

Business Continuity Plan for the Electronic Prescription Service (EPS) R2

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EPS Release 2 Business Continuity Guidance for prescribers and dispensers

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1. Purpose

1.1 The purpose of this document is to provide prescribers and dispensers with clear guidance on how to maintain and continue utilising EPS Release 2 and to ensure continuity of the prescribing and dispensing process in the event of service failure or disruption

2. Scope

2.1 This business continuity guidance aims to build on the current policies that are in place for business continuity in prescribing GP practices and dispensing pharmacies operating within Portsmouth. It will focus on what dispensers and prescribers should do if they are unable to use EPS Release 2 functionality to ensure that patients are able to access their prescription items.

2.2 This document does not replace existing prescriber and dispenser business continuity plans. Sites should already have in place arrangements with local help desks or system suppliers to address any issues with hardware and software particularly with regards to specifications, maintenance and replacement cycles for the following:

- Keyboards
- Monitors
- Scanners
- Printers
- Servers

3. Governance

3.1 Development of this guidance

This guidance is largely based on the example policy produced by Connecting for Health and has been adapted by the Improvement & Development Manager for NHS Portsmouth with input from key stakeholders. The policy needs to be reviewed and signed off by the NHS Portsmouth EPS Release 2 Project Board which includes members from LPC and LMC. This guidance has been developed in line with the EPS Release 2 Business Process Guidance which includes a section on troubleshooting.

3.2 Evaluation and review

This guidance will be reviewed and evaluated as part of the implementation process and any changes will need to be approved by the NHS Portsmouth EPS Project Board members.

3.3 Document control

This guidance is only valid on the day it was printed; the latest version will always be available on the NHS Portsmouth website and local Primary Care Information Portal (PIP).

3.4 Existing documentation

NHS Portsmouth recognises that there are other guidelines and templates that end users may already be using for Business Continuity in general. It is anticipated that the majority of pharmacies are already using business continuity plans. For those that may need assistance the Pharmaceutical Services Negotiating Committee (PSNC) has developed a template to help develop policies and procedures – see Appendix 1.

GP Practices have continuity plans under the terms of the current ‘paperlight accreditation’ and flu pandemic requirements with NHS Portsmouth and will also have separate disaster recovery plans from their system suppliers in most cases.

It is also a requirement under the CfH IG Toolkit that both pharmacy and GP contractors have continuity plans in place.

4. EPS Architecture Overview

4.1 Prescribing and dispensing systems have local functionality for the EPS and are required to interact with the National EPS system which is part of the National Care Record Service (NCRS) Spine. The communications infrastructure is via N3 (the national network for the NHS), either directly from the N3 Service Provider or via a 3rd party network provider who offers an N3 service.

4.2 There is a Spine availability map on the CfH website that can be used by sites where required in order to check the status of the spine. This information is available at: <http://nww.connectingforhealth.nhs.uk/servicemanagement/status/>

End Users can also subscribe to EPS Specific Service notifications by email or text on this site.

NB: The Spine Availability map is only available to prescribers and prescribing staff.

4.3 Within the NCRS Spine there are a number of national applications and supporting national services. Those relevant to the EPS are as follows:

- 4.3.1 The Electronic Prescription Service (EPS) is a national application that manages the electronic data flows and necessary business process logic for prescribing, dispensing and prescription reimbursement.
- 4.3.2 The Patient Demographic Service (PDS) is the national application for patient demographic information, including a patient's nominated dispenser details.
- 4.3.3 NHS Choices is the online 'front door' to the NHS. It is the country's biggest health website and gives all the information patients need to make choices about your health. The register of which dispensing organisations and sites are operating the EPS Release 2 is held within the NHS Choices services database. Systems that allow a patient's nominated dispenser details to be updated integrate with the NHS Choices service to identify which dispensing sites are operational with the EPS.
- 4.3.4 The NHS BSA Prescription Services is the reimbursement agency for all primary care prescribers and dispensers within England.

5. Points of EPS failure

5.1 All contractors should update and incorporate EPS Release 2 contingency planning in their Standard Operating Procedures (SOPs). The information in this guidance aims to help both GP practices and dispensing contractors with this requirement.

