

Electronic Prescription Service - Release 2

NOMINATION POLICY

Version: 3.0
Date: 20/12/2011
Authors: Labukun
Kosefobamu

Revision History

This document has been through the following revisions:

Version	Revision Date	Author	Summary of Changes
1.0	30/06/2011	Bal Minhas Cheryl Clennett	West Kent & East Kent Policies amalgamated
1.1	11/07/2011	Barbara Parkinson Cheryl Clennett	Medway policy compared to amalgamated policy above and final NHS Kent and Medway policy agreed
2.0	04/10/2011	Labukun Kosefobamu	Issued
2.1	21/11/2011	Chris Mather	Remove the requirement for practices and pharmacies to use patient Nomination Forms, and to keep the forms if they do use them. County-wide version 1.2 adopted for Medway's version 2.1. Approved by Medway project board
3.0	20/12/2011	Labukun Kosefobamu	Issued

Approval

This document requires the following approvals:

Approval	Submission Date	Approval Date
Medway EPS Project Board	06/12/2011	13/12/2011

Review

This policy will be reviewed in the light of experience and any further guidance or legal changes, and as a matter of course, every 12 months:

Routine Date	Review	Reviewed by	Approval Date

Table of Contents

1. Purpose	4
2. Introduction	5
2.1 Electronic Prescription Service	5
2.2 Nomination	5
3. Scope of Nomination Policy	5
4. Governance	5
5. Background.....	6
5.1 Nomination Principles.....	6
5.2 Prescribing and Dispensing Legislation.....	6
5.3 EPS Authorisation Directions 2008	7
5.4 Who can be nominated?	7
5.5 Nomination Recording.....	7
6. Nomination Procedure	8
6.1 Capturing nominations	8
6.2 Procedures for Prescribers.....	8
6.3 Procedure for Dispensers.....	9
6.4 Changing nominations.....	10
6.5 Cancelling nominations	10
6.6 Patient communications	11
7. Patient Suitability	11
8. Training staff on the nomination process	12
9. Complaint Process.....	12
10. PCT Monitoring of Nomination	13
Appendix 1 Principles of Nomination	14

1. Purpose

The Nomination Policy is intended to inform any of the prescribing and dispensing staff of their duties and responsibilities when handling a nomination request and to ensure the process is implemented in a standard and fair manner throughout NHS Kent and Medway

The purpose of this document is to provide all stakeholders with information on:

- How nomination will be implemented locally based on best practice, and;
- How nomination will be managed and monitored by the PCT to ensure that nomination takes place in a fair and equitable way within the parameters defined by legislation (supported by the key principles of nomination).

The nomination policy aims to:

- Provide a summary of what nomination is
- Identify and confirm the legislation that supports nomination
- Set out the PCTs responsibilities in relation to nomination
- Provide information to community pharmacies, dispensing appliance contractors, GP dispensers and GP prescribers to support them in their responsibilities to manage, maintain and monitor the nomination process inline with the PCT communications strategy
- Confirm the PCT approach for providing information on nomination to patients;
- Confirm the process to be followed when a complaint is received about nomination.
- Confirm the activities that will be undertaken by the PCT to ensure the nomination policy is followed.

This Nomination Policy will aim to be accessible to everyone regardless of age, disability, gender, race, sexual orientation, religion/belief or any other factors which may result in unfair treatment or in-equalities.

The key stakeholders in the nomination process (and therefore impacted by this nomination policy) are:-

- PCT staff – *PCT to define which ones e.g. EPS board members*
- GP practice staff
- Dispensing contractor staff;
- Patients and carers and their local representative bodies

2. Introduction

2.1 Electronic Prescription Service

The Electronic Prescription service is the service that allows prescriptions to be sent electronically between the prescriber and the dispenser, without the need for a paper prescription in certain circumstances. More information about EPS can be found here:

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps>

2.2 Nomination

Nomination is a new process that will be provided as part of Release 2 of the Electronic Prescription Service. It will give patients the option to choose, or 'nominate', a pharmacy to which their electronic prescription(s) can be sent electronically by their GP.

