EPS R2 Factsheets

- What is EPS – Information for pharmacy staff
- Nomination – What you need to know
- Cancellation
- Dispensing Electronic Prescriptions
- Electronic Reimbursement
- Prescription Tokens
What is EPS? Information for pharmacy staff

EPS reduces the paper administration associated with current prescribing and dispensing processes by enabling prescriptions to be generated, transmitted and received electronically.

Benefits for pharmacy staff

1. EPS frees dispensing staff from the work associated with re-keying prescription information.
2. As nominated electronic repeat prescriptions can be received prior to the patient arriving, EPS allows dispensers to prepare medications in advance. It can also help them to manage stock control more effectively and order out-of-stock items in a timely manner.
3. Dispensing staff currently offering prescription collection services will no longer be required to physically collect prescriptions from GP practices for patients who have nominated them.
4. For electronic prescriptions, dispensers will be able to manage the submission of reimbursement endorsements electronically. This will reduce the volume of paper that needs to be sorted and posted at the end of each month.

How EPS Release 2 works

In order to operate EPS, users must have a Release 2 compliant clinical system in place. As with all NHS Health IT systems, access is controlled through the use of smartcards. Smartcards give individual users different levels of access depending on their role.

Only prescriptions that are being sent to a nominated dispensing contractor can be signed and sent electronically so hand signed paper prescriptions will continue to be used for all other prescriptions. The diagram below gives an overview of how all the components EPS fit together to enable an electronic prescription to flow from the prescriber to the dispenser and then to the reimbursement agency.

Nomination

Nomination is a new process that gives patients the option to choose, or ‘nominate’ a dispensing contractor(s) to which their prescriptions can be sent automatically, via EPS. Nomination removes the need for patients to call at their GP practice to collect a paper prescription form. When a nominated electronic prescription is signed, it is sent to EPS where it can then be retrieved by the nominated dispensing contractor’s system without the need to scan a barcode.

Patients can choose to nominate up to three dispensing contractors, including:

- one community pharmacy
- one dispensing appliance contractor
- one dispensing GP practice (subject to local system configuration).

Only patients who are eligible to have their prescription dispensed by their GP practice will be able to have the practice dispensary as a third option. In each case a specific site must be nominated.

Nomination is a very flexible process. Patients can request for their nomination to be set, changed or removed at any time simply by asking a member of staff at any Release 2 enabled dispensing contractor or their GP practice. Patients can find out which dispensing contractors are Release 2 enabled (and therefore can be nominated) by using the search facility on www.nhs.uk. Alternatively, they can ask a member of staff with access to EPS.

Dispensing contractors are encouraged to display the EPS sign to help patients identify that they are operational.

Patients have the option not to use nomination for specific prescriptions – they should make this clear to the prescriber at the time of requesting the prescription.
Electronic signatures
One of the fundamental changes that underpins electronic prescriptions is the ability for prescribers to apply electronic signatures to prescription messages. These electronic signatures are unique to individual users and are applied using their smartcard and PIN. It is the application of the electronic signature to the electronic message that turns it into an electronic prescription.

Prescription and dispensing tokens
Even when EPS is fully introduced, paper copies of prescriptions will always be available where necessary. Paper copies which are required to support electronic prescriptions are called ‘tokens’ and act as a hard copy of the details contained within the electronic prescription. As tokens are simply a copy of the prescription details they should never be signed by the prescriber and therefore dispensers should never treat them as a prescription. There are two types of token, known as ‘prescription tokens’ and ‘dispensing tokens’.

Prescription tokens are printed at the GP practice and look similar to FP10 prescription forms. The main difference between a token and a prescription is that the token is not hand signed by the prescriber. This is because the electronic message has already been signed electronically.

Dispensing tokens are printed at the dispensing contractor. They look almost identical to a prescription token except that they are printed on white paper. A dispensing token may be required in the following situations when a prescription token was not issued:
- when the patient needs to sign for payment/exemption declaration purposes
- when a patient needs to go to a different dispensing contractor to collect their medication, their nominated dispensing contractor can return the prescription to EPS and provide the patient with a dispensing token to hand in at the other dispensing contractor
- when clinical information needs to be communicated to the patient at the patient’s request.

