**How to implement EPS Phase 4 in General Practice in a Paperless Way**

The only way to go **truly paperless from the prescriber’s point of view** is for every patient to have a nominated pharmacy (otherwise it will always print a token, instead of an FP10) at the prescriber end.

For an overview of the benefits of EPS Phase 4 for your practice please refer to the EPS Phase 4 GP Factsheet in the useful resources section. Once EPS Phase 4 is activated, practices are unable to switch it off. Please be aware that because of COVID-19, as an interim measure, Community Pharmacies are now able to dispense from the prescription’s 18-digit bar code and patients **do not** necessarily need the physical prescription token in order to dispense. If practices cannot provide the 18-digit code, the patient’s NHS number can be provided as a last resort, but please note that this does have a significant impact on pharmacies. Practices will be provided with a clinical system search to identify patients who do not have a nomination and are encouraged to contact patients to set a nomination.

# **EPS Phase 4 (non-nominated) prescriptions**

Where EPS Phase 4 is enabled in your prescribing systems, and when an EPS nomination is not a suitable option or the patient requests not to have one, the prescription will still be sent electronically as a non-nominated EPS prescription.

The prescription will be signed electronically and sent to the NHS Spine. The prescribing system will **default to** **print a token**, which would be given to the patient to take to a pharmacy of their choice if they were present.  This is why it is best to ask the patient to nominate a pharmacy - reminding them it can be removed or changed at any time in the future by the GP practice or Community Pharmacy. The patient themselves can set a new nomination or change an existing one within the NHS App.

In scenarios where a patient is **not present** and cannot collect the token, they can still go to a pharmacy to ask them to download and dispense the prescription.

In this case, it is important to:

1. Provide the patient with the Prescription ID if at all possible. (This is the long 18-digit code available at the point of issue on EMIS or you can hover over the screen at last issue and it will show the code).
2. Prescribers should consider sending the patient a text with the 18-digit code. The code can be copied from EMIS and pasted into the text facility within AccuRx.
3. As a last resort, if this is not possible or practical, ensure the patient knows their NHS number or where they can find it (i.e. prescription repeat ordering slip, or NHS App)
4. Advise the patient to give the pharmacy their Prescription ID or NHS number when they arrive.

The pharmacy can use this to locate and download their prescription from the NHS Spine.

If the pharmacy does not have the item in stock, they can issue the patient with a token to take elsewhere (this token looks exactly like a prescription but is **WHITE**) or the pharmacy can return the prescription to the spine and ensure the patient has the 18-digit code or their NHS number for them to attend another pharmacy.

**Changing a nomination**

If a patient wishes to make a ‘temporary’ change of nomination, it is important to advise the patient that:

1. The change of nomination will apply to future prescriptions and may affect any that they have not yet collected from their pharmacy.
2. Once they have received their medication from the ‘temporary’ pharmacy, patients should arrange for their nomination to be changed back to their usual pharmacy as soon as possible.
3. Where a practice’s clinical system allows them to enable “nominate a pharmacy” in the patient access app, this should be provided. Where this is not possible, patients should be encouraged to use the NHS App. This will allow them to update their pharmacy nomination themselves. Alternatively, they can request the ‘temporary’ pharmacy changes their nomination back, or contact the practice or their usual pharmacy for this to be processed on their behalf.

**NB:** If a prescriber changes the nomination back or removes it too soon, i.e. before the intended pharmacy has downloaded the prescription, then that pharmacy will not receive the prescription in their routine download. TPP Clinical systems have been enabled to have a one-off nomination and where a ‘temporary’ arrangement is required, this option should be used.

# **Using EPS in remote consultations**

The Electronic Prescription Service (EPS) provides flexibility and safety in the sending and collection of prescriptions when prescribers use remote consultations when the patient is not present: for example via the phone, video link or online.

**Things to consider when prescribing remotely using EPS nominations**

* If the patient has an EPS nomination in place already, the prescribing system will **automatically** default to send the prescription to that dispenser.
* You should check whether a patient’s nominated pharmacy is suitable for this prescription before prescribing.  If not, for example if the nominated pharmacy is closed or the patient is not able to get there, then consider [changing the nomination](https://digital.nhs.uk/services/electronic-prescription-service/using-eps-in-remote-consultations#changing-a-nomination). This is of particular importance where an acute prescription has been issued and medication needs to be started immediately.
* If the patient does not have a nomination in place, encourage them to choose a pharmacy that is convenient to them and set the nomination on their record

# **Useful Resources**

 

**Useful Websites:**

<https://psnc.org.uk/dispensing-supply/eps/deployment-status-and-future-plans/eps-future-plans/full-eps/>

<https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information>

<https://psnc.org.uk/dispensing-supply/eps/eps-tokens/>

https://digital.nhs.uk/services/electronic-prescription-service/using-eps-in-remote-consultation