

Hospital ePACT.net and how technicians can be involved

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Hospital ePACT.net provides information on the prescribing and dispensing of drugs on hospital outpatient (FP10NC) forms. This article reports on the system and how one pharmacy technician set up access to it in his trust



Mr Galea working on reports in Hospital ePACT.net

Hospital ePACT.net is now being used by trusts to access prescribing analysis and cost (PACT) data electronically for outpatient prescriptions dispensed by community pharmacies. To access the data, held on the Prescription Pricing Authority (PPA) NHS prescribing database, each hospital trust has to first set up its own unique log-in code. According to the PPA, over 200 hospital trusts have already set up access.

At Springfield Hospital, which is part of South West London and St George's Mental Health NHS Trust, senior pharmacy technician Simon Galea has been involved in implementing access to Hospital ePACT.net and is using the system. Access to the system has enabled prescribing data to be tracked for the trust's more than 50 team bases in the community. This article explains what Hospital ePACT.net is and describes the work that Mr Galea has done to implement access to its data within the trust. It also addresses the benefits and problems that have been encountered.

Background

Hospital ePACT.net is an enhanced version of ePACT.net, which is used in primary care. It provides prescribing data electronically to hospital trusts. It was initiated as a pilot in 2002 and the system went live for all hospitals to use from April last year — the point at which “orange” FP10(HP)s were withdrawn from circulation and replaced with pre-

printed FP10NC prescription forms. Once access to Hospital ePACT.net is set up, the system allows hospitals to receive prescribing information approximately five weeks after the end of each dispensing month rather than the original 16 weeks it took to produce paper-based reports.¹ The system provides both financial performance management and drug use reports as well as prescribing and dispensing information at specialty level within a trust. It also allows users to create their own graphs and reports from a range of data and provides a set of pre-defined graphs and reports.

Hospital ePACT.net holds three years worth of prescribing and dispensing information. The information that can be obtained from Hospital ePACT.net is presented in Panel 1.

Set up at Springfield hospital

In January last year, Mr Galea was asked by the chief pharmacist at Springfield Hospital to set up access to Hospital ePACT.net for the trust. This involved developing codes for each of the trust's team bases within the community. Each team base had to be allocated a unique five digit code that was then checked and approved by the PPA. Mr Galea embarked on the task ahead of him by familiarising himself with the PPA's information pack on implementing ePACT in a hospital setting (see Panel 2, p156). Having worked his way through the pack, he came up with a code for each team base and sent these to the PPA for approval. “Unfortunately, on my first attempt, I had made errors regarding some of the codes,” Mr Galea said. He

explained that the PPA specifies in its pack that there are six letters — B, I, O, S, U and Z — that cannot be used. He had used these letters in some of the codes. “I never saw the letters that had to be omitted at the time, so be careful about that one,” he said. To overcome the restriction for the codes, he decided to use a combination of letters relevant to the team base concerned and figures. Having rewritten some of the codes, Mr Galea submitted them again to the PPA.

Panel 1: Functions of Hospital ePACT.net

- Data available include: net ingredient cost, actual cost, quantity, dispenser details, dispensing fees, on-cost discount and patient charges
- Data can be selected according to the following: reporting period (ie, month, quarter, year), prescribing organisation (eg, specialty, NHS trust) and British National Formulary (BNF) classification
- A “tagging” facility for specific requests is available and the selection of data can be grouped by specialty (eg, adult mental health and Accident & Emergency departments) or by specific BNF categories (eg, specialist drugs). BNF tags can be shared between users
- The system also includes a selection of average daily quantities and defined daily doses

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“Once I was given the all clear from the PPA that all the codes were okay, I just waited for the PPA to get back to me to say the system was live and that we could start to use it,” he said. Overall, “it probably took about two to three months to get all the codes sorted out,” Mr Galea commented.

In addition to setting up the five digit codes for each individual team base, the name of each team base had to be abbreviated to 25 characters, including spaces, for printing on the new pre-printed FP10NC prescriptions. This made it particularly difficult to make up names for team bases such as Kingston, Richmond, Twickenham and Hampton Community Drug Team. “Of course I shortened the name for this team base, but even so, all in all I had about 20 team bases like that, and the names of all of them needed to be shortened yet remain understandable.”

In the meantime, Mr Galea also had to create a database for the addresses of all the team bases. He explained that he saved the information on a master disc to allow for both easy access and to enable information to be altered if required. A copy of the disc was forwarded to the PPA. Each team base was then informed of the new way for obtaining prescribing data for outpatient prescriptions dispensed by community pharmacies and about the new prescription forms. As, at the time, FP10(HP)s were in the process of being replaced by FP10NCs, each team base was requested to return any FP10(HP) pads they were using to the pharmacy department at Springfield Hospital. Each team base was given a specific date by Mr Galea in which to do this.

