

# Electronic Transfer of Prescriptions (ETP)

Implementation Pack to Support eAMS





# **Electronic Transfer of Prescriptions (ETP)**



## Acknowledgements

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**This resource should take approximately 3 hours to complete**

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## Foreword

### *The introduction of Electronic Transfer of Prescriptions (ETP) requires some modification to the ways in which community pharmacists work.*

In order to assist pharmacists and their support staff to fully utilise this new technology NES Pharmacy has developed this AMS implementation pack.

In Scotland around 200,000 paper prescriptions are generated every working day. This volume of paper impacts right across the NHS family; from the GP practice, to the community pharmacy and on to Practitioner Services Division (PSD).

The introduction of the ETP between GP practices and community pharmacies is the first building block to make the whole system safe, more efficient and more convenient.

Initially the electronic prescription messages generated by ETP will run in parallel with the paper prescriptions. During this period the N3 communication network, hardware and software packages and the payment processing programme will undergo comprehensive testing to ensure that they are fit for purpose before we move from paper to paper light and eventually even paperless prescriptions. At the same time work is ongoing to introduce the adoption of electronic signatures for prescribers which can also be used for patients where appropriate.

ETP, as it stands, brings a number of benefits to patients, GPs, community pharmacists and PSD. By using the UK Dictionary of Medicines and Devices (dm+d), ETP introduces a common,

recognised code for almost all medicines and devices which can be recognised across the prescribing, dispensing and payment systems.

When fully operational pharmacists will no longer have to transcribe all of the information contained on the prescription into their PMR system; some of the information will be pre-populated automatically. From a patient perspective ETP will contribute to reducing the risk of any communication errors between GPs and pharmacists by improving the accuracy of data transfer. ETP also makes the processing of prescriptions for payment more efficient and improves the quality and availability of prescribing data and associated trend analysis.

Importantly, ETP also puts in place the infrastructure which allows us to progress to the next phase of the ePharmacy which will underpin repeat prescribing and dispensing as part of the Chronic Medication Service element of the new community pharmacy contract.

I am grateful to all the individuals who have contributed to the production of the pack and in particular to the team at NES Pharmacy for their ongoing support. I would also like to thank those pioneering community pharmacists who assisted both in the original pilots in Ayrshire & Arran and also in the recent testing of ETP software.



**Professor Bill Scott**  
Chief Pharmaceutical Officer, Scottish Government





**Section 1**  
*Introducing ETP*

1

## **Section 1: Introducing the Electronic Transfer of Prescriptions**

*This section takes a brief look at the background to the electronic transfer of prescriptions (ETP) and how it underpins two of the four essential services in the community pharmacy contract in Scotland.*

### **Objectives**

After reading this section you will be able to:

- name the policies that led to the development of the electronic transfer of prescriptions (ETP)
- outline how ETP sits within the context of the community pharmacy contract
- list at least three benefits of ETP.

### **Section Contents**

- 1.1 Policy Context
- 1.2 ETP in the community pharmacy contract
- 1.3 The benefits of ETP
- Section Summary and Reflection

## Section 1.1

### Policy Context

*On average, around 200,000 paper prescriptions are issued every working day in Scotland and this figure rises by about 4% each year. These prescriptions accounted for over 77 million prescription items in 2006.*

To make both prescribing and payment processing more efficient, the Scottish Government's ePharmacy Programme is putting in place the IT infrastructure to allow prescriptions to be sent electronically between GP practices and community pharmacies.

The electronic transfer of prescriptions (ETP) provides the IT technology to support both the Acute Medication Service (AMS) and the Chronic Medication Service (CMS) electronically. AMS is the first of the ePharmacy services to be introduced into GP practices as well as community pharmacies.

Initially, AMS will be delivered using both ETP and paper prescriptions. This allows the move from paper to electronic prescriptions to be thoroughly tested before it becomes fully operational.

In time and with the introduction of advanced electronic signatures, AMS will become virtually paperless. It is likely, however, that there will always be exceptional circumstances when a paper prescription is required.

The commitment to introduce ETP was outlined in *The Right Medicine; a strategy for pharmaceutical care in Scotland*. ETP was also recognised within *Delivering for Health*, which referred to the role of ePharmacy in supporting the delivery of the community pharmacy contract with eApplications for each of the appropriate services as part of the wider eHealth strategy.

## Section 1.2

### **ETP in the community pharmacy contract**

The overall aim of ETP is to enable the electronic generation, transmission, dispensing and processing of prescriptions.

ETP allows a GP to produce a barcoded paper prescription and an associated electronic message. This message is an electronic version of all the details that are printed on the prescription form. The message is sent by the GP system to the ePharmacy Message Store (ePMS) where it sits until the patient presents the prescription in your pharmacy.

You retrieve the message by scanning the bar code on the prescription form. Your pharmacy PMR system can then use most of the information in the message to process the prescription, whilst still allowing you to refer to the paper form where necessary. Once you dispense the prescription, you then send an electronic claim message to the message store that is later retrieved by Practitioner Services Division (PSD) at NHS National Service Scotland (NHS NSS). This electronic information is used where possible and supported by a set of pricing business rules for remuneration, reimbursement and information gathering purposes. This forms the basis of the 'ePay' element of the ePharmacy Programme.

ETP will initially cover all acute and repeat GP prescriptions. However, once in place, it will form the basis of eAMS, which is one of the four essential services in the community pharmacy contract (see figure 1). In time, ETP will also be extended to cover serial dispensing (see figure 1), other prescribers and Out of Hours prescriptions.

The electronic transfer of prescriptions was initially piloted in NHS Ayrshire & Arran, where in excess of one million ETP prescriptions were successfully issued by a number of GP practices. The principles of ETP are supported by the Scottish General Practice Committee (SGPC), Community Pharmacy Scotland (CPS) and the Scottish Clinical Information Management in Practice (SCIMP).

#### **ESSENTIAL PHARMACEUTICAL SERVICES**

##### **Minor Ailment Service (MAS)**

MAS enables eligible people to register with a community pharmacy of their choice and have their common conditions treated by their community pharmacist on the NHS.

##### **Public Health Service (PHS)**

PHS engages community pharmacists in the task of health improvement for individuals and local communities.

##### **Acute Medication Service (AMS)**

AMS continues to provide patients with access to the pharmacy of their choice for the dispensing of acute prescriptions.

##### **Chronic Medication Service (CMS)**

CMS allows patients with long-term conditions to register with a community pharmacy and receive a package of care which ensures they obtain optimal therapeutic benefit from their medicines and minimises any predictable undesirable effects.

**Figure 1: Essential services within the community pharmacy contract in Scotland**

## Section 1.3

### *The benefits of ETP*

ETP brings benefits into the prescribing, dispensing and reimbursement process by using electronic data and removing some of the reliance on paper.

One key benefit is the improved accuracy in the transfer of the information from a GP practice to a community pharmacy. ETP also makes this process more efficient.

The data sent in the electronic prescription message may be used to fill some of the data fields held on the patient's medication record in your pharmacy computer system. This, in turn, reduces keying time and minimises the chances of interpretation errors so improving patient safety during both the prescribing and dispensing processes.

ETP also starts to make use of the UK Dictionary for Medicines and Devices (dm+d). This dictionary includes codes for each medicine and device which are recognised across all prescribing, dispensing and payment systems and allows a common, standardised approach to using prescription data. In addition, the processing of prescriptions will become more efficient and improve the quality and availability of prescribing data and associated trend and analysis reporting.

