

# How is electronic prescribing working for Reading people?





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## Section 1

# PROJECT SUMMARY

### What

A project to find out Reading people's experiences of the NHS electronic prescribing service (EPS), which allows a patient prescription to get from a GP's computer to a patient's pharmacy computer, so people don't have to take a paper copy.

### Why

Healthwatch Reading had been given evidence of some local problems with EPS. We also wanted to understand more generally: whether people knew about the service; what it is like to use the service; and if people don't use; why not? We hoped our findings would help influence any future local improvements to the EPS.

### Who

217 people completed our survey; 183 filled in a paper version, while 34 answered it online. We also spoke to pharmacists, a GP, and local NHS staff to gather information.

### How

We visited six GP surgeries of various sizes across Reading to ask patients to fill in the survey. We also visited two pharmacies to speak to people collecting medications. Surveys were also available: at the reception desk on the 3rd floor, Reading Central Library (where our office is based); on our stand at the Reading Older People's Day; via our monthly newsletter; and from staff carrying out general engagement work. The survey was also promoted with the help of the North and West Reading, and South Reading, Patient Voice Groups.

### When

September and October, 2016



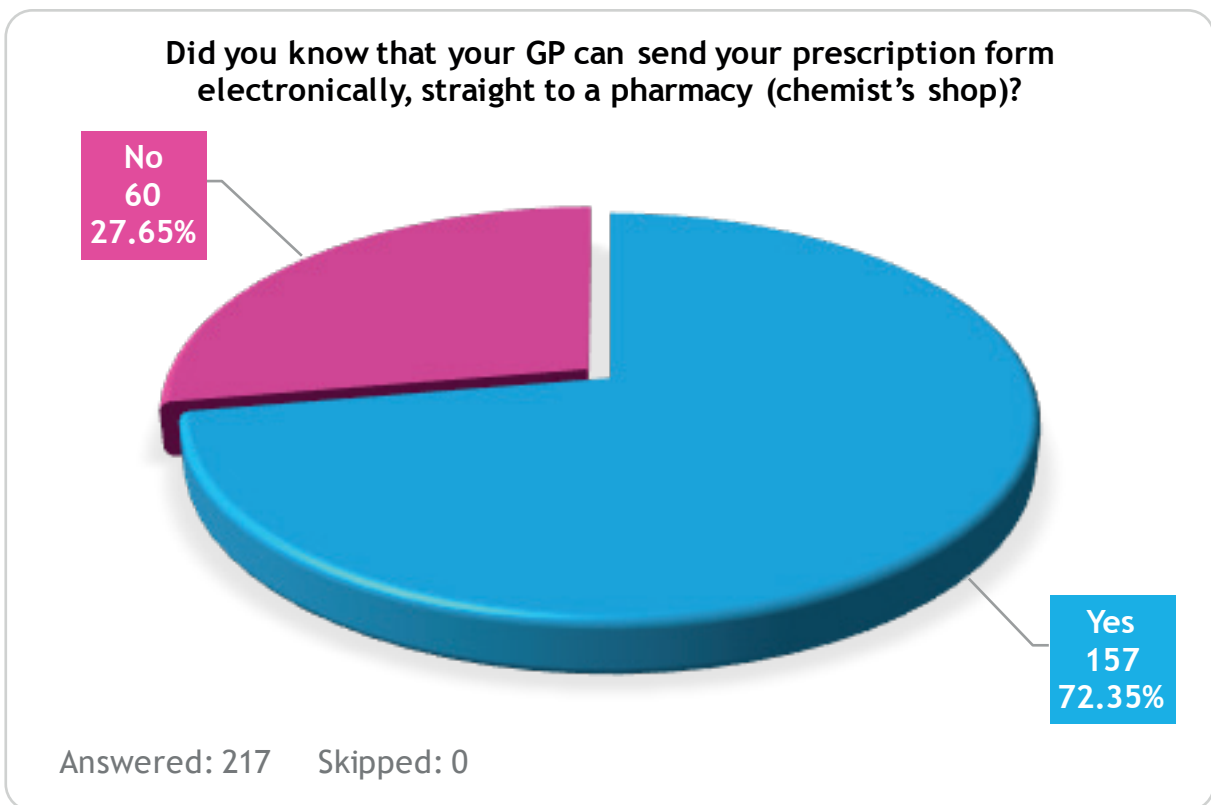
## Key Highlights

- Nearly three-quarters (72%) of people said they were aware of electronic prescribing, but only 48% said they had used the service. When we spoke with people, it was clear that some people confused EPS with the online service to request repeat medications
- 60% of people had found out about EPS from their GP or surgery staff; only 23% had from their pharmacy
- Most people who used EPS said its main benefit was convenience, as it saved an extra trip going to the surgery to collect their repeat prescription
- Half of the people using the EPS said their GP had indicated when their medicines would be ready, ranging from ‘within the hour’ to a few days
- Half of people using the service said their medicine was not ready when they arrived at the pharmacy to collect it
- People suggested the service could be improved if: pharmacies sent patients a ‘ready-to-collect’ message; pharmacy staff were better trained; and patients could more easily change their nominated pharmacy on a one-off basis
- The most common reason people gave for not using the EPS, was not having heard it about it before, or not being asked by their GP; a small number said it was because something had gone wrong on a previous occasion, or not being computer literate themselves (showing misunderstanding of the service)
- People who are on more than one medication would like their prescribing synchronised to the same monthly date to avoid multiple pharmacy visits
- Overall, the system appears to mostly benefit the NHS and pharmacies, by helping to prevent lost prescriptions and improving stock ordering of medicines.
- Healthwatch Reading is challenging the local NHS to develop EPS to its full potential. We make a series of recommendations on page 19.

