Date published: 27 April, 2023
Date last updated: 3 September, 2024

Electronic prescription service (EPS)

Version1.1 27 April 2023

This guidance is part of the Patient record and information systems' functionality section (https://www.england.nhs.uk/digital-gp-good-practice-guidance/patient-record-and-information-systems/) of the Good practice guidelines for GP electronic patient records (https://www.england.nhs.uk/digital-gp-good-practice-guidance/).

Publication (/publication)

Content

The Electronic prescription service (EPS) (https://digital.nhs.uk/services/electronic-prescription-service/) allows prescribers to send prescriptions electronically to a dispenser (such as a community pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. EPS supports the NHS England commitment to Digital first primary care (https://www.england.nhs.uk/gp/digital-first-primary-care/), reducing the need for patients to attend practices in person to order or collect repeat prescriptions.

The functionality of the EPS has been enhanced since it was first introduced. Since November 2019 (https://www.legislation.gov.uk/uksi/2018/1114/pdfs/uksiem_20181114_en.pdf#:~:text=7.2%20The%20proposed%20amendm it has been a requirement for all eligible prescriptions to be issued from general practice via EPS.

EPS Phase 4 (https://digital.nhs.uk/EPSphase4) will remove the need for most paper prescriptions and allow prescriptions to be collected from any pharmacy, even without a nomination. Since February 2023 the following GP systems have EPS Phase 4 enabled:

- TPP – SystmOne
- Emis – Emis Web
- Microtest – Evolution
- Vision

In January 2023:

- over 91% of prescriptions were via EPS
- 98% of practices were set up to use the EPS
- 99.8% of pharmacies were using EPS
- over 88 million items were prescribed via EPS (approx. 4.2 million per working day).

There is an EPS dashboard (https://digital.nhs.uk/data-and-information/data-tools-and-services/tools-for-accessing-data/deployment-and-utilisation-hub/electronic-prescription-service-deployment-and-utilisation-data) that provided up to date data about deployment and usage.

Interoperability

- **Patient demographic service (PDS) |** If the data on the PDS (https://www.england.nhs.uk/long-read/personal-demographic-service-pds/) does not match the patient record it will need to be corrected before a prescription can be sent electronically. The prescriber needs to have the correct authorisation on their smartcard (https://www.england.nhs.uk/long-read/smartcards-and-access-controls/). The smartcard PIN is required to authenticate the prescription.
- **Smartcard |** Users will require an appropriate role on their smartcard. Some users will have several roles on their single smartcard. On issuing a prescription, the system verifies with the smartcard PIN.
- **Directory of medicines and devices (dm+d) |** The dm+d (https://digital.nhs.uk/services/electronic-prescription-service/dm-d-and-prescribing-systems) is maintained to ensure that the intended item is dispensed. Not all items are, however, on the dm+d. For example, when manufacture of an item ceases it is removed, but supplies may still be available in pharmacies. The item can be prescribed via a non-EPS prescription. The item should not, however, be started for long-term use, alternatives should be considered, and the patient informed of availability issues.

Where the dm+d flags an item as invalid, it should not be prescribed, and a valid replacement should be prescribed. Invalid items may cause difficulties with repeat prescribing and repeat dispensing.

The NHS website (link above) contains some useful guidance on pack sizes, item types, caplets, branded/generic prescribing, and flavoured items.

There is a risk that some systems include a pack convertor and errors have been made in prescribing, for example 200x200dose inhalers, 180x180dose GTN sprays, or 400x400g gluten free foods. The dm+d can be searched at this website applications.nhsbsa.nhs.uk (https://applications.nhsbsa.nhs.uk/DMDBrowser/DMDBrowser.do)

- **The NHS spine (or Spine) |** Spine (https://digital.nhs.uk/services/spine) supports the IT infrastructure for health and social care in England, joining together 23,000 healthcare IT systems in over 20,000 organisations. It allows secure sharing of information through national services including EPS, summary care record (https://www.england.nhs.uk/long-read/summary-care-records-scr/) (SCR) and the e-Referral service (https://www.england.nhs.uk/long-read/e-referrals/)(eRS).