5.2 System suppliers should also be able to identify which component of the EPS is affected by the technical failure. These components include:

- local prescribing clinical system
- local dispensing clinical system
- prescription token printer
- dispensing token printer
- token barcode scanner
- network connectivity (N3)
- National Care Records Service (NCRS) Spine

5.3 Smart card issues are dealt with under NHS Portsmouth's smartcard transition plan – this is in development and the relevant section will be added as an appendix to the Continuity Plan.

5.4 Reimbursement Agency failures

The EPS ensures all electronic reimbursement endorsements sent to the national application are delivered to the NHS BSA Prescription Services. In the event of a failure NHS BSA Business Continuity plans will then apply.

5.5 Existing Business Continuity Policy for prescribers

In the event of loss of systems prescribers should already have plans in place which have been agreed by NHS Portsmouth. The normal procedure for prescribers who are experiencing

problems is to report any issues to their system supplier or the IPHIS Helpdesk, with whom NHS Portsmouth has a Service Level Agreement in place to provide IT support. Depending on the nature of the problem either the system supplier or IPHIS will attempt to resolve the problem, involving 3rd parties as appropriate, and where necessary escalate to the NHS CfH. In the event of loss of infrastructure (for example if business premises become inaccessible or damaged) the prescriber should have plans in place to send patients to an alternative site. These plans should be documented in existing practice Business Continuity Plans, in accordance with IGSoC requirements, and should be adhered to.

In the event of loss of staff (for example during a flu epidemic or adverse weather) existing plans for temporary staffing arrangements should be adhered to, as defined in the existing plans. It is important that end users follow any instructions from their system supplier on backing up information, whether that be daily, weekly, monthly or quarterly data backups.

Existing business continuity plans need to take into consideration the requirement to continue prescribing services (either using EPS release 2 or a back up system) in the event of loss of infrastructure or staff.

5.6 Existing Business Continuity Policy for dispensers

5.6.1 In the event of loss of systems dispensers should already have contingency and disaster recovery plans in place. The normal procedure for dispensers who are experiencing problems is firstly to report any issues to their system supplier. If the problem isn't resolved or the system supplier deems that their system is not causing the fault the escalation is to the NHS CfH.

5.6.2 The Information Governance Statement of Compliance (IGSoC) is the process by which organisations enter into an agreement with NHS CfH for access to the NHS National Network (N3). The process includes elements that set out terms and conditions for use of NHS CfH systems and services including the N3, in order to preserve the integrity of those systems and services. The steps in the IGSoC process set out a range of security related requirements which must be satisfied in order for an organisation to be able to provide assurances in respect of safeguarding the N3 network and information assets that may be accessed. There are certain aspects in the Pharmacy Statement of Compliance which stipulates that dispensers dispense medication with "reasonable promptness", and produce printed labels. These two elements as a minimum should appear in current business continuity plans.

5.6.3 In the event of loss of infrastructure (IT, pharmacy premises, dispensing appliance contractor premises) existing plans for using an alternative site, as documented in existing continuity plans, should be adhered to. In the event of loss of staff (for example during a flu epidemic or adverse weather) existing plans for temporary staffing arrangements should be adhered to, as defined in existing plans. Existing business continuity plans need to take into consideration the requirement to continue dispensing services (either using EPS release 2 or a back up system) in the event of loss of infrastructure or staff.

5.6.4 It is important that end users follow any instructions from their system supplier on backing up information.

5.6.5 Loss of equipment or failure of equipment in a single workstation environment means that there is no short term technical solution for the dispensary. The ordering of new equipment can take days, possibly weeks depending on system supplier turn around. Dispensaries should consider purchasing a secondary workstation or laptop for the dispensary, which should be stored as a backup. In some cases system suppliers may have remote access to the systems in which

case a dispenser could utilise another computer to access the system, in these cases a laptop stored off site may be preferable. However the conditions of the IG Toolkit must be met in terms of security of the laptop.

5.6.6 Dispensers may be able to manage short term failure, for example asking patients to come back at a later time, handwriting labels etc. Dispensers may not be able to retrieve new prescriptions but in most cases they will have already downloaded prescriptions prior to the failure which they may be able to access and dispense.

A risk assessment of potential points of failure can be found at Appendix 4.

