

# EPS PUT SIMPLY

***You may have noticed that prescriptions are gradually going electronic. For those of you who are not terribly clued up about the process, Namarit Rai explains the electronic prescription service in simply***

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About 1.5 million prescriptions are issued every working day across England, with this figure set to rise by over 5 per cent each year. In order to cope with such a large volume of prescriptions, the NHS has introduced the Electronic Prescription Service (EPS). The EPS allows prescribers in primary care to generate and transmit electronic prescriptions to the EPS, from where they can be downloaded by pharmacists in a pharmacies with EPS-compatible computers.

The EPS is being introduced in two phases, release 1 and release 2. Release 1 went live in February 2005 and is still being implemented. Release 1 introduced N3, a national NHS network, which a pharmacist must be registered with in order to obtain a smartcard and PIN to gain access to the EPS. During release 1, patients still receive a paper prescription from their GP. However, a barcode is included on the prescription that identifies the prescription but does not compromise confidentiality since there is no personal information on it. An electronic copy of the prescription is sent to the EPS and when the paper copy is given to a pharmacy, scanning the barcode transfers the electronic copy of the prescription onto the dispensary computer system. A great advantage of this is that dispensary staff do not have to retype the prescription information because it has already been downloaded onto the system. The prescription is then processed as usual and a message is then sent back to the EPS to confirm what has been dispensed for that

particular patient. The paper copy of the prescription is then processed and posted to the reimbursement authority in the usual way. If the patient takes the prescription to a pharmacy that has not yet implemented release 1, the prescription will simply be processed as a regular FP10 prescription.

## **Release 2**

Release 2 will enable a gradual transition away from paper prescriptions to a point where electronic prescriptions will be the norm. Release 2 will also introduce a number of key features, including the option for patients to nominate a pharmacy to which their electronic prescriptions can be sent. Electronic prescriptions sent to a nominated pharmacy will be valid with an electronic signature. Where nomination has not taken place, a hand-signed FP10 will be required. During release 2, electronic cancellation of prescriptions can also take place; the prescriber will be able to cancel a prescription at any point up until it is dispensed.

The introduction of release 2 will also allow for electronic repeat dispensing. A patient will be able to take a prescription token to any pharmacy equipped for release 2 to obtain the first and subsequent issues of their medicine. If a patient chooses to change the nominated pharmacy part way through a repeat dispensing cycle, all repeatable issues that remain will be able to transferred to a new nominated pharmacy.

A major change for dispensary staff during release 2 is the submission of electronic reimbursement endorsements to the reimbursement agency. Dispensers will be able to submit reimbursement endorsements in order to support claims for payment for items supplied. Prescriptions and tokens that have been signed by patients for payment exemption purposes will still need to be posted to the reimbursement authority.

The EPS will allow for a huge reduction in the amount of paper prescriptions, although Controlled Drug prescriptions will not be included in the service. The EPS provides great patient benefit by reducing waiting times at pharmacies, allowing the freedom to nominate a pharmacy and by reducing the number of GP visits for repeat prescriptions. Pharmacists and dispensary staff will be able to prepare medicines in advance, which will improve workflow, and will not have to collect repeat prescriptions as is the current practice in most pharmacies with prescription collection schemes.

A major improvement will be the reduction in the time spent and in the volume of paper currently processed at end-of-month reimbursement prescription processing. By reducing time spent on administrative tasks like entering paper prescriptions, EPS will enable pharmacists to spend more time counselling patients and embracing their new role as public health advisers. ■