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PSNC Briefing 071/17: Pharmacy EPS costs and benefits study: key points for community pharmacy teams

PricewaterhouseCoopers (PwC) conducted an EPS costs and benefits study for NHS Digital. The work included visits to a range of pharmacies during 2015/16, discussions with pharmacy team members and a time and motion study of dispensing via EPS and via paper prescriptions.

This PSNC Briefing summarises the key findings from the study which will be of interest to pharmacy team members, including those which may help pharmacy teams to reflect on their use of EPS and potential ways to make their EPS processes more efficient. There is also a companion [PSNC Briefing 072/17 EPS costs and benefits study: key points for community pharmacy contractors](#). The full PwC reports are available here: [EPS study](#); and [EPS study learnings](#).

Key findings

1. **EPS significantly reduces data entry and labelling time:** 75% of respondents reported that EPS Release 2 has led to reduced data entry time for pharmacy teams when inputting prescription data onto the label.
2. **Most pharmacy staff reported that EPS led to reduced administration time in preparing the monthly submission to the Pricing Authority:** 62% reported a time saving, compared to 23% who felt that it took longer. The time and motion study suggested that a common issue to remedy is pharmacy teams replicating some of the paper prescription submission process, where this was unnecessary for EPS scripts.
3. **EPS can enhance the ability for a pharmacy to manage its workload more effectively:** Where a pharmacy can accurately predict when scripts will be received, it can more effectively utilise its resources to respond.
4. **EPS can provide increased flexibility to react to urgent patient needs:** EPS allows a patient to collect an emergency prescription from any pharmacy to facilitate either unforeseen needs or to accommodate circumstances where the patient is not near their nominated pharmacy.
5. **Pharmacies generated efficiencies by reducing the number of staff visits GP practices** to pick up scripts.
6. **Additionally, 72% of respondents reported that EPS has led to reduced time spent by pharmacies collecting repeat prescriptions from GP practices**, either from fewer journeys or from fewer forms to collect.
7. **Pharmacists can resolve issues with a GP while the patient is still in the pharmacy:** Due to quicker communication with GPs, where patients arrive at a pharmacy and the prescription has not arrived, EPS can allow the issue to be resolved quickly so the patient can take away their medication during the same visit.
8. **EPS reduces labelling errors and therefore improves patient safety:** The pharmacy team interviewees reported an increased accuracy of dispensing as a result of prepopulated information being received.

Top tips derived from the study's findings

1. Know your patients

The best approach to sorting and prioritising EPS scripts is when pharmacy staff use their knowledge of regular patients and their previous experience, to assess the likelihood of when patients are going to arrive at the pharmacy. Using this knowledge, pharmacy teams can decide which scripts to dispense first. This knowledge can also be used to help prevent issues relating to split scripts (when a patient has paper and EPS scripts issued at the same time).

Recommendation: Some pharmacy teams have developed an electronic audit trail which works well with EPS - every time a patient requests their medication, they place the details on the patients' medication record and once the electronic prescription arrives, they will match it against the request to ensure it is all in order.

2. Make sure everyone in the team knows their role

All contractors know that to maximise efficient use of staff, a pharmacy needs to be well-managed and organised. Considering this from an EPS perspective, this involves established daily routines, clear staff roles and responsibilities and sufficient space to allow for the appropriate number of computer terminals and staff.

Recommendations:

- Assign at least one team member within the pharmacy the role of EPS champion, who can support training of colleagues and use of the system on a day to day basis.
- Review how space is allocated for dealing with EPS: some pharmacy teams have allocated more space for storage of medicines awaiting collection as EPS volumes increase.
- Ensure all staff have functioning Smartcards sufficient computer literacy skills to use EPS.
- Ensure all staff are familiar with how to report issues to your system supplier and as required getting your supplier to escalate issues to the NHS Digital Service Desk.

3. Develop a strong working relationship with general practice teams

Pharmacies who work closely with their general practice teams are generally aware of practice work flows and hence when they will receive scripts; this can help to improve the pharmacy team's workload management. Strong working relationships can also allow the development of agreed principles which benefit patients, such as agreeing what general practice teams should advise patients about minimum timescales for the pharmacy to be able get their prescriptions dispensed.

