

October 2014

PSNC Briefing 022/14: EPS R2 Nomination update for LPCs

This briefing provides LPCs with information regarding Electronic Prescription Service Release 2 (EPS R2) Nomination, and provides guidance for LPCs dealing with nomination queries.

A Summary of Nomination

Nomination is the process used in EPS R2 so patients can choose, or 'nominate', their preferred dispenser for their electronic scripts. Patients can choose between 0 and 3 dispensers, but **no more than one of each type of dispenser**:

- one pharmacy (must be a specific community pharmacy). A pharmacy chain cannot be selected only a single pharmacy
- one dispensing appliance contractor (must be a specific contractor). Nomination set by the DD as they dispense for patients within specific area and where there's no pharmacy within 1.6km.
- one dispensing GP practice (if eligible/applicable).

The Role of Pharmacy in Gathering Nominations

Pharmacies are advised to implement an auditable process for obtaining patients' informed consent before either setting a nomination or making a change to an existing nomination.

As local GPs continue to go live: LPCs can encourage pharmacies to:

- hold planned meetings with the local GP practices going live to decide how to work together to achieve smooth and effective implementation;
- obtain nominations in advance of going live, so maximizing speed of implementation, and reducing GP workload.
- support EPS implementation by clearly explaining EPS and nomination to patients.

National Guidance document

NHS England and Health and Social Care Information Centre (HSCIC) national [nomination guidance](#) is available for users of EPS and NHS organisations which hold EPS responsibilities. Ensure that you're familiar with this guidance to help your contractors who have queries.

Obtaining Consent for Nomination: Messages to communicate

Pharmacists or their staff must obtain informed consent, and the following information is to be communicated when obtaining this:

- **Nomination is not mandatory.** Patients do not have to nominate a pharmacy in order to receive their prescriptions.
- **If nomination is set, prescriptions are sent electronically to the nominated dispenser** unless the patient explicitly opts for paper, or the item can be dispensed on paper (e.g. an item not listed on the NHS database, dm+d)
- **Nominating a pharmacy and using the EPS means there is no need to collect a paper prescription from the GP practice**
- **The patient can choose which pharmacy to nominate (if at all) and is not restricted to a nearby dispenser**

- **Patients can ask to set, change or remove their nomination at any time, at any Release 2 site.** Nomination for repeat prescriptions can be changed whilst part way through a repeat dispensing cycle. Any remaining repeat prescriptions, which have not been pulled down to the local system, may be accessed by the new nominated dispensing site.
- **Patients do not need computer access to nominate a pharmacy or use EPS.**

The [information](#) could be provided in writing to the patient, e.g. by giving the patient the HSCIC leaflet or it could be provided verbally. Some example consent forms are available [here](#).

A patient can nominate a Release 2 enabled pharmacy before their GP surgery is offering Release 2. There is no need to re-confirm a nomination that is already recorded on the Spine at the point that the GP goes live. But, if consent is **obtained in advance of a pharmacy deploying Release 2**, the pharmacy contractor should ensure before setting the patient's nomination on the Personal Demographics Service (PDS), that there has been no change in the patient's circumstances, including their choice of nominated dispensing site, since the original consent was obtained.

Nomination SOP: Demonstrating the messages are passed on

The Royal Pharmaceutical Society has advised that pharmacies use a Nomination SOP to ensure patients are provided with the necessary information, and nomination settings are captured in an auditable way. Using a SOP also means that problems can be prevented, and pharmacies are in a better position to explain their processes in the event of complaints.

Both the NPA and Numark have developed template SOPs which can be tailored to a pharmacy's individual practices.

Safeguards to Protect Patient Choice

A number of controls are in place to ensure that patient choice is maintained when the system is in use.

- **Patient can always request a paper FP10:** The patient can choose whether to have an electronic prescription or a paper prescription. Currently an electronic NHS prescription can only be issued where the prescription is being sent electronically to a patient's nominated dispensing site. Patients who have not nominated a dispensing site or who do not wish their prescription to be sent electronically to one of their nominated dispensing sites on a particular occasion will receive a paper prescription form that can be taken to any pharmacy.
- **Nomination at GP Practices:** Although nomination can be set at a GP practice, the GMS contract prohibits a prescriber from seeking to persuade a patient to nominate a particular dispensing site. The prescriber must provide a list of all dispensing sites in the area that operate EPS if the patient asks for advice on choice of pharmacy.
- **Proactive Monitoring/Nomination Complaints:** NHS England Area Teams (ATs) have a duty to act on complaints about abuse of the service where the GP or pharmacy Terms of Service may have been breached. Where LPCs are made aware of complaints regarding nomination practices, or of unusual nomination patterns, they may advise referral to the AT.

NHS Choices

Information on which pharmacies are EPS Release 2 enabled, is available on the [NHS Choices Website](#). It is essential that the information held there is up to date to support prescribers in locating and setting the nomination at the request of a patient of a particular pharmacy on their prescribing system. Pharmacy contractors should check whether the information about them held online at the NHS Choices website is up to date. It is particularly important to check whether the pharmacy name displayed on the NHS Choices site is the pharmacy's current trading name and that the postcode is accurate. Requests for changes to the pharmacy name and address should be put in writing to the AT. Pharmacies can [register](#) to edit some of the information on their [NHS Choices profile](#).

