



Electronic Prescription Service – Frequently Asked Questions

Community Pharmacy Guidance



Midlands and Lancashire
Commissioning Support Unit

North Staffs & Stoke
PHARMACY COMMITTEE 

 South Staffordshire
PHARMACY COMMITTEE 



Cannock Chase Clinical Commissioning Group

East Staffordshire Clinical Commissioning Group

North Staffordshire Clinical Commissioning Group

South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group

Stafford and Surrounds Clinical Commissioning Group

Stoke-on-Trent Clinical Commissioning Group

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This document provides guidance on some common ‘Frequently Asked questions’ that community pharmacies have lodged with the EPS Project Team.

In addition, NHS Digital provide further guidance at <https://digital.nhs.uk/services/electronic-prescription-service/electronic-prescriptions-for-dispensers>

Query	Solution	Action
1. “We are unable to sort scripts in the PMR, to identify acute scripts”	If PMR allows, sort by prescription type (Possibly not available in NexPhase and Pharmacy Manager) Pharmacy can use Prescription Tracker to show scripts received ‘Today’, sorted by Prescription Type and cut/paste barcode to PMR to locate specific acute scripts	<ul style="list-style-type: none"> Sort by prescription type, if possible Use Prescription Tracker to identify recent acute scripts, and use barcode to identify/download specific scripts
2. “Patients expect the prescription to be ready when they arrive at the pharmacy, especially acutes sent after a consultation”	Practices will reiterate to patients, that pharmacy still needs time to prepare the script, once it has been received electronically. Pharmacies and practices are encouraged to take part in the ‘Walk in my shoes’ initiative to improve their mutual understanding of the process.	<ul style="list-style-type: none"> Encourage closer understanding with local practices. https://psnc.org.uk/wp-content/uploads/2017/06/PSNC-Briefing-041.17-Walk-in-my-Shoes-toolkit.pdf
3. “We receive EPS scripts randomly during the day, from numerous practices. Previously, we could plan our work around the collection drivers schedule of visits.”	As EPS scripts can be uploaded at different times by different practices, it is more difficult to plan for delivery of scripts, compared to the routine collection based on previous driver-based collection schedule. Pharmacies are encouraged to liaise with their main practices to understand the signing pattern, and run the EPS download several times an hour, especially after the late morning and mid - afternoon signing sessions. Note – Pharmacies using Proscript need to be aware that the computer will be locked for a short time during downloads, and so less frequent downloads may be appropriate if only one computer in pharmacy This does not apply to the newer version – Proscript Connect.	<ul style="list-style-type: none"> Encourage closer understanding with local practices. Carry out regular EPS downloads during day
4. “Our Patients are ordering early to meet 48 + 48 hour turnaround, but the practice is rejecting the order as over ordering.”	Norm is that practice require 48 hours to process a repeat request, plus 48 hours in pharmacy to have ready to dispense. Some practices have identified early ordering as potential overuse and so delayed production of scripts. Practices will be reminded of 48/48 timescale as defined in ‘Medicines Matter’ Charter.	<ul style="list-style-type: none"> Confirmation of timescales to go in Practice FAQ guide, and recommend communicating message back to pharmacy.

