Paperless processes within community pharmacy: example process

Community Pharmacy IT Group (CP ITG) supports the journey towards paperless prescription processing

The example steps set out here have been used. Processes differ between pharmacies and depending on the person, system and scenario. This is an example process to facilitate discussion about processing a standard electronic prescription 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: 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.

Note about viewing prescription information (que). 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

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 and 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.

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, 'baggregation' 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.

Read more within: CP ITG: Paperless workstream update.