

Electronic Prescription Service Implementation Strategy

Introduction

The implementation of the electronic prescription service presents an enormous logistical challenge. In order for the service to operate, primary care prescribing and dispensing IT systems in England will need to be upgraded and connected to the service. Users will need to be registered to operate the service, issued with smartcards to give them access and be trained to enable them to utilise the service to its full potential. Patients will need to be aware of the changes and the additional benefits offered by the new service.

Implementation objectives

The prime objective of the implementation is to ensure that the service is fully operational across England by the end of 2007. During the implementation of the service, maintaining patient safety and choice will be of paramount importance. In order to achieve this, a phased approach to implementation will be adopted and this is described below.

Implementation approach

In general terms, the implementation of the electronic prescription service will be managed locally, with support from the national team within NHS Connecting for Health. Roles and responsibilities within clusters, Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs) and NHS Connecting for Health are currently being determined.

Implementation phases

It is anticipated that the implementation of ETP will consist of two releases of software implemented in four main phases. These are summarised in the table below.

Software	Phase
ETP release 1	1 – Initial implementers
	2 – Nationwide deployment
ETP release 2	3 – Transition
	4 – Full ETP

Each phase and software release is described in more detail below.

Software functionality

The functionality of the EPS will increase from release 1 to release 2. The release 1 functionality is a subset of that for release 2. The differences are summarised in the table below.

Function	Release 1	Release 2
Electronic transmission of prescription data between prescriber and dispenser	Yes	Yes
Barcode printed on paper	Yes	Yes
Printing of token ¹	No (paper prescription is still required)	Yes (in certain circumstances)
Repeat dispensing	No	Yes
Release/return of prescription message	Yes	Yes
Cancellation of prescription	No	Yes
Digital signing of prescription messages	No	Yes
Patient nomination of preferred pharmacy	No	Yes
Electronic reimbursement claim	No	Yes

¹ The “prescription token” is a physical artefact which links the patient with a unique prescription within the prescription database. During Phases 1 and 2 of the implementation form FP10, signed by the prescriber and containing a barcode acts as both a legally valid prescription and a prescription token. Over time, tokens will only be needed in specific circumstances. In these cases, the token is likely to be similar to the existing FP10 but will not be signed by the prescriber.

Connecting for Health

Other areas of functionality such as the updating of the NHS Care Record, protocol supply and patient group direction are the subject of further detailed work and more information about these areas will be made available in due course.

Phase 1 – Initial implementers

The first phase of the implementation commenced in February 2005 and was designed to prove the technical stability and safety of the system and to look at local prescribing and dispensing processes in light of the introduction of the new service. This will ensure that the workflow benefits of the service are maximised and any potential adverse impacts minimised.

Prescribing and dispensing system suppliers have been developing their systems to meet the requirements of the electronic prescriptions service. Following a period of compliance testing and a clinical safety review, each supplier will undertake at least one initial live implementation of their system. The initial implementations will generally take place at paired GP and pharmacy sites (i.e. where there is a reasonable existing flow of prescriptions from a GP practice to a local pharmacy).

GP and pharmacy user groups are reviewing the operation of the initial implementer sites and providing advice and guidance to inform future system development and implementation.

Phase 2 – Nationwide deployment

The second phase of the implementation aims to build the capacity of the system by maximising the number of locations connected and operating the service. During this phase, suppliers whose systems are compliant, have satisfied clinical safety requirements and who have done at least one initial implementation will deploy the system to their users. As part of this, GPs/prescribers and pharmacists will be registered for access to the system and issued with smartcards. Appropriate network connectivity utilising the N3 infrastructure as necessary will need to be in place.

During phases 1 and 2 the software will contain essential functionality but will not enable digital signing of electronic prescription messages, patient nomination of preferred pharmacy or electronic reimbursement. In this phase therefore, the electronic prescription messages will operate in parallel with the existing FP10 prescription form. For prescribers, there will be virtually no change to existing processes in this phase. When an FP10 is printed using an upgraded prescribing system, the FP10 will contain a barcode which contains a unique ID number for that prescription. Pharmacists whose systems have been upgraded will be able to scan the barcode to retrieve the prescription details from the service, eliminating the need to re-enter the data.