6. Reporting Responsibilities & Escalation Routes

6.1 Establishing a clear local process for issue management, resolution and escalation is a key element to the smooth operation of EPS Release 2. Building on the previous section in this document, the detailed process is reflected in Appendix 2 and should be communicated to all staff using the EPS.

6.2 Mitigating actions

The healthcare professional should use the information available at the time and their professional judgment to decide the most appropriate action to be taken.

Firstly the healthcare professional should consider the following factors:

- at what stage of the business process the failure has occurred
- the estimated time needed to resolve the issue - some technical failures will take longer to resolve than others. For instance, a printer failure due to lack of toner can be resolved quickly, whereas a local or national network connection failure may take longer to resolve. The estimated time to resolve the issue should be advised by the system supplier.
- the clinical need of the patient - in some cases there may be an urgent need for the patient to receive the prescription items.

Once these factors have been considered there are a number of possible options to take: (in some scenarios, one or more actions may be appropriate)

For prescribers:

- Generate hand signed paper FP10 prescriptions
- Generate repeat prescriptions at a later time
- Request emergency supply arrangements

For dispensers:

- contacting the prescriber to obtain a hand-signed paper FP10 prescription
- using the emergency supply arrangements

- advising the patient to return at an alternative time (for example later that day/next day)
- advising the patient to use an alternative dispensing site
- capturing data on paper to be inputted at a later time.

NB: These scenarios are covered in more detail later in this document

7. Communications & Cascading Responsibilities

7.1 NHS Portsmouth recommends that a lead at the dispensing contractor and GP Practice should be identified as responsible for EPS Business continuity reporting including communication. NHS Portsmouth recommends that this is the EPS Clinical lead at the site. The EPS Project Manager is nominated as NHS Portsmouth's EPS Business Continuity Lead. This will need to be reviewed as the project draws to a close and EPS R2 becomes part of everyday working practice.

7.2 NHS Portsmouth responsibilities

- Communicate this guidance to all prescribing and dispensing sites – this document will be placed on the NHS Portsmouth website and the PIP for end users to download. NHS Portsmouth will also liaise with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) to ensure that this document is accessible to all prescribers and dispensers in the area.
- Inform sites of NCRS Spine unavailability (this will be done by the IPHIS IT Helpdesk).
- Ensure communications are made with patients regarding major changes or reduction of services. This will be channelled through the NHS Portsmouth Communications team.
- Support sites with communications to other stakeholders/sites where capacity allows.
- Provide timely, accurate information to the media in the event of service interruption and failures. All contact with the press and media will go through the Media and communications team and on-call Communications Manager out of normal working hours. The Communication team will decide if the media statements require executive level sign off

7.3 Prescriber responsibilities

Once the end user has identified how long the problem may take to resolve they can start the practical contingency process, for example:

- Identify all the dispensing contractors that rely on electronic prescriptions
- Contact the identified sites by email/fax/pro-active telephone calls
- Arrange for local pharmacies to start collecting FP10 hand signed prescriptions from the GP Practice
- Add poster/note to the front door/consultation room/waiting area/reception/repeat slip box

- Communicate with patients in the event of a service disruption which will have an impact on obtaining prescriptions for medication/appliances.
- Ensure all staff working at the affected site are aware of the problem and the interim actions so that everyone understands the procedure
- Ensure staff are briefing patients where required either over the phone or in person
- Add automated voicemail to the telephone options to inform patients of the situation
- Contact NHS Portsmouth General Practice team to notify of the problem and the contingencies implemented

7.4 Dispenser responsibilities

Once the end user has identified how long the problem may take to resolve they can start the practical contingency process, for example:

- Identify all the GP practices that supply electronic prescriptions
- Telephone each of the practices to ask them to print out paper FP10 prescriptions where patients have nominated them and arrange to collect these from the GP Practice
- Put up poster/notice on the door of the pharmacy/inside the pharmacy
- Add automated voicemail message on the telephone where required
- Communicate with their patients/care homes in the event of a service disruption which will have an impact on obtaining prescriptions for medication/appliances
- Contact NHS Portsmouth Pharmacy team to notify of the problem and the contingencies implemented

7.5 System supplier responsibilities

- Communicating unavailability of clinical system, NCRS, and N3 to end users
- Investigating issues and problems and liaising with 3rd parties to resolve
- Escalation to NHS CfH where required

8. EPS Release 2 Business Continuity for prescribers

All business processes within EPS Release 2 may be affected in the event of system disruption; the NHS Portsmouth EPS Project Team has identified several scenarios in which disruption could occur together with suggested solutions:

(NB: if additional PC memory is required to utilise Release 2, sites should raise this with IPHIS).