**The processing of information through ePay is more efficient**

Therefore, ETP can ultimately:

- free up practitioner time in the prescribing and dispensing of prescriptions
- provide a safer system for patients by reducing the risk of errors
- provide an opportunity to improve the public health data held and analysed centrally by the Information Statistics Division (ISD) of NSS
- improve the service planning process within the NHS
- improve the information governance arrangements within the NHS.

ETP also provides the building block for supporting CMS electronically (eCMS), resulting in a more convenient service through a reduction in the number of paper prescriptions and associated GP consultations for patients with stable long-term conditions.

### Summary

Electronic transfer of prescriptions will:

- support the electronic generation, transmission, dispensing and processing of prescriptions
- initially cover all acute and repeat GP prescriptions
- form the basis of eAMS, which is one of the four essential services in the community pharmacy contract
- improve accuracy in the transfer of the information from a GP practice to a community pharmacy
- make use of the UK Dictionary for Medicines and Devices (dm+d).



### Reflection

- *How will ETP work in my pharmacy?*
- *What do I need to do to use ETP?*
- *What further training do I need to do?*
- *What support is available?*
- *Are there any practical hints and tips to help me?*

## **Section 2**

### *Understanding ETP*



## **Section 2: Understanding Electronic Transfer of Prescriptions**

*This section outlines the concept of ETP in more detail and illustrates some key operational features.*

### **Objectives**

After reading this section you will be able to:

- explain how ETP will work within community pharmacy and general practice
- outline at least three key operational features associated with ETP
- describe at least two additional issues related to ETP.

### **Section Contents**

- 2.1 The basic principles of ETP
- 2.2 Key operational features of ETP
- 2.3 Other related issues
- Section summary and reflection

*Detailed information on ETP and its associated software is covered in Section 3.*



## Section 2.1

### **The Basic Principles of ETP**

*Throughout this pack we use the term ETP to describe the overall concept of electronically transferring prescriptions. We also refer to the electronic Acute Medication Service (eAMS). This is the name that the ePharmacy Programme uses to describe ETP delivery, including the associated software that supports ETP.*

#### **ETP in the GP practice**

ETP does not in any way change the existing prescribing process within a GP practice. At the same time as a GP10 is printed, an electronic message (which is an electronic version of all the details that are printed on the prescription form) is generated and automatically sent to the central ePharmacy Message Store (ePMS). This store acts as a central repository for information and allows it to flow between GP practices, community pharmacies and PSD. The electronic message does not contain any additional patient specific information other than what is present on the prescription form.

The ePMS acts as a message handler, allowing GP practices and community pharmacies to submit and retrieve prescription messages respectively, but at no time allows access to the content of the messages elsewhere.

There are two visible differences to the paper GP10 form (see figure 2). Firstly a barcode is printed down the left hand side of the prescription form. On the right hand side of the barcode there is a 16-character code, the unique

prescription number (UPN), which describes the barcode in text. The barcode that is printed on the form links the paper GP10 form to the electronic prescription message. Secondly, there is a UK dictionary of medicines and devices (dm+d) code for each item prescribed and this is printed under the item details where available.

**The UPN is generated by the GP system. Please note that:**

**Character 1: the first digit will be a letter and indicates the service – in this case A for AMS**

**Characters 2 to 6: represent the 5 digit code for the GP Practice which generated the prescription**

**The other numbers comprise sequential and random digits as well as a check digit.**

**FORM GP10(SS)(4) NATIONAL HEALTH SERVICE (SCOTLAND)**

Name: MISS SHANIA A MOGGERIDGE  
 Address: BRIGADOON, 201 BALMORAL CLOSE, DISTRICT OF SOMEWHERE, BYTON  
 Age if under 12 yrs: [blank]  
 Postcode: B Y 1 0 V A  
 No. of Days Treatment: [blank] CHL No: 2504660405  
 Item: 1abeta101 hydrochloride tablets 100mg <56> tablet(s)  
 dose ONCE A WEEK <dispense quarterly>  
 <I> <000000000318445000>  
 Date: 24.11.2006  
 Signature of Doctor: DR PAULINE PORTER  
 The main surgery, BARRING STREET, Forest Tree town, Woodshire, EX16 4JF  
 Telephone: 01884 251305 1234567 88116  
 52797920410 00820082

The dm+d code for the item is printed underneath the item.

The bar code and associated 16 character UPN is printed down the left hand side of the form.

**Figure 2: An eAMS barcoded GP prescription form**

As with any other prescription form, once printed and signed by the GP, a patient is free to take the barcoded GP10 prescription form to the community pharmacy of their choice. This means that a GP does not have to direct the prescription or electronic message to a named pharmacy; this remains the patient’s choice. And meantime the electronic message is stored safely and securely in the message store.

### ETP in the community pharmacy

Once a patient presents a barcoded GP10 prescription form in your pharmacy then you simply scan the barcode on the paper form which, in turn, retrieves the electronic message containing the prescription details directly into your pharmacy computer system.

You can then use these details:

- to support you when selecting the item to be dispensed (where appropriate and subject to your confirmation)
- to pre-populate (that is, to automatically complete) other information fields you use for both the dispensing process and subsequent label production.

**Note that the level of support built into your pharmacy system is dependent on how your pharmacy system supplier implements ETP.**

So the dispensing of the prescription happens in the normal way but is assisted by the information in the electronic message. This in turn should reduce the number of keystrokes you have to make.

At the same time as dispensing and labelling, your pharmacy system generates a subsequent electronic claim message which is made up of the prescribing information retrieved from ePMS and the claim information relevant to the dispensing of that prescription.

The electronic claim message is the equivalent of an electronic GP10 endorsement and subsequent claim submission and is used in the payment processing cycle.

This electronic claim should be endorsed in exactly the same way as the paper form to ensure that claims are reimbursed correctly. You are able to view and amend the electronic claim message before you send it.

Once you have completed the whole process then you send the electronic claim message to the message store and submit your endorsed GP10 paper forms to PSD as usual.

### ETP at NSS

When barcoded GP10 prescription forms are received at PSD, the barcodes are scanned. These codes are used to check against batches of electronic messages that PSD has retrieved from the message store after the paper prescription forms have been collected from your pharmacy. The barcode for each form is used to retrieve the specific electronic claim message for dispensing, which contains both the prescribing (GP information) and dispensing (your electronic claim message), which is then used for remuneration, reimbursement and information gathering purposes.

This forms the basis of the ePay element of the ePharmacy Programme (see Section 6 for further details). It is worth noting that the electronic information takes precedence over any handwritten or printed endorsements on the paper form. This means that it is very important that the electronic message contains the correct endorsement information.

## Section 2.2

### **Key operational features of ETP**

#### **Amendments and Cancellations**

One of the advantages of using ETP is that it provides GPs with the ability to amend or cancel the electronic version of the prescription at various stages:

- prior to printing the prescription form
- just after printing the prescription form
- once it is in the message store, but before it has been retrieved and claimed by your pharmacy.

It is unlikely that GPs will regularly use this option for ETP. It does however bring some real benefits to the Chronic Medication Service where a GP can cancel an item on a 12 month serial prescription if the prescription needs to change during that time period.

More detail about how to manage this process is covered in Section 4.3

#### **Barcode scanning**

For most GP10 forms the scanning of the barcodes should be relatively straightforward. However there may be some exceptional circumstances when scanning is not possible. Section 4.2 looks at problems with scanning in detail.

