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PSNC Briefing 072/17: Pharmacy EPS costs and benefits study: key points for community pharmacy contractors

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 contractors, including those which may help them to reflect on their use of EPS and potential ways to make their EPS processes more efficient. The full PwC reports are also available here: EPS study; and EPS study learnings.

Key findings

1. **The PMR system used had an impact on respondents' perception of EPS**: For example, users of one system were 95% satisfied or neutral, compared to 53% for another system.
2. **The average time to process each prescription varied across the different PMR systems**
3. **The majority of community pharmacy respondents were positive about EPS Release 2**: 65% either positive or very positive about EPS Release 2 and 16% were either negative or very negative.
4. **Most community pharmacy respondents prefer EPS over paper prescriptions**: 61% indicated a preference for EPS Release 2, compared to 24% preferring paper.
5. **EPS is a business change**: PwC noted that 'Where pharmacies have not changed processes they should consider re-mapping their processes to understand how they differ between EPS Release 2 and paper, and take appropriate action to maximise the efficiency of both systems.'
6. **The time impact of EPS Release 2 is considered negligible**: 75% of survey respondents considered EPS Release 2 to have had no impact at all or just a moderate impact on the time to dispense prescriptions. 14% believed that EPS is significantly slower than dispensing a paper prescription. The time and motion study undertaken by PwC found a negligible time saving to the average pharmacy due to EPS Release 2.
7. **Costs**: Although respondents reported that the costs of running EPS were a concern, the majority (>50%) of responses did not include details about which specific elements drove increases. Operating System upgrades, Smartcard readers and new computers were the most frequently cited additional EPS costs.
8. **EPS can facilitate improved customer service**: Pharmacy staff reported that patients don't need to wait in the pharmacy for as long, saving time and improving the patient experience. This improvement can, however, be undermined if the patient believes their medicines to be ready for collection but insufficient time has passed to allow that medicine to be dispensed.

Top tips derived from the study's findings

1. **Embrace EPS**

Where EPS works particularly well, the whole team within a pharmacy have embraced the change, with the lead pharmacist being crucial to instilling this attitude.

Recommendation: The lead pharmacist / manager can improve staff attitudes by investigating any existing concerns staff may have with the operation of EPS and then planning with their team how these can be overcome.

2. Target training on EPS/ your PMR system

EPS requires more use of the PMR system. Without a good understanding of the system and general computer skills, staff struggle to embrace the change to EPS and subsequently improve the effectiveness of their dispensing activity.

Recommendations:
- Ensure staff have functioning Smartcards and are fully EPS trained; and
- 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.

3. Make sure staff have the relevant skills

Alongside training on PMR systems, pharmacies that demonstrated best practices have either focused on enhancing the computer literacy of their staff or deployed their staff effectively, according to individuals' strengths and skills.

Recommendation: Allocate those with higher computer literacy to EPS tasks and consider computer literacy training.

4. Consider increasing the number of computer workstations in the pharmacy

This reduces staff 'down time' as they don't have to wait to use computer workstations.

Recommendation: Review whether there is a need for and space for further computer workstations to be installed.

5. Map your processes

Where pharmacies haven't changed their dispensing process when EPS was introduced, they should consider mapping the EPS and paper prescription process to understand how the two processes differ. They should then take appropriate action to maximise the efficiency of both systems. Read more on this in PSNC Briefing 071/17: EPS costs and benefits study: key points for community pharmacy teams.

Recommendation: Closer working with local GP practices may help to achieve higher EPS volumes. Some pharmacy teams report that once EPS volumes are very high, it's much easier to maintain the dual paper and EPS systems.

6. Mitigate risk

Pharmacies should have contingency plans in place to minimise the impact of any technological failures. At least 80% of pharmacies have plans in place, but it is important to maintain them. Remaining contractors to develop plans.

Recommendations: Build on and continually enhance EPS business continuity plans; and Work with EPS leads in local GP practices to consider and mitigate risks. GP practices and pharmacies should also.
- Establish business continuity contact points - If there is a problem identified at the GP practice or pharmacy, decide who will be proactively alerted and what contact points will be used.
- Pre-empt problems resulting in reduced access to the EPS Service - If the GP practice cannot send electronic prescriptions or the pharmacy team cannot access electronic prescriptions, decide how this process will be managed locally, for example, authorising an emergency supply at the request of the prescriber, GP practice provides a token to patients or reverting to paper prescriptions if the problem is likely to be longer-term.
- Update Standard Operating Procedures for dealing with prescription changes. Electronic prescriptions can't be amended, they need to be cancelled and reissued. How will requests for item change be administered?

Further information

PSNC Briefing 071/17: EPS costs and benefits study: key points for community pharmacy teams describes the key findings and lessons learned from the pharmacy EPS costs and benefits study which are relevant to community pharmacy teams. 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.