Working in Partnership to Deploy EPS Release 2
Checklist for GP Practice-Pharmacy Local Business Change Discussions

One of the key lessons from the implementation of EPS Release 2 to date is that good communication between GP Practices and pharmacies is essential to ensure smooth implementation of EPS Release 2. This checklist, developed with input from GPs and pharmacists that have recently deployed the service, has been designed to support local inter-professional discussions before, during and after go-live.

Establishing Communication Channels

- Identify *named contact points* at the GP Practice and Pharmacy for queries and to ensure regular two way communication.

- Consider *how* best to engage. In some areas, immediately following deployment, GP Practices and pharmacies have booked a series of weekly 10 minute catch-up meetings to review problems that have arisen in the previous 7-days. This could be face-to-face meetings or a pre-booked telephone call. Often a pharmacy will dispense prescriptions from multiple GP Practices. This needs to be considered when planning a local engagement strategy.

- To improve understanding of new processes within the GP Practice and pharmacy, in some areas, GPs and pharmacists have arranged *reciprocal visits* to walk through new processes. Another approach tried is exchanging updated SOPs of key processes such as repeat prescription ordering.

- There is scope for LPCs and LMCs to work jointly to *facilitate local dialogue*, for example arranging an event for GP Practices and pharmacies in the locality to meet jointly.

Discussion Points: Preparing for Deployment

- A lesson learned from early implementation of EPS Release 2 is that *using EPS Release 1 prior to go-live* helps to smooth implementation of EPS Release 2; it gives pharmacy staff the opportunity to get used to prescription scanning and populates PMR systems with patient NHS numbers to support efficient administration of patient nomination requests. This is also an opportunity to discuss any current problems being experienced with EPS R1 prescriptions such as problems with prescriptions that won't scan because of faint barcodes.

- Another lesson is that where pharmacies have captured large volumes of nominations prior to a local surgery going live, this has enabled staff to cement business process change early. Where low numbers of nominations are recorded, the re-education of staff to new processes has been slower. *What processes are in place locally to capture nominations?* If there has been a long gap between the pharmacy setting the patient's nomination preference and the GP Practice going live, it is possible some patients will have forgotten the choice they previously made, early on in the deployment of EPS R2, will the GP be checking when EPS is initially deployed that patients want the prescription sent to their nominated pharmacy? (the nominated pharmacy will be printed on the prescription token)

Discussion Points: Local Process Change

- *Split prescriptions:* 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' not being able to obtain all medicines electronically

has created problems. A key lesson from experience to date 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 the best option for these patients.

- *Post-dated Prescriptions:* Does the GP Practice plan to post-date electronic *prescriptions*? A post-dated electronic prescription will be held locally within the clinical system and will only be sent to the EPS service on the specified date. This has created confusion. An alternative to post-dated prescriptions is use of the repeat dispensing functionality which will allow the pharmacy to access the prescription in advance of the due date.

- *Prescription Tokens:* Does the GP Practice plan to issue prescription tokens for acute prescriptions? Although an electronic prescription will be available for download from the Spine shortly after it has been issued by the prescriber, pharmacies need to manually check and download messages during the day so an acute prescription is unlikely to have been downloaded by the time the patient visits the pharmacy. Depending on how local processes are configured, providing a prescription token for acute prescriptions may support pharmacy staff in quickly accessing the prescription message when the patient visits the pharmacy.

- *Repeat Prescription Collection Services:* Are any changes planned to local repeat prescription collection services following the introduction of EPS Release 2, for example the cessation of services or reduction in the frequency of collections? If repeat prescription collection services are stopped or reduced, how will prescriptions that cannot be sent electronically, for example Controlled Drugs, be sent to the pharmacy?

- *Repeat Prescription Order:* Do patients currently place repeat order requests using a list of repeat medicines printed on the right-hand side of paper prescriptions? If so, how will patients make repeat prescription order requests in future? Repeat order processes currently vary around the country, use of lists of repeat medicines are common but new options are emerging including online repeat request ordering solutions. As part of the EPS Service, pharmacy staff are required to provide a list of repeat medication to patients, where the patient has requested this and where this information has been made available to the pharmacy through an electronic prescription message.

