



Electronic Prescription Service (EPS) Release 2 **Implementation Guidance for GP Practices v1.8**

Dear Practice Manager

I am pleased that you have decided to start using EPS R2. I am sure that it will be very beneficial to your Practice and your patients. Your EPS go-live is your responsibility and there are a number of tasks you will need to complete to make it successful. I will tell you what you need to do, and with my CSCSU colleagues help you as much as possible to complete these tasks.

This document sets out some of the areas which need to be covered to make the implementation and operation of EPS R2 as smooth and efficient as possible.

EPS R2 is not purely an IT Project. The emphasis is on business and process change with the technology facilitating that change. It will also change the way that you work with pharmacies.

Ideally you need to design the new processes to be as efficient as possible and take advantage of the many benefits of EPS R2 which include

- Reduction in unnecessary contacts with patients for repeat prescriptions
- Elimination of the 'missing script'! (providing it's done electronically)
- Fewer transcription errors at the pharmacy end
- Less paper in the practice as scripts don't need to be printed
- GP's don't have to manually sign bundles of scripts
- Audit trail of scripts and when and where they were sent

There is a certain amount of change which will need to take place in order to make the transition to EPS beneficial for both Patients and the Practice.

- GP's will be required to 'authorise' the prescriptions electronically
- They will need to use their Smartcards at all times
- Prescription processing staff will need to send scripts to GP's electronically
- GP's will need to ask patients if their 'nominated' pharmacy is still the correct one before sending the script
- For repeat dispensing, patients' drugs will need to be synchronised

The EPS system will not solve all of your problems. The evidence so far shows that the more electronic scripts you can generate the bigger the benefits. In a dispensing practice it will depend on how many 'normal' prescriptions you send, as to how much difference it makes to your efficiency. Maximum benefits are gained once more than 80% of scripts are sent electronically.

I look forward to working with you to make the rollout of EPS R2 a success in your Practice

Best wishes

Janet

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