Nomination is similar to the repeat prescription service that is currently offered by some pharmacies. The difference is it that cuts out the need for the patients to call, or arrange for collection, at the GP practice to collect a paper prescription each time, as this will be sent electronically to the pharmacies for the length of the repeat prescription. When a patient nominates there is potentially no paper prescription and no bar code to scan, as prescriptions either arrive automatically at the pharmacy overnight or whenever the pharmacy requests them.

3. Scope of Nomination Policy

The scope of this Nomination Policy is effective for all GP practices and dispensing contractors, which include community Pharmacies, dispensing appliance contractors and dispensing GP Practices. All of these sites will need to be operating the Electronic Prescription Release 2 (EPS R2) within our PCT. Also under the scope of this policy are the responsible staff and the nomination processes that will be adhered to.

This policy does not cover the ability for patients to record the nomination of their preferred pharmacy via Healthspace. Further guidance will be given when this function is available in the future.

4. Governance

The Nomination Policy has been developed in association with the local EPS project boards. Approval of this document is through Medway EPS project board and then the SHA, this ensures all key stakeholders are involved in the approval process. All documents are controlled in accordance with PCT Policy.

5. Background

5.1 Nomination Principles

For the nomination process within EPS R2 there are four main principles that need to be followed by prescribing and dispensing staff when liaising with patients, as it must be the patients decision on who the nominate. These are:

- *Principle 1* - Patients must be provided with sufficient information about the EPS before nomination is captured.
- *Principle 2* – Dispensing contractors must not offer any type of inducement to encourage patients to nominate them.
- *Principle 3* – Dispensing contractors will need to capture, record and act on patient’s nomination request in a timely manner.
- *Principle 4* – Prescribers and dispensing contractors must establish standard operating procedures for nomination.

See Appendix 1 for more detailed information

5.2 Prescribing and Dispensing Legislation

Section 39B of the National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2005

http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Primarycare/Primarycarecontracting/GMS/DH_4125639

provide the following:

“A contractor -

(a) shall not seek to persuade a patient to nominate a dispenser recommended by the prescriber or the contractor; and

(b) shall, if asked by the patient to recommend a chemist whom he might nominate as his dispenser, provide the patient with the list of all the chemists in the area who provide an ETP service as given to the contractor by the Primary Care Trust.”

Section 28 of The NHS (Pharmaceutical Services) Regulations 2005 (Schedule 1, Part 4) <http://www.opsi.gov.uk/si/si2005/20050641.htm> specifically provides the following:

“A pharmacist shall, if requested to do so by any person –

(a) explain to him the ETP service, whether or not it is a service which is available through his pharmacy; and

(b) where the ETP service is not available through his pharmacy, provide him with contact details of at least two pharmacies in his area through which the service is available, if these details are known to the pharmacist.

A pharmacist or his staff shall not give, promise or offer to any person any gift or reward (whether by way of a share of or dividend on the profits of the business or by way of discount or rebate or otherwise) as an inducement to or in consideration of his -

(a) presenting an order for drugs or appliances on a non-electronic prescription form or non-electronic repeatable prescription; or

(b) nominating the pharmacist as his dispensing contractor (or one of them) in his NHS Care Record.

Promising, offering or providing an auxiliary aid in relation to the supply of drugs or a home delivery service is not a gift or reward for the purposes of sub-paragraph (1)."

The PCT will work with key stakeholders such as the LPC to ensure compliance with legislation.

5.3 EPS Authorisation Directions 2008

GP practices are unable to issue electronic prescriptions until the PCT is listed in the EPS Authorisation Secretary of State Directions. All Kent and Medway PCTs have received the Secretary of State Direction. This direction only covers the prescribing by the GP practice and does not include the dispensing contractors. Dispensing contractors may implement EPS R2 as soon as their pharmacy system has received full roll out approval from CfH, and the pharmacy staff are in possession of EPS R2 smartcards.