## Section 2:

# PATIENT VIEWS IN DETAIL

## Awareness of the electronic prescribing service (EPS)



The survey responses appear to show a high level of awareness of the service, although it was clear when we were explaining to the public what the survey was about, that some respondents thought that the service was the same thing as being able to log in to their GP surgery website and order repeat prescriptions online.

The most common way people said they had heard about the EPS, as the next pie-

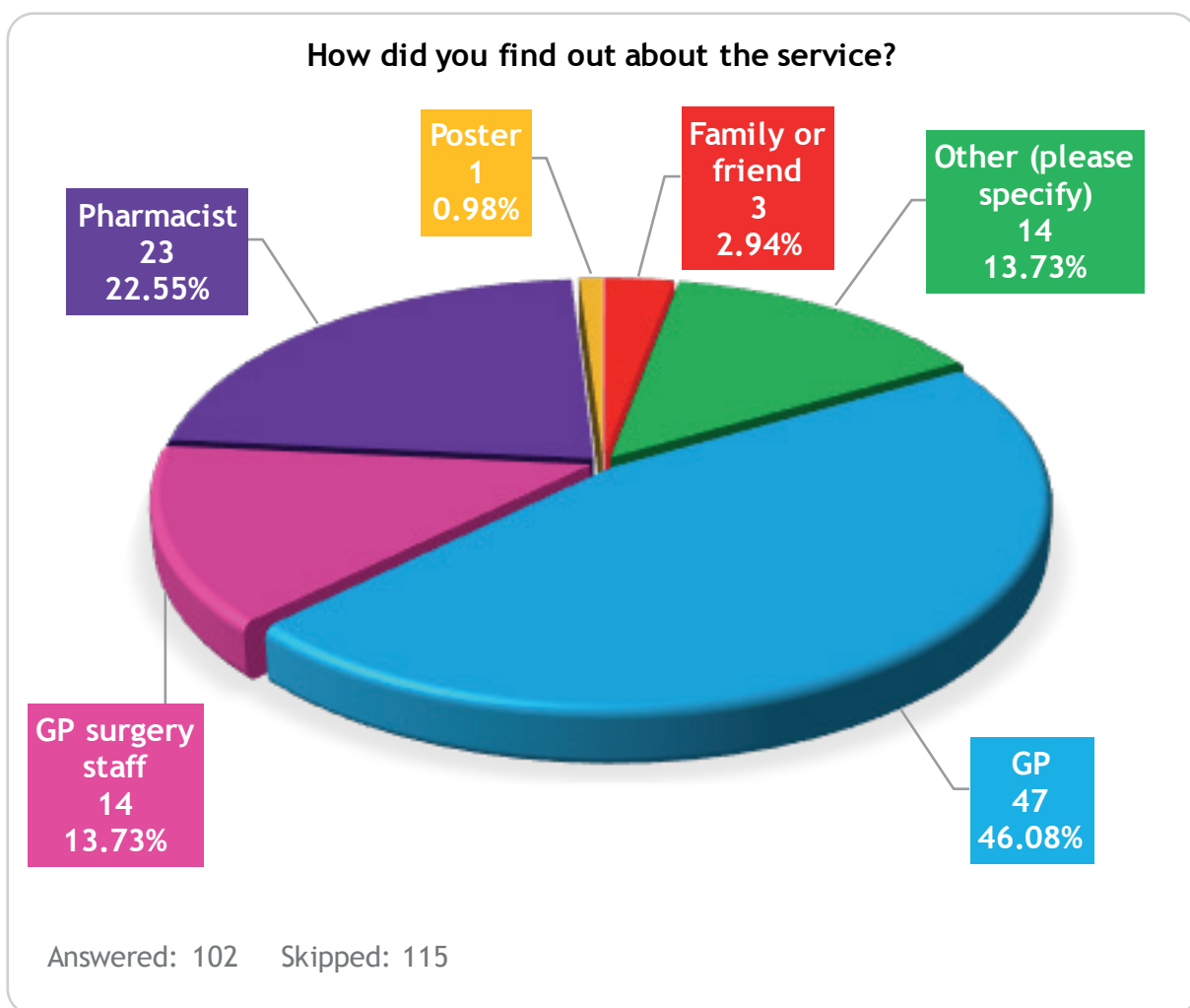
chart shows, was from their GP or surgery staff (60%), compared with less than one-quarter saying they had heard it about from a pharmacist or pharmacy staff.

The number of people who said they used the service (52%) was less than those who said they knew about it, and again, we believe some respondents were thinking about online prescription requests, rather than the EPS.



