

English Pharmacy Board 2 July 2008

**PUBLIC BUSINESS**

## **Electronic Prescription Service**

### **Purpose**

To discuss issues of the Electronic Transfer of Prescriptions and the implications on pharmacy practice.

### **Strategic objective domain**

The public recognise and use pharmacists as the professionals with expertise in medicines

### **Action required**

- i. Having considered and discussed the relevant issues the EPB members are asked to give a clear steer on the direction of travel in relation to accuracy checking within EPS.

### **1. Background**

An issue has arisen in relation to accuracy checking in EPS Release 2. This issue is being actively discussed with Connecting for Health (CfH) but it is the role of the professional body to issue guidance so that pharmacists can decide how to conduct an accuracy check in the pharmacy.

Currently, when paper prescriptions are received, in order to create the dispensing labels, pharmacy staff will either type this information manually into the pharmacy dispensing system or for items previously prescribed, select these items from the patient medication record. There is a risk of typographical error when preparing dispensing labels. The current accuracy checks in the dispensing process aim to ensure that dispensing labels accurately reflect what is on the prescription and that the product dispensed is the same as the prescribed product.

A number of pharmacy organisations have issued guidance advising pharmacists and accredited checking technicians to check the accuracy of a dispensed product against the paper prescription form to minimise the risk of introducing errors. This includes guidance from the RPSGB

### **Legal Position**

From a legal perspective, pharmacists must dispense in accordance with a prescription but the regulations do not specify whether the accuracy check required in the dispensing process should be undertaken against a representation of the e-prescription on-screen or a representation of the prescription on paper.

There is no reference to this issue specifically in the current Code of Ethics however the first principle of the Code of Ethics is that pharmacists must make the care of patients their first concern. This includes consideration of patient safety.

### Questions for consideration

1. Where there is no paper prescription form and the prescription has been received electronically, is it safe for pharmacy staff to conduct an accuracy check against;

- The pharmacy screen?
- And/or a pharmacy generated dispensing token?
- And/or dispensing labels?

2. Is the guidance to pharmacy system suppliers sufficiently clear on this issue to ensure both safe dispensing and maximum efficiency in dispensing?

3. If not, should further guidance be issued:

- As a mandatory requirement for system suppliers in the CFH EPS Compliance Specification?
- As a recommendation from bodies such as the NPSA and RPSGB?

### Feedback to date from EPB members

The general consensus is that there will be different ways in different working environments to make the electronic system safe and workable. This should be dependent on the workflow, the staffing mix and the physical placement of any hardware required.

Other comments included:

- Who will pay for any extra screens required in the pharmacy?
- What if the pharmacy doesn't have enough space for more screens?
- What about the Health and Safety issues of spending all day staring at a screen?

### 2. Risk Implications

If no clear guidance is provided to pharmacists in relation to accuracy checking within an EPS then there is a greater risk of errors.

### 3. Resource Implications

The only resource implications will be related to the production of guidance

### Action required

- i. Having considered and discussed the relevant issues the EPB members are asked to give a clear steer on the direction of travel in relation to accuracy checking within EPS.

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