

Paperless processes within community pharmacy: discussions and updates

A [Community Pharmacy IT Group \(CP ITG\)](#) and [Community Pharmacy Digital Group \(CPDG\)](#) subgroup met virtually in October 2020 to discuss paperless processing (within EPS and by fax removal). The subgroup were invited to share further comments after the meeting to contribute to a write-up and 2021 next steps.

Why is paperless being discussed?

CP ITG had identified supporting the ambition of less paper across community pharmacy, as a [priority item](#) during past meetings. The paperless workstream is at an early stage and the first step was the October 2020 virtual meeting of a small paperless subgroup.

This meeting included a small number of pharmacy and supplier reps to brainstorm practical steps. This was to help future guidance to be drafted and for more testing by some of those within the group and to identify other actions to progress the ambition – including co-working with Community Pharmacy Patient Safety Group. The initial focus relates to EPS and faxes.

Paperless EPS processing

It is believed that virtually all pharmacy teams currently print an EPS token for each EPS prescription. Several paperless EPS subtopics were discussed: Barcodes, equipment, prescription ques, case studies and next steps.

Barcodes

Comments about barcode usage and paperless EPS:

- The barcode and wider usage of it is central to enabling more paperless EPS processing.
- “Everything flows from the barcode” and “some underestimate its value”.
- Confidence in barcode mapping is important e.g.:
 - between systems and medicines database (dm+d); across dm+d levels e.g. generic to brand;
 - pack barcodes mapped to pip-code or equivalent; and PIP Code or equivalent to a dm+d entry.
- Some Patient Medical Record (PMR) systems enable the pharmacy team to treat the barcode as vital, but not all contractors choose to make full use of the capability.
- PMR systems may enable override of product selection e.g. if the GP practice prescribed Amlodipine 10mg tabs, the pharmacy PMR user may be able to dispense it as Amlodipine 10mg tabs [TEVA].

Outstanding questions

- How can pharmacy sector incorporate lessons from other sectors (e.g. wholesalers and hubs) and use of barcodes? Some hubs are already reducing their paper usage.
- Mapping errors are rare but can occur. There is a process for reporting [PMR or dm+d mapping errors](#) set out at the PSNC website. Is this adequate? Are there additional types of mapping errors which could occur for which there is no reporting process? Can Community Pharmacy Patient Safety Group advise?
- Can PMRs be set-up to recognise that different manufacturer packs relate back to the dm+d Actual Medicinal Product Pack (AMPP)?

Present for the CP ITG paperless subgroup meeting

Richard Dean (CP ITG Chair and Dean & Smedley Pharmacy)
 David Broome (CP ITG Vice Chair and Stancliffe Pharmacy)
 Dan Ah-Thion (PSNC)
 Dane Argomandkhah (Cohens)
 Ben Eaton (Dean and Smedley Pharmacy)
 Sundip Gill
 Simeon Green (Cegedim)
 Richard Judge (Kamsons)
 Margaret MacRury (Rowlands)
 Rupal Sagoo (Tesco Pharmacy)
 Janson Woodall (Well)
 Vikesh Patel (Weston Pharmacy)
 Lucy Dean (Dean and Smedley Pharmacy)
 Darren Powell (Weldricks / NHS Digital)

Equipment for paper-heavy EPS processing and paperless EPS processing

The equipment being used for paper-heavy processing of EPS prescriptions includes printers (plus replacements as required), toner cartridges and paper. The thin token paper and frequent / heavy usage of printers can lead to replacement being required more frequently.

A set-up that makes paperless processing easier to introduce within the pharmacy:

1. Desktop terminal(s) linked to two larger monitors (noting space may be limited).
2. Barcode scanners for use at the counter (wired or wireless) and/or handheld smartphone devices at the counter with scanning capability and relevant apps plus PMR interoperability.
3. Handheld smartphone devices for dispensary use (with picking list information).
4. The terminal at counter linked to clinical system.*
5. Touchscreen screens and pharmacy team apps designed for touch use.
6. Reliable WiFi.

**Comments about the set-up at the counter: Some of this set-up enables EPS scanning at the counter, and notes to be made on the PMR at the counter e.g. collector of an EPS Controlled Drug to be noted directly into the PMR instead of on an EPS token. An additional benefit with the equipment is ability to scan possible digital EPS tokens in the future.*

Few pharmacies have this set-up but some now use handhelds devices linked to PMR. Other considerations:

- PMR license fees; and security if stolen or misplaced (e.g. passcodes and ability to wipe remotely, and use of safe web services so less is stored on the device).