<p>5. “When patients order medication via the surgery online systems, it gives the impression that the order has been approved immediately.”</p>	<p>The online system just acknowledges receipt of the request, not that it will be approved. Practices will be promoting the Medicines Matter Charter and will be encouraged to explain timescales to patients. There is a risk that patients on eRD may also order online in error, until they become used to the system.</p>	<ul style="list-style-type: none"> • Confirmation of timescales to go in Practice FAQ guide • Practices will be instructed to check for inappropriate orders from patients already on electronic Repeat Dispensing regime
<p>6. “We do not see Post-dated scripts on the EPS download, until due date.”</p>	<p>EPS does not create post-dated scripts until date they become valid. Practices are encouraged not to process post-dated scripts via EPS, rather look to deploy via eRD.</p>	<ul style="list-style-type: none"> • Practices will be reminded not to process post-dated scripts via EPS. • Support to practices for eRD is being provided in 2018.
<p>7. “Why do some medications not come via EPS, but on FP10s, when other practices seem to manage to send via EPS ie.Split scripts (non-DM&D items and Controlled Drugs)”</p>	<p>Practices will be encouraged to review existing items that are not able to be sent via EPS e.g. caplets, Sharps Bins etc. Many of these items can be switched to an EPS compliant alternative. When a split script is unavailable, then practices will be encouraged to send a note to pharmacy advising ‘Script to collect’.</p>	<ul style="list-style-type: none"> • Practices will be given updated guidance on identifying potential non-DM&D items and alternatives, and if unavoidable, to send a message to pharmacy. For more details - https://digital.nhs.uk/binaries/content/assets/legacy/pdf/4/r/eps_dm_d_and_prescribing_systems_combined_factsheet_feb_17_v0.13.pdf
<p>8. “If a patient is issued with an acute prescription, we ask the practice to print a prescribing token, but they are reluctant.”</p>	<p>In normal use, a prescribing token is not required, as the Prescription Tracker can be used to identify the most recent acutes, and then use this barcode to locate the specific script. Practices who run late night surgeries may choose to print a normal FP10 if the nominated pharmacy is closed or if the patient needs to collect the medication from another pharmacy.</p>	<ul style="list-style-type: none"> • Pharmacies to use the ‘My Site’ option in Prescription Tracker and sort via Prescription Type and specific date range.

<p>9. “Why do medications like Methotrexate sometimes come on a FP10, and sometimes via EPS from the same practice?”</p>	<p>Methotrexate and other such medications need to be reviewed by the GP before issue, and so this may be held back, while other items are approved and sent through for signing by the duty GP. We are looking to ask practices to keep all items together on one script and use the ‘Request with Query’ option to pass this to one GP for approval as a whole.</p>	<ul style="list-style-type: none"> • Guidance provided to practices
<p>10. “Why do some appliance device item not come via EPS anymore, but a separate FP10? “</p>	<p>The majority of practices use EMIS Web, which has recently revised the way in which EPS scripts for appliances are processed. This change has now been reversed, to prevent the unnecessary production of FP10s when no appliance contractor nomination was set. New guidance has been provided to practices.</p> <p>Where a patient has a DAC nomination in place, any items prescribed which are deemed to be “devices” in the DMD – and these devices are the only items on the prescription - will automatically default to the nominated DAC, even if the patient also has a nominated community pharmacy. This will include things like Sharps Bins as well as the more obvious devices such as colostomy products. The prescriber (person preparing the prescription for signing) can however change this nomination to the community pharmacy should that be the preferred destination for things such as Sharps Bins.</p> <p>Where a patient has both a DAC and Community Pharmacy in place, any prescription issued which has any medication included, will default to the community pharmacy as the nominated destination, even if that prescription includes devices which should go to a DAC, then the prescription will default to the community Pharmacy nomination because of the presence of medications – DACs are not licenced to dispense medications.</p> <p>Therefore, anyone who is issuing a prescription for a patient which includes a device(s) should be vigilant and ensure that prescription should be for items only intended to go to the DAC and kept separate from devices which are supplied by a pharmacy or medications, but if the device is to be supplied by a pharmacy it can be combined with medication should that be appropriate.</p>	<ul style="list-style-type: none"> • To note and advise practice if this guidance is not being followed

