Electronic Prescription Service (EPS)

Phase 4

IBC Vision: To be the Team of choice for delivering enduring implementation and digital transformation across the Health & Care System

Information and technology for better health and care

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Topics

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About Phase 4

- EPSR2 currently allows prescribers to send prescriptions electronically to a dispenser of the patient's choice - known as their 'nominated' dispenser
- Phase 4 removes the need for a nomination to be set
- Patients without an EPS nomination will be given a token to present at a community pharmacy. The token contains a unique barcode which can be scanned at any pharmacy in England to download the prescription from the NHS Spine and retrieve the prescription details
- Paper prescriptions will continue to be available for special circumstances, but almost all prescriptions will be processed electronically
- Some prescription items may remain unsuitable for EPS, such as those not in the dictionary of medicines and devices (dm+d)

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National Drivers

Regulation changes

- On 26 November 2018, the General Medical Services (GMS) and Personal Medical Services (PMS) regulations were amended to legislate that all eligible prescriptions must be processed via EPS (Phase 4 or nomination). Patient consent is not needed for EPS Phase 4 prescriptions

https://www.england.nhs.uk/wp-content/uploads/2019/08/19-20-gms-contract-guidance-audit-requirements-v2.pdf

Benefits to prescribers

In addition to benefits of EPSR2

- almost all prescriptions will be processed and signed electronically - in most cases, over 95% of prescriptions will be processed this way, leaving only a small proportion to be hand-signed

- one main process for prescriptions will lead to a more efficient, faster and secure service

- if a patient without a nomination loses their token, it can easily be reprinted, and a prescriber won't have to sign it

- it is also possible to track more prescriptions using the EPS Prescription Tracker

Benefits to dispensers

- most prescriptions will be processed electronically, so reducing dual processing
- one main process for prescriptions will lead to a more efficient, faster and secure service
- end-of-month processing will be quicker due to fewer paper prescriptions
- the risk of dispensing duplicate prescriptions will reduce, as electronic prescriptions can't be lost
- it will be possible to track more prescriptions on the EPS Prescription Tracker

Phase 4 Tokens

- Tokens are given to the patient (or their representative), or collected as part of a prescription collection service

- Phase 4 tokens contain the same information as an EPS R2 token / FP10 such as the medications prescribed, quantity, dosage and instructions. However, as this is not the legal prescription, the token does not need to be signed by hand

- Pharmacy scans the barcode to populate their system with the prescription information retrieved from NHS Spine

- Without a token patients won't be able to get their medication, as the barcode needs to be scanned by the dispenser (community pharmacy or dispensing appliance contractor) to retrieve the prescription from the NHS Spine

EPS Tokens – Release 2

EPS Tokens –Phase 4

Exceptions

There are only a few scenarios where a prescription can't be sent electronically, and a paper hand-signed prescription will need to be produced, such as:

- if you can't use EPS to prescribe the items, e.g. non dm+d items, Personally Administered (PA) items, instalment Controlled Drugs
- if the patient is a dispensing patient and there is no EPS system available
- if the patient has their prescriptions dispensed in Scotland, Wales or Northern Ireland
- if, in the professional judgement of the prescriber, the welfare of the patient is likely to be in jeopardy unless a paper prescription is issued

A patient may also choose not to use their nomination on a particular occasion preferring to have their prescription dispensed elsewhere.

Processes in Practice

Processes in Practice

Issuing – no real change

- – EPS nomination / no nomination scripts. Both sent to EPS signing queue

- • The phase 4 token is only printed after signing

- • User can actively change an individual nominated prescription to a phase 4 token

- • Prescription destination / preferred pharmacy entries are still printed on the token

  (depending on clinical system used)

Queuing prescriptions for digital signature

- – Virtually all prescriptions will be EPS

How to deal with exceptions (see supplier guidance)

- – Instalment CDs, Non-dm+d, PA, Private, non-PDS records, Border patients*, patients with e.g. dementia

  * Unless Read/Snomed code in place for Border patient

Processes in Practice

Border Patients
For non-dispensing patients who wish to have their prescription dispensed in Wales, Scotland or Northern Ireland:

- Apply Read code **9Re** before Phase 4 Go Live

- Consider creating a list of these so that you can bulk apply the Read code

- Amend new patient registration form to ask if the patient will use a dispenser in Wales, Scotland or Northern Ireland

Token printing

- The practice will need to consider processes for printing and how to sort and file paper tokens

- The practice may want to re-consider how printers are routed and where paper tokens for patients who haven't got a nomination will be printed

- For example, it may be better for some tokens to be printed in the consultation room, and other tokens printed in the reception area

Branch sites

A process will need to be established for how to identify branch patients when printing tokens, as it will need to be clear which tokens need to be printed at which location.

Network Printers

If the branch site printer is on the same network as the main site and is visible, then a one-off print to this location can be done, or set the default printer to the branch location. If this is not currently available sites should contact their IT service provider to check if this is possible.

