

**Gateway number 10877**

## **SUPPLEMENTARY GUIDANCE ON THE PRIMARY MEDICAL SERVICES (ELECTRONIC PRESCRIPTION SERVICE AUTHORISATION) DIRECTIONS 2008**

### **Purpose**

1. This note has been prepared as guidance for all PCTs in relation to the implementation of the Primary Medical Services (Electronic Prescription Service Authorisation) Directions 2008.

### **Background**

2. The Electronic Prescription Service (EPS) is being introduced using two releases of software, known as Release 1 and Release 2.
3. Implementation of Release 1 is almost complete and introduces the technical infrastructure required to enable prescribers and dispensers to interact with the central EPS service. Release 1 brings minimal changes for patients and staff – the only noticeable difference being the addition of a barcode when prescriptions are printed.
4. Release 2 provides enhanced functionality for users and will deliver tangible benefits for patients, prescribers and dispensers. Release 2 allows:
  - Nomination of a dispenser - a new process that gives patients the option to choose, or 'nominate', a dispenser to which their prescriptions can be sent electronically, via the EPS.
  - Electronic cancellation of prescriptions - prescribers (and other authorised staff working in the GP practice where the prescription was generated) will be able to cancel electronic prescriptions at any point up until they are dispensed.
  - Electronic repeat dispensing - prescribers can electronically sign, and therefore authorise, a specific number of issues, alleviating the need for patients to go back to their GP each time to collect another prescription.
  - Submission of electronic reimbursement endorsement - dispensers will be able to submit endorsement messages for electronic prescriptions (that have been dispensed against) electronically.

More detail on each of the business processes for Release 2 can be found at [www.cfh.nhs.uk/eps](http://www.cfh.nhs.uk/eps).

5. PCTs will wish to ensure that they have involved local stakeholders as appropriate, in particular in support for the service (for example, in relation to business processes) to maximise the realisation of benefits, and in the timing and phasing of deployment of Release 2 across their area.

### **Authorisation to use the ETP service**

6. Prescribers can only use the business processes permitted through Release 2, if the contractor or the PCTMS practice through which such prescribing is provided holds a contract with a PCT (or, in the case of a practice, is established by a PCT) which is specified in Directions issued by the Secretary of State.
7. This requirement is set out in the case of General Medical Services Contracts (“GMS contracts”), in paragraphs 39A of Schedule 6 to the National Health Service (General Medical Services) Regulations 2004 (“the GMS Regulations”) – S.I. 2004 No. 291; and, in the case of Personal Medical Services Agreements (“PMS agreements”), in paragraphs 38A of Schedule 5 to the National Health Service (Personal Medical Services Agreements) Regulations 2004 (“the PMS Regulations”)- S.I. 2004 No.627.
8. Similar requirements are imposed in the case of Alternative Provider Medical Services Contracts (“APMS contracts”) and Primary Care Trust Medical Services Arrangements (“PCTMS arrangements”) by virtue of direction 5 of the Alternative Provider Medical Services Directions 2008 (the APMS Directions) and direction 12 of the Primary Care Trust Medical Services Directions 2008 (the PCTMS Directions).
9. The Primary Medical Services (Electronic Prescription Service Authorisation) Directions 2008, enable 17 initial implementer PCTs to authorise the use of the ETP service (electronic transmission of prescriptions service, ie the EPS) by
  - (a) any primary medical services contractor with whom it is entering or has entered into a primary medical services contract; or
  - (b) any practice established by the PCT.
10. There is no comparable requirement for specification of PCTs prior to the use of EPS by dispensers. Therefore an electronic prescription issued in one of the listed initial implementer PCTs may be dispensed by a dispenser in any PCT, even if the PCT is not an initial implementer. PCTs that are not initial implementers will wish to ensure that their Registration Authorities are in a position to issue appropriate smartcards for pharmacy staff wishing to access Release 2 and that they are in a position to

distribute EPS dispensing tokens to their contractors if needed. Further information on these can found at [www.cfh.nhs.uk](http://www.cfh.nhs.uk).

11. In time, more PCTs will be specified in Directions. As the initial implementation stage develops, a process for identifying PCTs to be so specified will be formally established.

### **Nomination of Dispensers**

12. The Directions require that the PCTs listed in the Schedule to the Directions shall monitor and consider any information available to them concerning the identities of the nominated dispensers recorded in the NHS Care Record of patients, and where they identify any unusual or unexpected distribution of nominations, consider whether further investigation or action is appropriate.

#### *Information available to PCTs*

13. PCTs may have information available to them either through their own internal monitoring or through externally-sources routes. PCTs may wish to consider and make use of the following sources of information:
  - Nomination reports, which will provide both summary and detailed information about nominations made; access to which will be held within the Secondary Uses Service (SUS), which PCTs will access via the NHS portal with a smartcard. More information on this will be available at [www.cfh.nhs.uk/eps](http://www.cfh.nhs.uk/eps) in due course.
  - Concerns raised by or complaints made by patients, dispensers or prescribers.

#### *Unusual or unexpected distribution of nominations*

14. PCTs are reminded that all four of the routes by which primary medical services may be provided (GMS, PMS, APMS and PCTMS) have provisions relating to the nomination of dispensers in a patient's record for the purpose of electronic prescriptions. These provisions are to be found at:
  - paragraph 39B of Schedule 6 to the GMS Regulations
  - paragraph 38B of Schedule 5 to the PMS Regulations
  - direction 5 of the APMS directions; and
  - direction 12 of the PCTMS directions.

These provisions all include the following requirement:

“A contractor –

- (a) shall not seek to persuade a patient to nominate a dispenser recommended by the prescriber or contractor; and
- (b) shall, if asked by the patient to recommend a chemist whom he might nominate as his dispenser, provide the patient with the list of all the

chemists in the area who provide an ETP service as given to the contractor by the Primary Care Trust”.

15. In view of this clear obligation, PCTs will no doubt wish to give particular consideration, in their monitoring, to the question of whether there is any unusual or unexpected distribution of nominations which might suggest that contractors are not complying with this requirement.

*Whether further investigation or action is appropriate*

16. Where a PCT considers that it has identified some unusual or unexpected distribution of nominations, which may suggest a failure to comply with this contractual obligation, the directions require it to consider whether any further investigation or action is appropriate. Such action may, of course, include action for breach of contract if the PCT considers that appropriate. PCTs are reminded of the various options available (in accordance with Part 8 of Schedule 6 to the GMS Regulations and Part 8 of Schedule 5 to the PMS Regulations) where they consider there has been breach of the terms of the contract.