Electronic repeat dispensing
Repeat dispensing allows a prescriber to authorise several issues of a prescription at once. This means the patient doesn’t have to go back to their GP each time to collect another prescription issue. Unlike conventional paper-based repeat dispensing, electronic repeat dispensing is possible from a single electronic prescription and does not require a batch of paper issues to be printed. Instead, a single prescription token is printed and given to the patient at the start of the electronic repeat dispensing regime. If the patient changes their nomination part way through a repeat dispensing cycle, all outstanding prescription issues will be transferred to the new nominated dispensing contractor.

Electronic cancellation
Prescribers (or other authorised staff working in the GP practice where the prescription was generated) will be able to cancel electronic prescriptions at any point up until they are downloaded. When an electronic prescription is cancelled, a reason for the cancellation must be given. A message is then sent to EPS. When a dispensing contractor attempts to retrieve the electronic prescription, they will be notified of the cancellation.

Further information and useful links:
EPS website www.hscic.gov.uk/eps
EPS for pharmacy staff www.hscic.gov.uk/epspharm
Videos of pharmacy staff www.hscic.gov.uk/epslibrary
Latest statistics www.hscic.gov.uk/epsstats
EPS Deployment Map www.hscic.gov.uk/epsmap
FAQs www.hscic.gov.uk/epsfaqs
Latest news and events www.hscic.gov.uk/epsnews
Sign up for the bulletin www.hscic.gov.uk/epssignup
Contact the EPS team eps@hscic.gov.uk
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 polices prior to 31 March 2013.

NHS England has responsibility for implementation and management of EPS.

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.

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 go live.
- Nominations can be set, changed or cancelled at any Release 2 enabled site.
The four principles of nomination: these are based on the legislation and are endorsed by professional bodies.

1. 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.

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
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.

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.

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.

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.

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/
Cancellation
Factsheet for pharmacy staff

EPS allows GP staff with cancellation as a specific activity on their Smartcards to cancel whole electronic prescriptions or individual items at any point up until they are downloaded onto your pharmacy system.

You can see the prescription details but not the reason for the cancellation. If you download a replacement prescription, check the right hand side for additional notes. It is likely the prescriber may have added a message to the right hand side to say that this prescription replaces the cancelled one.

If the prescriber has not generated a new prescription you may want to contact the GP practice on behalf of the patient so that they don’t have to return there themselves.

A prescription or prescription item that has already been downloaded cannot be cancelled at the GP practice. It is likely that the GP will ring you to discuss the next steps; ideally mark the item as not dispensed and return it to EPS.

Any prescription that has been downloaded and not dispensed or returned to EPS will automatically expire after six months, meaning you will no longer be able to dispense it.

A repeat dispensing (batch) prescription can be cancelled by a prescriber; all outstanding prescription issues that have not been downloaded at the pharmacy will be cancelled automatically. Individual items on the prescription can also be cancelled.

Top tips...
If you receive an electronic cancellation message it is advisable to conduct a manual download of all electronic prescriptions, as the prescriber may have replaced the cancelled prescription with a new one.

Electronic Prescription Service

If the pharmacist downloads a prescription that has been cancelled it will appear on the pharmacy system but no dispensing activity will be able to take place. The pharmacist should check for a replacement prescription. If there isn’t one, the pharmacist may consider contacting the prescriber on the patients behalf.

If the prescription or prescription item(s) is cancelled successfully as on:

Electronic Prescription Service

GP tries to cancels prescription

Dispenser

If the prescription or prescription item(s) not cancelled as with:

Patient

It is the responsibility of the prescriber to ensure the patient is contacted as appropriate.

A prescription or prescription item(s) not cancelled as already dispensed to:

It is likely the prescriber may have added a message to the right hand side to say that this prescription replaces the cancelled one.