If the prescribing system is unavailable	
This could be due to: <ul style="list-style-type: none"> • local system failure • national system failure • N3 connectivity failure 	
Users will be unable to	Possible actions to take
	Need to consider factors such as clinical need of the patient, the time it will take to resolve the problem and the communications required
Generate electronic prescription (acute, repeat, repeatable) or apply advanced electronic signature to prescription(s)	<ul style="list-style-type: none"> • Use hand-signed paper FP10 prescriptions • Ask the patient to come back later and create an electronic prescription at a later time • Request an urgent supply from the dispenser • Contact the lead in the pharmacy(s) that currently rely on electronic prescriptions by telephone/fax/email. • The GP Practice may ask the pharmacy to collect paper prescriptions on behalf of the patient. • DACS may wish the GP practice to post the prescriptions to them to dispense
Cancel an electronic prescription	<ul style="list-style-type: none"> • Cancel prescription electronically at a later time • Revert to using existing processes for cancellation for example, contact patient to inform them of cancellation; • Notify nominated dispenser and ask to mark the electronic prescription as “not dispensed” on the system
Set, change or cancel nomination	<ul style="list-style-type: none"> • Provide information to patient, capture data and set, change or cancel the nomination on the system at a later time (informing the patient that the nomination may not be set straight away) • Ask patient to set the nomination at any EPS Release 2 enabled dispensing site

If the prescribing printer is unavailable (existing processes in place for this scenario)	
Users will be unable to	Possible actions to take
	Need to consider factors such as clinical need of the patient, the time it will take to resolve the problem and the communications required
print prescription tokens from their designated printer(s)	<ul style="list-style-type: none"> • Utilise another printer within the GP practice • FP10 prescriptions can be handwritten and hand signed • Write down 16 digit number printed underneath the barcode and the name/telephone number of the nominated dispenser for the patient.
	<ul style="list-style-type: none"> • NHS Portsmouth is responsible for repairing or replacing any printers for prescribers. End users should refer to current SLA for timescales

Loss of premises

Loss of premises may occur through fire, flooding or natural disaster (extreme weather). There should be a local or high level process in place for business continuity.

Possible actions to take

Need to consider factors such as clinical need of the patient and the time it will take to resolve the problem and the communications required

- Revert to current business continuity plans already in place as agreed by the GP practice and NHS Portsmouth.
- Refer patient to nearest branch surgery or shared premises, or if no other premises are available send patient to alternative GP practice, as per local arrangements.

Theft of computer equipment

Prescribers may have multiple PCs, printers and other electronic equipment on site. If this electrical equipment was stolen through for example, a burglary, then prescribers may be unable to maintain business continuity.

Possible actions to take

need to consider factors such as clinical need of the patient and the time it will take to resolve the problem and the communications required

- Revert to current business continuity plans
- Acute and repeat prescriptions can be handwritten
- Communication is the key to business continuity; prescribers must have clear communication channels in place.

Loss of power

Prescribers may experience loss of power through power cuts, or damaged power lines. There is an obvious health and safety issue if heating and lighting is lost, as this will result in immediate shutdown of the site. There will also be loss of access to computer equipment, and GP clinical systems.

Possible actions to take

Need to consider factors such as clinical need of the patient, the time it will take to resolve the problem and the communications required

- Revert to current business continuity plans
- Refer patient to nearest branch surgery or shared premises, or if no other premises are available send patient to alternative GP Practice, as per local arrangements.
- Communication is the key to business continuity; prescribers must have clear communication channels in place.

Data loss
If there is data loss as a result of a local system failure, for example, if the hard disk fails and the last back-up was the previous night.
Possible actions to take
<ul style="list-style-type: none"> • Re set system to last back up where possible • Re input data as required

Prescribers should contact the NHS Portsmouth General Practice team if there are significant issues which result in implementation of Business Continuity Procedures.