5.4 Who can be nominated?

Patients can list up to three sites for nomination, consisting of one from each of the following:

- Community pharmacy
- Dispensing appliance contractor
- Dispensing GP practice (Can only be set at the practice).

In each case a specific location must be nominated. A whole organisation or chain of premises cannot be nominated.

5.5 Nomination Recording

A nomination can be set, removed or changed at any prescribing or dispensing contractor operating EPS R2. The only exception to this is when a patient is nominating a dispensing GP practice as this can only be set by the chosen practice.

Independent contractor groups have a duty to ensure that nomination is available to every patient regardless of age, disability, gender, race, sexual orientation, religion/belief and vulnerable groups, and all attempts should be made to ensure openness and fairness for all patients.

In the future patients will also be able to manage their nominations through the NHS Healthspace website. Further information is available at www.healthspace.nhs.uk.

A list of EPS R2 enabled sites can be found on the NHS Choices website (www.nhs.uk).

6. Nomination Procedure

6.1 Capturing nominations

It is expected that at the initial stage, nominations will be mainly captured through face to face meetings. The contractors will need to ensure that the information listed in Principle 1 has been communicated to patients prior to setting the nomination.

Nominations can be collected before a dispensing location goes live with EPS R2. If the nomination is recorded more than 6 weeks before go live, the patient must be consulted to confirm this is still correct.

This principle is also relevant in scenarios where the nomination will be entered onto the system at a later time, as opposed to when the patient is still present. It is recommended that nomination information is entered no later than 24 hours after the request to set, change or cancel a nomination has been made.

A mass nomination campaign will not be run, although publicity about nominations will be an integral part of the communications strategy. The majority of nominations will come as a result of normal or routine encounters between patients and their healthcare professionals.

Any contractor capturing a nomination will need to ensure that they have the necessary arrangement in place to manage nominations.

If the contractor is unable to deal with the nomination, the reason(s) will need to be explained to the patient or carer. For example, number of patient nominations cannot exceed the maximum allowed by the service. Another instance involves a patient who is eligible to collect medications from a dispensing GP practice, and the nomination can only be recorded through that practice – contractors may check if a nomination for a Dispensing GP is already recorded using their system.

A patient or carer may wish to confirm or check the identity of their nominated dispensing contractor at any point in time. The request for a query may be done in any release 2 compliant site. If asked for this information by a patient any Release 2 site should provide it.

6.2 Procedures for Prescribers

The following points must be considered when creating standard operating procedures:

- If a patient wishes to set, change or cancel their nomination this should be undertaken in a timely manner (within 24 hours)
- The GP practice must inform the patient of the Electronic Prescription Service if asked, utilising the Patient leaflets provided by Connecting for Health. This leaflet will act as a “script” for members of staff to utilise, which will maintain the standard of information being delivered to patients. A personalised script can be produced by the GP Practice if required, as long as the script contains the exact information communicated in the Patient Leaflet.
- If the patient asks which dispenser they should nominate, the GP must provide a list of dispensers in the area taking part in EPS. This will be made available on the NHS Choices website (<http://www.nhs.uk>) and through the prescribing system.
- If the patient does not want to use their nominated dispenser, the GP must give the patient a hand signed paper FP10 prescription, which can be dispensed at any pharmacy.
- Where a patient has more than one nomination, prescribers will need to know to which nominated dispenser a prescription should be sent, and ensure that on each occasion the patient wishes to use the EPS.
- The GP Practice must check the NHS Choices website, to ensure that it displays accurate and up to date information about the Practice.
- If a practice is a dispensing practice, the GP must still offer the patient a choice of dispensing services so the patient can make their own decisions to nominate any of the dispenser, or local pharmacy, or appliance contractor, or all three.
- A nomination for a dispensing GP practice can only be set by a member of staff working at that GP practice (with the necessary access rights on their Smartcard).