Download more factsheets like this from www.hscic.gov.uk/eps or submit your feedback to eps@hscic.gov.uk
Dispensing Electronic Prescriptions
Factsheet for pharmacy staff

Electronic prescriptions can be downloaded onto your pharmacy system in the following ways:
- automatically overnight
- frequent manual requests throughout the day. You may choose to do this:
  - over lunch
  - every hour
  - every time you are using the terminal
  - during busy surgery hours when you know there will be a lot of prescriptions being signed
  - during quiet times throughout the day in the pharmacy.

Downloading prescriptions regularly will give you the opportunity to prepare the prescription in advance of the patient’s arrival and order out of stock items where required. This will mean fewer omissions.

Dispense notifications must be sent as soon as electronic prescription items have been collected by or delivered to the patient. The dispense notification message informs EPS which medication has/has not been supplied to the patient and also ensures the next repeat dispense issue comes down from EPS on time.

Top tip…
Make sure you understand the terminology used in your system. When sending a message to EPS to say that items have been dispensed, the term used on the system you are using may say ‘dispensed’, ‘collected’ or ‘complete’. This is often referred to as the ‘dispense notification’ in EPS guidance.

Top tip…
Some systems allow you to scan the dispensing token. This automatically sends the dispense notification to EPS.

Top tip…
Check how you filter and display prescriptions. Ensure that you can see if there are any prescriptions that need dispense notifications or claims to be sent.

Staple the dispensing token to the bag.

Use different shelves to store bags for electronic prescriptions and paper prescriptions.

Mark bags with an “E” or an EPS sticker (contact your pharmacy stationery supplier).

If the patient is non-age exempt then you are required to print a dispensing token for them to sign for payment/exemption declaration purposes.

For repeatable prescriptions the system will prompt the pharmacist on the last issue to inform the patient to contact the GP practice.

Electronic Prescription Service
Dispensing Electronic Prescriptions
Factsheet for pharmacy staff

Download more factsheets like this from www.hsic.gov.uk/eps or submit your feedback to eps@hsic.gov.uk

April 2013
0612
Electronic Reimbursement
Factsheet for pharmacy staff

Exemptions

In EPS Release 2 exemptions will need to be recorded electronically before a dispense notification and a prescription claim message is sent.

A dispensing token will need to be printed to collect the patient’s exemption declaration or where the patient pays their prescription charge. If the patient has been given a prescription token by the prescriber, this can alternatively be used to collect the exemption declaration. Tokens used to collect the patient’s exemption declaration will need to be sent to NHS Prescription Services each month for audit purposes.

More information on prescription tokens and dispensing tokens can be found on the EPS website:
www.hscic.gov.uk/epslibrary.

Endorsements

NHS Prescription Services base payment solely on information contained in the electronic prescription message, therefore it is essential that prescription charge exemption information is recorded accurately in the electronic message to ensure correct payment.

In the same way as now, specific endorsements will still be required - such as endorsements to claim broken bulk, out of pocket expenses or the ‘No Cheaper Stock Obtainable’ (NCSO) concession. These must be selected and submitted using the specific codes provided, together with any supporting information.

A guide to endorsing in EPS can be found at:

The term “electronic claim message” is used in this factsheet to describe the electronic claim that is sent when you have dispensed the prescription and want to claim reimbursement. This may also be referred to as a ‘dispense claim message’, an ‘electronic reimbursement endorsement message’ or an ‘electronic reimbursement claim’, depending on the system you use.

The term “dispense notification” is used in this factsheet to describe the message that is sent to EPS to confirm that items have been dispensed to the patient. This may also be referred to as ‘dispensed’, ‘collected’ or ‘complete’, depending on which system you use.

EPS will support the provision of electronic claims for prescriptions from a patient’s nominated dispensing contractor to the NHS Prescription Services.

All electronic prescriptions require electronic exemptions, electronic endorsements & electronic claims.
Dispense notification

To complete the dispensing process a dispense notification must be sent before the electronic claim message. Some systems allow these to be sent at the same time.

Top tips...
- Some systems will let you retract dispense notifications if they have been sent in error - speak to your supplier for more information.