Recommendations:

- Take part in business change sessions between local GP practices which go live with EPS and pharmacies;
- Once a patient sets up an EPS nomination and their GP practice and chosen pharmacy are EPS live, then agree that prescriptions should be sent electronically by default;
- Plan for management of 'split prescription' issues - some prescription items can't be transmitted electronically, and must be issued on paper prescriptions, e.g. any items not listed in the NHS medicines database (dm+d). How will split prescription issues be avoided, i.e. patients unknowingly collecting some rather than all of their medicines? For example, GP practices could add a note to the electronic message if there is also a paper prescription for the patient;
- Ensure dosage instructions are used correctly - dosage instructions should be in a form of words that can be passed directly to the patient. Make sure general practice teams understand that product information free-typed in the dosage instructions box, such as 'assorted flavours' or 'unlicensed', is not acceptable because it will be missed by the NHS BSA when they price the prescription;
- Organise reciprocal staff visits to pharmacies and general practices, especially early-on when EPS is newer;
- Schedule short weekly catch-up calls between the EPS contacts in the pharmacy and the local practice;
- Pharmacy EPS champion to work with practice managers and head prescription clerks to tackle any issues;
- Make use of your Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) as they can provide support and encourage local dialogue; and
- Encourage general practice staff to use training opportunities, through systems suppliers, CCGs or CSUs.

4. Reduce trips to collect prescriptions

In many pharmacies, the number of paper scripts has decreased significantly. Pharmacies have generated efficiencies by reducing the number of times their staff visit GP practices to pick up paper scripts. It isn't currently possible to eliminate this process altogether, however significant reductions in visits have been made by some pharmacies.

Recommendation: Fewer trips may be required to collect prescriptions, whilst more contact with the GP practices may support EPS. Explore whether short weekly catch-up calls between the EPS champion in the pharmacy and the EPS contact at each local practice can resolve issues rather than making trips to the practice.

5. Print prescriptions in alphabetical order

A common issue is that PMRs print EPS tokens in the same order in which they are received; some pharmacies have generated efficiencies by printing EPS token in alphabetical order instead. Not all systems have this functionality or have it set as a default option. Pharmacies should find out from their system supplier whether this functionality can be enabled.

Recommendation: Ensure appropriate staff learn how to sort and filter prescriptions effectively, so that relevant prescriptions can be processed in manageably sized batches, and less relevant prescriptions (e.g. those already dispensed and claimed for) are not taking up unnecessary space on the screen.

6. Set realistic patient expectations of prescription processing times

Some GP practices send patients to the pharmacy with expectations that their prescription will be available immediately. General practice teams should ensure they allow pharmacies enough time to dispense prescriptions before suggesting to patients that their medication will be ready for collection.

Recommendation:

- General practice teams and pharmacies should discuss what timescales will be needed for signing routine EPS prescriptions at the practice and then dispensing them at the pharmacy. This can then inform the provision of consistent messages to patients about the timescales;
- Even with EPS, patients should continue to be advised that their prescription will typically be available at the pharmacy no sooner than 48 hours after ordering the item.

7. Review your endorsing processes

Ensure you aren't processing EPS tokens through the endorsing printer and don't waste time and effort sorting and sending tokens to the NHS BSA that they don't need; the NHS BSA only require unsorted, non-age exempt tokens to be sent to them.

Recommendations: Save time by stopping endorsing onto tokens; and ensure your SOPs and staff training ensure that you only send to the Pricing Authority the EPS tokens that they require.

8. Make claiming a daily task

Where pharmacies have changed their claiming processes to be a daily task, they have found it has become a less laborious process.

Recommendation: Consider claiming for your prescriptions at least once or twice a day. This will save you time at the end of the month; and report issues with claiming payment quickly to your system supplier's helpdesk.

Further information

[PSNC Briefing 072/17 EPS costs and benefits study: key points for community pharmacy contractors](#) describes the key findings and lessons learned from the pharmacy EPS costs and benefits study which are relevant to pharmacy contractors. The full PwC reports are also available here: [EPS study](#); and [EPS study learnings](#). Further information on EPS can be found at psnc.org.uk/eps. If you have queries on this PSNC Briefing or you require more information please contact [Daniel Ah-Thion, Community Pharmacy IT Lead](#).