Remember the simple rule of thumb:

- if there is NO barcode then dispense as a non ETP prescription
- If there is a barcode ALWAYS claim electronically where possible

**Prescriptions from other prescribers, those without barcodes and handwritten forms should be processed as non ETP prescriptions.**

#### **Batch scanning**

The principles of ETP cover both acute and repeat prescriptions. The ability to scan, not just single forms but also a number of forms for one patient and larger batches of prescriptions for a number of patients has been built into the design of ETP. Thus ETP will support the normal day to day activities in your pharmacy and the different ways in which you work.

Once the prescription batch has been scanned, the dispensing, including electronic claims, can take place in the same way as the process for individual prescriptions.

**This function will operate slightly differently in every pharmacy system but they will all allow you to scan prescriptions both individually as well as in batches.**

### Electronic endorsing

ETP also introduces the concept of electronic endorsing. This should bring real benefits by helping you to endorse your prescriptions more accurately. Through the ePay Programme a great deal of work has been undertaken to translate all of the pricing rules into a set of clearly defined business rules. These business rules have been provided to your pharmacy system supplier who, in turn, has used this information to develop an electronic endorsing engine within your PMR system. This means that your PMR system should take most of the work out of endorsing and gives you the options you require to include in the electronic message. As before, the actual way your PMR supports and presents this will vary from system to system.

You are still able to check these electronic endorsements and amend any associated claims after you have sent the endorsed claim message to the ePharmacy message store up until you send the paper forms to PSD. PSD retrieve the electronic messages from the store at the same time as the paper forms are uplifted from your pharmacy.

### General Housekeeping

The introduction of ETP means that GP practices will have to carry out routine housekeeping arrangements including:

- regularly checking that messages are being sent to the ePharmacy Message Store
- ensuring that barcodes are routinely printed on the forms
- checking the print quality of the forms to ensure that they are sufficiently legible
- making sure that information is printed in the correct areas
- running general upgrades and updates on their computer systems.

You will also have to carry out routine housekeeping activities. Further information on this is available in Section 5.

## **Section 2.3**

### ***Other related issues***

#### **Clinical responsibility**

ETP and the associated ePharmacy applications for the contract are provided to assist practitioners in their work. They do not remove overall responsibility from practitioners to work together and the accountability for any clinical action remains the responsibility of the appropriate healthcare professional(s). Any information provided through ePharmacy is to supplement the information needed to ensure safe systems of work.

#### **Dispensing Doctors**

Arrangements for dispensing doctors will, in the main, be unaffected by ETP other than where there is a mix of dispensing and non-dispensing patients. The prescribing programme in a dispensing doctor practice will still be able to send an electronic prescribing message to the message store, however their dispensing system will not, at this stage, send an electronic claim message. In the case of a non-dispensing patient presenting a prescription in a community pharmacy then the pharmacist will be able to scan the prescription and pull down the associated electronic message and produce an electronic claim message.

#### **Non-medical prescribers**

Any prescribing which does not use GP10 prescription forms, for example nurse prescribing on GP10 (N) forms, is currently not supported by ETP and will continue as now with a printed or handwritten form dispensed and processed manually in the usual manner. One of the enhancements to ETP in the future will be the inclusion of other prescribers.

#### **Out of hours services**

Plans are in place to introduce ETP to local Out of Hours service arrangements.

#### **RPSGB Drug Testing Scheme**

The RPSGB Medicines Inspectorate may request a sample of medicines for drugs testing. Under these arrangements the Inspector will split the original dispensed prescription into three samples; one for testing purposes, one for you to retain and one for independent assessment if required. They will then issue a drug testing prescription form which mirrors the existing original prescription for the patient and allows you to re-dispense the prescription in order to supply the patient with their required medicine.

You should manually endorse the prescription and then submit it to PSD where it will be paid under existing manual arrangements.

### Summary

- The principles of ETP cover both acute and repeat prescriptions
- ETP does not in any way change the existing prescribing process within a GP practice
- Prescriptions from non medical prescribers, those without barcodes and handwritten forms should be processed as non ETP prescriptions
- The level of support built into a pharmacy system is dependent on how that pharmacy system supplier implements ETP
- ETP also introduces the concept of electronic endorsing and reimbursement
- Once the whole dispensing process is completed, the electronic claim message is sent to the message store and endorsed GP10 paper forms are submitted to PSD as usual
- The electronic claim message can be viewed and amended before it is sent.



### Reflection

- *What housekeeping activities will I have to carry out?*
- *How will electronic endorsing work in practice?*
- *Should I discuss the operation of ETP with my local GPs?*

*Why not make a note of any further questions or points you need clarified from this section? Sources of further information are found on p73-76.*



## **Section 3**

*Using ETP software  
(eAMS)*



3

## **Section 3: Using ETP Software (eAMS)**

*This section focuses on how to use the ETP software, the electronic Acute Medication Service (eAMS), within your pharmacy PMR system. We take you on a 'step by step' journey through the processes for retrieving, dispensing, endorsing and sending prescriptions and the associated electronic messages.*

This section does not describe how to operate individual pharmacy systems but instead illustrates the electronic support for the various processes in a generic fashion.

### **Objectives**

After reading this section you will be able to:

- describe the generic ETP software
- outline the core working processes for ETP
- explain the principles of electronic endorsing and submitting claims.

### **Section Contents**

- 3.1 Introduction
- 3.2 Supporting IT infrastructure
- 3.3 ETP software (eAMS)
- 3.4 ETP : The main process
- 3.5 Electronic endorsing for ePay
- Section summary and reflection

*This section should be read in conjunction with the training and support materials supplied by your pharmacy system supplier.*

## Section 3.1

### **Introduction**

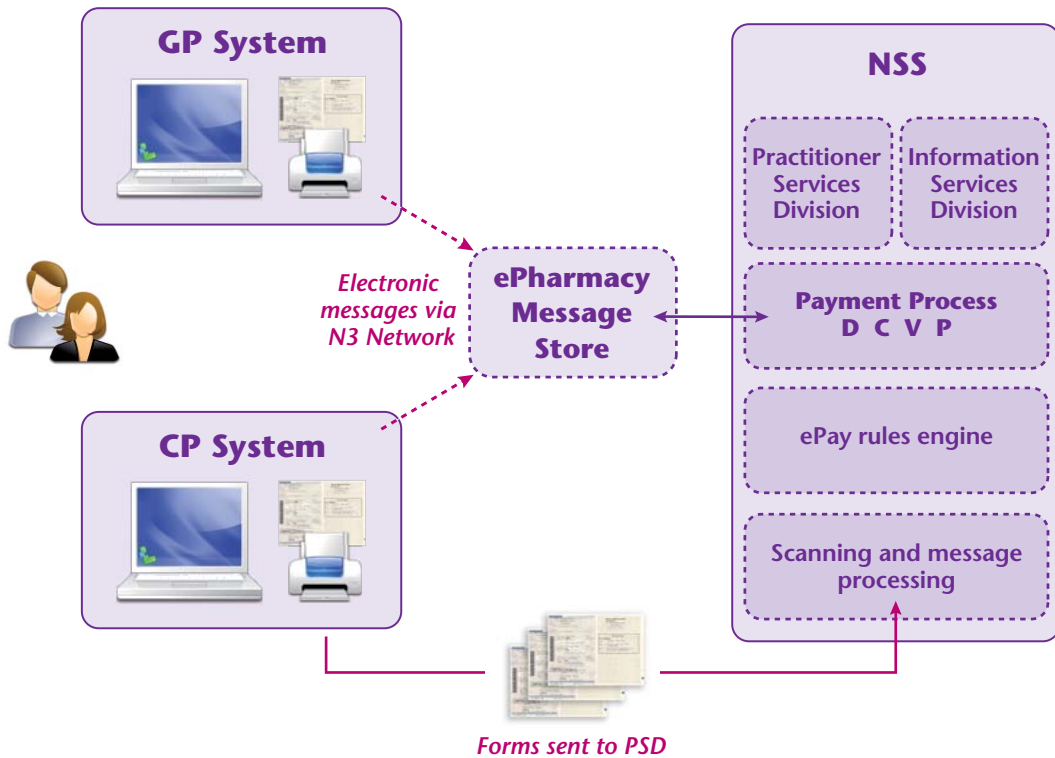
*The ePharmacy Programme is designed to help you deliver each of the core components of the community pharmacy contract which require an IT infrastructure.*

The second phase of the ePharmacy Programme introduces the electronic transfer of prescription data (ETP) between GP practices and community pharmacies. This also includes electronic endorsing and payment processing of these prescriptions (ePay).

