

English Pharmacy Board 4 March 2009

**PUBLIC BUSINESS**

## **Electronic Prescription Service – Business Continuity**

### **Purpose**

To discuss issues with the Electronic Prescription Service (EPS r2) and the implications on pharmacy practice, with specific reference to business continuity in the event of a systems failure with the EPS or its subsidiary components.

### **Strategic objective domain**

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

### **Recommendations**

Having considered and discussed the relevant issues, members of the EPB are asked to endorse the following recommendations concerning maintenance of business continuity following EPS failure:

- i. Pharmacists should be given guidance on procedure following EPS system failure. In the event of any system failure, pharmacists are advised to raise a support call with their system supplier at the earliest opportunity. The guidance would not be prescriptive but would outline all of the four possible options stated here, and their applicability for different scenarios. This would enable pharmacists to develop and appropriate standard operating procedure for their pharmacy.
- ii. Also, pharmacists are advised to work with GPs for formulate a locally-agreed procedure for optimising local workflow using EPS (use of repeat dispensing elective pull-down functionality) and management of unscheduled downtime (local communications following system failure, system recovery procedures, procedures for any retrospective data input etc).
- iii. It is envisaged that this guidance to pharmacists would be part of a broader RPSGB document concerning good dispensing practice using the EPS.

### **1. Background**

While Connecting for Health have made every effort to ensure that the EPS is robust, there will inevitably be times when the system is unavailable, as with other IT systems.

The causes of EPS failure will fall into three categories:

- Local – pharmacy system failure
- Communications – failure of the NHS communications network (N3)
- Central – failure of the Spine/central services

From a technical perspective, there is a comprehensive support arrangement for the EPS. In the event of failure of the EPS, pharmacists should raise a support call with their pharmacy system supplier in the first instance, and the supplier will triage the call, according to the above categories. If the fault lies within the local pharmacy system, then the system supplier will address the issue, as is their responsibility. If, however, the fault lies with connectivity (N3) or the national infrastructure, the pharmacy system supplier will escalate the call to the relevant Connecting for Health helpdesk.

It is anticipated that community pharmacy standard operating procedures (SOPs) will already have procedures for dealing with pharmacy system downtime. However, as the EPS involves a broader context than an individual pharmacy premises, and system

failure may have a more widespread impact, the pharmacy profession needs guidance concerning how to respond to EPS system failure, taking into account all the issues involved.

## 2. Issues to Consider

Should the EPS fail at any level, there are four possible courses of action for the community pharmacist:

1. Patient comes back later to collect prescription.
2. GP can provide an FP10 paper prescription instead – and EPS information (prescribing, dispensing, and nomination data) can be entered retrospectively.
3. Patient can find an alternative dispenser.
4. Pharmacist makes an emergency supply under the provisions for emergency supply.

### Option 1)

Option 1 often happens in practice currently, following local pharmacy system failure. While it may be inconvenient for patients, this may be one approach to dealing with EPS failure for patients with non-urgent prescriptions.

### Option 3)

Option 3) also happens in practice currently, but may be inconvenient to patients. In any case, sending the patient to an alternative EPS dispenser is not an option if there is generalised EPS system failure, as all the dispensers in the locality will be experiencing EPS failure. It may, however, be necessary to refer some patients with urgent prescriptions to other dispensers in the case of site-specific system failure.

### Option 4)

Because of the procedure required to make an emergency supply without a prescription, either at the request of the prescriber, or at the request of the patient, Option 4) is not a workable approach at the current time for dealing with EPS system failure in a busy community pharmacy. A change in the arrangements relating to emergency supply might make this a more viable approach to business continuity.

### Option 2)

Option 2) – reversion to the use of FP10 prescription forms - overcomes the problem of generalised EPS system failure, and is the ultimate means of business continuity following failure of the EPS. In the event of the failure of the EPS, the use of FP10 prescription forms would be the only sure way that pharmacists could be in possession of a legal prescription for each medicine supplied, at the point of dispensing (EPS prescribing tokens cannot be used as prescriptions, even if signed as such by the doctor, because the stationery is not approved for prescription use by the NHS).

However, while FP10 prescription forms would still be in use during EPS r2 for medicines that are out of scope for EPS r2 prescribing (eg for Schedule 2 or 3 Controlled Drugs, or some “specials” or extemporaneously-prepared items without dm+d codes), it is important that their use for business continuity purposes is limited as much as possible.

This is because use of paper prescriptions instead of the EPS could lead to safety issues, due to some prescription data not being captured by the EPS, or discrepancies arising between emergency paper prescriptions and previous electronic prescriptions. Moreover, in general, use of paper prescriptions defeats the purpose of the EPS, and undermines its integrity. Enabling use of paper prescriptions on a routine basis might encourage some users to “opt out” of the system, which would not be beneficial.

It is essential, therefore, that the prescribers and dispensers in a particular locality have a clear agreed procedure to minimise the impact of EPS downtime, in the context of local prescribing practice and patterns. This would cover inter-professional

communications following system failure, retrospective re-entry of data, routes of referral in the case of local system failure etc.

### **3. General Considerations**

EPB members should take note of the following general considerations:

- 1) If repeat dispensing is well implemented in the locality, and prescription throughput is well scheduled, the impact of unscheduled downtime will be lessened.
- 2) In order to prevent local system failure, it is in pharmacy contractors' interest to ensure that their local functionality and connectivity is technically robust. This is especially the case for pharmacy multiples where the EPS may be just one of several infrastructure deliverables.

### **4. Risk Implications**

If action is not taken, pharmacist will be uncertain of what action to take in the event of a system failure. This may lead to disruption of pharmacy throughput, patient dissatisfaction, loss of dispensing revenue and potential loss of prescribing and dispensing data from the EPS system.

### **5. Resource Implications**

The only resource implications will be related to the production of guidance for pharmacists and system suppliers.

## **Recommendations**

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- iii. It is envisaged that this guidance to pharmacists would be part of a broader RPSGB document concerning good dispensing practice using the EPS.

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