have in place written Standard Operating Procedures (SOPs) covering the dispensing process. SOPs are a means of reducing risk and ensuring the quality and consistency of the service.

Dispensary SOPs will need to be completely revised following the implementation of EPS Release 2. SOPs will need to cover the dispensing process for both paper prescriptions and prescriptions dispensed via the EPS. Further guidance is available in the document, *Developing and implementing standard operating procedures for dispensing* (RPSGB, 2007): <http://www.rpsgb.org/pdfs/sops.pdf>

Pharmacists are advised to pay particular attention to maintenance and workflow issues relating to the use of EPS in their dispensary.

These will include:

- Housekeeping procedures – a daily procedure for checking EPS operation, N3 connectivity, system back-up etc. This could be done at the same time as a daily download of routine prescriptions
- A system of managing and grouping prescription messages on the pharmacy system (requested, received, processing & dispensed/completed etc). Pharmacists should consult with their systems supplier or group IT helpdesk for advice on appropriate system configurations to support this

The National Pharmacy Association (NPA) is producing a series of dispensary SOP process templates to cover EPS Release 2 processes: <http://www.npa.co.uk>

Business Continuity

There will inevitably be times when the system is unavailable, as with other IT systems.

The causes of EPS failure will fall into three categories:

- Local – pharmacy system/printer/Smartcard failure
- Communications – failure of the NHS communications network (N3)
- Central – failure of the Spine/central services

In the event of failure of the EPS, pharmacists should raise a support call with their IT helpdesk in the first instance (either a system supplier or a pharmacy group IT helpdesk). The helpdesk will then triage the incident according to the above categories. Pharmacists should ensure that they obtain an incident reference number for their support call.

Should the EPS fail at any level, there are four possible courses of action for the community pharmacist:

1. The pharmacist advises the patient to come back later
2. The pharmacist contacts the prescriber to obtain a paper FP10 prescription
3. The pharmacist advises the patient to use an alternative dispensing site
4. The pharmacist makes an emergency supply under the provisions for emergency supply

Options 1) and 3) may help with routine prescriptions, when there is transient or local system failure. However, they would not be appropriate for patients with urgent prescriptions and Option 3) will not be possible if there is generalized system failure. Option 4) requires the pharmacist to undertake the required procedure for an emergency supply, and so is not a viable method for managing routine system failure, although may be appropriate in certain circumstances.

Pharmacists should consider the most appropriate option for business continuity, given the type of system failure. In the event of local pharmacy system failure, then options 1) and 3) are possibilities. However, since the only legal prescription entities are: a) the EPS Release 2 electronic prescription and b) the FP10 form signed by the prescriber, the only acceptable approaches for generalized EPS failure are option 2), the use of the traditional FP10 prescription, together with Option 4) (emergency supply) in certain circumstances.

In future, NHS Connecting for Health is planning to develop functionality to allow EPS Release 2 dispensers to obtain a report of their active prescriptions in the event of a system failure.

Pharmacists should:

- Develop an SOP for business continuity following the different levels of system failure (see *Standard Operating Procedures*)
- Work with GPs, where possible, to formulate an agreed local procedure for business continuity in the event of unscheduled EPS downtime
- Monitor EPS unavailability and reasons for system failure
- Put into place a robust backup procedure for their pharmacies
- Consider the technical options for system continuity following hard disk or communications failure

Business continuity procedures will need to take into account:

- Arrangements to mitigate the impact of system unavailability (for example, by maximizing routine downloads of electronic prescriptions, and the proactive use of repeat dispensing arrangements)
- Local communications following system failure
- A procedure for downtime as a result of local Smartcard lock-out. Connecting for Health has issued guidance on how to release locked Smartcards (see *Smartcards*)
- System backup procedures

PCTs will have a role in facilitating these discussions/processes. Pharmacists working for PCTs are advised to establish close working relationships with Local Pharmaceutical Committee and Local Medical Committee representatives on this issue.

Glossary of Terms

Actual Medicinal Product (AMP)

A concept within the dm+d medicines terminology to describe an actual medicinal product – including details of source as well as formulation. (eg Atenolol 50mg Tablets (Ranbaxy)).

Dictionary of Medicines & Devices (dm+d)

Medicines terminology schema used to support the EPS and applications using medicines data. Product codes may be listed as VMPs or AMPs.

Electronic Prescription

Prescription message transmitted by the EPS, with dm+d product code(s), and an authorised electronic signature.

Electronic Prescription Service (EPS)

The Connecting for Health service which will automate the generation and transmission of prescriptions.

Electronic Transfer of Prescriptions

The Connecting for Health programme that will deliver the EPS.

FP10 DT

The form on which the EPS Dispensing Token is printed.

FP10 SS

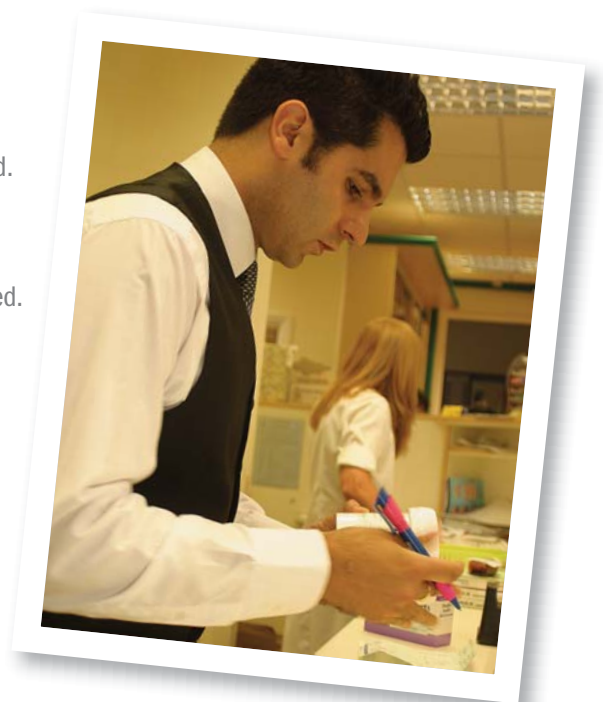
The form on which the EPS Prescription Token is printed.

HealthSpace

A Connecting for Health application allowing patients to access information about their healthcare.

National Care Records Service (NCRS)

A Connecting for Health Service which provides an electronic health record for NHS patients.





NHS Prescription Services

The NHS body that deals with the reimbursement of pharmacists for the dispensing of prescription medicines (formerly the Prescription Pricing Authority and the NHS Business Services Authority (Prescription Pricing Division)).

Personal Demographic Service (PDS)

The component of the National Care Records Service (NCRS) which deals with patient demographic data (eg name, address, NHS number etc). The PDS is accessed by pharmacists using the EPS.

Registration Authority

The authority registering practitioners for access to the NCRS (and providing them with Smartcards).

Role Based Access

The NCRS requirement whereby users can only access the systems in a way this is consistent with their role in healthcare.

“Single Card” Model

The requirement that each user has a specific Smartcard for their personal use and that there is no communal use of Smartcards.

Smartcards

Card issued to healthcare staff from the Registration Authority (PCT) to enable access to NHS Connecting for Health Services.

Standard Operating Procedure (SOP)

Written procedure itemising the way a process should be carried out in a pharmacy.

Virtual Medicinal Product (VMP)

A concept within the dm+d medicines terminology to describe a medicinal product, in a generic sense. (eg Atenolol 50mg Tablets).

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