Use of handheld devices by pharmacy teams for SCR and EPS is expected to be some time away. CP ITG supports progress. Weldricks is trialling SCR usage on iPads but the testing paused because of the pandemic. SCR use on iPads within care homes is on the increase.

Outstanding questions:

Can guidance on [WiFi](#) HSCN security from PMR suppliers and others be enhanced? Can PMR provide support to volunteering pharmacies, with aim of proving the concept at a few pharmacies (reduction in paper usage)?

Greater use of prescription ques on-screen (as alternative to token processing)

Comments:

- Some PMRs enable the que to be sorted e.g. clicking on column headings to sort in order, and by status e.g. downloaded, date, NHS number, eRD/not etc. Pharmacy teams may consider processing by patient (and A-Z if a larger download done).
- If a new EPS script is downloaded, some PMRs might choose to flag these and/or add these to the bottom instead of auto-integrating those into the 'centre' of the que (to reduce risk of it being missed).
- Some PMRs use 'Baggregation' with the bag barcode connecting to multi scripts.
- Some systems tell you where drug on shelf some PMR systems enable you to scan item to display which shelf location e.g., a1, b6, c12.
- With Positive Solutions pharmacy system, each script produces its own barcode.
- Process for EPS prescription processing should work for those pharmacy teams that process EPS prescriptions in batches (e.g. those downloaded at scheduled times), or if downloads are frequent.
- An example process: (1) Pick the drugs. Go to pre-reg with scanner; (2) Pre-reg scans tablets under scanner; (3) Check against how labelled last time; and (4) Pop-up explains 'different to last time'.

Case study and process discussion

Stancliffe Pharmacy team had introduced new process within their pharmacy which became more paperless, not specifically to improve use of IT but with aim of using a process which would reduce the risks associated with picking errors by making use of the accuracy scan. An eventual consequence was processing EPS prescriptions without need to use a token for each form. The process involves using the barcode and what is shown on screen instead of reliance on the EPS paper token for internal pharmacy purposes.

Example paperless process steps (standard EPS prescription)

The example steps set out here have been used but processes differ at different pharmacies and depending on the person, system and scenario. This is an example process to facilitate discussion about processing without paper.

Patient's medicines order is processed.	
Prescription issue: A standard EPS prescription is issued.	
Prescription download onto the local pharmacy system.	
The electronic prescription is placed into the on-screen prescription que.	
The pharmacy team can view summary information in a preview panel (subject to the PMR and set-up).	
Clinical assessment of downloaded prescription(s) to identify priority ones. If a batch of downloaded prescriptions are being processed, summary information may be viewed to identify the more urgent forms (e.g. antibiotics, painkillers and medicinal items that are short in stock or require order).	
Optionally there is opportunity to clinically check the prescription against the patient's order. On occasion ordered items may be missing from the prescription due to an error by the prescriber. Some items may have been purposefully not prescribed even if ordered by the patient.	
Pharmacy may order medicines from wholesaler if required.	
Check if the patient has multi prescriptions: These could arrive at different times. Some PMR systems will auto-group prescriptions. Alphabetising the prescription que order by surname by clicking surname column (depending on PMR set-up) to avoid missing a split script.	
Tip: Sorting: <i>It is important that the team are familiar with how the prescription que sorting functions. Depending on PMR set-up, sorting columns might move a new prescription from the bottom of the que to elsewhere within the que.</i>	
Note about viewing prescription information (que). <i>Depending on PMR set-up: If dealing with a new script chronologically, 'one click' may enable summary view within a viewing panel on-screen, whilst a double click may open the fuller prescription information</i>	Note about viewing prescription information (from patient's record). You might also view prescription information by opening the patient's record (e.g. after searching by surname), and opening a prescription from there. Prescriptions viewed this way may be older. If necessary identify whether the script has already been processed.
Age exemption or RTEC may be applied automatically.	
Identify which medicines are needed to fulfil the patient's script by reading the screen, to see what prescribed. (The non-paperless model uses token instead).	
Pick and collect prescription items from stock depending on pharmacy set-up – medicines may be organised alphabetically...	
Note: A handheld device displaying PMR information would help (even if not connected to the NHS Spine directly) could be used to display 'bare bones info' for this picking. At minimum tablet, strength, form and quantity may be wanted.	
Put medicines in a basket.	
Bring basket near PMR terminal.	
Scan a code to connect it to the electronic message. A scan of the 2D FMD barcode or the 1D medicine pack barcode can be performed and 'linked' with the electronic prescription message.	