The IT trouble-shooting guide in Appendix 3 can be used as a check list when assessing any IT issues.

9. EPS Release 2 Business Continuity for dispensers

All business processes within EPS Release 2 may be affected in the event of system disruption; the NHS Portsmouth EPS Project Team has identified several scenarios in which disruption could occur together with suggested solutions:

(NB: if additional memory is required to utilise Release 2, sites should speak to their system supplier in the first instance).

If the dispensing system is unavailable	
This could be due to:	
<ul style="list-style-type: none"> • Local system failure • National system failure • N3 Connectivity failure 	
Users will be unable to	Options – Need to consider factors such as clinical need of the patient, the time it will take to resolve the problem and the communications required
Download or access electronic prescription (s)	<ul style="list-style-type: none"> • Ask patient to return to prescriber to obtain paper FP10 prescription • Contact GP practice to advise of failure and ask them to produce hand signed paper prescriptions • Collect paper prescriptions from the GP Practice on behalf of the patient. • Dispensing Appliance Contractors may wish the GP practice to post the prescriptions to them to dispense • Use emergency supply arrangements • Advise patient to use an alternative EPS Release 2 enabled dispensing contractor • Advise patient to return at a later time

Print dispensing token	<p>Capturing the declaration – Options for the dispensing contractor:</p> <ul style="list-style-type: none"> • Patient to sign prescription token (if they have one) • Print dispensing token at a later time • Ask patient to come back at a later time to sign the token • Sign dispensing token on behalf of the patient once it has been printed • Send token in the post for patient to sign and return <p>How can information (typically held on right hand side of script) be communicated to patients.</p> <ul style="list-style-type: none"> • verbally • printing on label • handwritten on standard paper
Set, change or cancel nomination	<ul style="list-style-type: none"> • Provide information to patient, capture data and update at a later time (informing the patient that the nomination may not be recorded within the usual timeframe) <ul style="list-style-type: none"> • Ask patient to set the nomination at any EPS Release 2 enabled dispensing site
add endorsements electronically	<ul style="list-style-type: none"> • Keep a paper record of the electronic endorsements that need to be sent and record these on the system at a later time
send dispense notification	<ul style="list-style-type: none"> • Keep a record of the dispense notifications that need to be sent and record these on the system at a later time
send electronic reimbursement endorsement	<ul style="list-style-type: none"> • Send electronic reimbursement endorsement at a later time • Contact NHS Prescription Services to inform them of the problem

If the dispensing printer is unavailable

Users will be unable to

Possible actions to take

Need to consider factors such as clinical need of the patient, the time it will take to resolve the problem and the communications required

<p>Print dispensing tokens or labels from their designated printer(s)</p>	<ul style="list-style-type: none"> • Use backup printer if available • Contact system supplier to report any printer problems (Check current Service Level Agreements on response time with suppliers to make sure they are adequate to meet the dispenser requirements) • Utilise another printer within the dispensary or consider purchasing a back up printer <p>Capturing the declaration – Options for the dispensing contractor:</p> <ul style="list-style-type: none"> • Patient to sign prescription token (if they have one) • Print dispensing token at a later time • Ask patient to come back at a later time to sign the token • Sign dispensing token on behalf of the patient once it has been printed • Send token in the post for patient to sign and return <p>How can information (typically held on right hand side of script) communicated to patients.</p> <ul style="list-style-type: none"> • verbally • printing on label • handwritten on standard paper
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<i>If the dispensing contractor does not have any dispensing tokens</i>	
Users will be unable to	Possible actions to take
<p>Print dispensing tokens</p>	<ul style="list-style-type: none"> • Borrow dispensing tokens from a nearby dispensing contractor • Place immediate order for dispensing tokens from the PPSA • See previous table for options on how to capture exemptions or communicate script information

<i>If the dispensing barcode scanner is not available</i>	
Users will be unable to	Possible actions to take
Scan prescription or dispensing tokens	<ul style="list-style-type: none"> • In the interim, enter barcode(s) manually or enter patient demographics to do a simple PDS trace to locate details and prescription • Use back up/spare scanner • Contact their system supplier to report any scanner malfunctions. • Check current Service Level Agreements on response time with suppliers to make sure they are adequate to meet dispenser requirements

NB:

In EPS Release 2 there is less importance on being able to scan a barcode than in Release 1. Most prescriptions will be sent automatically to the nominated dispensing contractor in Release 2, reducing the need to scan barcodes on prescription tokens to retrieve the prescription. Instead the dispensing contractor will be able to download the prescription either automatically overnight, or through manual downloads during the day.