Printer names should be configured to make them easily identifiable on the network

Using 'Prescription Printing'

All prescriptions could be sent to the Prescription Printing Queue, and then a user logs into the branch site to print all prescriptions there. This is the recommended approach where sites do not share a network

Token printing quality

The quality of printing on a Phase 4 token must be of an appropriate quality to ensure pharmacies can scan the barcode to retrieve the prescription from the NHS Spine

To avoid delays in dispensing a patient's prescription, pharmacies can use the 18-digit Prescription ID to download the prescription manually. However, this is a time-consuming process and should be avoided

926864-D82036-0003DA

Expected / Unexpected FP10s

Please ensure that all practice colleagues are aware that if EPS *could* be used for a prescription then it *should* be used

When might an FP10 be printed?
> Instalment Controlled Drugs
> Non dm+d items
> Non-PDS / PDS mismatch
> PA items
> Split Scripts (relating to above out of scope items)
> Border patients
> *If none of these apply, check with the prescriber*

Repeat Dispensing - eRD in Phase 4 aka batch prescriptions (non-dispensing patients only)

All existing nominations will remain valid and further nominations for appropriate patients should continue to be set. Patient consent is still required for nomination. There is no need to do anything with existing nominations

- If no nomination, the full eRD batch sits on the spine, RA token printed and given to patient
- Patient takes RA token to pharmacy each time, or can ask the pharmacy if they will retain it
- Pharmacy checks dispense history – EPS tracker, script date + issue number, plus asks the 4 questions

Repeat Dispensing and Repeat Prescriptions

- If a patient is part way through a <u>paper-based repeat dispensing regime</u> when Phase 4 is switched on, the batch will continue on paper until it is complete and the final issue is dispensed. The next batch can be issued using electronic Repeat Dispensing (eRD)
- Patients without a nomination will receive one repeat dispensing token (RA) for the entire regime which they will need to keep hold of, or leave with their chosen pharmacy until the end of the batch

Repeat prescriptions (on request)

- Patients without a nomination who receive repeat prescriptions (i.e. they request their repeats) must be given a new token each time a new repeat prescription is issued. They can't use the same one each time, unless they are on electronic repeat dispensing (eRD)

Existing paper prescriptions

- All existing paper prescriptions that have not been dispensed will still be valid until their normal expiry date. These prescriptions do not need to be reissued electronically

Printer Preferences

EPS Token Printing

Bulk Signing (repeats)

Acutes

eRD RA to patient

NB: for **eRD** for non-nominated patients, give the RA print out to the patient to retain. They will need to present this to the dispenser for each issue

Post dating

Post-dated prescriptions will not be available to download from the NHS Spine until the date they become valid.
Practice – explain date on token to patient
Pharmacy – check for validity/date on token

Remote prescribing

If the prescriber needs to issue a prescription when working remotely with the patient present (such as during a home visit) there are 2 options:

- have a discussion with the patient to confirm if nomination may be suitable for them, then send the prescription to their nominated pharmacy
- hand write an FP10 and give it to the patient

If the prescriber needs to issue a prescription when working remotely without the patient present, there are 2 options:

- process the prescription electronically and ask someone at the practice to print out the token ready for the patient to collect
- have a discussion with the patient to confirm if nomination may be suitable for them, and then send the prescription to their nominated pharmacy

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Processes in Pharmacy

Processes in Pharmacy

Tokens instead of FP10s
- All Phase 4 tokens are green
- No need to reprint on white stationery *(Some Pharmacy systems offer an override function to prevent the white token being printed, but do not automatically do so when a green token is scanned.)*

Scan phase 4 tokens
- Make sure scanners work / barcode quality

Once scanned all processes as per EPS R2
- Returns to spine / token to patient when can't fulfil
- Cancellations / NDs
- Exemptions and endorsements
- Virtually all claims via EPS - claim regularly!
- Token submissions – (green and white)

Keep nominating regular patients

Pharmacy Top Tips

- Green Phase 4 tokens should be filed with all the other white EPS tokens and not within the main bundle of paper prescriptions before the submission is sent to the NHSBSA

- Use a highlighter pen or sticker to highlight the 'Prescriber signature not required' wording on the token, to highlight that it is a Phase 4 token rather than a R1 barcoded paper prescription

- During the earlier stages of the rollout, patients have sometimes filled in the back of the green Phase 4 token before they arrived at the pharmacy. If the pharmacy process involves shredding the green Phase 4 token and replacing it with a newly printed white dispensing token, the patient will have to complete the reverse of the dispensing token.

  - To address this scenario, some pharmacy teams have changed their initial Phase 4 approach so that they use the green Phase 4 token for patient declarations, rather than using a white EPS dispensing token.