— Benefits

Springfield Hospital has been using Hospital ePACT.net since around June last year. Having online access to PACT data has helped the pharmacy department “a great deal”, Mr Galea commented. He spoke of a number of benefits that he had noted from using the system. He mentioned that receiving prescribing information reports was much quicker now than previously was the case with paper-based reports. In addition, reports of outpatient PACT data can be printed-off monthly, which has helped with hospital trust prescribing analysis. It has also allowed FP10NC prescribing to be monitored and audited more efficiently than was the case with paper-based reports.

Another benefit in terms of monitoring drug use, he said, was that Hospital ePACT.net provides information on where prescriptions have been dispensed by naming individual community pharmacies. Previously, this information was not readily available. The electronic system also enables the dispensing of non-formulary as well as formulary medicines to be tracked back to a particular team base and, in exceptional

circumstances, traced back to the community pharmacy from which the item or items were dispensed.

In addition to these benefits, Mr Galea said that with the new pre-printed FP10NCs having an abbreviated name and address on them for the team base from which they are to be dispensed, workload has reduced for the pharmacy department. Previously, before FP10(HP)s could be sent out to individual team bases, they had to be stamped with the name and address of the particular team base. By having pre-printed prescriptions “there is no more stamping of outpatient prescriptions which used to take up time for both pharmacy technicians and assistants,” he said. Mr Galea added that not having to stamp the prescription forms has also reduced the amount of time taken for prescription forms to be delivered from Springfield Hospital and arrive at an individual team base from two to three days to 24 hours. All in all, the new electronic system has also reduced the work load for the chief pharmacist at Springfield and enabled him to obtain prescribing information more easily.

— Problems

Having given a number of benefits of using the system to access prescribing data electronically, Mr Galea commented on one problem with the new system that he has encountered. He said that, although the new type of monthly report that is produced with the electronic system breaks down data for individual team bases, “when we do our monthly figures for FP10NC prescribing, the final cost figure still needs to be calculated.” This takes time to calculate and has to be done for each team base, he said. It is information that Mr Galea would like to see provided by the PPA as part of the new system in the future.

Mr Galea also commented on the course offered by the PPA that provides training on how to use the system and setting up access (see Panel 2). He said that he has not yet attended the course because it is held in Newcastle which “works out to be costly as I live in London”. Although not attending the course has made learning how to use the system and setting up access “a slow process” for him, Mr Galea has used other sources such as the PPA’s Hospital ePACT.net information pack to obtain the information he has needed. “It has helped me work my way around the new system and is a good training tool,” he said. He has also found the PPA’s website and helpdesk useful. He recommended that other people, like himself, who are involved in setting up and using the system, should get in contact with other hospitals that are also using the system and talk to them. He added that other pharmacy technicians involved in this type of work are welcome to get in contact with him.

— Future

Looking to the future Mr Galea said that at Springfield, staff in the pharmacy department are happy with the new Hospital ePACT.net system. “It is just a question of continuing with what we are already doing,” he said. For Mr Galea himself, being involved in setting up access to Hospital ePACT.net has helped him to progress in his career as a pharmacy technician. It has taken him away from his work in the dispensary and allowed him to get involved in tasks other than dispensing. He commented that getting involved in setting up access to hospital ePACT data has enabled him to take on a role that is usually given to a pharmacist to do. “Ten years ago this may not have been considered a technician’s job,” he said. However, now there are more jobs that technicians can do and that in turn frees up pharmacists’ time to take on other roles. Involving pharmacy technicians in this type of work “can only be a good thing for the future of pharmacy,” he said.

Other future roles for Mr Galea as a technician at Springfield Hospital include setting up a pharmacy website, undertaking the task of organising ward stock top-up days and ward stock level monitoring as well as preparing pharmacy assistants for the NVQ level 2. He also hopes to continue training to become a accredited checking technician and would like to get involved in the area of electronic prescribing.

Panel 2: Useful resources

- Further information on ePACT can be found on the PPA website at www.ppa.org.uk or by contacting the PPA helpdesk (telephone 0191 2035050 or e-mail help@ppa.nhs.uk)
- A Hospital ePACT.net information pack about implementing ePACT in a hospital setting is available from the PPA helpdesk
- There is also a Hospital ePACT.net training course to help introduce hospital trust staff to the ePACT.net system. Information on the training course can be obtained from the PPA helpdesk (telephone number as above or e-mail training@ppa.nhs.uk).
- PPA Hospital ePACT.net questions and answers — available at www.ppa.org.uk/ppa/hospital_epact.htm

— References

1. Prescription Pricing Authority. Department of Health Hospital ePACT.net letter. Available at www.ppa.org.uk/ppa/dh_hospital_epact_letter.pdf (accessed 31 January 2005).