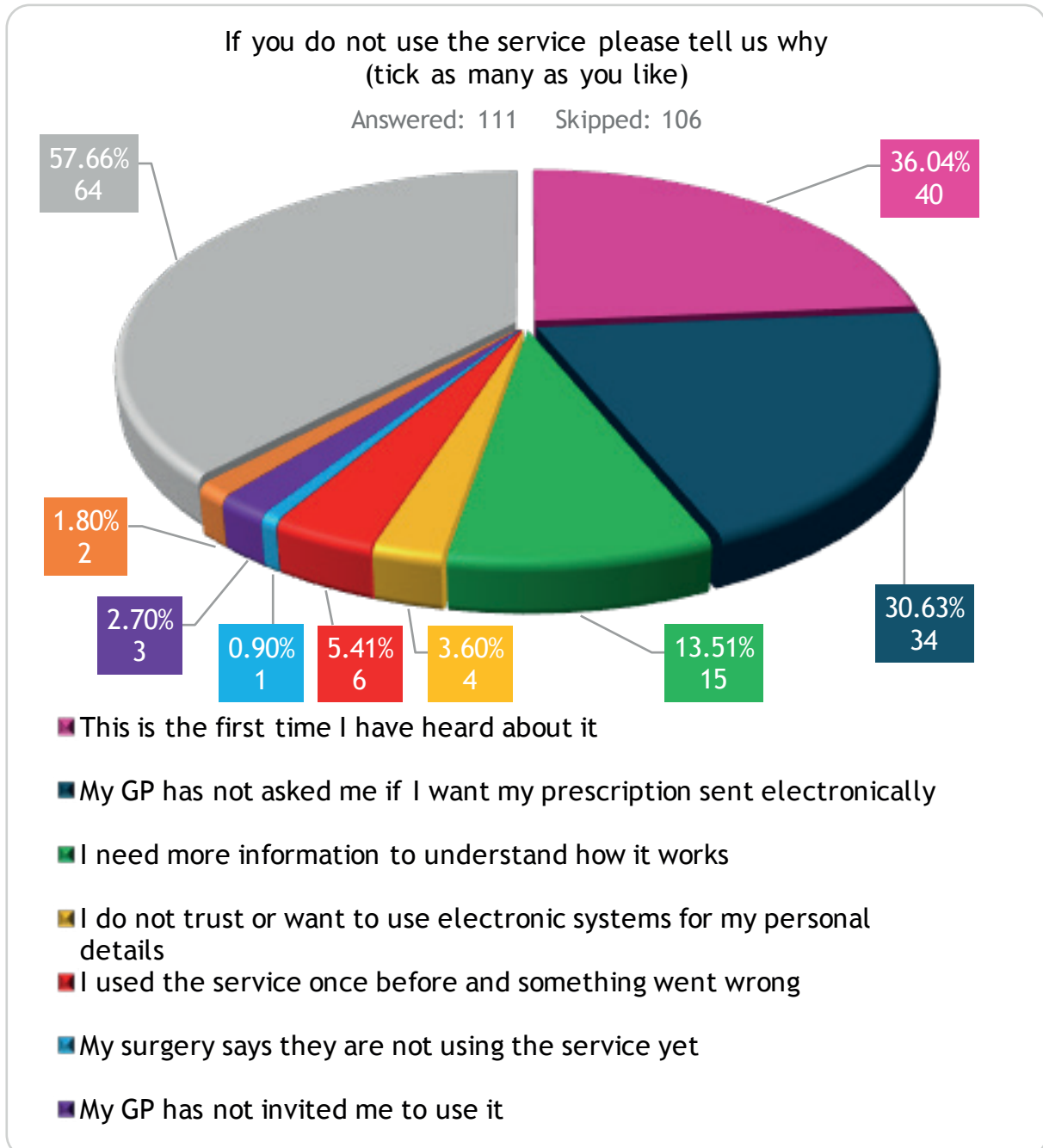
More than one-third of respondents who said they did not use the EPS, said our survey was “the first time I have heard about it”. Other notable reasons, included ‘not having a computer’, mentioned by mostly older people, demonstrating a misunderstanding

about the EPS. Some people mentioned that they liked to use more than one pharmacy, while two people commented that the EPS either could not be used by, or was not suitable for people needing more than four medicines at a time per description.



## Section 2:

# PATIENT VIEWS IN DETAIL



### WHAT PEOPLE SAY...

*"I hand in my request and collect prescription later in day because I am not computer literate."*

*"I wish my elderly parents could use it but they don't have a computer and are not very techie."*





## People's experiences of using the electronic prescribing service

We asked people to describe any good points about the service. We received 94 separate comments, mainly focusing on the convenience of EPS for people

who are on regular repeat medications, because they don't have to make a trip to the surgery to collect a paper prescription and bring to the pharmacy.