ETP is an important building block in the technology infrastructure which electronically supports both the Acute Medication Service (AMS) and the Chronic Medication Service (CMS). It builds on the initial technology put in place for the Minor Ailment Service (MAS).

## Section 3.2 Supporting IT infrastructure

There are a number of core components that you need to have in place to support the ePharmacy Programme (see figure 3).



**Figure 3: The core infrastructure for ETP**

These include:

- an N3 network connection for communications
- a digital certificate to secure communications from your pharmacy and authenticate it as a valid source of ETP messages
- an ePharmacy Message Store (ePMS), which is a central repository, providing a secure and resilient point of contact for all ETP messages (both GP and CP)
- updated software on your pharmacy system that supports ETP (called eAMS)
- a barcode scanner(s).

Some of this is new (for example the eAMS software and barcode scanners) and some builds on the infrastructure you already have in place for the eMAS (for example N3, the digital certificates and ePMS).

## Section 3.3

### *ETP software (eAMS)*

Every GP practice and community pharmacy requires upgraded IT system software (referred to as eAMS software) to support ETP. In the GP practice, this upgrade allows GPs to produce barcoded GP10 prescriptions with associated electronic messages for almost all GP prescribing activities.

In the community pharmacy it enables you to:

- scan the barcoded GP10 prescriptions
- retrieve the associated electronic messages from the ePharmacy Message Store
- dispense the prescription with additional support from your PMR system
- electronically endorse the prescription and then make electronic payment claims.

To begin with, ETP will cover both acute and repeat prescriptions. As the contract is fully implemented, the majority of acute prescriptions will be covered by eAMS and repeat (or serial) prescriptions by eCMS. But GP systems will still generate paper prescriptions in addition to the electronic messages as the paper form will remain the legal prescription until such a time as electronic signatures are in common use across Scotland.

### Section 3.4 ETP: the main process

This section covers the journey of a straightforward ETP GP10 prescription that has been generated by a GP system and which has both a barcode and associated electronic message (see figure 4 below).

It takes you through the steps of:

- receiving the prescription
- scanning the barcode
- retrieving the electronic message
- processing the prescription and
- making an electronic claim.

You should also read section 3.5 which goes into more detail regarding electronic endorsing.

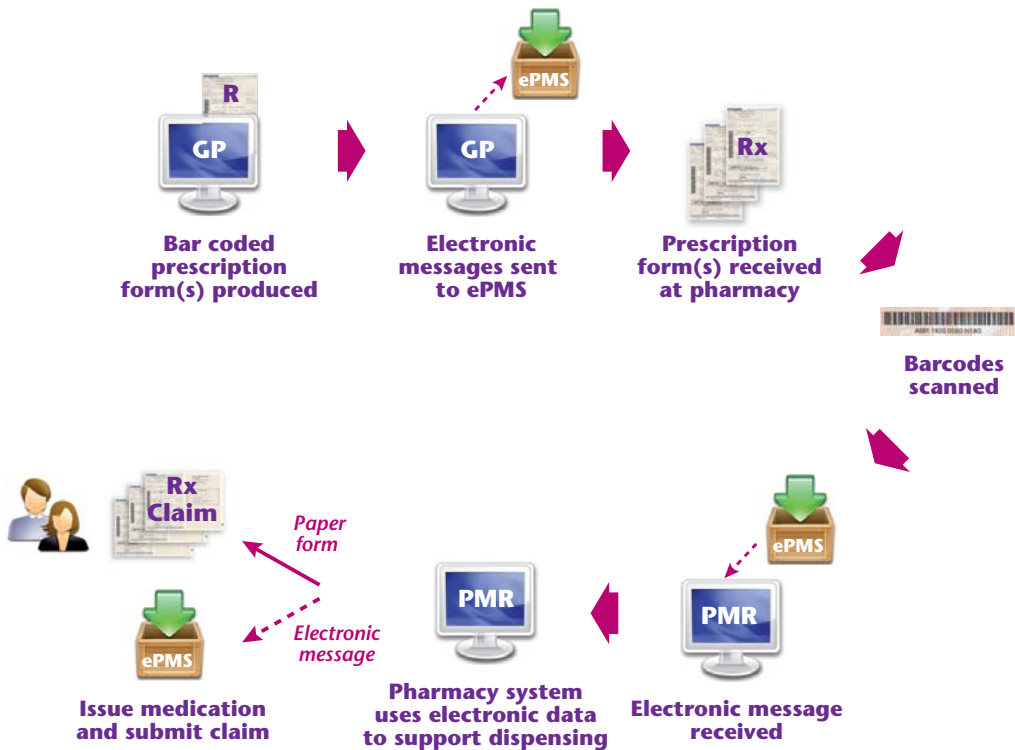


Figure 4: The steps involved in the journey of an ETP prescription

### Generating an ETP prescription

The prescribing process at the GP practice for generating ETP prescriptions remains almost unchanged. The GP10 form, however, is printed with a barcode down the left hand side of the form (see figure 5) with a 16 character code unique prescription number (UPN). It relates specifically to the barcode and is the link between the paper GP10 form and the electronic prescription (or prescribing) message.

**FORM GP10(SS)(3) NATIONAL HEALTH SERVICE (SCOTLAND)**

Name: ANGUS WEBTWOSIXZERO  
 Address: 71 VIEWFORTH PLACE  
 EDINBURGH  
 Postcode: E H 4 2 1 X X

Age if under 12 yrs:   
 Yes - Miths:   
 No. of Days Treatment:   
 CH No: 0101500203

Pharmacy Stamp:   
 Dispensing Endorsements:   
 Pack size Numbers only:   
 Pack size Numbers only:   
 Pack size Numbers only:

Atenolol TABS 50MG  
 Send <28> tablet  
 Label 1 Tab Daily <dispense weekly> <sls>  
 <1,S> <625762743727665727>

Ventolin 200 Dose INHAL  
 100MCG/DOSE  
 Send <1> pack  
 Label 2 Puffs As directed  
 <470837200573102039>

Acrobed 100 Autohaler 200  
 Dose INHAL 100MCG/DOSE  
 Send <1> pack  
 Label 2 Puffs As directed  
 <811652818684845882>

**SPECIMEN** 21.12.05  
 03450 <V05>  
 GPASS Medical Practice  
 Gasforth Road, Bingley  
 Tel. No. 0140-882-9996  
 1234567 98JSU

Please read notes on leaf and complete relevant parts BEFORE going to a pharmacy.  
 31280402100 00810081

**SPE** A98J SUS3 76H2 3HB2  
 Vent 100  
 Sent Lab  
 Acro 100  
 Sent Lab  
 No. of Days Treatment:   
 Yes - Miths:   
 No. of Days Treatment:   
 Yes - Miths:   
 No. of Days Treatment:   
 Yes - Miths:

Figure 5: An ETP prescription form with the barcode highlighted

There should also be the UK dictionary of medicines and devices (dm+d) code for each item printed below it. In GPASS this replaces the old eVadis code that used to be printed in the same place. The UK dm+d is a dictionary containing unique identifiers and associated text descriptions for medicines and medical devices (see section 3.5 for further information).