If a patient presents at a pharmacy that is not their nominated pharmacy in most circumstances the new pharmacy would contact the original pharmacy and ask them to return the prescription to the EPS allowing the new pharmacy to scan the barcode to retrieve the prescription. If the barcode could not be scanned then the pharmacist could enter the 16 digit number printed underneath the barcode.

<p>Loss of premises</p> <p>Loss of premises may occur through fire, flooding or natural disaster (extreme weather). There should be a local or high level process in place for business continuity.</p>
<p>Possible actions to take</p> <ul style="list-style-type: none"> • Revert to current business continuity plans • If premises are lost then patients should be urged to utilise a different dispenser, this is entirely the patient's choice and should not be influenced in any way. • In the initial implementation patients will be required to return to their prescriber for a prescription which can be dispensed at another local dispensary. • In normal Release 2 rollout the dispenser can contact the prescriber and request that the electronic prescription be cancelled, and another electronic prescription can be issued

NB: Prescriptions that have been retrieved by a dispenser where the premises are subsequently lost may be able to be retrieved by another nominated dispenser; this decision is currently being discussed at a national level. Once a decision has been made this will form part of this document.

Theft of computer equipment

Dispensers may have multiple PCs, printers and other electronic equipment on site. If this electrical equipment was stolen through for an example, a burglary, then dispensers or prescribers may be unable to maintain business continuity.

Possible actions to take

- Dispensaries should consider purchasing another workstation or laptop for the dispensary, stored in a secure location off site.
- Dispenser will be unable to retrieve electronic prescriptions from the EPS or access the Patient Medical Record (PMR). Contact local prescriber for paper FP10SS or patient returns to prescriber
- The Pharmacy Statement of Compliance outlines that dispensers must produce a printed label. As a last resort the labels can be hand written, Pharmacist to use own professional judgement if labelling system unavailable.
- Delays in rectifying loss of equipment, dispensers must dispense with “reasonable promptness” as outlined in the national pharmacy contract

Loss of power

Dispensers may experience loss of power through power cuts, or damaged power lines. There is an obvious health and safety issue if heating and lighting is lost, as this will result in immediate shutdown of the site. There will also be loss of access to computer equipment, and dispensing systems.

Possible actions to take

- Revert to current business continuity plans
- Refer patient to nearest working dispensary as per local arrangements.
- In initial implementation patients will be required to return to their prescriber (if they have not lost power also) for a paper prescription which can be dispensed at another local dispensary.
- In normal Release 2 rollout the dispenser can contact the prescriber and request that the electronic prescription be cancelled, and a hand signed FP10 prescription can be issued.
- Communication is the key to business continuity; dispensers must have clear communication channels in place.

Data loss

If there is data loss as a result of a local system failure, for example, if the hard disk fails and the last back-up was the previous night.

The EPS Programme are planning to develop a service management function so provide a facility for dispensers to recover from a data loss scenario. More information on this will be added to this document at a later time.

Contact NHS Portsmouth Dental team if a need arises to implement business continuity procedures.

The IT trouble-shooting guide in Appendix 3 can be used as a check list when assessing any IT issues.

Attachments:-

Appendix 1: Example template for pharmacy service continuity plans

Appendix 2: Issue resolution process

Appendix 3: IT system trouble shooting guidance

Appendix 4: Risk evaluation on EPS Points of failure

GLOSSARY

EPS	Electronic Prescription Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
PIP	Primary Care Information Portal
PSNC	Pharmaceutical Services Negotiating Committee
CfH	Connecting for Health
IG	Information Governance
NCRS	National Care Records Service
N3	The New National Network
BSA	Business Services Authority
PDS	Patient Demographic Service
IPHIS	Island and Portsmouth Health IT Service
IGSoC	Information Governance Statement of Compliance
DACS	Dispensing Appliance Contractor Service
PPSA	Practitioner and Patient Services Agency