When to send your electronic claim messages

You will need to consider when you will be sending your claim messages, for example these can be sent:
- in real time
- at the end of each day
- in batches
- weekly.

When a prescription is dispensed within a given month, the dispense notification must be sent within that month and the electronic claim message must be received by NHS Prescription Services before midnight on the 5th of the following month. See example below:

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
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<tbody>
<tr>
<td>28</td>
<td>29 30</td>
</tr>
</tbody>
</table>

Dispense notification sent on 29th August
Electronic claim message received on 5th September

= Payment for August

Top tips...
- Only send the dispense notification after items have been delivered or collected by the patient.

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>29 30</td>
</tr>
</tbody>
</table>

Dispense notification sent on 29th August
Electronic claim message received after 5th September

= Payment for September

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>29 30</td>
</tr>
</tbody>
</table>

Dispense notification sent on 1st September
Electronic claim message received on 5th September

= Payment for September

All electronic claim messages must be sent no later than 180 days after the dispense notification. Some pharmacy systems will alert you to any unclaimed prescriptions that are nearing the end of this period.

Errors or amendments to the electronic claim message

Once an electronic claim message has been sent to NHS Prescription Services for reimbursement it cannot be amended or cancelled. If you believe you have submitted a claim containing an error you should contact NHS Prescription Services in the same way you do for paper FP10 prescriptions.

NHS Prescription Services staff will contact you by telephone to resolve any queries that arise whilst processing EPS Release 2 prescriptions.

If the electronic claim message is rejected for a technical reason, you will receive a ‘reimbursement rejection’ message on your system; this means there is insufficient information to process the claim. In this case you should call your system supplier to investigate the problem.
Sending prescription and dispensing tokens to NHS Prescription Services

Tokens signed by the patient/representative to capture payment/exemption declarations must be sent to NHS Prescription Services in the same month that the electronic claim is submitted.

The way your prescriptions and tokens are bundled and sent to NHS Prescription Services is very important.

Tokens do not need to be sorted in the same way as FP10’s. This is because they are retained for information purposes only and are not scanned.

You need to separate FP10’s and tokens, and secure these two separate groups with strong elastic bands or string before they are sent to NHS Prescription Services.

Filing out the FP34C

The FP34C submission document is the form for claiming payment (Drug Tariff Part 1 Clause 5).

At the end of the month you must use this form to declare the combined total of paper (FP10) and electronic prescriptions, for both forms/messages and items, being submitted to NHS Prescription Services for reimbursement.

If you are claiming for electronic prescriptions, ensure you tick the box in Part 1 of the FP34C form.

If you are sending prescription/dispensing tokens, tick the box in Part 1 of the FP34C form.

If you had 4000 paper prescriptions and 1,000 electronic prescriptions

Total all prescriptions (including electronic prescription claims)

Further guidance on filling in your FP34c can be found at:
www.nhsbsa.nhs.uk/PrescriptionServices/2473.aspx

Please turn over for an example of the latest FP34C form.
## SORTING AND SUBMISSIONS OF FORMS

1. Complete one submission document only.
2. FP10 prescription forms must be sorted as follows:
   2.1 Into patient charge group, i.e. exempt, paid, and paid at old rate. Each group should be segregated. PLEASE DO NOT use adhesive tape, pins or staples as these have to be removed and can delay processing.
   2.2 Within each group, sort in the order stated below:
      2.2.1 Resubmitted forms from previous month(s).
      2.2.2 Prescription forms with broken bulk claims, items with a net ingredient cost of £100 or more, items where prescribers have added supplementary product information, items where a Special has been dispensed, items where prescribers have made a handwritten amendment, prescription forms where the prescriber’s signature appears on the last item on the prescription form and items where out of pocket expenses have been claimed.
      Please wrap these prescription in the red envelopes enclosed with this submission form to support identification at the NHS Prescription Services.
      2.2.3 Forms FP10 NDA by prescriber surname - where possible sorted open and flat.
      2.2.4 Forms FP10 D.
      2.2.5 Forms FP10 SS with PN indicator by prescriber surname.
      2.2.6 Forms FP10 SS with CN indicator by prescriber surname.
      2.2.7 Forms FP10 SS with SP indicator by prescriber surname.
      2.2.8 Forms FP10 SSCX or Hospital Forms.
      2.2.9 All other FP10 forms by prescriber surname (NB any prescribers with fewer than 20 forms can be placed into a miscellaneous section at the end of each group).
3. All other forms must be kept separate from the FP10 prescriptions in exempt and chargeable groups (submitted for processing and reimbursement as in paragraph 2) and sorted by form type as follows:
   3.1 RA ie Repeat Authorising forms.
   3.2 ETP Tokens for non-payment.
   3.3 FP57 forms.