Benefits of EPS

The benefits of EPS include:

- more efficient management of prescribing tasks by prescribers/surgeries:
- electronic prescribing in batches of up to four items per patient
- repeat dispensing (https://www.england.nhs.uk/long-read/electronic-repeat-dispensing-erd/) reduces prescriber time re-authorising and issuing prescriptions
- prescriptions can be cancelled online by the prescriber
- replacement prescription tokens can be sent without a new signature
- use of a prescribing dictionary enabling precise description of item to be dispensed:
- reducing queries from pharmacy to surgery
- reducing risk of wrong item error
- secure and rapid delivery of prescriptions direct to pharmacies:
  - prescriptions cannot be lost
  - reduced risk of dispensing duplicate prescriptions
  - prescriptions do not need to be sorted for pharmacies to collect
  - prescriptions do not need to be collected by pharmacies from surgeries
  - prescriptions can be tracked online
  - prescriptions can be issued to nominated pharmacies or be non-nominated for any pharmacy in England to dispense (helpful for acute prescriptions, out of hour prescriptions)
  - prescriptions can be located on the Spine by a dispenser using a token (https://digital.nhs.uk/services/electronic-prescription-service/prescription-and-dispensing-tokens), prescription ID, or NHS Number
  - less chance of prescription being sent to the wrong pharmacy
- reduced use of paper, improved pharmacy stock control
- improved safety and service – better for prescriber, dispenser, and patient.

Risks

System failure remains a risk, although prescribers can revert to non-EPS prescriptions, and dispensers can access business continuity (https://digital.nhs.uk/services/electronic-prescription-service/eps-prescription-tracker/business-continuity-mode-user-guide-part-1) systems available on the EPS prescription tracker. In this system, however, dispensers may only access prescriptions that have been prescribed, nominated to, or downloaded by the dispenser.

Nomination

It is recommended that patients nominate a regular pharmacy so that prescriptions can automatically be sent there. A patient may, however, nominate a different provider to supply appliances, like catheter and stoma supplies. Additionally, a one-off nomination can be made where required (see below).

Phase 4 prescriptions can be issued without a nomination, enabling a patient to attend any English pharmacy to dispense (however they will require a token, prescription ID, or their NHS number for the pharmacist to retrieve the prescription from the EPS.)

Prescription types

EPS enables acute, repeat, and repeat dispensing prescriptions:

- an acute prescription is a one-off prescription generated by a prescriber, sent to the EPS and available for download by a dispenser
- a repeat prescription is a series of prescriptions each issued by a prescriber and managed by EPS in the same way as an acute prescription.
- repeat dispensing is a series of prescriptions released at a frequency and duration defined by the prescriber by the Spine to the nominated dispenser

Cancelling

On occasion, a prescription may need to be cancelled or replaced with a different item. EPS allows a prescription to be cancelled by the prescriber if it has not yet been downloaded by a dispenser. If it has been downloaded, the dispenser should be contacted to agree appropriate further action. They may not have dispensed the item, or the patient may need to be contacted. When the prescription has been cancelled by the prescriber it can be amended and a new prescription issued.

Excluded items

Items that cannot be prescribed via EPS include:

- Schedule 1 controlled drugs (https://digital.nhs.uk/services/electronic-prescription-service/controlled-drugs)
- items on instalment prescribing (where an FP10MDA is still required)
- items not on the dm+d
- items for personal administration (where the item is supplied, administered and claimed for 'personal administration' by the practice)
- private prescriptions
- where the items will be dispensed outside England (the records will require the correct SNOMED (https://www.england.nhs.uk/long-read/clinical-coding-snomed-ct/) code which will ensure that all prescriptions are issued as a paper FP10 and not via EPS. Equally there is a SNOMED (https://www.england.nhs.uk/long-read/clinical-coding-snomed-ct/) code to reverse this and resume EPS prescriptions)
- where, in the professional judgement of the prescriber, the welfare of the patient is likely to be in jeopardy unless a paper prescription is issued

Additionally, if there is a PDS mismatch then a FP10 prescription form (https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/prescription-forms) may be issued instead of EPS. It is important that staff have a policy for checking/updating the PDS.

