

Electronic Prescription Service Release 2 Nomination Policy

Document information

Document type:	Operational Policy
Document reference:	
Document title:	Nomination Policy Electronic Prescription Service (EPS) Release 2
Document date:	January 2011
Authors:	Pharmaceutical Adviser & Improvement and Development Manager for Primary Care
Approved by:	EPS2 Project Board
Approval date:	
Version:	V1 January 2011
	V2 March 2011
	V3 April 2011
Review date:	

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1. Introduction and purpose

Nomination is a new process that gives patients the option to choose, or 'nominate' dispensing contractor(s) to which their electronic prescription(s) can be sent automatically, using the Electronic Prescription Service. It is an optional service and may be more suitable for some patients than others

The purpose of the Nomination Policy is to provide all stakeholders with information and clear localised protocols on how nomination will be managed and monitored by NHS Portsmouth to ensure that nomination takes place in a fair and equitable way.

The key stakeholders are

- Contractors (This term encompasses GP prescribers and dispensing contractors)
- Patients
- NHS Portsmouth

2. Scope and Definitions

2.1 Scope of the Policy

The nomination policy sets out the NHS Portsmouth's requirements for Contractors (both Prescribing and Dispensing Contractors) and their staff on what they must do to collect and set a nomination from a patient. The policy considers the impact on the existing business processes, a complaints procedure and monitoring process.

The policy does not cover prescriptions that are not produced under EPS 2, such as 'traditional' paper prescriptions that require the presence of the prescriber's signature.

2.2 Definitions

Nomination	This is a new process that gives patients the option to choose or nominate a dispensing contractor (s) to which their prescriptions can be sent automatically through the Electronic Prescription Service.
Contractors	This term is used generically to refer to GP, Community Pharmacies.
Dispensing Contractors	These contractors supply medicines and the term is used synonymously with community pharmacies.
Dispensing Appliance Contractor	Whilst not able to dispense medicines, these contractors supply various appliances such as incontinence and stoma products .

Prescription Token	<p>Prescription tokens, which are printed at the GP practice using the green FP10 prescription forms, may be required to access (download) EPS R2 prescriptions from the spine for dispensing. In EPS R2 the legal prescription becomes the digitally signed electronic message sent to the spine.</p> <p>The token differs fundamentally from a bar-coded FP10 prescription used for EPS R1. A bar-coded (EPS R1) paper prescription is a legal prescription and should be signed by the prescriber and may be dispensed whether using EPS or not.</p> <p>A prescription token is not a legal prescription and can only be used to access the electronic prescription that it has been coded for.</p> <ul style="list-style-type: none"> - Prescription tokens should not be signed by the prescriber. - A prescription token cannot be used as a legitimate prescription, even if signed and dated by the prescriber.
Dispensing Token	<p>These tokens are printed at the dispensing contractor and are identical to the prescription token but are printed on white prescription paper.</p>
Personal Demographics Service (PDS)	<p>This is the master index of patient records contained within the NHS Care Records Service. It holds data such as name, address, date of birth, etc.</p>

3. Process and Requirements

3.1 Background

As part of the National Programme for Information Technology (NPfIT), the Electronic Prescription Service (EPS) programme is to create and implement the Electronic Prescription Service (EPS) and then integrate it with NHS Care Records Service (NCRS). The EPS release 1 element of this programme is now operating throughout England.

EPS allows prescriptions generated by GPs to be transferred electronically between prescribers, dispensers and the reimbursement agency, NHS Prescription Services.

EPS release 1 delivered the technical foundations necessary to allow GP practices and pharmacies to take part in the EPS programme. Prescribers can now issue prescriptions (FP10), which include a bar code that identifies the FP10 and patient's prescription

details with its own unique ID. The patient presents the bar-coded FP10 to the pharmacist; it is then scanned by the pharmacy computer system which is able to pick up all the necessary patient and prescription details from EPS using a unique identifier in the bar code which identifies the individual FP10.

Electronic 'repeat dispensing' allows the prescriber to authorise several issues of prescription at once. This means the patient doesn't have to go back to their GP each time to collect another prescription issue.

Unlike conventional paper-based repeat dispensing, electronic repeat dispensing is possible from a single electronic prescription and does not require a batch of paper issues to be printed. Instead, a single prescription token is printed and given to the patient at the start of the electronic repeat dispensing regime. This authorises a specified number of issues of the prescription that may be dispensed without reference back to the surgery.

Nomination could be likened to existing prescription collection services offered by some community pharmacies (particularly useful for repeat prescriptions), as it removes the need for patients to call at their GP practice to collect a paper prescription form.

