

# Nomination: what you need to know

This guidance has been developed for all users of the Electronic Prescription Service (EPS) and NHS organisations with EPS responsibilities. It includes background information, responsibilities and guidance that applies at a national level. This replaces all local documents and nomination policies prior to 31 March 2013.

NHS England has responsibility for implementation and management of EPS.

## Key messages

- Develop nomination processes before going live.
- Ensure all staff have received training on nomination and how to set/change/remove a nomination.
- Gather nomination requests before going live with EPS.
- Patients should be fully informed about EPS before a nomination is set.
- Patients must 'opt in' to nomination - there should be no changes to a patient's nomination unless they have requested it.
- Reconfirm nominations if collected more than six weeks before going live.
- Nominations can be set, changed or cancelled at any Release 2 enabled site.

## What is nomination?

To use EPS, patients **choose** where their prescriber will electronically send their prescriptions.

This is called *nomination*. Patients can have up to three nominations:

1. one pharmacy (must be a specific community or internet pharmacy)
2. one dispensing appliance contractor (DAC)
3. one dispensing GP practice (if eligible/applicable).

## Dispensers must:

- not offer inducements or incentives to encourage a patient to nominate them.
- explain EPS, and if they have Release 2, enter any nominated dispenser at the request of the patient.
- in the event of a change of pharmacy ownership, inform the patient that the ownership has changed and ask whether they wish to continue with the nomination.

## Prescribers must:

- not persuade or influence a patient to nominate a certain pharmacy.
- check on each occasion that the patient wants to use EPS Release 2, check the nomination, and if there is more than one, ask which one they would like to use.
- if asked, provide a list of dispensers in the area who are live with EPS Release 2.



## Legislation

The following legislative provisions relate to nomination. NHS England ensures that these are upheld.

National Health Service (General Medical Services Contracts) Regulations 2004

<http://www.opsi.gov.uk/si/si2004/20040291.htm>

National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2005

<http://www.opsi.gov.uk/si/si2005/20050893.htm>

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

<http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

**The four principles of nomination: these are based on the legislation and are endorsed by professional bodies.**

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**Patients must be provided with sufficient information about EPS before a nomination is captured.**

### 1.1 Obtaining consent for nomination

In obtaining consent for the professional services they provide, health care professionals ensure that patients are provided with sufficient and timely information. EPS is no different.

Checking consent and reconfirming information is an ongoing process rather than a single act. Health care professionals must seek a patient's consent on each occasion that is necessary, such as after a change in circumstances, not only at the beginning of the process. Obtaining patient consent for nomination is a local process, it is not mandated that patient consent has to be in writing.

Where there is a change in pharmacy ownership the pharmacy should seek to inform patients in advance of this change wherever possible. Where it is not feasible to notify patients of the change in advance then this should happen as soon as possible after the change, for example face to face when a patient first collects their medication following the change of owner (see section 1.4 for additional suggestions on how nomination could be communicated to patients).

In all cases patients must be notified within six months of the change taking place. This ensures there is a basis for implying the patient's continued consent to this nomination. Throughout this period the nomination will automatically continue with the new pharmacy. A patient who informs the pharmacy that they no longer wish to have the pharmacy set as their nominated pharmacy, must be given appropriate assistance to remove the nomination.

### 1.2 Who should communicate nomination information to patients?

It is important that all staff can explain nomination to patients, for example:

- prescribers
- pharmacists
- dispensing technicians
- delivery drivers
- GP practice receptionists
- dispensing appliance contractor staff.

Ensure there is at least one person at each site who has detailed knowledge on setting, changing and removing nominations and make sure that staff know who to contact to help resolve issues quickly.

### 1.3 What should be communicated to patients about nomination?

Patients or patient representatives should be fully informed about what EPS is and how it works prior to a nomination being set. Patients need to fully understand the implications of setting a nomination and be aware that the way they collect their prescriptions may change.

As a minimum, the following information should be provided to the patient before setting their nomination on the system:

- nomination is not mandatory
- the prescription will be sent electronically to the nominated pharmacy (or DAC)
- there is no need to collect a paper prescription from the GP practice as it will be sent electronically
- the patient can choose who they wish to nominate and is not restricted to nominating a dispensing contractor located close to their GP practice
- patients can ask to set, change or remove their nomination at any time, at any Release 2 site
- patients do not need computer access to have a nomination or use EPS.

If the GP practice is not enabled with EPS Release 2, dispensing staff should inform patients that although they have requested to set their nomination, they won't start using electronic prescriptions until their GP practice goes live.