Post-dated prescriptions

Prescriptions cannot be downloaded from the Spine until the date they become valid. It is good practice to explain this to patients. The exception is for eRD prescriptions as described in the separate article on eRD.

Controlled drugs

Schedule 1 controlled drugs (CDs) cannot be prescribed via EPS (see the link above). Schedule 2/3 CDs can be issued, but not through a repeat dispensing arrangement.

Schedule 4 CDs can be issued through EPS.

Using EPS saves time and effort, for example ensuring the prescription is legally compliant. It is also more convenient for the patient in not needing to physically attend the prescriber each time.

EPS tracker

The EPS tracker (https://digital.nhs.uk/services/electronic-prescription-service/about-the-eps-prescription-tracker) enables practice staff to check the status and location of a prescription. Tokens can be reprinted without risk that a prescription can be issued twice.

Other settings

EPS functionality is available to care settings (https://digital.nhs.uk/EPS-other-settings) such as extended access hubs, community, out of hours and urgent care settings. Users here may need to nominate an alternative pharmacy temporarily that is local and open.

One-off nominations

One-off nominations (currently only available via some prescribing systems) may be useful where the usual pharmacy is closed or does not have the item in stock. At the point of prescribing prescribers can use the Directory of Services (DoS) to select a 'bricks and mortar' pharmacy, so that prescriptions are only sent to open pharmacies.

The prescription must be collected before any change in nominated pharmacy, or the prescription will be downloaded to the new nominated pharmacy.

Alternatively, where the system does not allow a one-off nomination, the nomination can be changed but the patient should be advised to arrange to revert the nomination after collecting the prescription.

Nominations can be changed by the pharmacy, GP surgery, or via some patient apps.

Note: Phase 4 prescriptions (non-nominated) are not affected by a change in nomination. They remain available for any pharmacy to dispense.

Data

Practices can check (https://app.powerbi.com/view?r=eyJrIjoiNzgzMjMxMzgtNDhmZS00ZDAzLWIxMjktNmNhZDRkNjg3MGE3IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODA their EPS utilisation, compare figures across practices, at CCG/Regional/National levels, on the NHS Digital website.

Urgent prescriptions

If a prescription is urgent, the dispenser should be contacted directly, e.g. via telephone or, if proximity allows, face to face. It should not be assumed that a message on the prescription, a secure email, or other type of written electronic message will suffice.

Related GPG content

- Personal demographic service (PDS) (https://www.england.nhs.uk/long-read/personal-demographic-service-pds/)
- Smartcards and access control (RBAC) (https://www.england.nhs.uk/long-read/smartcards-and-access-controls/)
- NHS Care Identity Service 2 (CIS2) (https://www.england.nhs.uk/long-read/nhs-care-identity-service-2-cis2/)
- Clinical coding – SNOMED CT (https://www.england.nhs.uk/long-read/clinical-coding-snomed-ct/)
- eReferrals (https://www.england.nhs.uk/long-read/e-referrals/)
- Electronic repeat dispensing (eRD) (https://www.england.nhs.uk/long-read/electronic-repeat-dispensing-erd/)
- Interoperability (https://www.england.nhs.uk/long-read/interoperability/)
- GP contract (https://www.england.nhs.uk/long-read/gp-contract/)
- Summary care records (SCR) (https://www.england.nhs.uk/long-read/summary-care-records-scr/)

Other helpful resources

Oxfordshire Clinical Commissioning Group (CCG), Phase4 GP site readiness checklist (https://www.oxfordshireccg.nhs.uk/professional-resources/documents/primary-care/EPS/Phase%204%20page/Phase%204%20documents/EPS%20P4%20GP%20site%20readiness%20checklist.pdf)

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