<p>11. “We had a situation with a new patient presenting for an Emergency script sent via EPS when our PMR was down. We asked the practice to issue an FP10, but they refused.”</p>	<p>If the PMR is down and a patient presents for an Emergency Script then the pharmacy should follow their usual SOP.</p> <p>Only in exceptional circumstances should there be a need to ask the practice to cancel the EPS script and issue a FP10.</p> <p>Pharmacies are encouraged to revisit the Business Continuity guidance on the PSNC website.</p> <p>Pharmacies can use the new ‘Business Continuity’ option in the prescription tracker.</p> <p>Pharmacy staff who have the pharmacy premises set on their Smartcard will be able to see their pharmacy’s outstanding EPS prescriptions and medicines information for each of those prescriptions. In the event of an outage, this information may help pharmacy teams to continue to provide services to patients and to plan additional actions they need to take, including with local GP practices, if the outage is likely to last for a prolonged period.</p>	<ul style="list-style-type: none"> • General Business continuity Guidance http://psnc.org.uk/dispensing-supply/eps/contingency-arrangements/eps-technical-issues-and-contingency-arrangements/ • Business Continuity option in Prescription Tracker - http://psnc.org.uk/dispensing-supply/eps/dispensing-in-eps-release-2/retrieving-eps-scripts/eps-prescription-tracker/
<p>12. “Practices are not letting us know when there is a script to collect, causing delay to the patient and a visit to the practice to collect.”</p>	<p>Some practices are not sending a message to pharmacies that there is Controlled Drug or non-DM&D medication script to collect from the practice. This can cause delay and extra work for all parties.</p> <p>Practices will be asked to ensure that all FP10s to be collected are stored in nominated-pharmacy order.</p> <p>Unfortunately, the GP clinical systems cannot yet automatically add a message to pharmacy to inform that it is a split script.</p>	<ul style="list-style-type: none"> • Practices will be reminded to add a ‘Item to collect/ CD to follow’ type message on the prescription to alert the pharmacy that a FP10 needs to be collected and add to the set of scripts for pharmacy collection, not under patient name. • Practices will be encouraged to print the Nominated Pharmacy name on the RHS of the FP10s

<p>13. "Some practices seem inconsistent, in that one month we will get a prescription via EPS, but the exact same medication is issues via an FP10 the next month. Why?"</p>	<p>This could be caused by a number of issues; the signing clinician not having a smartcard at the time of signing, forcing a FP10; or maybe locums not set up on the system for EPS.</p>	<ul style="list-style-type: none"> • 32 Practices across Staffordshire have recently had an EPS Review meeting to identify issues, including consistency. • Try the 'Walk in my shoes' process - Pharmacies are encouraged to point out inconsistencies with use of EPS so that practices can identify causes – may be due to locums or non-use of smartcards, which can be addressed.
<p>14. "Are locums not signing EPS scripts?"</p>	<p>Some pharmacies have reported that locums at certain practices are routinely not signing scripts via EPS.</p>	<ul style="list-style-type: none"> • These practices are receiving guidance to review their processes.
<p>15. "When we check with a practice for a missing script, we discover they are still awaiting signing"</p>	<p>Some pharmacies have reported that practice reception staff have informed patients that scripts have been sent via EPS, but in fact they are still waiting for signing.</p>	<ul style="list-style-type: none"> • Practices will receive a reminder on how to check on the status of prescription requests.
<p>16. "Requests from district nurses for bandages are not being sent via EPS, forcing the patient to make an extra journey to the practice."</p>	<p>In some circumstances, District Nurses are asking practices to generate a script for bandages, and as the patient has a nomination, the assumption is that it will be sent to the pharmacy via EPS. Unfortunately, bandages tend to be non-DM&D compliant and so a FP10 is printed. Unless the pharmacy / practice have a collection arrangement, there is the risk that the patient will present at the pharmacy, but the pharmacy are not aware, as they had not ordered the item.</p>	<ul style="list-style-type: none"> • Practices have been advised to print the name of the Nominated Pharmacy, on the FP10, so that staff can easily identify prescriptions that need collection.
<p>17. "Why are some practices still faxing scripts?"</p>	<p>Practices should not be faxing scripts that can be sent via EPS.</p> <p>The Royal Pharmaceutical Society provides guidance in the Medicines Ethics and Practice July 2017 guide; pharmacies should discuss the risks involved with the practice, and encourage alternative methods for the supply of medicine in an emergency.</p>	<ul style="list-style-type: none"> • A reminder will be issued to the practices involved. <p>Note the update below 'Future of EPS', which explains plans to allow Out of hours / Urgent Care providers to send prescriptions via EPS rather than via fax.</p>