- *Communicating Supplementary Clinical Information to Patients:* The right-hand-side of prescription forms are often used by GP Practices to communicate clinical information to patients. In Release 2 of the Electronic Prescription Service, where there is no paper document flow between the prescriber and the patient, pharmacies are able to pass this information on to patients, where it has been provided in the electronic prescription message. It is mandatory for community pharmacies to pass on non-routine information relevant to the clinical care of the patient including: patient or medication-specific instructions, the patient's review date if within 4 weeks; and when the last repeat prescription authorised by the prescriber is dispensed. Pharmacies are not required to pass on other information that may currently be printed on the right-hand-side of prescriptions such as GP Practice opening and closing times or advertising for local services such as 'flu clinics. Pharmacies have flexibility in how this information is passed to patients, for example proving information in writing or verbally. How will supplementary information be passed to patients by the GP Practice and pharmacy? If this functionality is used by the GP to send a message electronically to pharmacy staff, for example to alert them that the patient also has a paper prescription,

how can the GP staff make it clear to pharmacy staff that the information is for pharmacy rather than patient-information.

- *Re-issue of prescriptions where amendments are required:* If there is an error or omission on a paper NHS prescription, pharmacies will normally send back the paper prescriptions to the GP Practice for a manual amendment to be made by the prescriber. An NHS electronic prescription cannot be amended once sent to the spine. If amendment is required, the prescriber would need to cancel the prescription and then regenerate it in amended form. How will requests for amendment be passed to the GP Practice – and how will the GP Practice action this request.

- *Dosage instructions:* At present there is no standard dosage syntax. The dosage information in the electronic prescription is sent and stored electronically using 'free text'/text strings. A key potential benefit of EPS for pharmacies is that the dosage instruction information in the electronic message can be used to pre-populate the medicine label, supporting an efficient dispensing process. If however, pharmacy staff have to edit the label, for example if Latin abbreviations were used in the prescription message that are not suitable for direct transcription, this can slow down the dispensing process. Dosage instructions should be in English and ideally in a form of words that can be passed directly to the patient.

Discussion Points: Making the most of EPS R2

- *Repeat Dispensing:* Repeat Dispensing has the potential to offer significant benefits to GPs, pharmacies and patients including workload savings in the GP Practice and improved workflow management at pharmacies. Where repeat dispensing is not already common place, there is potential to discuss how this can be rolled-out locally in parallel with EPS Release 2 deployment. Numerous resources are available to support GP Practices in implementing Repeat Dispensing including guidance from the BMA/PSNC/NHS Confederation (http://tinyurl.com/8n6tmgy).

Discussion Points: Business Continuity

- *Contact points:* If there is a problem identified at the GP or pharmacy, who will be proactively alerted and what contact points will be used?

- *Where is my prescription?* A scenario that has arisen in EPS Release 2 sites is patients visiting the pharmacy but not finding their electronic prescription as expected. In some cases, where pharmacy staff have contacted the GP Practice, surgery staff have indicated that the prescription has been sent leading to the patient being caught in the middle. In many cases, this has been down to staff training but in a minority of cases there has been a technical problem that has led to a delay in the prescription being received. There is a need for local agreement on how this will be managed. This is also an area where there is scope to jointly agree a form of words to use with patients when this scenario arises.

- *Problems resulting in reduced access to the EPS Service:* If a GP cannot send an electronic prescription or a pharmacy cannot access electronic prescriptions, how will this process be managed locally? In some areas this has been managed through the prescriber authorising an emergency supply with the prescription token used to support communication with the pharmacy on the products required. Once the pharmacy can access electronic prescriptions again, their dispensing records from the emergency supply can then be reconciled with the electronic prescription. Another option is reverting to paper prescriptions.

Discussion Points: Patient Communications and avoiding the 'Blame Game'

- Immediately after deployment, there are likely to be teething problems as staff get used to new processes. When problems do arise – *what message will be given to patients?* One approach that has been tried has been proactively alerting the public to the introduction of new ways of working and asking for their support and patience during early implementation.

- *Managing Patient Expectations:* Another problem identified in EPS Release 2 sites has been patients not being given realistic expectations about the time to prepare prescriptions, for example patients leaving the GP surgery with a prescribing token for an acute medicine, visiting the pharmacy next door and expecting the medicine to be bagged-up ready for collection. Areas where it is helpful to discuss messaging to manage patient expectations include: the timescale from placing a repeat prescription request to collection of the prescription at the pharmacy and in what scenarios the patient should/ should not expect their prescription to be ready waiting for collection, for example it is unlikely an acute prescription will be prepared in advance of the patient visiting the pharmacy.

Recently deployed EPS Release 2 and want to share your experience with others? Lessons learned can be logged and viewed on the main Connecting for Health website at: http://www.cfh.nhs.uk/epstips.