The nomination steps will need to be repeated if the patient requests more than one nominated dispensing contractor, for example, a community pharmacy and a dispensing appliance contractor.

6.3 Procedure for Dispensers

The following points must be considered when creating standard operating procedures:

- The dispensers must inform the patient of the Electronic Prescription Service if asked, utilising the Patient leaflets provided by Connecting for Health. This leaflet will act as a “script” for members of staff to utilise, which will maintain the standard of information being delivered to patients. A personalised script can be produced by the dispenser if required, as long as the script contains the exact information communicated in the Patient Leaflet.
- If the patient enquires about which dispenser they have nominated, the dispenser must volunteer this information, even if this is not them.
- The dispenser must check the NHS Choices website, to ensure that it displays accurate and up to date information about the pharmacy.

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- The nomination steps will need to be repeated if the patient requests more than one nominated dispensing contractor, for example, a community pharmacy and a dispensing appliance contractor.
 - If the patient no longer wants to have a nominated dispensing contractor, a member of dispensing staff will need to remove the details from the patient's PDS record.

In certain circumstances (such as where medication is required urgently or if the patient is a long distance from their nominated dispensing contractor), it is possible for the nominated dispensing contractor to release the prescription back to the Electronic Prescription Service

The Pharmaceutical Services Negotiating Committee (PSNC) has advised dispensers to check that information about their business on the NHS Choices website is correct. Dispensers should verify the information on NHS Choices, in particular that the business name displayed is the current trading name.

The NHS Choices website can be found on <http://www.nhs.uk>
The NHS Choices website will be automatically updated by the NHS Business Services Authority Prescription Pricing Division (PPD) when dispensers become release two enabled for EPS

6.4 Changing nominations

Changing the nominated dispensing contractor of the same type will instantly overwrite the existing nominated dispenser.

Any electronic prescriptions that have not been retrieved by the previous dispensing contractor will be transferred over to the new nominated site (including any outstanding repeats).

The patient should be advised by the prescriber or dispenser that will be registering the change. When changing the nominated site midway through a cycle they may have to collect the outstanding items (owed items) from the previous nominated site, if the prescription had been retrieved before the new nomination had been processed. It is important to inform the patient that the best time to change their nomination is soon after they have collected their last repeat, this reduces the risk of the previous nominated dispensing contractor retrieving the prescription in anticipation of the patient's arrival.

6.5 Cancelling nominations

Initially if a patient cancels and doesn't nominate an alternative dispenser, and they are part way through an nomination electronic repeat dispensing cycle, they will need to go back to their GP to obtain a paper based repeatable prescription. Electronic repeat dispensing will only be available to patients who decide to use a nominated dispensing contractor.

The person requested to remove the nomination must clear the nomination within 24 working hours of the patient making the request. From this point onwards the

patient will receive a paper prescription token to take to the pharmacy of their choosing.

6.6 Patient communications

The PCT will be using national communication resources to inform the patients of the nomination process, but will also develop local procedures for capturing nominations.

GP practices and dispensing contractors will be encouraged to display the Electronic Prescription Service sign to help patients identify that they are operational. For sites going live with Release 2, this sign (shown below) will be available to order from

www.connectingforhealth.nhs.uk/systemsandservices/eps/communications



This simple sign alerts patients to the fact that the site is operating EPS Release 2 and, if it is a pharmacy or dispensing appliance contractor, that they can be nominated by the patients. This information is communicated via leaflets, available in 18 different languages, brail and audio messages, to ensure the message is delivered clearly and effectively to all the patients.

