

December 2016

PSNC Briefing 075/16: EPS pharmacy and GP checklist – working together

This PSNC Briefing provides pharmacy teams with a checklist and key discussion topics that can be used to assist joint working with GP practices in relation to the Electronic Prescription Service Release 2 (EPS R2).

The local functioning of EPS is generally better if there is good communication between pharmacy teams and GP practice staff. Consider using the following approaches and topics for discussion to help improve joint working and communication between pharmacy and general practice teams.

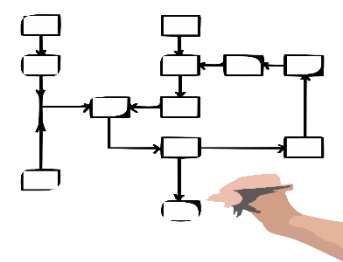


Enhancing communication links

- **Arrange business change sessions** with GP practices who are about to go EPS live;
- **Arrange reciprocal staff visits**, to pharmacies and general practices, especially early-on during the rollout of EPS;
- **Schedule short weekly catch-up calls** between the EPS champion in the pharmacy and the EPS contact of each local practice;
- **Agree in advance the approach that the pharmacy EPS champion and practice managers/lead reception staff** will take to tackling EPS issues that arise; and
- **Where required, seek help from the local representative committees** - the Local Pharmaceutical and Medical Committees ([LPCs](#) and [LMCs](#)) - who may be able to provide support and encourage local dialogue.

Supporting changes to processes

- **Encourage use of electronic repeat dispensing (eRD)** - if use of eRD is increased, benefits to GP teams, pharmacy teams and patients should be rapidly seen, helping to provide positive reinforcement for further use of EPS and eRD. See guidance at systems.digital.nhs.uk/eps/library/repdispensing and psnc.org.uk/erd;
- **Make appropriate adjustments to repeat prescription collection services** - if the frequency of pharmacy collections from practices is reduced, due to increased use of EPS, discuss what processes can be put in place to ensure that prescriptions that cannot be sent electronically will be received by pharmacies in a timely way;
- **Consider with local prescribers whether post-dated prescriptions will be used** - these can only be received at the pharmacy on the specified date, thereby preventing the prescription being prepared in advance. Many GP practices avoid post-dating EPS prescriptions and use eRD instead; and
- **Discuss how to use the dosage instructions field in GP systems** – Will the dosage instructions used at the GP practice be in a format also suitable for patients? GP systems may assist with translation of many abbreviations. Product information free-typed into the dosage instructions field, such as ‘assorted flavours’ or ‘unlicensed’ is not accepted by the Pricing Authority when they process dispensed prescriptions.



Locating EPS prescriptions

- **Discuss how to track EPS prescriptions** – sometimes patients will visit the pharmacy but the EPS prescription cannot be located. Discuss with GP teams what may lead to this scenario and what can be done to prevent it and manage it, where it has occurred. For example



discuss use of the Prescription Tracker (<http://systems.digital.nhs.uk/eps/library/rxtracker>) and the NHS Summary Care Record to solve issues related to ‘missing’ prescriptions.

- **Where required discuss EPS Tracker details about prescription status:** On very rare occasions the Tracker might say a prescription is ‘with dispenser’, but it may not have yet appeared on the pharmacy’s local system even after downloading (e.g. because of a technical blockage at the pharmacy system supplier’s electronic message handling service).

Business continuity

- **Establish business continuity contact points** - if there is a problem identified at the GP practice or pharmacy, who could be proactively alerted and what contact points could be used?
- **Pre-empt problems that may result in reduced access to the EPS Service** - if the GP practice cannot send electronic prescriptions or the pharmacy team cannot access electronic prescriptions, how could this process be managed locally? For example, could advice be given to patients to manage their expectations? Could emergency supplies at the request of the prescriber be made or could GP practices provide an EPS token to patients or revert to issuing paper prescriptions if there is a longer-term issue? Further information on this topic can be found in [PSNC Briefing 076.16 Template EPS Business Continuity Guide for general practices and pharmacies](#);
- **Managing ‘split prescription’ issues** - some prescription items cannot be transmitted electronically and therefore have to be issued on paper prescriptions instead, e.g. items not listed in the [NHS Dictionary of Medicines and Devices \(dm+d\)](#). Split prescriptions can result in patients unknowingly collecting only some of their medicines. Discuss with GP teams how these problems can be prevented or managed, e.g. by asking GP teams to add a note to the EPS message if there is also a paper prescription to be dispensed; and
- **Updating processes related to amendment of prescription items** - electronic prescriptions cannot be amended - they need to be cancelled and reissued. Discuss with GP teams how requests for prescription changes can best be administered, e.g. could requests be sent via NHSmail?



Supporting patients

- **Managing patient expectations** – discuss with GP teams what the appropriate timescales are that should be explained to patients for the creation, signing and dispensing of routine prescriptions. Discuss the advice that can be given to patients about the time for the pharmacy to prepare prescriptions and for the GP team to respond to repeat prescription requests. When moving to EPS, some GP teams have not adjusted the turnaround times for issuing repeat prescriptions that they quote to patients, to provide time for pharmacies to download and process EPS scripts;
- **Plan for managing patient nominations** - discuss what best practice processes could be put in place to capture patient nominations; and
- **Discuss how patients can order their repeat prescriptions** and what the preferred method is for GP teams. Discuss use of eRD, so patients don’t have to re-order their medicines from the practice on a regular basis, or consider how other re-ordering options could be highlighted to patients, e.g. online prescription re-ordering methods.



Further information

Find out more and view a more detailed checklist document at psnc.org.uk/epsgps. 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](#).