## 1.4 How should nomination be communicated to patients?

Information about EPS and nomination can be provided in a number of ways:

- Face to face — this could be when a patient is collecting their medication from the pharmacy or during a consultation with the prescriber.
- Telephone— this could be when the patient is calling to book an appointment, or the pharmacy is calling about a medication usage review.
- Patient leaflets—these could be attached to patient medication bags or given out as part of a consultation.
- Staff can attach EPS information to prescriptions before medication is collected or delivered.
- Sites can place posters in waiting areas and EPS stickers in windows to help raise patient awareness. Order stickers (ref 4124) from the DH publications order line [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk).



## 2 Patients must not be influenced or persuaded to nominate a specific dispensing contractor and inducements cannot be offered.

Patients should be supported to make an informed choice about nomination and choose the dispensary that is most suitable for them. Patients should not be unduly influenced in their decision to nominate or in their choice of nomination.

Dispensing contractors must not offer any gift or reward to encourage a patient to nominate them; this also includes the offering of share dividends of profits or discounts.

Prescribers must not seek to persuade a patient to nominate a specific dispenser. If a patient asks who to nominate, they should provide the patient with a list of all the dispensers in the area who provide EPS.

## 3

Prescribers and dispensing contractors will need to capture, set, change, cancel and reconfirm a patient's nomination in a timely manner.

This principle has two distinct aspects relating to timeliness:

- setting, changing and removing a patient's nomination request
- re-confirming a nomination.

This will ensure that when the patient requests their next repeat prescription they can be confident that their prescription will be sent to their nominated dispensing contractor.

### 3.1 Setting, changing and removing

Nominations should only be changed or removed at the patient's/ representative's request. Details including the person who set/changed/removed the nomination will be recorded via the user's Smartcard.

The identity of the patient/patient's representative should be checked in line with the National Pharmacy Association (NPA) Standard Operating Procedure entitled "Safe and Effective Supply of Medicinal Products".

Patients can ask for their nomination to be set, changed or removed at any Release 2 site including any pharmacy, dispensing appliance contractor or at the GP practice that they are registered with.

Some sites enter all nominations at the end of each day or during quiet periods such as during lunchtime.

It is important to inform the patient that the best time to change their nomination is soon after they have collected their last repeat.

**If a patient's nomination is *changed* part way through an electronic repeat dispensing cycle, all prescriptions that have not been downloaded will be transferred to the new nomination.**

**If a nomination is *removed* part way through an electronic repeat dispensing cycle the patient will need to go back to their GP to obtain a new prescription.**

### 3.2 Reconfirming nominations

Nominations should be reconfirmed with the patient in a timely way, when:

- collected more than six weeks before the dispensing site goes live, or
- there is a pharmacy change of ownership.

This is to stop patient confusion e.g. they may have forgotten that they have nominated. Also, patient's circumstances often change, e.g. change of address.

Reconfirming nominations can be done in a variety of ways, contractors should always choose the appropriate method, see section 1.4.

## 4 Prescribers and dispensing contractors must establish clear processes for nomination.

When going live with EPS Release 2 experience has shown that having clear processes will help with the uptake. Also having a high volume of nominations set prior to go live will allow for changes to be learnt quickly and reinforced by all staff.

**Set nominations prior to go-live to ensure support on go-live day is used to best effect. Continue to set more nominations after go-live.**

In addition to this, GP practices will need to:

- check that on each occasion the patient wishes to use EPS. A poster could be displayed advising the patient that their prescription will be sent to their nominated dispensary unless they specify otherwise.
- ensure that the right prescription goes to the right place (where a patient has more than one nomination for example a pharmacy and a DAC nomination).
- understand the process for producing a paper FP10 prescription for a patient as a "one off" without removing the nomination.

Health care professionals will need to consider how:

- An auditable nomination process will be introduced
- Patients and their representatives will sign up

- Nominations will be reconfirmed (if required)
- Complaints will be dealt with.

Pharmacy staff will need to consider how they will confirm a patient's identity for when they are collecting a prescription (as now).

### Nomination complaints

It is important that any complaint about nomination is investigated and dealt with appropriately. By following this guidance complaints about nomination will be minimised.

Here are some examples of nomination complaints:

- Setting, changing or removing a nomination without a patient's consent
- Pharmacy offering gifts to patients to nominate them
- GPs setting nominations for all patients to one pharmacy without patient consent
- Pharmacy nominating all their prescription collection service patients without their consent
- Pharmacy not reconfirming nominations
- GP practice refusing to set nominations.

If the patient wishes to register a formal complaint, they should make that complaint to the pharmacy, DAC or GP practice in the usual way.

Patients can also complain to NHS England or their local Clinical Commissioning Group (CCG) for example if their complaint cannot be resolved.

If a GP practice, pharmacy or DAC wishes to make a complaint about another contractor they should discuss with their Area Team the most appropriate method to raise the complaint.

NHS England has overall responsibility for monitoring nominations and ensuring that complaints are dealt with in a fair and equitable way.

<http://www.england.nhs.uk/contact-us/complaint/>