Community Pharmacy IT Group: Feedback about EPS digital tokens for and dataset

The group discussed at its June 2020 meeting that:

- there continued to be strong support for paperless EPS and therefore digital token standards;
- original EPS technical requirements set out standards of paper tokens but not digital ones;
- the need for barcodes to be scannable within pharmacies and at pharmacy counters; and
- an action for the group after the meeting to comment further on new proposals.

Community Pharmacy IT Group (CP ITG) and some community pharmacy teams were invited to provide comments NHS Digital's proposed minimum data set for digital token for patients.

Comments about the dataset:

- These do not need to apply to use of digital tokens used within pharmacy by pharmacy staff, because some of those types of tokens may include lesser information (e.g. use of more limited datasets used as picking lists on a mobile device – allowing bigger text on a small screen). Flexibility for this type of pharmacy token usage is right.
- A deeper technical explanation of token requirements as early as possible will help pharmacies considering which scanners are needed and could be needed. E.g. will they be 1D/2D/QR? Some contractors may consider existing and future processes and set-up if needed: wireless scanner vs use of handheld device that can scan, and systems at the counter which might include PMR linkage (not always the case currently)… Smartcard authentication at the counter is also potentially required for this.
- Further testing should be performed so there is better understanding about whether many pharmacies will have the scanners and the systems on the counter that will be able to scan. A test barcode should be tried at some pharmacies -and some CP ITG also can follow-up from their offer to help try this out once the test barcode is provided.
- Text on digital token should help manage patient expectations in terms of time for processing – including for if a shortage line which required more time to obtain.

Data Item	Explanation	Comments
Barcode/Rx ID	Minimum would be the prescription ID but ideally a scannable barcode to ensure the dispenser can easily download the prescription with minimum effort	Critically essential for pharmacy to give the patient a better experience etc… Alongside barcode, the number should be included for those cases where a barcode scan may fail.
NHS number	Allows the dispenser to be able to use the prescription tracker in the event of any issue with the barcode	Essential for pharmacy in addition to above.
Prescribed items Only (exclude dosage, qty or Additional Instructions)	In the even the patient has more than one prescription this allows them to distinguish between them.	Agree with inclusion

Data Item (cont)	Explanation (cont)	Comments (cont)
Date prescribed	Supports the patient in knowing which prescriptions are which, especially considering multiple repeats	Agree with inclusion
Effective Date	In the event a post-dated prescription is created this will say at what point the prescription can be collected	Agree with inclusion
Issue number (X of X)	eRD only – Allows patient to know how many issues have been authorised	Agree with inclusion
Prescription type – nominated / non-nominated	Determines the message to the patient	Agree with inclusion
Dispenser detail if nominated	To remind the patient where to collect their prescription	Agree with inclusion
Prescribing practice/unit and contact details	Useful in the event the patient or dispenser has a query about the prescription	Agree with inclusion

Some individual contractor comments/views also are set out below although none of these call for changes to the proposed dataset.

- "Controlled Drug clinical validity period date may not be required on the digital token because ideally controlled medicines are obtained earlier within their validity period anyway and inclusion of a hard 'clinical validity end period' might have unintended clinical impacts"

- "Inclusion of both effective date + date prescribed for post-dated prescriptions has risk of occasionally creating some confusion for scenarios where patient only spots the date prescribed and expects to be able to access medicines on the date prescribed. If both dates are included some guidance could help to mitigate some of this issue and help to manage patient expectation."

- "Each eRD might always advise '1 of x' if not a technical solution for '1st of 13 etc, 2nd of 13 etc', if they cannot be differentiated from each other by order. However, that is still very useful to understand how many overall to say '1 of 13' each time."

- Re 'Dispenser detail if nominated': "Pharmacy guidance should explain how this appears if there is no nomination (will it appear blank)".

CP ITG was formed in 2017 by PSNC, NPA, RPS, CCA and AIMp. The meetings are attended by members representing the five organisations and representatives from pharmacy system suppliers, NHSBSA, NHS Digital, NHSE&I, and NHSX. Further information on the group can be found on the PSNC website.