Video transcript

**EPS and eRD: support and guidance for prescribers**

Welcome to our Let’s Talk EPS presentation.

So today we are looking at developing the best way forward for practices and pharmacies to maximise EPS.

My name is Emma Fazackerley and I'm a prescription service team manager. I've got Linda Taylor with me today who is our pharmaceutical technical analyst and she will be presenting the prescribing information section.

So, our objectives:

As I said before, we are developing the best way forward for practices and pharmacists to maximise EPS.

We’re looking at developing and agreeing a way forward which improves patient experience with EPS and eRD.

We’re looking at discussing the challenges that are related to EPS and eRD for practices, patients and pharmacists.

And we want to discuss the benefits of EPS and eRD and how we can help maximise usage.

The benefits of EPS and eRD:

Improved data is captured through EPS, enabling and reporting to inform medicines optimisation initiatives.

The increase of EPS means an 88% reduction in storage space needed for paper prescriptions if EPS usage reached its maximum level. If EPS was at its full potential, up to 12.9 million paper prescriptions could be saved nationally each month – this is equivalent to a seven foot tall pile of prescriptions.

Through reduced sorting and scanning, the NHSBSA can save millions to reinvest in primary care. The time saved in practice means there's more appointments available for patients.

Patients don't need to visit their GP practice to collect repeat prescriptions – they can go straight to the pharmacy.

Patients benefit from a reliable, secure and confidential service. Electronic prescriptions can't get lost between practice and pharmacy, so it's a safer method to get your repeat prescriptions and your prescriptions.

Benefits for dispensers:

EPS means that you've got automated downloads, making prescription processing more efficient. Less time spent on administration and collecting prescriptions means more time helping your customers. Improved stock and greater accuracy. And a prescription collection service is no longer required between your pharmacy and practices.

So you have improved patient satisfaction through a reduction in waiting times, increased accuracy meaning fewer prescription inquiries and less sorting of paper to send into the NHSBSA prescription services.

I'm going to pass you over to Linda, who's going to talk you through the prescribing support model.

Hello I'm Linda and I'm going to tell you about your EPS and eRD journey.

We collaborate with NHS Digital, CCGs and LPCs to maximise EPS and eRD through continuous support and improvement and by informing and educating patients.

We work on an individual basis with practices and pharmacies and maintain a close working relationship with them. We offer a range of resources to help your organisation at each stage of the journey towards getting the most out of EPS.

We have developed both an EPS prescribing and a dispensing dashboard that are available on our website. There's a lot of information that you can find out on there.

Increasing EPA use by patient engagement:

Many patients that are not currently using EPS may not be convinced by the benefits to themselves. So the NHSBSA has developed content specifically to engage these patients, looking more at the impact to the wider NHS. The content is available for use. We have a slide show that you can show in the practice. We also have waiting room messaging content and this can also be used as text messages as well.

And there are lots of other resources available to engage pharmacy and identify suitable patients for EPS on our website. We'll have a look at some of those shortly.

We've got a top tip: search for patients on repeat and send them this content via a text message to inform them of the EPS service.

EPS still relies on patient choice through nomination and patients must be fully informed about EPS before the nomination can be set onto the system. Nomination consent doesn't have to be in writing but you do have to have an auditable process.

We've got some top tips:

* set monthly nomination targets
* incorporate a section on recording patient consent for EPS nominations in your new patient registration processes
* set up alerts to remind GPs to speak to not nominated patients during their consultations
* encourage local pharmacy to nominate prescription collection service patients
* promote EPS and acquire nomination information on recall letters
* promote EPS to all patients using the online access

Some of the feedback that we've had from patient groups is that some patients think they're already on EPS when they're just signed up to the online access and they're not sure of the difference. So it's worth explaining the difference to them, then they've got the choice.

I've got some other useful tips to help increase EPS use:

* make sure that you've got correct and consistent smart card use. Because if the smart card isn’t up to date and it's not available it can result in it going to paper
* ensure that there are no PDS mismatches. So if somebody moves address make sure that you update it on the system
* staff training for both existing and new staff
* regularly monitoring stats
* use searches regularly to identify suitable patients
* use the EPS tracker
* and use EPS for appliances with your patients’ consent

Identifying challenges and addressing these:

Communication is key, which is why we've been really keen to hold these EPS events to hopefully get practice speaking to pharmacy and get the patient groups involved as well.