When an EPS R2 electronic prescription is generated, it is sent to the Electronic Prescription Service. If the patient has not nominated a pharmacy, the prescription will be held on the spine by the Electronic Prescription Service until accessed using a Prescription Token. If however the patient has nominated a pharmacy, unless specifically instructed otherwise, all EPS R2 prescriptions will be delivered automatically to the dispensing system of the nominated pharmacy.

3.2 Regulations

NHS Portsmouth will ensure that relevant legislation will be adhered to by all key stakeholders. The legislation includes;-

Regulations for prescribers

Section 39B of the National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2005 provide the following:

“(4) A contractor -

(a) shall not seek to persuade a patient to nominate a dispenser recommended by the prescriber or the 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.”

Regulations for dispensers (Nominated Dispensing Contractor)

Section 28 of “The NHS (Pharmaceutical Services) Regulations 2005” (Schedule 1, Part 4) specifically provides the following:

(1) A pharmacist or his staff shall not give, promise or offer to any person any gift or reward (whether by way of a share of or dividend on the profits of the business or by way of discount or rebate or otherwise) as an inducement to or in consideration of his -

(a) presenting an order for drugs or appliances on a non-electronic prescription form or non-electronic repeatable prescription; or

(b) nominating the pharmacist as his dispensing contractor (or one of them) in his NHS Care Record.

(2) Promising, offering or providing an auxiliary aid in relation to the supply of drugs or a home delivery service is not a gift or reward for the purposes of sub-paragraph (1)."

NHS Portsmouth will work with key stakeholders such as the Local Pharmaceutical Committee and Local Medical Committee to ensure compliance with these regulations.

EPS Authorisation Directions 2008

Primary Care Trusts need to be listed in the Primary Medical Services (Electronic Prescription Service Authorisation) Directions 2008 as amended ("the EPS Authorisation Directions 2008") before authorising that their GP practices can use an EPS Release 2 compliant system. Only Primary Care Trusts listed in these Directions can authorise the use of Release 2 of EPS by their primary medical services contractors or any practice established by the Primary Care Trust. Thus whilst dispensing contractors can deploy Release 2 as soon as they have a compliant system, prescribers cannot send electronic prescriptions signed with an advanced electronic signature, using a Release 2 compliant system until NHS Portsmouth has been specified as a Primary Care Trust that can authorise the use of the ETP service in Amending Directions made by the Secretary of State.

Associated Policies, Procedures and Guidance

- Department of Health guidance on implementation of EPS
- Connecting for Health template documentation
- NHS Portsmouth Complaints Policy

3.3 Key Principles

The nomination policy provides the following key principles:

- 1) Patients must be provided with sufficient clear information about EPS before nomination is captured.
- 2) Dispensing Contractors must not offer any type of inducement to encourage patients to nominate them.
- 3) Contractors will need to capture, record and act on patients' nomination requests in a timely manner.
- 4) Prescribers and Dispensing Contractors must establish Standard Operating Procedures (SOPs) for nomination.

The Standard Operating Procedure (SOP) should provide a basis for ensuring that the nomination process and principles are communicated consistently to patients and captured in an auditable way by written, signed and dated, patient or carer consent.

3.4 Timing of Nominations

Nomination requests may have been collected in advance of deployment of the Release 2 pharmacy system. If there is a delay between collecting consent and changing the patient's preference on the Personal Demographics Service, the pharmacy contractor must ensure there has been no change in the patient's circumstances, including their choice of nominated dispensing site, since the original consent was obtained.

This principle is also relevant in scenarios where the nomination will be entered onto the system at a later time, as opposed to when the patient is still present. Local processes should be established to ensure this principle is upheld and contained within the contractors Standard Operating Procedure (SOP). This SOP should establish a suitable audit trail of consent gained and reconfirmation when changing the patient's preference on the Personal Demographics Service.

These general principles will be applied by NHS Portsmouth throughout the rollout of compliant systems.

3.5 Sites

Patients can choose to nominate up to two dispensing contractors including:

- One community pharmacy
- One dispensing appliance contractor

A third national option of dispensing GP practices does not apply to NHS Portsmouth.

Setting and Changing Sites

Nominations can be set, changed or removed at the following:

- Any pharmacy or dispensing appliance contractor that offers the service. (EPS R2 enabled dispensing contractors must register or change a nomination preference if so requested to do so by the patient, regardless of whether or not they are the pharmacy being nominated.)
- The patient's GP practice as long as they are Release 2 compliant.

Over time patients will also be able to use the secure website Healthspace www.healthspace.nhs.uk to set, amend and cancel their nomination on line.