1. Enter the required submission declaration figure in the box opposite including electronic prescriptions (EPRS releases 2 claim messages). Do not include the number of any ETP tokens for non-payment or the number of any Repeat Authorising forms in your FP10 forms.

5. Please fold this submission document along the fold line on page 4, so that the bar code is visible on the top, do not tear the form. Place this completed submission document on top of the submitted forms, pack securely in accordance with guidelines issued by NHS Protect. Dispatch to the NHS Prescription Services by NO LATER THAN THE FIFTH day of the month following that in which they were dispensed, using the address label provided.

### Part 1 - Submissions

<table>
<thead>
<tr>
<th>FP10/Electronic Prescription Claims</th>
<th>Prescriptions</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempt from patient charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient charge paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient charge paid at old rate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total - All Prescriptions**

**ETP Tokens for non-payment**

**EPRS release 2 claim messages**

Tick box if any submitted

**No. of FP57 forms submitted**

**FP57 total amount refunded**

<table>
<thead>
<tr>
<th>£</th>
<th>pence</th>
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### Part 2 - Declarations

- Total number of hours that pharmacists and staff members supporting the dispensing process work in an average week, rounded to the nearest whole number
- No. of Medicines Use Reviews undertaken
- No. of Appliance Use Reviews carried out at premises or subsequent reviews for users living at the same location within a 24 hour period
- No. of Appliance Use reviews conducted at users home
- No. of completed New Medicine Services undertaken
Dispensing tokens
Factsheet for pharmacy staff

Paper copies of electronic prescriptions are called tokens. There are two types of token: prescription tokens and dispensing tokens. There is another factsheet available that covers prescription tokens.

Dispensing tokens:
- Are paper copies of the electronic prescription and should never be hand signed by the prescriber.
- Are printed by the dispensing contractor on white stationery (FP10 DT) that can be ordered free of charge from the PCT. Ensure you know how to order these before you go live with EPS Release 2.
- Are classed as a non-secure item as they do not contain any of the security features that an NHS prescription has, for example, there is no UV marker or serial number. They should be treated in the same way as other non-secure stock items.
- Can be used by the dispenser as a picking list.
- Should be printed when:
  - A patient needs to sign for payment/exemption declaration purposes if they haven’t signed a prescription token (not required for patients that are age exempt).
  - A patient needs to go to a different pharmacy to collect their medication. You can return the prescription to EPS and provide the patient with a dispensing token to hand in at another EPS Release 2 enabled pharmacy.
  - Clinical information from the prescriber needs to be communicated to the patient (this is only one option for communicating this information to patients, it can also be passed on verbally).

Tokens are not seen by the NHS BSA Prescription Services. They are only used for counter fraud purposes, so anything you write on them will be ignored.
End of month

Dispensing tokens:

- That have been signed by the patient to capture payment/exemption declarations (except age exemptions) must be sent to NHS BSA Prescription Services in the same month that the electronic claim is submitted, for counter fraud purposes.

- That have not been used for dispensing purposes and have not been used to capture exemptions or payment declarations should be confidentially destroyed.

- Need to be separated from the FP10 paper prescriptions at the end of each month before they are sent to the NHS BSA Prescription Services but they do not need to be sorted in the same way FP10’s are now.