7. Patient Suitability

Nomination is both flexible and optional. It is more suitable for some patients than others, depending upon individual circumstances. Some points to consider are listed in the table below:

Would be suitable for Nomination	Would be less suitable for Nomination
Patients receiving regular medication	Patients who receive prescriptions infrequently
Patients set up on a repeat dispensing batch prescription	Patients who collect their medicines from a number of pharmacies
Patients who have their medicine collected from the same pharmacy most	Patients who work away or travel regularly

of the time	
Patients wishing to use a prescription collection service	

N.B. This table is meant to offer a guide to healthcare professionals and every case should be considered on its individual merits before a decision is made. Both prescribers and dispensers are advised to use professional judgement to determine whether it is appropriate for the patient’s nomination to be set, bearing in mind that there is no minimum age applicable to nomination, and nomination can be requested by a representative if they have the patient’s consent

EPS R2 gives the patient greater freedom of choice allowing them to have their prescription sent to a pharmacy that offers greater convenience to them, whether this is close to where they live, they work or they shop.

8. Training staff on the nomination process

The PCT will cover this area in a separate document “EPS Release 2 Training Strategy”.

9. Complaint Process

If a patient has a complaint about a prescribing or dispensing contractor in relation to EPS R2 they should raise this with senior staff locally in the first instance. If the complaint cannot be resolved locally the issue should be escalated via PALS , who will then mediate to help provide a resolution.

PALS contacts

West Kent area	08000 850850
East Kent area	08000 856606
Medway area	08000 141641

Where a GP Practice or Pharmacy has a complaint in relation to the service this should be reported to the EPS Lead.

Complaint examples.

Source	Issue
Patient	<ul style="list-style-type: none"> Contractor refuses to record/capture nomination Conflict with regards to which dispensing contractor has been nominated Promptness of nomination recording
Contractor	<ul style="list-style-type: none"> Abuse of the nomination process (e.g. setting, changing or cancelling nominations without patient or carer consent) Directing patients to specific sites (as prohibited by legislation) Offering inducements (as prohibited by legislation)

	<ul style="list-style-type: none"> • Improper use of NHS promotional materials • Misuse of patient list for purposes other than what they are intended for • Inadequate support or Smartcard service • Poor response times to update Choices website • Not setting, changing or cancelling nomination in a timely manner • Not re-confirming nomination requests taken in advance of going live with Release 2
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10. PCT Monitoring of Nomination

The prescribing and dispensing contractors must establish standard operating procedures for nominations. This should include a basis for ensuring that the nomination process and principles are communicated consistently to patients and captured in an auditable way.

NHS Kent & Medway and the SHA will monitor nomination activities for prescribing and dispensing contractors using national nomination reports.

NHS Kent & Medway will specifically monitor:

- Standard operating procedures to ensure they are in place and appropriately used.
- Complaints or suspicions around nomination recommendations these include inducements, gifts, rewards, dividends as an inducement or in consideration of a named nomination.
- Trends in nominations.

There are six types of reports to support the monitor process:

1. Nomination summary Report

The aim of this report is to provide a high level summary of the nominations made within a user supplied timeframe. The report will show nominations made at either the PCT/ SHA level or for all nominations within England.

2. Nomination Detail Report for Primary Care Trust

The aim of this report is to provide detailed information on nominations created against individual dispensers. The report will show nominations made at the PCT Level.

3. Nomination Detail Report for Strategic Health Authorities

The aim of this report is to provide detailed information on nominations created against individual dispensers. The report will show nominations made at the SHA level.

4. Nomination Detail Report for England

The aim of this report is to provide detailed information on nominations created against individual dispensers. The report will show nominations made for all of England.

5. Detail Report for Individual nominator

The aim of this report is to show all nominations made by a given person within a supplied timeframe. It will be used to investigate individuals who may be suspected of irregular behaviour

6. Detail report on nomination history for patient

The aim of this report is to show the nomination history for an individual person. Typically this report will be run when a patient complains that their nomination has changed without their consent. Showing data relating to an individual should not be an issue here as the investigation will have been request by the patient concerned.