### WHAT PEOPLE SAY...

*"It makes it quicker to collect prescriptions and avoids extra journey to the surgery."*

*"Saves a long drive to surgery and getting in and out of wheelchair if I am just going for prescription."*

*"The pharmacy makes the request and I don't have to go to the surgery. I go straight to the pharmacy to pick up my EPS prescriptions."*

*"Quick."*

*"Saves a lot of walking, not having to come into surgery, everything is delivered at home."*

*"I am vulnerable to infection, so welcome not having to be in contact with germs in the waiting area."*

*"Go directly to chemist, it saves hanging around at surgery and taking up time. Just very good."*

*"No risk of losing prescription."*

*"I am very happy with it. If the medicine is not in stock, the pharmacist can place the order, avoiding extra visits [by patient] to the pharmacy. It has done away with hanging about waiting at the pharmacy."*

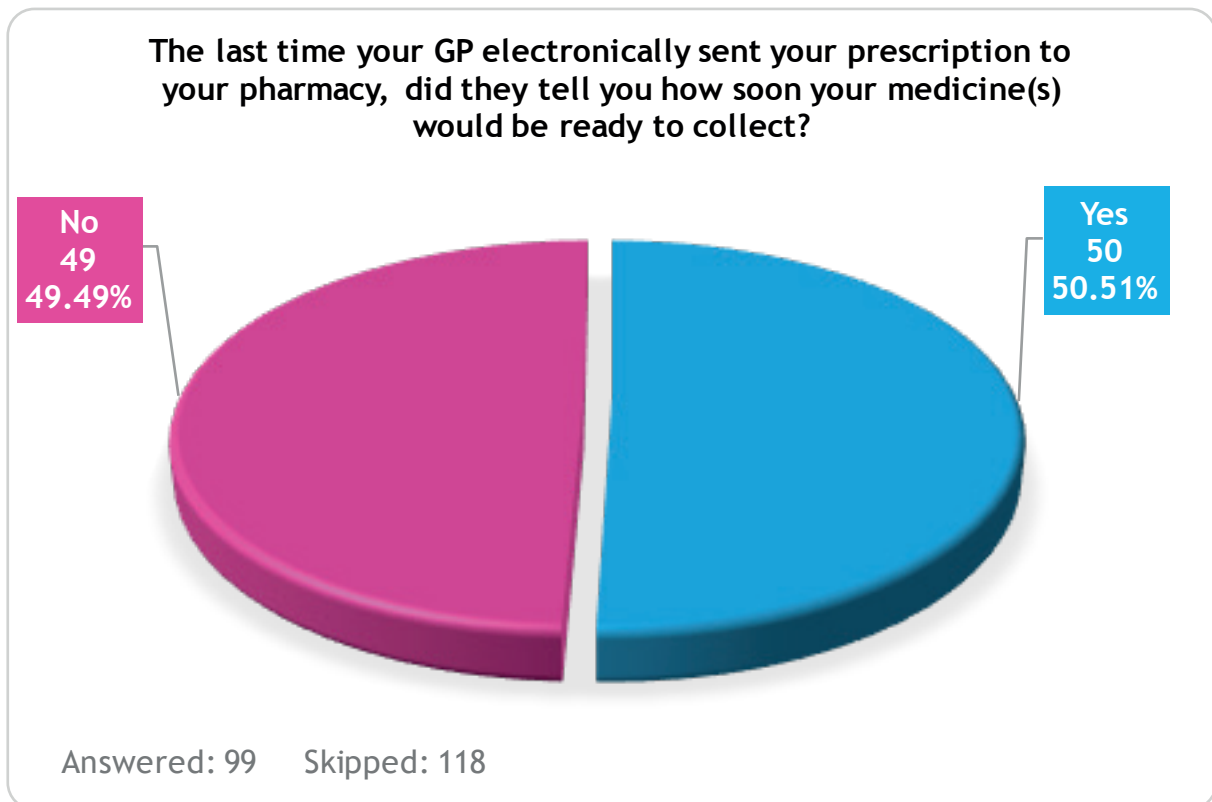
*"It is much more time efficient and easier than going to the surgery."*

## Section 2:

# PATIENT VIEWS IN DETAIL

We also asked questions in our survey about whether patients were given any expectations about how soon their

medicines would be ready to collect after their GPs electronically sent their prescriptions.



Half of the survey respondents said their GP had said something about how soon their prescription would be ready. This was mostly 'within 48 hours' or 'the next day', while eight people said they had been told that the prescription would be ready sooner - ranging from 'within the hour' through to 'this morning' or 'today'.

However just over half of people told us that their medicine had not been ready when they arrived to collect it, and this was a source of frustration for people who thought EPS was supposed to make the process smoother.

The last time your GP electronically sent your prescription to your pharmacy, was your medicine(s) ready to collect when you arrived at the pharmacy?