During Phase 2, deployment to individual sites does not need to be coordinated such that local prescribing and dispensing sites become operational at the same time. This is because, from the patient's point of view, a prescription generated by an enabled prescribing system can be

Connecting for Health

taken to any pharmacy, irrespective of whether that pharmacy is operating the service. From the user's point of view, the training requirements in this phase have been minimised.

Dispensing appliance contractors whose systems are compliant will also be able to connect to the service and receive electronic prescription messages in parallel with existing paper prescriptions during this period.

Phase 3 – Transition

The main aim of this phase is make the transition away from a parallel paper and electronic service to one where the electronic prescription predominates. In doing this, the benefits of the service will begin to be realised. During the implementation of the first two phases, system suppliers will develop the additional functionality needed for Release 2 of the software to achieve this. This will include digital signing of electronic prescription messages, patient nomination of a preferred pharmacy and electronic reimbursement claims. Therefore, during Phase 3, supplier deployment activity will focus on upgrading systems to the new level of functionality. It is probable that Phase 3 will be further broken down to include (for example) initial implementations of release 2 compliant systems (as was done for release 1).

This will enable prescriptions to be digitally signed and for patients to nominate a preferred pharmacy (but only if they wish to do so). Paper prescriptions will still be required in certain situations. This phase will require additional user training and patient information. The detailed approach to implementation for this phase will be developed in conjunction with key stakeholders such as cluster, SHA, PCT, GP, pharmacist and patient representatives. More information will therefore be made available in due course.

It should be noted that the legislation needed to enable the use of digitally signed electronic prescriptions is already in place. However a direction from the Secretary of State for Health will be necessary before electronic prescriptions can be issued within the NHS and within a particular PCT.

During this phase, it is anticipated that the Prescription Pricing Authority (PPA) will also commence reimbursement against electronic claims, in addition to paper ones.

Phase 4 – Full ETP

Once a majority of users are able to operate the transitional service, the need to use paper prescriptions will considerably reduce and the default position will become the issue of a digitally signed electronic prescription. This will be the legally valid prescription and in such cases a paper prescription, hand signed by the prescriber, will not be issued (unless there are specific reasons to issue a paper prescription rather than an electronic one). This will complete the implementation of the service.

Why this approach?

There are several reasons for taking a gradual and phased approach to implementation not least the logistical challenges posed by an implementation of this size. The need to coordinate deployment at local level with other national initiatives (such as Choose and Book and GP to GP record transfer) is also recognised. This will enable the impact on users to be minimised.

There is also the need to maintain patient choice and access to medication. Problems would arise if a patient was issued with an electronic prescription but none of the local pharmacies could dispense it (because they were not yet connected to the service).

Therefore, during Phases 1 and 2, the electronic service will operate in parallel with the paper one. A patient will be able to take their paper prescription to any pharmacy, irrespective of whether or not that pharmacy is operating the service (and only the paper prescription can be dispensed from). This level of patient choice will be maintained once electronic prescriptions become the norm.

This approach will also enable users to become familiar with the operation of key aspects of the service whilst not being fully dependent upon it.

Stakeholder engagement

The implementation approach has been developed through consultation with key stakeholders and their input will continue to be valuable as the implementation advances. These include the EPS GP and Pharmacist user groups and the EPS Implementation Reference Group (consisting of SHA and PCT representatives).

In particular, it is intended to utilise the SHA and PCT engagement mechanisms that were put in place during the pharmacy contract negotiations to help develop the next level of detail around roles and responsibilities during implementation of the electronic prescription service.

Next steps

More specific guidance on next steps for GPs, pharmacy contractors, SHAs and PCTs will be issued shortly.