

To: SHA Chief Information Officers  
cc: SHA EPS Leads  
PCT Chief Executives (via 'The Week')  
PCT EPS Leads  
Date: 2 March 2011  
Gateway reference number: 15671

Dear Colleagues,

**SHA recommendations for PCTs to be listed in the Electronic Prescription Service (EPS) Authorisation Directions 2008 as amended.**

**Purpose**

This letter provides an update on the above process.

**Background**

We last wrote to you on this matter on 2 December 2009 (Gateway reference 12965) and further, the timetable for SHA recommendations to be submitted to DH for consideration was amended last November 2010 (Gateway reference 15076). Further details can be found at:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_109440](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_109440).

**Update**

As you will be aware 32 PCTs were announced early this month to be added to the Directions in May 2011. This will bring the number of PCTs able to authorise their Prescribers to use EPS from 51 up to 83.

It is important that the deployment of EPS is managed to avoid a situation whereby, firstly, patients are not able to access their medicines, and secondly, the pharmacy market is distorted. The EPS Authorisation Directions are in place to act as a rate limiting factor for the deployment of EPS Release 2 by prescribers. Having geographical areas that can or cannot send electronic prescriptions means that dispensing system suppliers have the opportunity to prioritise their roll-out to customers who have commercial demand for the service.

Unfortunately, information currently available with regard to system supplier deployment, shows that system availability is currently acting as a rate limiting step rather than PCTs listed in the Directions. With the agreement of our Ministers, we therefore do not consider it prudent to proceed with the process to add any further PCTs (in addition to the 83) to the Directions at this stage.

We are considering options available to ensure the EPS continues to be deployed and dates for the future process will be published as soon as appropriate, in light of system supplier availability and deployment rate.

We recognise that a number of SHAs will have submitted PCT recommendations to DH for the 1 March deadline – the receipt of these applications will be acknowledged and kept on file by DH, but these submissions will not be assessed until the next appropriate time, once revised dates for forthcoming tranches are published.

Despite this, work will need to continue. It is important the listed PCTs lead the way to establish the service successfully in their localities and realise the benefits. PCTs who are not listed in the Directions will also need to consider what action to take as dispensing contractors can deploy EPS any time they wish, and are likely to be interested in doing so especially if their or their neighbouring PCT(s) are listed in the Directions. In these instances, PCTs will need to ensure for example that dispensing contractors have smartcards and dispensing tokens and that business continuity arrangements are in place. These PCTs will also want to consider how they will learn from the first PCTs deploying EPS and how deployment will be co-ordinated and resourced locally when the timetable is reinstated.

### **Additional Support**

If you have any queries on this process or wish to discuss in more detail please contact your CFH Interface Manager in the first instance.

Yours sincerely,

Susan Grieve  
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Department of Health

Tim Donohoe  
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Operations,  
NHS Connecting for Health