This dictionary is used throughout the NHS as a means of uniquely identifying the specific medicines or devices used in the diagnosis or treatment of patients. It provides a standard which enables all the different clinical systems to communicate with each other and ensure the safe and reliable exchange of information on medicines and devices.

**Please note that not every item has a dm+d code at this time, although the vast majority do.**

At the same time as producing the paper prescription form, the GP's computer system generates an associated electronic prescribing message for that form, containing all the details that are printed on the paper. It does not contain any additional patient specific information.

This message is automatically sent to the ePharmacy Message Store (ePMS) where it is stored securely until it is pulled down by scanning the barcode on the prescription in the pharmacy. The store itself acts as a central repository for information, allowing the data to flow between a GP practice, a community pharmacy and NSS. The store does not open or read messages; it merely retains them until they are retrieved by an appropriate recipient.

### Receiving an ETP prescription in the pharmacy

You will receive barcoded ETP prescriptions in the same way as any other prescription:

- patients may bring them into your pharmacy
- you may collect them from your local GP practice(s) if you provide a prescription collection service
- they may come from a Care Home manager
- they may be delivered by post.

**You should treat a barcoded prescription in exactly the same way as a non ETP prescription in terms of the receipt and handling of prescriptions, including checking patient details, exemption capture, exemption checking and prescription charge collection.**

Age related exemptions are supported electronically by your PMR system which uses the patient's date of birth in the electronic message to automate the capture and validation of the exemption status.

Your PMR should also use any other exemption details held in your system to fill the appropriate information into the electronic claim message. However, some patients' exemption status can change and therefore non-age related exemptions, for example, maternity and some of the income related exemptions should be checked at each dispensing. So it is important to collect and update patient exemption information on your PMR system.

You should also perform the necessary Point of Dispensing checks.



Carry out all your customary checks on ETP prescriptions to ensure that they are legal, valid, safe and appropriate for the patient. This includes checking that the prescription has been signed, is dated, is in date, is not a forgery or for a disallowed item.

**You must update your Standard Operating Procedure (SOP) for dispensing to take account of ETP prescriptions.**

The next step involves scanning the barcode to retrieve the electronic prescription message.

### Retrieving the electronic prescription message

Scanning the barcode requests and retrieves the electronic prescription message from the Message Store. This is the normal way of retrieving the prescription information electronically (see section 4 for what to do if a barcode does not scan).

Your PMR system maintains and shows all the electronic prescriptions that have been scanned and electronic information requested. Selecting the prescription that you want to process moves you onto the next step, patient matching.

### Patient matching

Your computer system matches the patient details in the message with any patient details on your PMR system using the CHI number as the common indicator when possible. If a direct CHI match is not found then your PMR uses other data, such as the postcode or date of birth, to search your records for a match. This allows you to, where possible, match a person directly and saves you having to enter any of the patient's details yourself.

This should be a relatively straightforward process as your patients' records should have been updated for the contract preparation payments, for example by merging duplicate patient records, removing any free text in the address field and adding patient details such as the postcode.

You are then given the option to confirm the patient details.

If a patient does not directly match, for example, they may not have used your pharmacy before, then your computer will enter the relevant patient details into your PMR system( saving you time in entering patient specific data!). Likewise, if any patient details are missing from your PMR record, these are automatically added to the patient's record.

Your PMR system should also give you potential matches for a patient, for example similar sounding names or spellings such as Mc and Mac. You can then choose a suitable match for the patient (if it exists) and update your system accordingly.

There may be times when the details on your PMR system do not completely match those held in the electronic message, for example the patient's address or postcode may differ. In this case, your PMR system should check this and give you an option to update your data from the electronic message. It would be good practice to confirm any change with the patient or their representative. It may be that the patient has recently moved and your data is more accurate than that held on the GP system. You then have to choose to override the electronic data and use the patient details entry on your system.

Matching and confirming the patient details then takes you to the next stage of the process, dispensing the prescription.

### **Dispensing the prescription**

Once you have scanned the barcode, pulled down the message and matched the patient, you can begin to dispense the prescription. Typically, you work through each of the items on the prescription in turn, with your PMR system helping you to select the required medication item for dispensing by using the dm+d codes from the electronic message.

Having confirmed the required item for dispensing, you can then start to produce the label(s). You do this by using the information from the electronic message, with the paper prescription for reference, checking the patient's history for cross reference where needed.

Some PMR systems may also allow you to repeat an item from the patient's medication history if you have dispensed it electronically once before, with the system checking this record against the information in the electronic message. If there is a discrepancy between the prescribed item information in the electronic message and the item chosen from the history then your system flags this with a specific warning. This should greatly improve patient safety when repeating prescription items.

**Each PMR system supplier has implemented ETP so that it works in your PMR system in a way that you will be familiar with. For example, your PMR may show the details of the electronic prescription on one half of your dispensing screen and the proposed dispensing details on the other side.**

Not all the information to allow you to produce the label(s) is taken from the electronic message. You may need to physically enter both the quantity and the labelling instructions. The reasons for this are:

### ***Quantity***

There can sometimes be a difference between the quantity prescribed and what is actually dispensed, for example you may choose to dispense a 28 day calendar pack against a prescription for 30 tablets. So manually entering this information gives you the flexibility to select the most appropriate pack size. Your PMR system may also give you a range of options and display what has been requested in the electronic message on the screen.

### ***Labelling instructions***

There are no standard coding arrangements for labelling instructions and as a result, there is no direct 'read across' from the GP's prescribing instructions to your PMR system. This may be an area that is addressed with a national coding arrangement in the future.

In addition, a GP's instructions may not meet the RPSGB's good practice guidance for labelling.

Allowing you to manually enter the details, helps you to apply the correct instructions. Once again your PMR system may display the labelling instructions from the electronic prescription message allowing you to enter or simply amend what is there.

If you have repeated the item(s) from the patient's history then the labelling instructions will be taken from the patient's record. You only need to enter or confirm the quantity (some systems may also carry across the quantity from the previous dispensing). Remember to check the accuracy of the data extracted from your PMR record with the electronic message as they may not be the same.

It is possible that an item may not have a dm+d code associated with it or that a dm+d code from a prescription is not recognised by your PMR system (although this should rarely happen). If it does, your system will allow you to select an item as you would with a non electronic prescription, for example by typing the first few letters of the drug name, strength and formulation. Again, your PMR system will display the prescribed item information on the screen to help you make the correct selection.

Once more, you should carry out your usual procedures for assembling, labelling and accuracy checking of the prescribed item(s).

**You still need to carry out a professional and clinical check at some point during this process.**

Dispensing the prescription then takes you to the final stage of the process, completing an electronic claim.

