

West Sussex - EPS Business Continuity Guide

This guidance is intended to summarise some preventative actions and the actions which GP practices and Pharmacies should consider in the event of a disruption to the EPS service. It is important that the parties involved are aware of and consider the impact of any business continuity actions on the other parties involved, seeking to ensure that the patient obtains the required medication with minimum delay and inconvenience.

How to prepare for an EPS outage

- To receive EPS Alerts by email or text subscribe here: <http://systems.digital.nhs.uk/eps/library/alertform.doc>
- Discuss with local parties the action plan below
- Local internet loss: Consider whether 3G or secondary broadband options with your system supplier are possible.
- Using the Tracker: Understanding the information that can be provided by the Prescription Tracker – this will work even if your local PMR system is down.
- Training: Making sure all staff are briefed on what to do in the event of an outage.

How to approach an EPS outage

1. **Always:**

The Practice Manager / Pharmacy Manager (or nominated deputy) must co-ordinate communications and actions to respond to a disruption in EPS service, this must include:

- a. [Report any problems](#) to your system supplier and ensure you get a reference number.
- b. Inform local GP practices / Pharmacies of any issues affecting EPS processing.
- c. Inform your CCG (for GP practices) or NHS England local team (for pharmacies) of any issues affecting EPS processing.
- d. For GP practices: STOP sending ACUTE EPS prescriptions and print FP10s instead for pharmacies until further notice.
- e. Look out for updates from NHS / supplier / management and distribute information to staff and patients for information and action. E.g. via alerts mentioned earlier, and the <http://psnc.org.uk/epschecker>
- f. Authorising any business continuity actions as per the organisation's own Business Continuity Plan

For any problems expected to last up to 24 hours, Pharmacies and GP practices will be expected to work together to co-ordinate action locally based on the nature of disruption to EPS and individual patients' needs.

For any problems expected to last in excess of 24 hours, the CCG, LPC, LMC and Area Team will meet to agree advice and co-ordinate communications to minimise impact on all parties. They will communicate directly with your Practice Manager / Pharmacy Manager or appointed deputy.

2. **Consider the most appropriate options:**

Depending on nature and anticipated length of disruption to EPS and **individual patient circumstances**, consider implementing the actions in the following table.

These actions should be considered in the order they appear in the table so that you work your way down the table if the EPS disruption persists and short / medium term options are no longer appropriate.

Further reading

Detailed Pharmacy Business Continuity Plan template: www.psnc.org.uk/bcp

NHS Digital EPS Programme: <http://systems.digital.nhs.uk/eps>

Actions to consider if EPS prescription cannot be retrieved from Spine	Impact on Patient		Impact on GP Practice		Impact on Pharmacy		When is this option appropriate? ¹
	Pros	Cons	Pros	Cons	Pros	Cons	
1. Delay collection: ask the patient to return	Patient is consulted to ensure this is acceptable in short-term.	Inconvenience. Should not delay urgent need for medicines.	No addition work	Possible complaint re EPS	Least disruptive to business	Customer relations suffer.	Short - Medium term solution depending on patient clinical need and their ability to return to pharmacy.
2. Deliver to patient when prescription becomes available	Patient does not need to return	Inconvenience - patient must be at home.	No additional work	Possible complaint re EPS	Preserves patient loyalty	Cost and administration. <i>Need to investigate compensation from system supplier (see PSNC website)</i>	Medium - Long term solution depending on patient clinical need and ability to return to pharmacy.
3. Suggest patient uses a different pharmacy N.B. Patient choice must be preserved; patients should not be directed to a particular pharmacy.	Patients will get medicine without further delay BUT only if another pharmacy can retrieve their EPS prescription from the Spine.	Inconvenience for the patient and could cause confusion.	No additional workload.	None.	Patient gets medicine	Pharmacy loses business on this occasion. Pharmacy may need to return prescription to the Spine, and will need to provide the patient with a token or prescription ID on paper where they are unable to print a token.	This is a good solution but may only be suitable where there is a very localised problem e.g. a single pharmacy is affected.
4. Emergency supply from prescription token The token must be requested by pharmacy and go DIRECT from GP practice to Pharmacy i.e. not via patient	Patient gets a supply of medicines with minimal further delay.	None. N.B. Schedule 4 CDs emergency supply requested by a GP sch4 CD can be supplied. If requested by a patient 5 days supply can be issued.	Patient gets medicine, and printing tokens can be done in bulk by prescribing support team – no clinical workload implications.	Admin work to identify 'scripts, re-print, sort and distribute tokens. In event that legal prescription cannot be supplied to pharmacy within 72 hours of emergency supply, the GP will need to issue an actual FP10.	Patient gets medicines in line with the copy of the 'script. Pharmacy knows there is a legal prescription in the system. Pharmacy has a token to reconcile with actual prescription when EPS is available.	Delay obtaining the token from GP. Emergency supply needs to be confirmed by legal prescription within 72 hours of supply given. If reconciliation is not possible in this timescale, pharmacy will need to request a replacement FP10.	Medium – Long term where delayed collection / delivery is no longer appropriate.

¹For EPS business continuity purposes the following is a guide: short term is 1-4 hours, medium term is 4-24 hours and long term over 24 hours

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	Pros	Cons	Pros	Cons	Pros	Cons	
5. Emergency supply without prescription token	Patient gets a supply of medicines with minimal further delay.	This is not a NHS service; therefore patient may be required to pay. Risk that patient may have medicines they shouldn't. (Potential patient safety risks could be mitigated by pharmacy checking the patients Summary Care Record.)	Patient gets medicine – no workload implication.	GP is not aware that patient has been given medicine until / or unless a pharmacy request a prescription. GP will need to produce prescription for emergency supply at later date.	Patient gets medicine.	Additional workload as pharmacy need to check patient PMR, annotate system to record emergency supply, ask patient to sign receipt of medicines.	This should only be considered where there is no access to a prescription token (e.g. when surgery is closed.)
6. Print FP10 prescription	Patients get prescribed medicines albeit with some delay. Patient has choice of pharmacy if FP10 is collected by the patient.	There will be delay while FP10 is issued and signed by GP. Patients may be asked to return to practice to collect FP10. Risk that a patient will be issued medicines twice (when EPS becomes available) with consequent patient safety risk.	Patient gets medicines as prescribed.	Additional admin and clinical work as new prescription needs to be issued and signed and existing EPS prescription must be identified and then cancelled. Depending on the problem, it may NOT be possible to cancel EPS prescriptions from the Spine - these will need to be cancelled manually at later date.	Pharmacy has a legal prescription. Full legal dispensing can be completed.	Delay in obtaining the FP10. Pharmacy will need to keep a record of FP10 replacement to ensure they don't process duplicate EPS prescription when the system becomes available.	Should be considered in place of issuing from a prescription token if legal script is unlikely to be available within 72 hours.