Compliant sites will be listed on the NHS Choices website, www.nhs.uk/Pages/HomePage.aspx. NHS Portsmouth does not intend to duplicate the information that is available and will provide a link to this site on its public facing website, www.portsmouth.nhs.uk.

The NHS Choices website will be updated weekly with the list of dispensing contractors enabled for Nomination by the NHS Business Services Authority.

3.6 Nomination Procedures for Prescribers and Dispensers

3.6.1 Suitability for Patients

Nomination is both flexible and optional. It is more suitable for some patients than others, depending upon individual circumstances. Some examples to consider are listed in the table below:

Patients likely to benefit from Nomination	Patients less likely to benefit from Nomination
Patients receiving regular medication.	Patients who receive prescriptions infrequently.
Patients who collect their medication from the same pharmacy most of the time.	Patients who collect their medicines from a number of pharmacies.
Patients using a prescription collection service.	Patients who work away or travel regularly.

3.6.2 Modes of Nomination

It is up to contractors to decide how nominations will be captured. A combination of the following methods may be used:

- Face to face (at reception/during consultation/in the pharmacy).
- Fax
- Letter
- Electronic message transmission – only if there is suitable functionality available through the practice clinical information system.

It is expected that at the initial stage, nominations will be mainly captured through face to face meetings with the patient or carer giving their written consent. All contractors will need to ensure written consent is gained and that the information itemised in section 3.6.3 is provided for each of the above methods.

If the contractor is unable to deal with the nomination, the reason(s) will need to be explained to the patient or carer.

3.6.3 Information for patients

Relevant information needs to be provided to patients before a nomination is made.

When recording a nomination, contractors are required to present the following information to patients or carers to ensure that they can make informed decisions on whether or not nomination applies to them:

- The EPS involves the electronic transmission of prescriptions safely and securely. Paper is not always required.
- Any dispensing contractor operating Release 2 can be nominated (Patients are not restricted to nominating a dispensing contractor located close to their GP practice.)
- Where patients nominate a dispensing contractor, their prescription will normally be sent automatically to that dispensing contractor.
- If the patient chooses not to use their nominated dispenser for a particular prescription, they must make that clear at the time of requesting the prescription.
- Patients can change their nominated dispensing contractor at the GP practice or **any** dispensing contractor who is Release 2 enabled at any time with written consent. This can also be done by the patient themselves using the secure Healthspace website when it becomes available. This includes when they are part way through a repeat dispensing cycle. Any prescriptions which have not been downloaded before the change of dispensing contractor can be accessed by the newly nominated dispensing contractor.
- Where a patient has nominated a dispensing contractor, the dispensing contractor will usually be able to access the electronic prescription in advance of the patient arriving, allowing them to prepare the prescription in advance.
- Where a patient wishes to use another dispensing contractor as a 'one-off' it is not necessary to undertake the full nomination process. A prescription token may be produced by the prescriber in this instance. However in the initial stages of Release 2 the process will be for the prescriber to produce a bar-coded FP10 prescription.
- In the future it will be possible for the patient to go to a dispensing contractor other than the one they have nominated. There may be delays before the dispensary is able to access the electronic prescription if a prescription token is not available from the patient. This service may not be available in the initial stages of EPS Release 2.
- Patients do not have to receive their prescriptions via the Electronic Prescription Service. However, if it is not used, services associated with it (such as nomination) cannot be used.
- Patients or their carers should be aware that nominating a dispensing contractor means that the details normally recorded on a prescription form (FP10) will be transmitted electronically between the prescriber and the dispensing contractor and between the dispensing contractor and the reimbursement agency.

The above information may be provided verbally to the patient and/or carer and must be supported by issuing the NHS CFH patient leaflet 'Explaining the Electronic Prescription Service – Information for patients and carers in England'. The leaflet can be obtained from the following website

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/communications/release2/resources/eps-release-2.pdf>

Free of charge paper copies are available from the Department of Health Orderline
ref 4127 <http://www.orderline.dh.gov.uk>

3.6.4 Capturing and Cancelling Nominations

Any contractor capturing a nomination will need to ensure that they have the necessary arrangement in place to manage nominations.

Consent should be suitably recorded and dated to maintain an audit trail. This record may be requested by the PCT in the event of a dispute or complaint.

Nomination Requests

There are four possible nomination actions:

New	This refers to a patient or carer who is making a nomination for the first time.
Amend/Replace	This refers to a request to change the existing nominated contractor with another one.
Cancellation	This refers to the patient or carer going back to hand signed paper FP10 prescriptions.
Query	This refers to a query from the patient or carer who wishes to confirm/check their current nomination.