### Completing an electronic claim

This involves electronically endorsing and claiming for an ETP prescription. Your PMR system will produce an electronic claim message. It does this based on the information that you have used to dispense and label the prescription and a set of endorsing rules contained within your PMR system.

The electronic claim message contains details of:

- the prescriber and practice
- the pharmacist and pharmacy
- the patient (name, address, CHI, date of birth)
- prescribed and dispensed information
- endorsing information
- the exemption status of the patient or any charges they may have paid.

It is worth highlighting that electronically endorsing and generating an electronic claim message are separate activities from retrieving an electronic prescribing message. There will also be times when you produce an electronic claim message even though you have not been able to retrieve an electronic prescribing message (see section 4 on dealing with exceptions).

You can make a claim once you have created the label(s) for the prescription, regardless of whether you have completed the assembling of the product, labelling or given it out to the patient.

Your PMR system maintains and displays a list of all the prescriptions that have been completed (i.e. that have all the appropriate information recorded) and that are ready to forward for an electronic claim. You must, however, physically submit the electronic claim just as you would endorse and store a paper GP10 prescription in the bag for sending to Practitioner Services.

Electronic endorsing is covered in more detail in section 3.5. The main thing to remember is that the electronic endorsement takes precedence over any endorsement you make on the paper prescription form. However, it is important that the endorsement information is the same on both the electronic claim and the paper prescription form.

**You must actively submit an electronic claim message. It is not automatic and your PMR system will not do it for you.**

**And you must still send in the paper prescription forms, with any appropriate endorsing written on the form.**

Every message sent to the ePharmacy Message Store generates a response from the store. You or a member of your support staff must monitor these responses, as well as the status of any other messages you have sent to the store to ensure that messages have been sent, received and acknowledged successfully (see section 5 on housekeeping and in particular, managing electronic messages).

The electronic claim is sent to PSD and validated against payment rules and is then used in the payment process once the barcoded prescription has been submitted to PSD for reimbursement.

## **Section 3.5** ***Electronic endorsing for ePay***

### **Endorsing prescriptions**

When you submit your prescription to PSD you are, in effect, making a claim for payment. The sole purpose of endorsing prescriptions is to provide any additional information that may be required to ensure that you are paid correctly for both the products that you have supplied (reimbursement) and any associated services (remuneration) that you have provided.

Before you can dispense a prescription the following information has to be present:

- item name
- physical form (formulation type)
- strength where applicable
- product size for dressings and appliances where applicable
- quantity ordered.

Generally all the necessary information is on the prescription form and you do not need to add any additional information. In fact, ETP significantly reduces the number of times data is missing from a prescription. For example, it is impossible for a GP to produce an ETP prescription that does not include the formulation or strength of a product.

However, there are still some occasions when important information is missing that needs to be included when you claim for payment, or when you need to provide some additional information to ensure accurate payment. Examples of additional information that you might need to add include:

- manufacturer or brand supplied where relevant (e.g. whether Odrick® 1mg Capsules or Gopten® 1mg Capsules was dispensed against a prescription for trandolapril 1mg capsules)
- product size where needed (e.g. elastic hosiery)
- product reference code for medical devices (e.g. for catheters or incontinence products)
- quantity supplied if different from the quantity ordered (e.g. whether 30 or 28 tablets was dispensed against a prescription for 28 x perindopril 4 mg tablets)
- pack size used where appropriate (e.g. whether a prescription for metformin 500 mg tablets was dispensed from a 28, 84 or 500 tablet pack)
- any additional claim required for reimbursement or remuneration (e.g. out of pocket expenses).

PSD then price your claim for payment using their business rules which outline the basic requirements for the reimbursement and remuneration of prescribed items. Where PSD do not receive sufficient information from you in order to complete the processing of a prescription item, they will work from a series of default settings. These default settings are based on the most cost effective option for NHS Scotland.

### ePay and electronic endorsing

The ePharmacy Programme uses the UK dm+d code, where available, to indicate both what is prescribed and what is dispensed in the electronic prescribe and claim messages. This greatly improves the ability of your PMR system to support you in capturing the key bits of important endorsing information, such as pack size and brand, and place them in the electronic claim message. This, in turn, reduces the need for you to provide additional information in the endorsing process.

The dm+d is structured in such a way that it describes a product according to specific information about the product, for example the dose form, the active ingredient(s) and strength(s), the route of administration information, controlled drug schedule information and pack size.

There are four levels of detail available within dm+d:

- Virtual Medicinal Product (VMP)
- Actual Medicinal Product (AMP)
- Virtual Medicinal Product Pack (VMPP)
- Actual Medicinal Product Pack (AMPP).

**The ePay element of the Programme works on two of these: AMPP and VMPP.**

## Actual Medicinal Product Pack (AMPP)

An Actual Medicinal Product Pack (AMPP) is the packaged product that is supplied for patient use. At this level, the dictionary includes information that is required for prescribing, dispensing and for reimbursement e.g. legal status, pack size, manufacturer, price etc.

Examples of Actual Medicinal Product Packs:

- Atenolol 100 mg tablets (Alpharma) x 28 tablets
- Tenormin 100 mg tablets (AstraZeneca) x 28 tablets
- Augmentin 375 mg tablets (GlaxoSmithKline) x 21 tablets

*Note the inclusion of the manufacturer and pack size.*

## Virtual Medicinal Product Pack (VMPP)

A Virtual Medicinal Product Pack (VMPP) is an abstract concept representing the properties of one or more quantitatively equivalent AMPPs. For every AMPP there will exist a corresponding VMPP. A VMPP will have at least one AMPP and may have many AMPPs linked to it.

Examples of Virtual Medicinal Product Packs:

- Atenolol 100 mg tablets x 28 tablets
- Co-amoxiclav 250mg/125mg tablets x 21 tablets

*Note the inclusion of pack size but **not** manufacturer.*

For reimbursement purposes, ePay uses the actual medicinal product pack (AMPP), detailing both the manufacturer and the pack size, unless the product is listed in Part 7 of the Scottish Drug Tariff, in which case it also accepts the virtual medicinal product pack (VMPP) which details the pack size but not the manufacturer.

This is because, in general, endorsements are not accepted for items included in Part 7 so the VMPP is sufficient. Both of these will also automatically provide the unit of measure (e.g. millilitres for a liquid or number of doses for an inhaler) required for your claim.

By using the information in these two definitions of VMPP and AMPP in the electronic claim message, you can see that most of the endorsing is done for you automatically.

**Your PMR system will automatically insert the appropriate dm+d codes, based on the items you have selected in the electronic claim message.**

To help you with electronic endorsing, the ePharmacy Programme has provided pharmacy system suppliers with definitive guidance on the nature and format of endorsements required on both paper prescriptions and in electronic claim messages and the business rules that underpin the payment processing.

This means that your PMR system should be able to support you with most aspects of making electronic claims.

Your PMR system should add the standard endorsement code and any supporting information needed most of the time. There may, however, be some additional endorsement information, which you will be required to add but your system will still help you to do this.

