



December 2016

## PSNC Briefing 076/16: How GP practice teams and pharmacy teams can work together on EPS business continuity

This PSNC Briefing provides community pharmacy contractors and LPCs with suggestions to support joint working between GP practice teams and pharmacy teams in the event of an outage with the Electronic Prescription Service Release 2 (EPS R2).

The briefing can be used by GP practice teams and pharmacy teams to consider the impact of any business continuity actions they adopt, on each other and their patients.

### What can be done to prepare for an EPS outage?

Contractors and their teams could consider:

- **Subscribing to receive EPS Alerts** by email or text at [psnc.org.uk/alerts](https://psnc.org.uk/alerts);
- **Discussing the template action plan** (page 3 of this briefing) with local GP practice staff and the pharmacy team;
- **Preparing for local internet loss** - consider with your system supplier whether 3G/4G backup or secondary broadband options are possible or needed;
- **Undertaking training on how to use the Prescription Tracker** – the Prescription Tracker will still work when your PMR system is down. Save the URL as an internet favourite in your web browser - see [psnc.org.uk/tracker](https://psnc.org.uk/tracker);
- **Undertaking training about the service status webpage** which is used by NHS Digital to indicate whether certain Spine services and systems are functioning (see [psnc.org.uk/checker](https://psnc.org.uk/checker)); and
- **Undertaking regular outage training/briefings** where all staff are briefed on what to do in the event of an outage.



### Local coordination and actions in the event of an EPS outage

In the event of an outage, the GP Practice manager and the Pharmacy manager (or nominated deputy / EPS champion) may consider coordinating communications and actions to respond to the disruption in the EPS service. This may include:



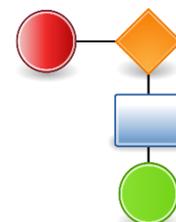
- **Reporting any problems** to the system supplier and obtaining a reference in case there is a need for escalation of the incident in due course;
- **Informing local GP practices / pharmacies** of any issues affecting EPS processing;
- **Informing the local NHS England team (for pharmacies) or Clinical Commissioning Group (CCG) (for GP practices)** of any issues affecting EPS processing;
- **GP practice staff providing patient information** regarding the need to allow extra time for the pharmacy to dispense non-urgent prescriptions. They may also consider using an agreed business continuity plan, e.g. if it is agreed that temporary use of EPS tokens or printing FP10s will be possible;
- **Looking out for updates** from NHS Digital, system suppliers and Pharmacy/GP Practice managers and distributing information to staff and patients for information and action; and
- **Authorising any business continuity actions** as per the organisation's own Business Continuity Plan.

For any problems expected to last up to 24 hours, pharmacy teams and GP practice teams may consider working together to coordinate action locally based on the nature of disruption to EPS and individual patients' needs.

For any problems expected to last over 24 hours, bodies such as the CCG, LPC, Local Medical Committee (LMC), and local NHS England team may consider meeting to agree advice for pharmacy teams, general practice teams and patients, and the coordination of communications to minimise the adverse impact on all parties.

### Consider appropriate options or use of the table (below)

Depending on the nature and anticipated length of disruption to EPS and individual patient circumstances, consider implementing the actions in the table\* below. These actions, where agreed, may be considered in the order they appear in the table, i.e. working your way down the table if the EPS disruption persists and short / medium term options are no longer appropriate.



### Further information

- Detailed pharmacy business continuity plan template: [psnc.org.uk/bcp](https://psnc.org.uk/bcp)
- NHS Digital EPS Programme: [systems.digital.nhs.uk/eps](https://systems.digital.nhs.uk/eps)

Read more about EPS pharmacy / GP joint working at: [PSNC Briefing 076.16 EPS pharmacy and GP checklist - working together](#). You can find out more about EPS at [psnc.org.uk/eps](https://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](#).

\*The wording in the table below is based on a template developed/endorsed in 2016 by East Sussex LPC, Surrey and Sussex LMCs, Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, High Weald Lewes Havens CCG.