Deployment
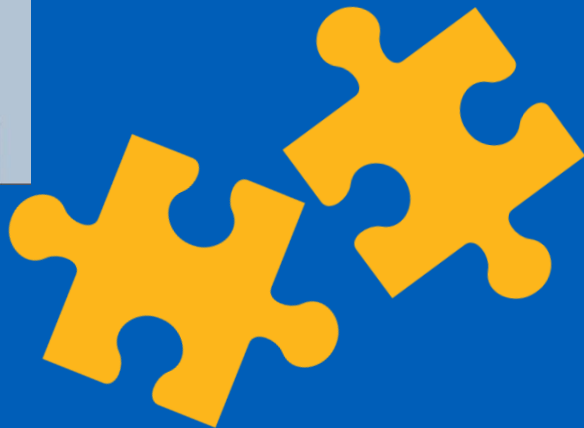
Steps to Phase 4 Go Live

- Refer to CCG categorisation
- CCG discussion with practice re Go Live date <u>or</u> CCG give date to practice for Go Live with at least 4 weeks notice
- Business Change Meeting at locality, *as required*
- CCG send email to GP practice containing system guidance and comms
- CCG supply Site Readiness Checklist to GP practice
- Practice to return Site Readiness Checklist to CCG one week prior to Go Live
- Go Live - 'Button' in SystmOne to switch on EPS (TPP have deployed this 'greyed out') do not activate before Go Live date
- EMIS switch process - to be advised
- CCG / NHSD support either on-site or via telephone (best endeavours)
- Anyone logged on at that time will need to log out and re-log on
- <u>CCG to return tracker to IBC</u>

Phase 4 Go Live

After go-live

Problem resolution

- System-related issues should be raised by GP practice/pharmaacy teams with system suppliers as per normal process
- Business process issues or queries should be raised with CCG in the first instance.

TPP Phase 4 enablement

Setup > Users & Policy > Organisation Preferences > Spine

Organisation Preferences

☑ Default to creating a task when actioning PDS differences and 'Do Later' is selected

　　NOTE: You can control who this task goes to using Task Rules

☑ Allow users without smart cards to register patients

☑ Enable ETP2

Enabling EPS Phase 4 will send all ETP2 compliant drugs electronically even if the patient doesn't have a nominated pharmacy or DAC. Please see the Phase 4 guidance document in Help > Support and FAQs > Documents & Training Guides for more information.

Do not enable this preference until instructed to do so by your CCG.

☑ Enable EPS Phase 4

Left panel tree:
- **fdb** OptimiseRx
  - Prescribing from Formulary
  - ⚠ Prescribing Warnings
  - Prescribing Access
  - Prescription Authorising
  - Prescribing Codes
  - Prescription Printing
  - Prescription Printing (Counterfoil)
  - Print Test
  - Repeat Templates
  - ScriptSwitch
- Registration
- ResearchOne
- Research
- RTT
- Scanning
- Schools
- Shared Admin
- Strategic Reporting
- Spine
- Subject Access Requests
- Tasks
- Teams
- Templates

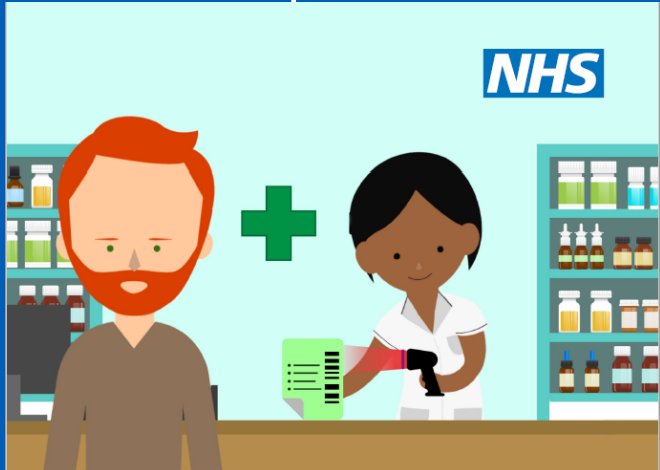Restore Defaults　Export　Import　Ok　Cancel

Patient Communications

- Web content
- Update new patient registration form
- GP practice posters
- Waiting room TV (digital version of poster)
- Pharmacy posters

Key messages

- Little change for patients
- Still get a 'paper copy' of prescription to take to pharmacy
- More safe and secure, seen only by the same people
- Saves GP, practice staff and pharmacy staff time
- Saves NHS money

Practice and Pharmacy Support Materials and Communications

- CCG to GP practice email template
- ...eting prese...
- ...ebsite, and...
- ...ractice sta...
- ...ensing staff...
- ...tter
- ...s will be ma...
- ...via PSNC*
- ...e 4 switch...ebsite
- ...information...

ww...

Ab... Digital web...

https://digital.nhs.uk/services/electronic-prescription-service/phase-4

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Deployment schedule

Deployment schedule

Deployment Schedule and further information

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National roll out schedule

The roll out of EPS Phase 4 for TPP SystmOne began 18 November 2019 and will continue over several months. The roll out plans for EMIS, Vision and Microtest will be published soon. Further information is available on the national roll out schedule page.

If you work at a GP practice, your CCG will contact you when they are ready to arrange your Phase 4 switch on.

About Phase 4

EPS currently allows prescribers to send prescriptions electronically to a

https://digital.nhs.uk/services/electronic-prescription-service/phase-4/national-roll-out-schedule

NHSBSA practice poster: https://www.nhsbsa.nhs.uk/sites/default/files/2019-03/EPS%20poster%20%28V0.3%29%2001.2019_0.pdf

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Questions