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| **Table showing statements made by delegates at our EPS training event, plus additional supporting info.** | |
| **Statement** | **True or False?** |
| Prescriptions for controlled drugs will not be sent through the Electronic Prescription System | **TRUE:** CDs will still be written on paper FP10s  GPs can add an electronic pharmacy message tagged to any prescription, this could be used to alert you if the patient has an additional controlled drug Rx that needs collecting.  We advise pharmacists to discuss with their local surgeries how they would like to be informed about prescriptions for controlled drugs, this will be especially important if the prescription is only for a controlled drug i.e. the electronic message system could not be used. |
| Patients can register nominations with multiple pharmacies | **FALSE:** patients can only register with 1 pharmacy, 1 dispensing general practice and 1 appliance contractor |
| Patients can refuse to nominate and get paper Rx | **TRUE**: but we would like to encourage patients to embrace the system! |
| If a product is out of stock, the patient is unable to take the prescription elsewhere and will have to wait for that pharmacy to obtain the medication. | **FALSE:** the pharmacy will be able to send the prescription back to the NHS spine. If you give the patient a copy of the printed dispensing token (this is not a legal prescription) another pharmacy will be able use the barcode on this to download the returned prescription from the spine without having to change the patient’s nomination. |
| Repeats will still need to be ordered manually. | **TRUE:** the request for the patient’s prescription will need to be sent to the surgery as per current arrangements. |
| If the printer jams whilst printing a token you can’t reprint. | **FALSE:** the printed token is only a representation of the legal prescription that exists on the spine so you are able to reprint as many times as you like. |
| If the NHS spine ‘goes down’ GPs can still issue handwritten Rxs | **TRUE:** if the NHS spine is offline the GP’s will be able to revert to standard printed prescriptions. A prescription will only be printed OR sent to the spine, not both. |
| We can make alterations to dosage instructions | **TRUE:** you can change medication directions as necessary. This could be because they have come across as the Latin (i.e. 1 bd) and you need to change it back into ‘patient’ speak. |
| You can see a list of patients that have nominated you | **FALSE:** You can look at individual patients on the spine to see who they have nominated. It is good practice to have an audit trail if you nominate the patient to you e.g. signed consent. |
| Nominations expire if the patient doesn’t use the pharmacy for 2 months. | **FALSE:** they never expire and will only change if superseded by other nominations. |
| You can return part of a Rx to the spine | **TRUE:** you can mark part of the script as not dispensed and send this back to the spine. |
| Acute prescriptions take 25 minutes to come down from the spine to the pharmacy | **TRUE:** they can do but most will download faster, however it depends on the speed of the spine and your pharmacy computer system. |

**Additional questions asked by delegates during myth busting session**

**If someone goes to a different pharmacy and signs another nomination form, how do you get them back?**

It is up to the patient who they nominate, and so they would need to choose to re-nominate your pharmacy. If you have concerns about the nomination process, you can get advice from the LPC.

**If the pharmacy is closed can you get it back to spine to re-dispense elsewhere?**

Once it goes to a pharmacy, then that pharmacy would have to return it to the spine. If the patient’s nominated pharmacy is closed you would need to consider other ways you could support the patient.

**Do surgeries release scripts in batch?**

No, once a GP signs a script it goes straight to the spine.

**How does repeat dispensing work?**

After you process RD1 the next prescription in the batch will come down at the appropriate time.

**What happens if someone wants two repeats scripts together e.g. they are going on holiday?**

You will be able to download the next RD early if needed. Please discuss the approach with your local GP to ensure they are happy to release the script early.

**Will my smartcard be valid in another area?**

As standard a smartcard is registered to a specific pharmacy only, unless you register the smartcard with a locum code in which case it can be used anywhere.

**Can you amend an endorsement?**

Yes before it goes to the PPA.

**What happens with the dispensing tokens if the patient is exempt?**

The exemption details are completed on the back of the printed token (as currently occurs with paper prescriptions) and the tokens are sent to the PPA.

**Do you have to print off and fill in token if they pay for their Rx?**

No, but if you wanted to give the repeat slip back to the patient, you would need to print off the token.

**How is pharmacy reimbursed for toner cartridges?**

You do get £200 per month for being EPS live.

**What happens if pharmacy system goes down?**

The pharmacy would need to contact the surgeries ASAP to discuss contingency.

**How long does it take for the prescription to arrive at the pharmacy?**

Usually within 10-15 minutes of being sent by GP.

**Can you notify the spine that the patient has picked up?**

Yes.

**If a patient does not want everything on Rx can it be amended?**

Yes. You can mark it as not dispensed.

**Will EPS only apply to FP10s i.e. not private or foreign Rxs?**

Yes. Only standard FP10s, this will not include FP10D or FP10HP.

**How does this affect out of hours service?**

We are not aware of out of hours going live with EPS yet and so they will probably still issue paper prescriptions.

**Is the end of the month return a mix and match of electronic and paper?**

Yes

**My patients like to have paper copies of their repeat slips, how will they get this if the system is electronic?**

The dispensing token looks exactly like a current prescription including the right hand side which is the repeat slip.

**How will surgeries go live?**

Hopefully they will go live in clusters; however they can go live independently. We suggest you all discuss EPS with your local surgeries soon to gauge how ready they are.