Answered: 101 Skipped: 116

### WHAT PEOPLE SAY...

*“Frequently told [prescription] not received or not sent, both parties blame other.”*

*“Had to wait for it to arrive and be processed - about four hours - went home in meantime.”*

*“They were waiting to receive [prescription] from GP and [I] was given time to collect later.”*

*“They usually don’t get it ready before you ask for it.”*

*“It was a right fiasco. I know the request was sent as my GP sent it to [pharmacy] whilst I was in my appointment. I went a couple of days later to collect it and they spent ages looking for it on the ‘system’. After some time, about 20 mins, they said they had received it but didn’t know where it was. They looked for it in the box on the counter where they are printed out but to no avail and seemingly they think it was printed out and prepared but had been lost. After about 30-45 mins and several discussions, they decided they would need to print it out again and re-issue the medication.”*

## Section 2:

# PATIENT VIEWS IN DETAIL

### WHAT PEOPLE SAY...

*“Usually ready and pharmacy texts [to inform patient that medicines are ready].”*

*“I don’t see how this system saves me any time as each time I have gone to collect my prescription it has taken at least 15 minutes to find it on the system and then they still have to prepare the medication whilst I wait. I could save time by simply handing over a printed prescription to the pharmacy and them prepare it. I am also concerned that prescriptions are printed out and are in a box on top of the counter. Often staff are very busy and the counter is left unmanned and therefore confidential details are left unattended.”*

*“It’s the same performance if you take your prescription in by hand.”*

*“The medicine was never there, I had to call ahead to ask for the items I wanted and the staff at the pharmacy just didn’t know how to use the system except one person and if he wasn’t in no one else understood. The problem is my surgery is in Reading but I use a pharmacy in Woodley where the doctor they mostly serve, doesn’t use electronic prescribing.”*

*“Works well for simple scripts but I also have a large amount of monthly repeats which they still do by paper. Not sure why this is, pharmacy said it did not work so well for them.”*

*“I was not sure when it would be ready to collect so I went in on the off-chance to ask, and the pharmacist explained that it can take more than 24 hours to receive the request and process it. It impacted as I was waiting to start the medication.”*



## Suggestions from the public on how to improve the electronic prescription service

We received 49 comments when we asked for any suggestions on improving the service, or any other feedback. People mostly wanted pharmacies to inform them when their medication was ready to pick up. People also wanted better

training for pharmacy staff or GPs on using the system, and clearer explanation to the public on how EPS works, including how people can sign up to it. The responses also included 21 comments praising the service.

### WHAT PEOPLE SAY...

*“It [my medication] should be ready to pick up, or there’s no point in the service.”*

*“It is good when the pharmacist texts you to tell you your prescription is ready to pick up.”*

*“Want it to be ready when I go to collect.”*

*“If [the pharmacy] could notify me electronically it would reduce my contact with unwell individuals in the waiting area.”*

*“Efficiency or training issues, or IT compatibility, need investigating. Can take days before prescription ready and end up returning to GP for paper copy.”*

*“It would be good not only to have an ‘accepted’ or ‘issued’ message from the GP [to a patient’s online request for a medication], but also a ‘received’ message from the pharmacy [and], wishful thinking, a ‘ready for collection’ message from the pharmacy.”*

*“I’m not always clear about if I need to visit the pharmacy to acknowledge my prescription - sometimes I have to do that before items are ordered.”*

*“If they could let me know an approx time when [medication] ready [to be picked up].”*

*“It may be useful to show a flowchart of how EPS works and the timings of each stage.”*

## Section 3:

# VIEWS AND INFORMATION FROM THE NHS

We heard from patients when we handed the questionnaire to them in person that they think of the service as being an immediate ‘computer to computer’ transfer of their prescription - from the GP surgery prescriber’s screen direct to the pharmacy dispensary screen.

The conversations we had with NHS staff and pharmacists about EPS, revealed a more complicated reality, and we outline what we heard, in this section of our report.

## Summary

The main points we heard:

- There is a lack of physical space in pharmacies, or enough staff, to prepare prescriptions in advance
- EPS training is not mandatory for NHS staff
- Locum pharmacists might not always have the ‘smart card’ they need to use EPS
- More awareness is needed that pharmacists can register patients to EPS, not just GPs
- Pharmacists are not allowed to alter prescriptions to synchronise start dates
- Some pharmacy computer systems are not set up to accept electronic prescriptions for controlled drugs
- There is a wide variation across Reading GP practices in the number of electronic prescriptions sent.

## EPS: The national vision

Electronic prescribing has been rolled out in phases since 2005. Benefits for patients are set out by NHS England (on the web page <https://digital.nhs.uk/eps>):

‘If you normally collect repeat prescriptions from the same place, or if you collect them on behalf of someone else, you could benefit from the service:

- you can collect repeat prescriptions directly from a pharmacy without visiting your GP
- you won’t have paper prescriptions to lose
- you may spend less time waiting in the pharmacy
- the service is reliable, secure and confidential.’