## How general practices and pharmacies can work together on EPS business continuity

Actions to consider	Possible impact on patient		Possible impact on GP practice		Possible impact on pharmacy		When might this option be appropriate? <sup>1</sup>
	Advantages	Challenges	Advantages	Challenges	Advantages	Challenges	
<b>1. Delaying collection of Rx: asking the patient to return.</b>	Patient could be consulted to ensure this is acceptable in the short-term.	Risk of inconvenience. It is expected this approach should not delay urgently needed access to medicines.	No additional work expected.	Risk of patient complaints about EPS.	May be less disruptive to work flow.	Risk of patient complaints about EPS.	<b>Short - Medium term</b> solution depending on patients' clinical needs and their ability to return to the pharmacy.
<b>2. Delivering medicines to patients when Rxs become available.</b>	Patient does not need to return to the pharmacy.	Inconvenience - patient may not be at home when a delivery is attempted.	No additional work expected.	Risk of patient complaints about EPS.	May help maintain patient loyalty.	Risk of patient complaints about EPS.  Extra cost and administration.	<b>Medium - Long term</b> solution depending on patient clinical need and their ability to return to the pharmacy.
<b>3. Emergency supply at the request of the prescriber, alongside the issuing of an EPS token.</b>	Patient gets a supply of medicines with minimal further delay.	If a patient is prescribed a Controlled Drug in Schedules 1, 2 or 3 (except phenobarbitone or phenobarbitone sodium for epilepsy) this cannot be supplied as an emergency supply at the request of a prescriber.	Patient gets medicines. Printing EPS tokens can be done in bulk by practice support team. No clinical workload implications are expected.	Admin work to identify Rx, re-print, sort and distribute EPS tokens. In event that a legal Rx cannot be supplied to the pharmacy within 72 hours of the emergency supply, the GP should issue a paper FP10 prescription.	Patient gets medicines in line with their Rx. Pharmacy knows there is a legal Rx in the system. Pharmacy has an EPS token to reconcile with EPS Rx when EPS is available.	Potential delay obtaining the EPS token from GP. Rx to be supplied by prescriber within 72 hours. If reconciliation with EPS Rx is not possible in this timescale, pharmacy will need to request a replacement paper FP10 Rx.	<b>Medium – Long term</b> where delayed collection / delivery is no longer appropriate.

<sup>1</sup> For EPS business continuity purposes, you may consider short term as 1-4 hours, medium term as 2-24 hours and long term over 24 hours.

Actions to consider (cont.)	Possible impact on patient (cont.)		Possible impact on GP practice (cont.)		Possible impact on pharmacy (cont.)		When might this option be appropriate? <sup>2</sup> (cont.)
	Advantages	Challenges	Advantages	Challenges	Advantages	Challenges	
<b>4. Emergency supply at the request of the patient without the issuing of an EPS token.</b>	Patient gets a supply of medicines with minimal further delay.	This is not an NHS service; therefore, the patient may be required to pay. Pharmacist may not be able to easily verify the patient's need for an emergency supply - checking the patient's Summary Care Record may help with verification).	Patient gets medicines and no workload implication expected.	GP is not aware that the patient has been given medicines unless the pharmacy notifies them.	Patient gets the medicines required.	Additional workload related to making an emergency supply.	This may be <b>considered where there is no access to an EPS token</b> (e.g. when the GP practice is closed).
<b>5. FP10 paper Rx instead of an EPS Rx.</b>	Patients get prescribed medicines, albeit with some delay.	There could be delay while an FP10 paper prescription is issued and signed by the GP. Patients may be asked to return to their practice to collect the FP10 paper prescription. Risk that a patient will be issued medicines twice (when EPS becomes available) which creates a potential patient safety risk.	Patient gets medicines as prescribed.	Additional admin and clinical work as new paper FP10 prescription must be issued and signed and existing EPS prescription may need to be identified and cancelled. Depending on the EPS problem, it may <i>not</i> be possible to cancel EPS prescriptions from the Spine - these will need to be cancelled manually.	Pharmacy has a Rx. Dispensing can be completed.	There could be a delay in obtaining the FP10 paper prescription. Pharmacy will need to keep a record of the FP10 paper prescription replacement to ensure they don't process duplicate EPS prescriptions when the system becomes available.	Can be considered as an alternative to issuing an emergency supply at the request of the prescriber, alongside the issuing of an EPS token.

<sup>2</sup> For EPS business continuity purposes, you may consider short term as 1-4 hours, medium term as 2-24 hours and long term over 24 hours.