Appendix 1 Principles of Nomination

Principle 1 - Patients must be provided with sufficient information about the EPS before nomination is captured

The following information should be communicated to the patient:

- the EPS involves the electronic transmission of prescriptions safely and securely. Paper is not required
- any dispensing contractor operating Release 2 of the Electronic Prescription Service can be nominated
- patients are not restricted to nominating a dispensing contractor located close to their GP practice
- where patients use their nominated dispensing contractor their prescription will be sent automatically to that dispensing contractor

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- if the patient chooses not to use their nominated dispenser for a particular prescription, they must make that clear at the time of requesting the prescription
 - patients can change their nominated dispensing contractor using the secure website HealthSpace, or at their GP practice or any dispensing contractor – at any time;
 - this includes when they are part way through a repeat dispensing cycle
 - any prescriptions which have not been downloaded before the change of contractor will be accessed by the new nominated contractor
 - where a patient has nominated a dispensing contractor, the dispensing contractor will usually be able to access the electronic prescription in advance of the patient arriving – allowing them to prepare the prescription in advance
 - if the patient goes to a dispensing contractor other than the one they have nominated, the prescription will be available instantly once it has been put on the Spine. However, there may be delays, due to local issues such as resource availability, before the dispensary is able to access the prescription
 - patients do not have to receive their prescriptions via the Electronic Prescription Service. However, if it is not used, services associated with it (such as nomination) can not be used.

The NHS Connecting for Health leaflet 'Explaining the Electronic Prescription Service – Information for Patients and Carers in England' contains all this information and is available to order from <http://information.connectingforhealth.nhs.uk>

As a PCT we encourage all our contractors to use this leaflet. Where sites are provided with other leaflets e.g. from a system supplier or dispensing chain the site is responsible for ensuring all the necessary information is given to the patient.

Principle 2 – Dispensing contractors must not offer any type of inducement to encourage patients to nominate them

Dispensers and dispensing staff shall not give or offer any gift or reward to encourage a patient to nominate them; this also includes the offering of share dividends of profits, discounts and loyalty points. This is supported by the Dispensing Contractor's Terms of Service which underpin this principle. NHS Pharmaceutical Service Regulations 2005, prohibit pharmacists or their staff from offering inducements to encourage patients to nominate them.

Prescribers should not seek to persuade a patient to nominate a certain dispenser. Instead, if a patient asks the prescriber to recommend a dispenser, then the prescriber should provide the patient with a list of all the dispensers in the area who provide the Electronic Prescription Service. This is supported by prescribers' Terms of Service: The NHS (Primary Medical Services) (Miscellaneous Amendments) Regulations 2005 prohibit contractors from seeking to persuade a patient to nominate a dispenser recommended by the prescriber or the contractor. The contractor shall, if asked by the patient to recommend a *chemist whom he might nominate, provide the

patient with a list of all the chemists in the area who provide the EPS, as given to the contractor by the PCT.

* 'chemist' means

- (a) a registered pharmacist
- (b) a person lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968 or
- (c) a supplier of appliances, who is included in the list of a Primary Care Trust or a Local Health Board under section 42 of the Act, or who provides local pharmaceutical services in accordance with the LPS arrangements.

Principle 3 – Dispensing contractors will need to capture, record and act on patient's nomination request in a timely manner

A patient's nomination request should be collected no longer than 6 weeks prior to deployment of the Release 2 pharmacy system. If nomination requests are collected prior to going live with the EPS then these requests should be re-confirmed once the system is in place.

This principle is also relevant in scenarios where the nomination will be entered onto the system at a later time, as opposed to when the patient is still present.

Principle 4 – Prescribers and dispensing contractors must establish standard operating procedures for nomination

Standard operating procedures need to be established locally to ensure that nomination is communicated consistently to patients and is captured in an auditable way so that, if challenged, processes are in place (either written or verbal) to back up information following a customer complaint or from an audit perspective. Any changes made to a patient's nomination settings are recorded by the system. PCTs will have access to audit facilities to monitor this to ensure that the system is being used appropriately.