**You should familiarise yourself with how your PMR system handles endorsements.**

Changes to both the business rules governing endorsing and the endorsements themselves occur from time to time. Check out the following websites on a regular basis for the most up to date information on endorsing:

- the electronic Scottish Drug Tariff  
[www.isdscotland.org/isd/2245.html](http://www.isdscotland.org/isd/2245.html)
- the PSD web site:  
[www.psd.scot.nhs.uk/professionals/pharmacy](http://www.psd.scot.nhs.uk/professionals/pharmacy)
- the CPS web site:  
[www.communitypharmacyscotland.org.uk](http://www.communitypharmacyscotland.org.uk)

Requests for further information on specific endorsing or pricing issues can be referred to the following organisations:

Practitioner Services Division (PSD)  
[www.psd.scot.nhs.uk](http://www.psd.scot.nhs.uk)

ePharmacy  
[nss.PSDhelp@nhs.net](mailto:nss.PSDhelp@nhs.net)

Information and Statistics Division(ISD)  
[csd@isd.csa.scot.nhs.uk](mailto:csd@isd.csa.scot.nhs.uk)

Community Pharmacy Scotland(CPS)  
[csd-enquiries@communitypharmacyscotland.org.uk](mailto:csd-enquiries@communitypharmacyscotland.org.uk)

### Exceptions to ePay

You may find that a GP sometimes handwrites an additional item on an ETP prescription. You will remember from earlier that there will not be a corresponding electronic message for the additional item. In this case you need to manually dispense and endorse the whole prescription as a non ETP prescription.

However, if it is just a handwritten adjustment then you can process it as an ETP prescription and produce an electronic claim message (see section 4 for further information).

### Patient exemption information

Patient exemption or charge(s) paid information is also captured in the electronic claim message. This is automatic for age related exemptions where the CHI number will verify the exemption.

The more information held in a patient's PMR record related to the exemption status of other patient groups (e.g. medical exemptions) then the easier it is for your system to insert this information in the electronic claim message (although it may sometimes prompt you to check that this is up to date). You can also enter exemption or charging details at the time of electronic endorsing or claiming.

**You should check that the exemption status to be used in the claim is up to date before submitting the claim.**

Obviously the more information you have stored in your PMR on the exemption status of a patient the quicker and easier it is for you to complete the electronic endorsing process.



### Summary

- The delivery of ETP is supported by pharmacy system software called eAMS
- Each pharmacy system has developed its own eAMS functionality with all systems supporting the core processes
- You should make sure that you and all your staff (including locums) know how to use ETP
- The electronic message always takes precedence over the paper form for payment processing.



### Reflection

- *What happens if I cannot scan a barcode?*
- *What kind of exceptions can I expect to deal with?*
- *How will payment processing work for exceptions?*
- *What happens if I have an owing on an ETP prescription?*

*This section looked at implementing ETP in your pharmacy, following the journey of a straightforward GP10 prescription. In the next section we look at dealing with exceptions to the normal process.*

*Why not make a note of any further questions or points you need clarified from this section? Sources of further information are found on p73-76.*

## **Section 4**

*Dealing with the  
exceptions*



## **Section 4: Dealing with the exceptions**

*This section focuses on how to deal with the exceptions to the normal ETP process. It outlines a number of situations that you may encounter now and again in your daily practice and describes what steps you need to take to address each of the scenarios.*

Again, this section does not describe how to operate individual pharmacy systems but instead illustrates a generic approach to dealing with exceptions.

### **Objectives**

After reading this section you will be able to:

- outline the actions you need to undertake if you receive a prescription without barcodes or have problems scanning or receiving electronic messages
- describe how you deal with amended and cancelled prescriptions (both electronic and handwritten)
- reclaim or cancel an electronic claim
- describe how to address a number of situations that can occur such as dealing with owings, emergency supplies and phoned through prescriptions.

### **Section Contents**

- 4.1 Prescriptions without barcodes
- 4.2 Problems with scanning and/or receiving electronic messages
- 4.3 Amendments and cancellations
- 4.4 Reclaiming or cancelling an electronic claim
- 4.5 Other scenarios
- Section summary and reflection

*This section should be read in conjunction with the training and support materials supplied by your pharmacy system supplier.*

## Section 4.1

### **Prescriptions without barcodes**

*Not all prescriptions meet the criteria to be an ETP prescription. For example, in this first phase of ETP, nurse prescriptions are not included so these prescriptions will not have a barcode or associated electronic prescription message.*

Also, if a patient does not have a CHI number held on the GP system, prescriptions for these patients will not have a barcode or associated electronic message.

**If you receive a prescription that has no barcode, you should process (dispense and endorse) the prescription as a non ETP prescription.**

## Section 4.2

### **Problems with scanning and/or receiving electronic messages**

The starting point for ETP is that any prescription that has been printed with a barcode should be considered as an ETP prescription and processed and claimed electronically. However there are occasions when this is not always possible and the following examples may be some that you will encounter now and again in your daily practice.

### Barcodes that do not scan

A barcode may not scan successfully if it is not printed to a high enough quality or if the prescription form has become marked or damaged in the area of the barcode.

If you receive an ETP prescription where the barcode scanner fails to read the barcode then you can input the 16 character UPN manually. Your PMR system allows you to type in the UPN instead of scanning the barcode. Once the UPN is entered your PMR system requests the electronic prescription message exactly as it would have, had the barcode been scanned. You then process the prescription in the same way as any other ETP prescription.

**If you receive a prescription where the barcode does not scan then you should type in the UPN and process the prescription as a normal ETP prescription.**

If you are receiving multiple ETP prescription forms from a particular GP practice that do not scan you should report this to the ePharmacy Helpdesk:

**Telephone: 0131 275 6600**  
**Email: [nss.PSDhelp@nhs.net](mailto:nss.PSDhelp@nhs.net)**

**Hours of business:**  
**Mon - Thurs 08.30 - 17.00**  
**Fri 08.30 - 16.00**

### Missing electronic messages

If you receive a barcoded prescription which, when scanned, does not retrieve an electronic message you should process it manually but then go on and electronically endorse and claim for the prescription.

Your PMR system still identifies prescriptions that have been requested but not retrieved in its display of all electronic prescriptions. Selecting such a prescription moves the process to the next step. As there is no supporting electronic prescription message, you have to carry out the 'patient matching' and 'dispensing the prescription' steps as you would with a non ETP prescription i.e. by entering text to search for the patient and to select the required medication items.

Your PMR system will however use the information entered and selected to support the creation of the electronic endorsements and claim message in the same way as it would for an ETP prescription. The same ETP claim process should be followed.

**Think of the electronic prescription message as the information that supports you in the selection and recording of patient details and medication items in the dispensing and claiming process.**

**If the electronic prescription message cannot be retrieved, the electronic endorsing and claiming can still be completed. You just need to select and enter the patient and item(s) information as you would for a non ETP prescription.**

PSD can still scan the barcode on the form and retrieve your electronic claim message, even if they, like you, cannot retrieve the electronic prescribe message. Your electronic claim message is then used to inform the payment processing procedure.