Example paperless process steps (standard EPS prescription)

PMR may auto enable an accuracy scan and comparison at this point – and warn you if an item is missing or if a pack scanned does not align with what was prescribed. This step reduces risks such as those with lookalike/soundalike products [this step enables a major safety benefit]

FMD warning if applicable

A correction could be made if required.

Amend dose instruction information where necessary. If the dose instructions from the prescriber are the same as the previous time for that patient it may display the text used by the pharmacy for the previous prescription.

Amend dose instruction information where necessary. You may be warned if the prescribers dose instructions are different.

Amend dose instruction information where necessary. Action warnings if necessary. Choose whether to apply dose instruction information as needed, amending if required or not.

Note: all of this is less necessary if GP systems integrate dose syntax.

Confirming the processing of that one prescription to this point (but endorsing firstly if needed).

RTEC may be locked automatically at this point onto this script (unless overridden later)

Labels produced automatically at this point for: each medicine pack and a barcoded patient address label (for bag for each prescription form).

EPS dispense notification may be sent automatically at this point depending on the system and settings.

Medicine pack labels are attached to relevant packs.

Further checks clinical check if wanted.

Further accuracy check if needed, but some of this may have been done already.

Medicines packs listed on the script(s) are put into bag (one bag per patient).

The prescription form(s) are applied onto the bag.

Note: One bag label has been generated for each script. If the patient has two forms both are applied to the bag. This can later alert the team about actions required e.g. whether multi charges may apply. The bag label can indicate necessary exemption/charge information. The PMR system may have printed 'RTEC' onto the label when .

Bags are stored:

- On shelves, to be collected for collection alphabetised (and might be separate section if needed).
- Ready for delivery.

If patient must pay and sign token – then print a token and apply this to the bag.

Note: It may help pharmacy teams if the PMR can auto print token for certain restricted scenarios (e.g. 'patient has to pay and sign a token'). It would also help if patients did not need to sign the paper.

Walk-in patient may come into the pharmacy and ask for their medicine bag.

Pharmacy team may identify the bag (e.g. by surname) for a walk-in patient.

Check exemption status on PMR if needed.

Scan bag labels out (if multi scripts associated, 'bagggregation' could apply). If patient has two scripts related to bag items, both forms marked as picked up.

If delivery, scan out bag at time goes to driver.

Delivery driver might capture paper signature if it is required.

If someone other than patient collects – note this on PMR – potentially using counter screen if connected to PMR (especially for CD collector instead of ink sig) .

Send EPS claim message(s).

Check that exemption category correct etc (non RTEC) – rarely if you have RTEC.

Other next steps suggested

- Explore with NHS Digital whether now easier ways to pull universally unique identifier (UUID) from EPS Tracker more easily e.g. scan of screen if the barcode scanner is capable.
- Improved guidance on electronic signatures for Community Pharmacies before most are happy to accept electronic private prescriptions more widely.
- PMRs to be asked to support this workstream. Simeon Green (Cegedim) is working on the topic.
- The subgroup is seeking persons to trial out less usage of paper. Some expressed interest: Ben Eaton D&S subject to some EMIS support; Dane Argomandkhah (Cohens); Vikesh Patel (Weston); Rupal Sagoo (Tesco); and Simeon Green (Cegedim).

Outstanding questions

- Are the safety benefits of paperless EPS yet understood?
- Can academia get involved with looking at this from safety perspective?
- How do teams pick differently when using paper-based labels or handheld device?
- Can this work help to populate a draft checklist which would help contractors reduce paper use?
- Community Pharmacy Patient Safety Group considerations: To what extent do some General Pharmaceutical Council (GPhC) inspectors expect paper must be used (or not)?