<p>18. “Difficulties arranging 7 day scripts for MDS packs.”</p>	<p>Some pharmacies report that MDS packs have to be prepared on the day they are required, as the post-dated scripts only appear on the date due. Practices and pharmacies are encouraged to review use of post-dating (not recommended via EPS), and instead look to deploy electronic repeat dispensing (eRD).</p> <p>Note: Some patients on 7 day prescriptions may require regular changes to medication, and so may not be appropriate for eRD.</p>	<ul style="list-style-type: none"> • Further guidance on how to use eRD for 7 day scripts available at http://www.pharmacylancashire.org/eps/7-day-repeat-dispensing-eps/ • Practices will receive further eRD support in 2018 • Further guidance on the use of 7 day vs 28 day scripts available: <ul style="list-style-type: none"> ○ (South Staffs) http://www.southstaffordshirejointformulary.nhs.uk/docs/apg/7%20Day%20Joint%20Statement%20-%20Approved.pdf ○ (North Staffs) http://www.northstaffslpc.co.uk/resources/electronic-prescription-service-eps/7-day-repeat-dispensing-eps/
<p>19. “What is the procedure for reporting incorrect nominations?”</p>	<p>Pharmacies are encouraged to check that nominations are correctly set for their regular customers, and to report any irregularities to LPC/NHS England.</p> <p>Patients can make a complaint if they think a nomination has been made without their consent.</p>	<ul style="list-style-type: none"> • Pharmacies and general practices are encouraged to display the poster available for download at: http://psnc.org.uk/wp-content/uploads/2015/10/Poster-combating-prescription-direction-FINAL-MAIN.pdf • Details of the investigation process are explained at: http://psnc.org.uk/wp-content/uploads/2013/04/PSNC-Briefing-055.15-Dealing-with-problems-arising-from-the-Direction-of-Prescriptions-poster.pdf

<p>20. “The practice complains that we are not passing Clinical Messages onto Patients”</p>	<p>Release 2 of the Electronic Prescription Service has considerably reduced the flow of paper between the prescriber and the patient, so supplementary information must be passed on to patients via alternative routes.</p> <p>Pharmacy teams and local GPs should work together so that all parties agree how non-routine clinical (patient specific regarding medication) information will be communicated from the GP to the patient via the pharmacy team.</p> <p>Historically, the right-hand side of a paper prescription form was used by prescribers to communicate information such as; non-routine clinical information, review dates for patients, an order form for repeat medication and to promote the prescriber’s practice, for example, clinic opening and closing times as well as advertising services such as ‘flu clinics’.</p> <p>However, there is growing concern that the right-hand side of a prescription is not always the best option for prescribers to pass on non-routine clinical information to patients. This is because some pharmacists do not automatically see the right-hand side of a prescription on their computer screens and can only do so by printing out a dispensing token, which is a practice that is currently being reduced in pharmacy as we move towards a paperless NHS. In addition, the dispensing systems do not always print out the information on the right-hand sides of a prescription in an easy to read format, so key information can get lost or hidden.</p>	<ul style="list-style-type: none"> Pharmacies are encouraged to review the guidance at: http://psnc.org.uk/dispensing-supply/eps/dispensing-in-eps-release-2/eps-supplementary-clinical-information/ and agree a local process with the practices to clarify the process that will be implemented to ensure the effective relay of clinical messages to the patient.
<p>21. “If some items on the EPS script are not in stock, can those in stock be issued, but the others returned to the spine for another pharmacy to dispense?”</p>	<p>It is not possible to split the dispensing of items on an electronic prescription form between different pharmacies. This is the same as the arrangements for paper prescriptions. If the patient requires all medicines urgently and is not willing to accept an owing note, an option is to return the electronic prescription to the Spine and provide the patient with a dispensing token so that their electronic prescription can be accessed at another EPS R2 enabled pharmacy.</p>	<ul style="list-style-type: none"> There is more guidance available at: http://psnc.org.uk/dispensing-supply/eps/dispensing-in-eps-release-2/eps-dispensing-faqs/