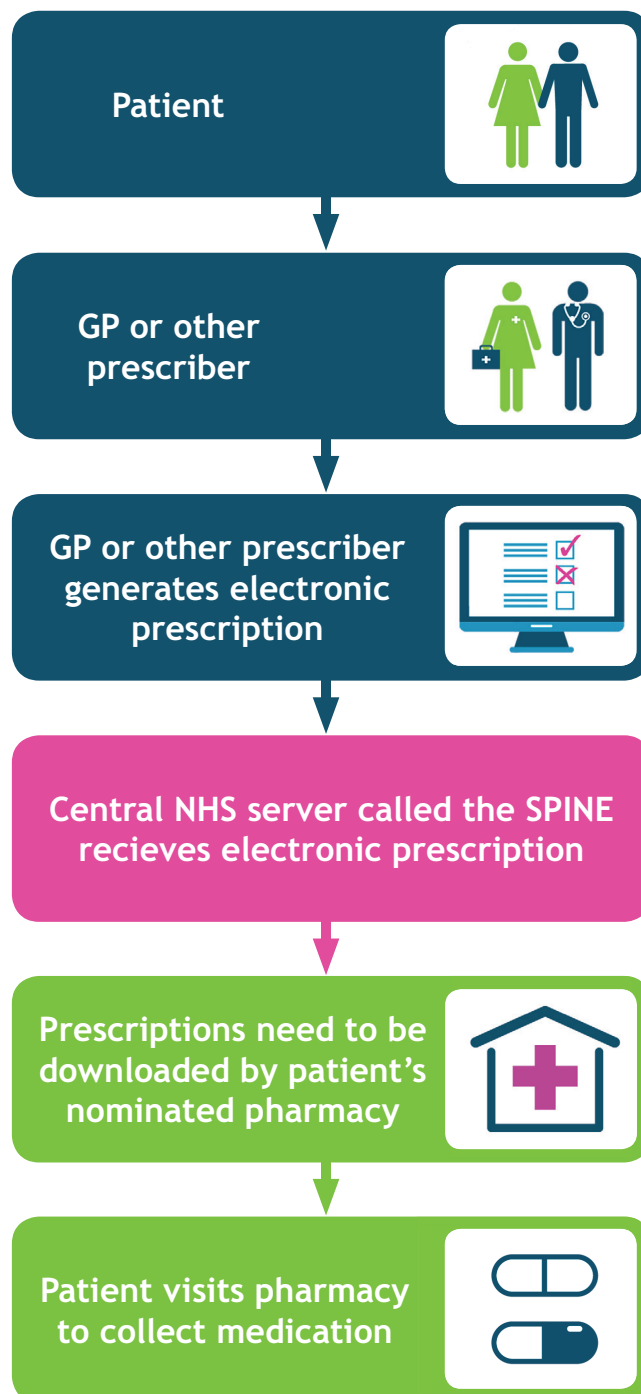
Further information is set out on the NHS Choices website (<http://www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Pages/eps.aspx>), which describes how patients can sign up at either their GP surgery or pharmacy, and tell them which pharmacy they would normally like to collect their medication from.

Patients can also change the nominated pharmacy on a one-off basis so they can have medications sent to a pharmacy in another part of England, for example when they are on holiday.



Technologically, electronic prescribing is a two-stage process. First, the electronically signed prescription travels from the GP's computer to a central

internet server known as the 'NHS spine'. Next the prescription must be downloaded from the 'spine' by the patient's 'nominated' pharmacy.



## Section 3:

# VIEWS AND INFORMATION FROM THE NHS

### How EPS works in Reading

We gathered views and information from local professionals that shed some light on why patient experience varies with EPS.

With some pharmacies, downloads of prescriptions to their computer systems are automatic (sometimes happening overnight). The pharmacy may also schedule downloads of prescriptions by staff, or it may be that the electronic queue is simply checked at intervals during the day.

Once downloaded, we heard that many pharmacies print off the paper 'script', that the patient would otherwise have carried from the GP surgery to the pharmacy, and put it beside staff as they check and dispense the medicine. So overall, the process is not completely 'paperless'.



Some pharmacies have staffing capacity and lack the physical space to make up bags of prescription medicine and have them waiting for collection. They will make up the prescription only when a patient calls ahead, or comes in to check if it is ready. This means that the patient (or their carer) has to wait 10-15 minutes or longer for the prescription to be dispensed, as with a paper prescription carried to the pharmacy.

We heard that training of pharmacy staff to use the system is not mandatory, and is dependent on the organisation's commitment to invest in this.

Everyone who accesses the EPS system (NHS and pharmacy staff) needs a 'smart card', so that patient records are kept secure. We heard that in some pharmacies, locum pharmacists do not have a smart card and so cannot access the EPS system, and this can sometimes cause confusion and delays.

A medium-sized pharmacy might have a staff member spending two hours a day chasing queries about prescriptions by telephone - talking to GP surgeries and to patients. This is the same with EPS as it is with paper prescriptions. A potential benefit of EPS is that the form reaches the pharmacy more quickly after signing, and stock management can be more effective, meaning that some delays may be eliminated (e.g. patient calling in with a paper form, but an item is not in stock yet.)





Some NHS staff told us they think more could be done by pharmacies to promote awareness of the system, and the ability of pharmacists, not just GPs, to sign up patients to EPS.

EPS is especially useful, professionals believe, when it comes to batch prescribing. This is when a patient is on a stable drug regime and where it has been possible to ‘synchronise’ different drugs (e.g. instead of starting to use drug A on 1st of month and drug B on 22nd of month, meaning that the prescriptions are needed at different times in the month, everything is set up to be taken starting on e.g. 22nd of month, so only a single prescription is needed every month).

