



The Proposals to include Schedules 2 and 3 Controlled Drugs within the scope of the Electronic Prescription Service

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Introduction

About PSNC

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

Response

Q1. In the NHS, EPS can already be used for Schedules 4 and 5 CDs. Do we enable NHS-prescribed Schedules 2 and 3 CDs to be prescribed electronically – for England? This would be via EPS? Please give reasons for your choice – comment are specifically sought about security.

Yes. 95% of all community pharmacies in England have upgraded their computer systems to become EPS enabled and are ready to process electronic prescriptions. The roll-out of EPS is increasing significantly but we are informed that many prescribers cite the inability to prescribe CDs as a barrier to adoption of electronic prescribing.

Where a patient has nominated a pharmacy and is being prescribed a CD alongside other medicines, the CD will require a paper prescription whilst the other medicines will be prescribed electronically. This leads to instances of patients visiting a pharmacy expecting that all the items have been prescribed electronically. In many cases this causes inconvenience for patients, as they may then need to visit their GP Practice to collect the paper prescription and to make a further trip to the pharmacy. But, if it is not clear to the patient or pharmacy that a CD has been prescribed, the patient can assume the CD has been discontinued, and ceasing the medication creates a risk of harm.

EPS offers much greater security than a handwritten paper prescription, allowing certainty that the prescriber is the person with the certification and that he is entitled to prescribe on the day the prescription was issued.

There are occasions where the quantity on handwritten paper prescriptions have been fraudulently altered in an attempt to obtain extra medication. EPS prescriptions cannot be tampered with or altered, and therefore they offer an additional safeguard against falsification.

Prescribers may decide to change the quantity on paper prescriptions and initial the change to authenticate it; frequently these changes are not updated in the patient's medical records. Enabling the electronic prescribing of Schedules 2 and 3 CDs would prevent this clinical governance issue, resulting in more accurate prescribing records.

If the NHS is to continue to develop its paperless agenda along with driving efficiencies then it is essential the Electronic Prescription Service can be used to prescribe all items for all patients including those who are prescribed CDs included in Schedules 2 and 3.

Q2. Do we enable privately-prescribed Schedules 2 and 3 CDs to be prescribed electronically? Please give reasons.

Yes. So long as the security considerations are satisfied and appropriate consideration is given to any impact on changes to working practice. For example at present private prescriptions for medicines classified as Schedules 2 and 3 CDs must be issued on the designated standardised form i.e. FP10PCD in England and WP10PCD in Wales. The prescriptions must also include the prescriber's unique identification number. Pharmacies are required to send the original to the NHS Business Services Authority along with their identifying code issued by the local primary care organisation.

Q3. We outline two options for enabling private prescriptions of Schedules 2 and 3 CDs to be prescribed electronically:

- 1) Enable privately prescribed Schedules 2 and 3 CD prescriptions using any system providing it has an AES; or**
- 2) Enable privately-prescribed Schedules 2 and 3 CD prescriptions to be electronic, but only where the prescriber/dispenser uses the NHS system, for England this would be EPS with its added security.**

Do you have a preference for either of these options? Please give reasons for your choice.

We would support either option provided it will allow NHS Pharmacy Contractors to send the dispensed prescription electronically to the NHSBSA for audit purposes along with all other prescriptions and avoid the need to send an original paper copy to the NHSBSA.

Q4. Are there any other options we have not considered?

None that we have considered but if Department of Health receive other options, we would like to be consulted.

Q5. If prescriptions for Schedules 2 and 3 CDs are going to be enabled to be electronic, do you think that the total quantity should be written in words and figures or can this requirement be removed?

No. It is not necessary, as there is inherent security already built into the Electronic Prescription Service.

Q6. We do not consider a business impact assessment is needed. Do you consider there are any significant impacts on any sector involved in this policy?

The impact of these changes on working practices within a pharmacy must be considered. Computer terminals which house Patient Medication Records (PMR) software are often not in close proximity to the controlled drugs cabinet. For example, could be some impact on efficiencies within a pharmacy as controlled drug prescriptions take longer to dispense and involve obtaining the product from the CD cupboard as well as recording in the CD register. Systems to dispense CDs and improve efficiency of dispensing these items must be carefully considered in the design of any software systems to support their dispensing.

Q7. Are you aware of any equality issues or of any particular group for whom the proposed policy could have a detrimental effect?

No.