New Nominations

A patient may have up to two nominations:

- One community pharmacy.
- One dispensing appliance contractor.

For dispensing contractors with multiple sites, it is not possible to nominate an organisation. A specific dispensing premise must be nominated.

Changing the nomination

Changing a patient's nomination(s) is a simple process. Changing a nominated dispensing contractor of the same type will simply override the existing one.

When the patient's PDS record is updated with the new nomination, all nominated prescriptions that have not been retrieved by the nominated dispenser are transferred across to the new nominated dispensing contractor. Neither the dispensing contractor that was previously nominated nor the new nominated dispensing contractor is informed of the change.

If the previously nominated dispensing contractor has already retrieved any of their prescriptions, the dispenser should advise the patient to go to the previous nomination to collect that issue of medication.

If it is not feasible for the patient to return to the previously nominated dispensing contractor, a request can be made for them to release the prescription back to the EPS. This will enable the new nominated dispensing contractor to retrieve it. To avoid this situation, patients should be advised to change their nomination at an appropriate time, for example, after they have received the latest issue of their prescription items.

Once a nomination has been amended or replaced, any prescriptions that have not been downloaded will flow to the new contractor.

It is therefore important that any request to replace an existing nomination is dealt with in a timely manner by contractors.

Dispensing contractors will not be informed of changes to their existing nominations.

Cancellations of Nominations

Cancellation to enable replacement nomination can be carried out by any contractor provided cancellation does not relate to a dispensing GP practice.

Alternative arrangements must be put in place to enable continuation of supply, which may be done by nominating a new dispensing contractor or issuing a paper prescription.

If a patient or carer wishes to cancel a nomination and return to paper prescriptions, then there are four possible scenarios. It is strongly recommended that cancellation is made at the GP practice as alternative arrangements have to be agreed and put in place.

Cancellation of pharmacy nomination made at the GP practice; the GP will need to ensure that there are no outstanding un-issued medications and that if a repeat dispensing arrangement is in place any future issues are cancelled. Alternative arrangements must be put in place to enable supply. This may be done via provision of a signed paper prescription.

Cancellation made at nominated site; the dispensing contractor will need to ensure that there are no outstanding un-issued medications and that if a repeat dispensing arrangement is in place the patient or carer is aware of the implications and what they need to do to ensure continuity of supply and that they would have to collect a new signed prescription from the GP.

Cancellation made at a non-nominated dispensing contractor site; if the patient is under a repeat dispensing arrangement the contractor needs to advise the patient or carer to inform their GP if they have not done so already.

Cancellation is being made by the patient or carer through Healthspace: the patient or carer would be responsible for confirming continuation of supplies with their GP as above. If the patient has received a prescription token, it will be printed with the name of the nominated dispensing contractor.

A patient or carer may wish to confirm or check the identity of their nominated dispensing contractor at any point in time. The request for a query may be done in any release 2 compliant site. Over time, patients will be able to check for themselves on the secure website HealthSpace (www.healthspace.nhs.uk).

Contingency

If a contractor is unable to record a new nomination, amend or cancel an existing one or deal with a query, the contractor may implement their own approach by either asking the patient or carer to return at another convenient time or for their details to be captured and then recorded electronically as soon as possible.

Using the Nomination

Once a nomination is set, all electronic prescriptions from the GP practice will automatically be sent to the nominated contractor. The patient must be informed of this.

GP practices will be expected to establish local processes to manage nomination. Two particular issues which these processes will need to address are:

- ensuring that on each occasion the patient wishes to use the EPS. Patients should be encouraged to inform the prescriber if they do not wish to use their nominated dispensing contractor for a particular prescription. They are free to do this at any time, providing they make it clear to the prescriber at the time of requesting the prescription.
- where a patient has more than one nomination e.g. a community pharmacy and an appliance contractor, prescribers should have procedures in place which detail management of the distribution of prescriptions to the correct nominated dispenser.

3.6.5 Complaints

Complaints to NHS Portsmouth will be dealt with as indicated in the Trust complaints policy. (COR- 001).

The aim of NHS Portsmouth's policy is to ensure complaints are resolved promptly and effectively and that complainants are treated sympathetically and with respect throughout the process of making a complaint.

The policy supports the principle that complaints should positively influence the way services are delivered in the future.

NHS Portsmouth will ensure that all stakeholders adhere to current legislation with regards to nomination and encourage the use of available escalation routes to deal with complaints.

Standard operating procedures need to be established by each contractor to ensure that:

- nomination is communicated consistently to patients, and
- is captured in an auditable way so that, if challenged, processes are in place to back up information following on from a customer complaint or from an audit perspective.