Accessing Patient nomination data

With patient consent, pharmacies can query a patient's list of nominated dispensing sites, for example to aid patients who are trying to obtain their medication from a site that is not their nominated provider.

Each time information held on the Personal Demographics Service is accessed, a record is made about who is accessing that data and how it is being used. This would include when a pharmacy queries a patient's list of nominated dispensing sites. 'Privacy officers' are automatically alerted by the system when actions have been taken by staff which may constitute a breach of confidentiality.

Use of the Prescription Tracker is logged against the individual's smartcard. Logs are held by Spine Technical Operations team who will be able to provide support to the AT with any investigations.

Appropriateness of Nomination

- There are some prescription items that cannot be transmitted electronically, for example it is currently not permitted to issue an electronic prescription for a Controlled Drug specified in Schedule 1, 2 or 3 of the Misuse of Drugs Regulations.
- Patients being unable to obtain all medicines electronically has created problems. The key lesson is that pharmacists need to work with GPs to have a process in place to be able to identify patients who may have split prescriptions and ensure that affected patients are aware of the risks that nomination could create. Nomination may not be appropriate for these patients.
- PSNC is continuing to call for the law to be changed to allow Schedule 2 and 3 Controlled Drugs to be issued via the service.

Dealing with nomination complaints

NHS England via the ATs has a duty to act on complaints about misuse of nomination where the GP or Pharmacy Terms of Service may have been breached. The HSCIC are providing NHS England with both summary and detailed reports about nominations to support the investigation of complaints.

LPCs who receive complaints of pharmacies not fully complying with the nomination guidance might provide guidance to them to help improve practice. But, if such informal action does not remedy the issue, then complainants should be directed to the Area Team.

Frequently Asked Questions

Q. Does consent have to be obtained by a pharmacy to change a patient's nomination settings?

A. Yes, it is a professional requirement.¹ The [GPhC Standards of conduct, ethics and performance](#) document advises "You must get consent for the professional services you provide and the patient information you use".² Failure to adhere to appropriate standards could form the basis of a complaint of professional misconduct.

Q. Can a pharmacy contractor provide consent on behalf of a patient?

A. No

Q. A pharmacy have an existing repeat prescription collection service. Do they need to obtain consent to change the patient onto an EPS collection service?

A. Yes. Explicit appropriate consent must always be obtained from the patient or their representative.

¹ *The Code of Ethics states that pharmacists must obtain consent for the professional services, treatment or care they provide and the patient information they use.

*The RPSGB document, 'Professional Standards and Guidance for the Sale and Supply of Medicines' contains standards for prescription collection services.

*The RPSGB document, 'Professional Standards and Guidance for Patient Consent' details more general requirements on collecting consent from patients for the provision of services, including guidance on providing sufficient information and presenting this to patients.

² This GPhC document also advises contractors "*Be honest and trustworthy, patients and the public put their trust in pharmacy professionals. You must behave in a way that justifies this trust and maintains the reputation of your profession.*"

Q. Does consent always have to be given by the patient?

A. A patient’s representative may need to provide the consent in some circumstances. For example a parent may provide consent for their child. For more information see the table below:

On behalf of	Person who may give consent other than patient
Child patient	Either parent
Child patient in absence of parents	Guardian or other adult who has the care of the child
Adult patient incapable of nominating themselves	relative or the primary carer of that person
Care home patient	In some cases a carer (which may include care home staff)
Patient with a duly authorised person	Duly authorised person

Q. Can pharmacies obtain consent using paper nomination consent forms in advance of pharmacies going live?

A. Yes but if there is a delay between collecting consent and changing the patient’s preference on the Personal Demographics Service, the pharmacy contractor should re-confirm to ensure the patient had not nominated another dispenser during the interim period.

Q. A patient has visited a pharmacy and asked that their nomination is adjusted to be for both the pharmacy and an appliance contractor who provides their stoma products. Does the pharmacy have to set the nomination for the appliance contractor?

A. Yes. The Terms of Service require that where the EPS service is available, the pharmacist must update a patient’s nomination settings as requested by the patient, this would include changing a pharmacy or appliance contractor as the patient’s nominated dispensing sites. A nomination to a dispensing doctor is only possible at that dispensing doctor’s location.

Q. Could staff in a GP Practice, for example a GP receptionist, change the nomination settings at a patient’s request?

A. Yes, if the GP receptionist or staff member has a smartcard with relevant access rights, they could, with the appropriate consent, change nomination settings.

Q. What if the patient forgets which pharmacy they have nominated, how can the patient find this out?

A. Pharmacy and GP systems allow patient’s current nominated dispensing sites to be checked. Pharmacy staff and GP staff with appropriate access rights will, with patient consent, be able to view the contractor type (i.e. pharmacy, appliance contractor or dispensing doctor) as well as the organisation name, address and postcode for the patient’s nominated dispensing site. Prescribers will also be able to view this information.

Further Information

For more information on EPS, please visit the [EPS section](#) of the PSNC site, and for further nomination information, visit psnc.org.uk/nomination.

To browse other PSNC briefings on the Pharmacy Contract and IT click [here](#).