Arrange workshops with your local pharmacy so you can work together.

Educate and inform your patients and work with the PPGs.

We’ve got information that you could include in your newsletters.

On our website we have a short video introduction to eRD and how it works.

Introducing eRD - electronic Repeat Dispensing - getting started:

Ensure everybody in the practice is aware of electronic Repeat Dispensing and how it works. Run an eRD workshop. Create and update your surgery’s eRD strategy. And include your admin team and your clinical team because they might be doing a lot of the repeat prescriptions. Review current eRD performance and set a target.

On our website we've got prescribing dashboards and if you type in your practice code it will give you the latest figures for your EPS and your eRD. So you can look at what your percentage is now, you can look at the local CCG percentage and at the regional and national averages as well to see how you compare with everybody else.

Invite local pharmacies and encourage collaboration.

Nominate champions for the practice and the pharmacy.

Start slowly, identifying and engaging with Patients. And there's various ways you can do it – at medication reviews, just by opportunity, and by advertising throughout the surgery.

To support GP practices we can provide NHS numbers for patients who are potentially suitable for eRD. The data shows stable patients who have had no change in their medication in at least 10 of the last 12 months. Information governance protocols need to be observed to receive the data so it needs to be someone that is clinically responsible at the practice who requests the data. To request the information if you visit the website, on the eRD section you can complete the form on there. Practices receiving the data in 2017/18 increased their eRD by over 3% more than similar practices who didn't receive the data. That equates to a minimum of five hours GP time saved each month.

This is just one of the NHSBSA patient fliers that you can print from the website. GP practices, dentists, opticians and pharmacies can order through the link that's there on the website. We also have a different link for Trusts, CCGs and local authorities. Also we've got things that we can include in PPG newsletters and there are patient presentations that you can run in the surgery.

Checking your EPS and eRD usage on a regular basis will help ensure you maximise the potential to increase your usage.

Share best practice. If there are other practices around you that are doing well you can ask them to show you what they're doing that works.

Use available handbooks guides and support, which we also have available on our website.

And inform and educate patients to differentiate between other digital services and EPS. Some of the feedback that we've had from patient groups is that patients think they are already on EPS when they're just signed up to online access. So we need to make sure that they know the difference. And make sure patients don't continue to order their regular medication once they're on eRD.

The website is nhsbsa.nhs.uk and our email address is [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net)

Thank you.

**Any questions?**

We're having some issues with regards to EPS. What we do to report that? So we're having issues with downloading things on the system.

If you just report it to your system supplier, then we'll be able to help with any EPS or download issues.

If there is a problem with any of your connections if you look on the NHS Digital website they do have a live service status where you can check if there are any problems with the spine. Then if everything's ok on there, you know that it's an issue with your particular system supplier.

As a GP, how would I cancel a prescription?

The first port of call would be to look on the EPS tracker. It will tell you whether the prescription is still on the spine, or whether it’s been downloaded and it's in the pharmacy, and whether it's actually been dispensed to the patient.

If it’s still on the spine you can just cancel it.

If it's with the pharmacy it will tell you the contact details of the pharmacy so you can give them a ring and ask them to return it to the spine.

If it's actually been dispensed to the patient you would have to contact the patient and ask them if they would give you a ring or come in to surgery to review the medication.

What happens if a patient comes to collect a prescription, but we don't have the medication in stock?

If your patient goes to a pharmacy and the pharmacist has already downloaded and actively started dispensing the prescription and they don't have the medication in stock, they have to not dispense it on the system. The patient will have to go back to the GP for the token to be downloaded.

If the pharmacist hasn’t actively started dispensing the prescription, they can return it back to the spine and the patient can go to another pharmacy that they choose.

Have you got an update on Phase 4?

Phase 4 is currently being trialled and there is a national rollout planned for September 2019. For more up-to-date information you just need to visit the NHS Digital website.