<p>22. “How do we locate a missing EPS prescription?”</p>	<p>All signed scripts are recorded on the Spine, showing the status and nominated pharmacy. The Tracker can be used to identify all the outstanding prescriptions on the Spine for the pharmacy; PSNC provide a useful guide on how to use the Tracker to locate missing prescriptions.</p> <p>Occasionally the pharmacy may not be able to download a script due to a ‘Prescriptions with another dispenser’ issue, i.e. where Tracker says with Pharmacy A but the Pharmacy A system cannot pull it down and says with another dispenser. Pharmacy A should contact their IT supplier, provide them with the Barcode and request they contact NHS Digital to get the prescription “Re-Set”. Note: The re-set process removes the nomination, so the pharmacy will need the barcode to pull it once re-set, as a normal nominated prescription download will not pull it down.</p>	<ul style="list-style-type: none"> • Further details and a recommend process are available at http://psnc.org.uk/dispensing-supply/eps/contingency-arrangements/locating-a-missing-eps-prescription/ • Some pharmacies are using the SCR viewer to check when a prescription was last created; if it is not an EPS R2 script as shown on the tracker, it will be a printed FP10. • The Prescription Tracker is normally used to track EPS R2 scripts, but the search can be amended to show all prescriptions if required.
<h2 style="color: #4F81BD;">The Future of EPS</h2>		
<p>Controlled Drugs</p>	<p>GP practices will soon be able to send Schedule 2 and 3 Controlled Drugs (CDs) electronically using the Electronic Prescription Service (EPS). This will include all Schedule 2 and 3 CDs, except for instalment FP10MDA prescriptions. Testing is underway with several pilot practices in London and North-West England.</p>	<ul style="list-style-type: none"> • Further information is available at: https://digital.nhs.uk/article/7722/Important-notice-Schedule-2-and-3-Controlled-Drugs-and-Electronic-Prescription-Service • A notification letter was circulated in September 2017, explaining the steps to be taken to raise awareness: https://digital.nhs.uk/binaries/content/assets/legacy/word/b/8/controlled_drugs_and_eps_-_update_for_nhsba_mailout_sept_2017.docx

<p>EPS Phase 4</p>	<p>In the future, EPS Phase 4 will become the default option for the prescribing, dispensing and reimbursement of prescriptions in primary care in England. Paper prescriptions will continue to be available for special circumstances, but the vast majority of prescriptions will be processed electronically.</p> <p>All patients will be offered a 'token' to present at a pharmacy to obtain their medication. This token will contain a unique barcode which can be scanned at any pharmacy to retrieve the medication details.</p> <p>Some prescriptions may remain unsuitable for transmission by EPS, such as when there are constraints regarding the prescribed drug. NHS Digital will initially pilot Phase 4 at a small number of GP practices across England. The main change will be that patients at these pilot sites who haven't got an EPS nomination will automatically receive electronic prescriptions and will be given a paper token. Pharmacy staff will be required to scan the barcode on the token in order to download the prescription from the NHS Spine.</p>	<ul style="list-style-type: none"> • Further information is available at: https://digital.nhs.uk/Electronic-Prescription-Service/The-future-for-electronic-prescriptions
<p>EPS in integrated urgent care settings</p>	<p>Use of the Electronic Prescription Service (EPS) in integrated urgent care settings is to be rolled out nationally following a successful pilot. Pilots in London and the East Midlands took place from December 2017 and involved 73 prescribers and 257 dispensers.</p> <p>Initially the service will be available to settings running the Advanced Adatastra system, which accounts for the majority of urgent care settings. NHS Digital is working with other suppliers to develop this functionality in their systems.</p> <p>It will mean faster processing of prescriptions enabling out of hours and urgent care services to spend more time treating patients.</p>	<ul style="list-style-type: none"> • For further information - https://digital.nhs.uk/services/electronic-prescription-service/electronic-prescription-service-in-integrated-urgent-care