A patient can be set up with six or even 12 months of prescriptions in this way. By law, the paper ‘top copy’ (the first prescription) must be printed off and taken to the pharmacy. The remaining prescriptions in the batch can then be ‘drawn down’ electronically as required, and the patient liaises with the pharmacy about this. Previously, the patient would have to telephone or call in at the GP

reception and ask for each prescription to be printed. The paper copy would then be collected by either the patient or a pharmacy. The EPS system saves time and means that there is a smaller chance of the prescription being lost at any point in the process.

We heard that the EPS system has no flexibility to allow a pharmacy to alter prescriptions so that the drug availability dates are ‘synchronised’ to a single date each month. This is because each prescription must be processed ‘as signed by the GP’, and this is linked both to assurance that the correct drug is being prescribed, and the payment system (both electronic and paper prescriptions are processed in the NHS for payment of a dispensing fee to the pharmacy).

We heard that a major issue limiting use of EPS relates to incompatibility of computer systems around controlled drugs (opiates and other potentially addictive drugs). It became legal and possible for controlled drugs to be prescribed through EPS nearly two years ago, and all GP computer systems are now set up for this - however many pharmacy computer systems are not. This can mean that patients get a mix of electronic and paper prescriptions, raising the risk of paper forms being lost, and the mix being less easy for GPs to monitor. Patients needing these controlled drugs include elderly people needing e.g. fentanyl pain relief patches, and people with terminal illnesses.

## Section 3:

# VIEWS AND INFORMATION FROM THE NHS

We also heard that if there are errors in the limited information on the NHS 'spine' about the patient, which then does not match the local record in the GP surgery (details such as name, NHS number, address, telephone number) then this means that the EPS system cannot be used for that patient.

## Variations in EPS use by Reading GPs

Our research also found statistics that show a wide variation in the number of electronic prescriptions sent by GP practices. Rates among practices in North and West Reading Clinical Commissioning Group ranged from 2% to 88% (the best being Balmore Park Surgery) and in South Reading CCG, the number of electronic prescriptions sent was lower, ranging

from 0% to 61% (the highest number sent from Grovelands Medical Centre). At the time, the national average was 53%.

## The wider context

We also noted, while researching electronic prescribing, that there are a number of new national initiatives, which may affect the patient experience of obtaining prescription medicines in the future. These include quality payments to pharmacists and a potential reduction in the number of community pharmacies, especially where there are more than one in an area of one mile or less. More details can be found in the documents *Community Pharmacy in 2016/17 and beyond: Final package*, *the Pharmacy Integration Fund*, and *the Pharmacy Access Scheme*.

## Electronic Repeat Dispensing

- Two thirds of prescriptions issued in primary care are repeat prescriptions.
- This accounts for 80% of NHS medicine costs for primary care.
- There are up to 410 million repeat prescriptions generated every year - equivalent to an average of more than 375 per GP per week.
- This could save 2.7 million hours of GP and practice time.
- Since July 2009 it has been possible to use repeat dispensing via EPS.
- 330 million or 80% of all repeat prescriptions could eventually be replaced with repeat dispensing.
- Called Electronic Repeat Dispensing (eRD) to differentiate it from paper based Repeat Dispensing.
- *Source: Maximising eRD Toolkit: <https://www.digital.nhs.uk/article/913/Electronic-repeat-dispensing-for-prescribers>*



## DISCUSSION AND RECOMMENDATIONS

Reading people told us that they think the electronic prescription service is a convenient system that saves them an extra trip to the surgery to collect repeat prescriptions. However, they do not think it is working to its full potential and would like, in particular, pharmacies to notify them when their medication is ready to pick up. This is possible, as some people told us their pharmacy does text them to inform them of collection times.

There is some confusion among the public about how EPS works, with some people thinking it requires the patient to have a computer or to be computer literate.

Our research also highlighted some worrying variations in the use of EPS across Reading, meaning some patients are missing out on its potential benefits.

Based on the evidence Healthwatch Reading collected, we are posing the following questions and recommendations to NHS England, which is responsible for overseeing pharmacy services. We also

welcome any comments from Thames Valley Pharmacy, on behalf of local pharmacies, and Berkshire West CCG federation, which oversees GP services.

1. Why is there such a wide variation across Reading, in the number of electronic prescriptions sent? Is there a timetabled action plan in place to ensure all patients get the opportunity to register with EPS via their local pharmacy or GP, regardless of where they live in Reading?
2. Is it possible for pharmacies to be encouraged/or required to inform patients when their prescription is ready to collect, via a text message or other communication service? How can good practice in this area be shared?
3. We recommend a local communication plan that helps the public better understand what EPS is, and explains how and where they can sign up - including the fact they do not need a computer themselves and can also sign up at their pharmacy.
4. What action is or can be taken by NHSE to ensure all pharmacies' computer systems can receive electronic prescriptions for controlled drugs?
5. How can the issue of 'drug synchronisation' be addressed more effectively and by whom, to help patients?



## Section 5:

# RESPONSES

### Local Pharmacy Committee

The LPC was delighted to work with HealthWatch Reading in the initial development stages of the project and is also pleased to have the opportunity to respond to the report. We have formulated our response based mainly on the questions posed at the end of the report.