Fax removal discussion

Fax removal comments

- CP ITG continues to support the [eradication of fax machines](#) from within pharmacy.
- Some dentists / GP practices ask for faxes from pharmacy teams but this has reduced given the NHS fax eradication targets. Private doctors may request fax due to not having NHSmail.
- Private doctors sending prescriptions electronically would be expected to meet relevant advanced electronic signature (AES) standards. Pharmacy teams are not clear whether private doctors electronic prescriptions would meet appropriate standards.
- The RPS MEP explains that *“An AES is a signature that is linked uniquely to the signatory, capable of identifying the signatory and created using means over which the signatory can maintain sole control (Regulation 219(5) Human Medicines Regulations 2012). The RPS is unable to confirm whether individual systems can issue advanced electronic signatures. Suitable assurances should be obtained from the system manufacturer and business indemnity providers”*
- PSNC confirms NHS electronic prescriptions must be sent and processed via EPS which uses an appropriate advanced electronic signature system. EPS meets the AES standard.

Other comments:

- Pharmacy contractors which had removed fax machines had introduced scanners to enable scanning and NHSmail communication relating to prescriptions / documents. Smartphone scanning is an additional alternative but the quality of the image can be poor because of angle variation, and the bits of the document may be inadvertently missed.
- Scanners are associated with cost but fax machine maintenance and ink/paper usage is as well.
- Some multiples may look to reduce / remove fax processes relating to branch submission of information to the head office by introducing alternative processes.

Fax removal guidance discussion

The subgroup discussed supporting NHSE&I's draft pharmacy fax removal guidance/principles. Dean and Smedley Pharmacy will try the steps, by monitoring incoming and outgoing faxes. After the meeting the wider CP ITG were informed about the fax guidance. A small CP ITG subgroup approved of the fax guidance and its principles. Other comments about the guidance: the shorter the better.

Other paperless workstreams (paperless)

Some of these workstreams were discussed during the paperless call. Some of these workstreams are covered by [CP ITG's other workstreams](#).

NHSmali aliases, Teams and notifications: NHSmali helps facilitate more paperless processing. Aliases are very helpful. A method to be notified about an email will be useful for less reliance on fax. Could the arrival of an email into the shared mailbox trigger another email message (without detail) to be sent to the linked personal accounts (or alternative chosen email address) to warn that an item has arrived into the shared mailbox. Auto-forwarding is currently disabled on shared mailboxes for governance reasons and this could not be changed unless a clear process established for auto-forward to personal NHSmali account. NHSmali MS Teams access provides a helpful communications method which could be an alternative to some of the fax/phone communications (professional to professional) currently being conducted. Next steps: PSNC to share feed back to NHS orgs, and CP ITG to continue with its NHSmali [workstream](#).

NHSmali for sending orders to GP (instead of fax): NHSmali application account info at [NHSmali webpage](#).

Repeat slips: Some patients wish for repeat slips information. Some patients want paper and requirement to print in some scenarios. However, some patients are also starting to get this info electronically e.g. from their GP apps such as Patient Access etc.

Non-EPS scripts: Private scripts: Clearer guidance for pharmacy teams about AES of private prescriptions would be helpful.

EPS future and more than 4 items per form: CP ITG collated some [views on next gen of EPS](#) (including 4 items per script issue). More updates expected at next CP ITGs. If more items were included onto each token this might reduce pages printed per patient if printing performed. [A caveat: NHS Digital and system suppliers have advised major technical challenges with changing the limit, EPS may need to be more amendable for change].

RTEC and exemption capture:

- RTEC progress assist paperless efforts by pharmacy. CP ITG discussed some challenges with rollout and some PMRs and BSA are exploring some agreements that would allow speedier rollout for customers using those systems. RTEC has been highlighted as a major priority and progress is wanted.
- PSNC wrote to Department of Health and Social Care (DHSC) during July 2020 to question the remaining need for the regulatory requirement that requires the patient or representative to sign a declaration on a prescription form or EPS token when they pay an NHS prescription charge.
- COVID-19 reduced exemption capture via paper anyway.

NHSBSA's Manage Your Services (MYS portal) facilitates more paperless submission.

dm+d educational issues (inhalers): EPS scripts may use dm+d quantities instead of 'packs'. E.g. '120 dose' rather than '1 inhaler'. Systems can support users by calculating the quantity as a number of packs. Occasionally prescriptions are issued for excessive quantities inadvertently. Tolerances could reduce the risk of this occurrence. (See also PSNC's [dm+d factsheet and updated briefing](#) published during winter 2020).