Examples of potential issues are as follows:

Source	Issue
Patient	<ul style="list-style-type: none">• Contractor refuses to record/capture nomination.• Conflict with regards to which dispensing contractor has been nominated.• Timeliness of nomination recording.
Contractor	<ul style="list-style-type: none">• Abuse of the nomination process (e.g. registering nominations without patient or carer consent).• Directing patients to specific sites (as prohibited by legislation).• Offering inducements (as prohibited by legislation).• Improper use of NHS promotional materials.• Misuse of patient lists for purposes other than what they are intended for.• Inadequate support or Smartcard service. <p>Poor response times to update Choices website.</p>

Any activities such as complaints or suspicions around nomination recommendations, inducements, gifts, rewards, dividends as an inducement or in consideration of a named nomination will be considered as a serious matter by NHS Portsmouth.

Complaints from Patients

Independent Contractors are expected to have local complaints procedures which are comparable with those operated in the NHS.

Patients who are unable to resolve a complaint directly with the Independent Contractor should be directed to NHS Portsmouth, Engagement and Experience team.

Contact details are:-

Engagement and Experience Manager
NHS Portsmouth
Trust Headquarters
St James' Hospital
Locksway Road
Portsmouth
PO4 8LD
Tel: 0800 952 0116
Email: tellus@ports.nhs.uk
Fax: 023 9268 4801

Complaints relating to care commissioned by NHS Portsmouth from the independent sector, which are directed to the PCT, will, on the choice and consent of the patient, be forwarded to the appropriate provider and its progress monitored or managed and investigated directly by NHS Portsmouth.

4. Roles and Responsibilities

Key stakeholders and their roles and responsibilities have been identified in section 3.

5. Training

Central guidance and information has been provided by Connecting for Health and may be accessed through their website.

This includes the e-Learning modules to support EPS Release 2 is recommended for all GP and pharmacy practice staff involved with this process.

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/guidance/elearn>

General EPS release 2 awareness training and business process, for contractors and their staff will be available from NHS Portsmouth, working in conjunction with Connecting for Health. This will be provided as newsletters and / or workshops as the need arises.

Training for using system hardware and software at individual GP practices and pharmacy practices, will need to be provided by the contractors' system suppliers.

6. Success Criteria

6.1 Monitoring Compliance with this Policy

It is NHS Portsmouth's responsibility to monitor the way in which nomination is captured, so that no one dispensing contractor is commercially advantaged or disadvantaged in any way.

NHS Portsmouth may have information available to them either through their own internal monitoring or through externally-sourced routes. NHS Portsmouth may 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
- Concerns raised by, or complaints made by, patients, dispensers or prescribers. (See section 3.6.5)

6.2 Non-compliance with Nomination Policy

Where NHS Portsmouth 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.

The key actions for NHS Portsmouth will be to :

- Liaise with the contractor site
- Re-iterate the nomination policy and its principles
- Support staff training and/or awareness sessions where required
- Agree a performance action plan where required
- Consider an action for breach of contract if this seems appropriate.

Further details can be found at the following web link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_091267

7. References

Electronic Prescription Service available at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps>

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/communications/release2/resources/eps-release-2.pdf>

Nomination Policy EPS 2 (Version 0.2) NHS Hull

EPS2: Nominations: Policy, Approach and Actions (Revised) NHS Leeds

EPS Authorisation Directions 2008 Department of Health Gateway no. 10877

The Primary Medical Services (Electronic Prescription Service Authorisation) Directions 2008 and supplementary guidance Department of Health Gateway no 8990

Nomination policy Checklist at

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/staff/implementation/toolkit/nomination>

8. Equality, Diversity and Mental Capacity

NHS Portsmouth is committed to:

- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

9 & 10. Consultation and Trials + Communication & Dissemination

The nomination policy is just one part of a range of national and NHS Portsmouth documentation to support the implementation of Electronic Prescription Service release 2. All parts of the process will be shared with key stakeholders, who will be given the opportunity to feedback comments and influence the progression of this implementation programme.

11. Policy Development & Review

The policy has been developed by the Pharmaceutical Adviser & Improvement and Development Manager for Primary Care

The policy will be approved by the EPS2 Project Board .

The policy will be discussed with various stakeholders including LMC, LPC and patient representative and Connecting for Health representatives -via EPS2 Project Board, who will be given the opportunity to feedback any comments to authors of the document.

Following Phase 1 roll out of EPS Release2 within the PCT the nomination policy will be reviewed to ensure it remains fit for purpose.

The policy will be reviewed at least every two years.