1. Why is there such a wide variation across Reading, in the number of electronic prescriptions sent? Is there a timetabled action plan in place to ensure all patients get the opportunity to register with EPS via their local pharmacy or GP, regardless of where they live in Reading?

There is a variation across the area as different GP practices adopted EPS at a different rates. Most community pharmacies adopted the system about four years ago and were trained at that time but, due to a lag in the adoption by GPs, the pharmacies became deskilled due to a lack of experience with the system. The LPC is working now with the local CCGs to increase the awareness of EPS, refresh the training and encourage pharmacies and GP practices to work together to resolve the issues. Most GP practices are now live with the system and as they start to process more and more of their prescriptions in this manner, the pharmacies will develop their systems to cope with

the change in working practice. The system has been trailed as a “paperless” system but that is not the reality - it has, for now, simply moved the printing of the prescription from the GP surgery to the pharmacy. Part of the issue is that pharmacy teams still like to have a paper prescription to dispense and check against but this could change with changes in working practice. However, at present, the pharmacy is still required to obtain a patient declaration of exemption (except age exemptions) or record payment of prescription charges and this requires the prescription to be printed off and the declaration signed by the patient and then sent to the NHS for fraud checking purpose. Until this requirement changes the process will never be paperless.

2. Is it possible for pharmacies to be encouraged/or required to inform patients when their prescription is ready to collect, via a text message or other communication service? How can good practice in this area be shared?

There is no contractual requirement for pharmacies to contact the patient to inform them that their prescription is ready but we do note from the report that some pharmacies are offering this as a service to their patients. We can see the benefit of



this to patients but there would be a cost involved for the pharmacy in both time and money and at a time when the Government is reducing the income of community pharmacies it is unlikely that any pharmacy would take on an additional cost burden if it was not part of their contract. Pharmacies will tell patients how long a repeat prescription will take to be ready from time of ordering - there is a delay while the surgery processes and signs the prescription and then the pharmacy needs time to dispense and check the prescription. Many surgeries will ask for 48 hours' notice of a prescription request but the local pharmacy can advise their patients of the likely timescale. Patients who would value a notification should speak to their individual pharmacy and see if that is an option. Patients could also phone their pharmacy and give them notice that they were planning on coming to collect their prescription at a given time and this would allow those pharmacies with limited storage space the time to make sure the items were ready for collection.

3. We recommend a local communication plan that helps the public better understand what EPS is, and explains how and where they can sign up - including the fact they do not need a computer themselves and can also sign up at their pharmacy.

This is part of the work being done locally by the project team which includes the LPC and representatives of the commissioning support unit and GPs. We hope to raise awareness among patients, surgery staff and pharmacy teams and also to drive up the number of patient nominations.

4. What action is or can be taken by NHSE to ensure all pharmacies' computer systems can receive electronic prescriptions for controlled drugs?

The legal changes that were needed to make this happen are now in place but it has taken some time for the system suppliers to make the changes to the systems which they provide to pharmacies. The issue is frustrating for patients, pharmacists and GPs and the LPC has been encouraging pharmacists to raise a complaint with their supplier. We hope that a solution is imminent.

5. How can the issue of 'drug synchronisation' be addressed more effectively and by whom, to help patients?

The LPC agrees that it is frustrating for all concerned that pharmacists cannot make these simple changes to make the process easier for patients. However, currently this would be illegal and would put the pharmacists in breach of their contract. What can be done is that the pharmacist



## Section 5:

# RESPONSES

can conduct a medication use review with the patient - this is a free NHS service- and can then make recommendations to the GP but this does rely on the GP implementing the recommendations. We hope that, in the future these simple tasks will be a part of the pharmacy contract. For now, the action needs to happen in the GP surgery- those surgeries who are now employing their own pharmacists may use them to undertake this task.

The LPC would like to reiterate its' thanks to HealthWatch Reading for shining a spotlight on Electronic Prescribing and for raising awareness across the area.

Carol Trower,  
Chief Officer,  
Pharmacy Thames Valley.  
Representing Community Pharmacies  
across Berkshire and Oxfordshire.

## NHS England

Awaiting response...





# ACKNOWLEDGEMENTS

Healthwatch Reading thanks:

- the patients who completed the survey,
- others who contacted us to give feedback about prescribing,
- Patient Participation Group members,
- South Reading Patient Voice (with special thanks to Caroline Langdon),
- North & West Reading Patient Voice,
- GP Practice managers,
- GP surgery staff and GPs,
- pharmacists and pharmacy staff,
- clinical commissioning group staff
- and other NHS staff who shared their expertise and views with us, and helped with promoting the survey.

Healthwatch Reading also thanks Carol Trower, Chief Officer of Pharmacy Thames Valley, for her invaluable help at the outset of this project, and Sanjay Desai of the NHS Berkshire West Medicines Optimisation Committee for his advice and assistance.





## About the people who answered our survey

Add demographic info in HWR format:

- 59% F and 41% M
- Good mix of ages, from 18-24 to 85+, with about 30 in each age category from 25-34 to 75-84
- 67% white British, 5% other white, 28% Asian, 8% black African/Caribbean, 7% other



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