### Ongoing problems with scanning

Occasionally, you may have problems scanning prescriptions. For example, a prescription printer at the GP practice may have a problem or be low on printer ink, both of which may cause problems with scanning of barcodes. If you find that this is an ongoing problem with prescriptions from a particular GP practice(s) then once again, you should notify the ePharmacy Helpdesk:

**Telephone: 0131 275 6600**  
**Email: [nss.PSDhelp@nhs.net](mailto:nss.PSDhelp@nhs.net)**

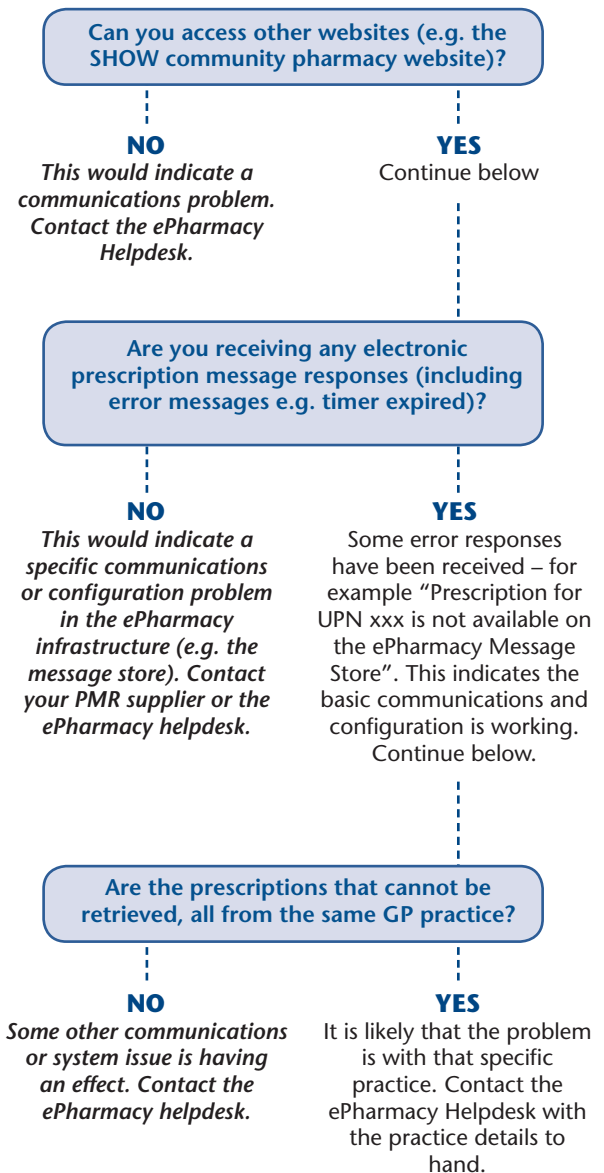
**Hours of business:**  
**Mon - Thurs 08.30 - 17.00**  
**Fri 08.30 - 16.00**

The Helpdesk can log the problem and ensure that it is resolved by the appropriate groups.

### Ongoing problems with receiving electronic messages

If you are experiencing problems receiving any electronic messages then you need to firstly establish whether the problem lies with your PMR system itself or the communication links from your pharmacy.

Here is an example of elements to check:



Equally if you find that you are not retrieving electronic prescription messages from a particular GP practice but are able to retrieve messages for prescriptions from other practice(s) then you should notify the ePharmacy Helpdesk.

**Some pharmacy organisations may have a corporate policy for service and technical support that you may wish to follow. However the Helpdesk service is available to all community pharmacies.**

### **Section 4.3**

#### ***Amendments and cancellations***

With an ETP prescription, just as with any other prescription, you have to satisfy yourself that the prescription meets all the legal, ethical and clinical requirements. In other words you provide a professional check.

If a GP has amended or cancelled the details in an electronic message, then when you scan and retrieve the information from the Message Store, you will be shown the latest version of the electronic message (with the amendment or cancellation details, the date of the change and any details the GP may have included on why the change was made) and you will also be able to view the original message.

This provides you with the necessary information to help you carry out your professional check on the prescription. If, however, you are in any doubt then you should contact the GP just as you would do for a non ETP prescription.

When you submit an electronic claim message for a prescription(s) with an amendment or cancellation, you also need to make sure that both the electronic message and the paper form have the same endorsing information. This is in case the claim does not go through ePay but is passed to a member of PSD staff called a keyer for manual inspection.



You will recall from Section 2 that there are two situations where a GP may choose to make an amendment or cancellation:

- when the patient is still in the practice and just before or after printing
- when the patient has left the practice but before the prescribe message has been retrieved by the pharmacy.

#### **Cancellations and amendments to both the paper form(s) and electronic message(s)**

Where the GP has amended or cancelled a prescription both on paper and in the electronic message you are able to dispense this as a normal ETP prescription.

**You should both endorse and claim for the prescription electronically.**

#### **Cancellations and amendments to either the paper form(s) or the electronic message(s) but not to both**

Sometimes a GP may handwrite a change on the paper form and forget to change the electronic message or vice versa, resulting in the paper form and the electronic message being different.

In these circumstances you must use your professional judgement to decide on the most appropriate course of action. This may include asking the patient or contacting the practice for confirmation of the change or to request that a new prescription is issued.

Once you have satisfied yourself on the appropriate course of action, the subsequent dispensing and processing of the prescription depends on the precise situation you have encountered. Let's look at a few typical scenarios.

#### ***Barcoded prescription with a manual cancellation or amendment but no electronic cancellation or amendment:***

Whether you choose to dispense the prescription according to the manual cancellation/ amendment on the form or you ignore the manual cancellation or amendment then you should both endorse and claim for the prescription electronically.

***Barcoded prescription with an electronic cancellation or amendment but no manual cancellation or amendment:***

Whether you dispense the prescription according to the electronic cancellation or amendment or you choose to ignore the electronic cancellation/amendment and just follow what is on the printed form then you should both endorse and claim for the prescription electronically.

In all the situations listed above, PSD use the information in the electronic claim message to process the prescription through ePay.

**Manually added additional items**

If a GP handwrites an additional new item on a previously printed barcoded prescription form then the item will not have been placed in the electronic message; the electronic message contains the information that has been previously printed on the form.

In this situation you should process the whole prescription (all the items) as a non ETP prescription, in other words, as if it did not have a barcode.

Equally, you should not endorse or claim for any of the items on the prescription electronically. This is because there is neither a barcode nor an electronic prescribe message that relates to that individual item and therefore it cannot pass through ePay. The only solution is to process the whole prescription manually meaning that it is processed under the old arrangements.

Note: this differs from a manual cancellation or amendment to an item that is already printed on the prescription. If it is printed on the form then it is included in the electronic prescribe message, can be endorsed and claimed electronically and pass through ePay.

**Remember that in almost all cases, with the exception of manually added additional items, if a prescription has a barcode then you should endorse and claim electronically.**

The following table contains a summary of the actions you need to take in terms of processing and endorsing the relevant prescriptions.

SCENARIO	WHAT TO DO
Barcoded prescription that scans	Dispense using the ETP prescribe message Endorse and claim electronically
No barcode on the prescription form	Dispense as a non ETP prescription Endorse and claim manually
Barcoded prescription that does not scan	Retrieve prescribe message by entering UPN Dispense using the ETP prescribe message Endorse and claim electronically
Barcoded prescription with no electronic message available	Dispense as an ETP prescription (perform functions such as patient and item selection using the information printed on the prescription form). Endorse and claim electronically
Barcoded prescription with a manual and electronic cancellation	Dispense using the ETP prescribe message Endorse and claim electronically
Barcoded prescription with a manual cancellation but no electronic cancellation	Dispense using the ETP prescribe message Endorse and claim electronically
Barcoded prescription with an electronic cancellation but no manual cancellation	Dispense using the ETP prescribe message Endorse and claim electronically
Barcoded prescription with a manual and electronic amendment	Dispense using the ETP prescribe message Endorse and claim electronically
Barcoded prescription with a manual amendment but no electronic amendment	Dispense using the ETP prescribe message Endorse and claim electronically
Barcoded prescription with an electronic amendment but no manual amendment	Dispense using the ETP prescribe message Endorse and claim electronically
Additional item added manually to a barcoded prescription form with no electronic message	Dispense as a non ETP prescription Endorse and claim manually

## Section 4.4

### **Reclaiming and cancelling an electronic claim**

#### Reclaiming

There may be times when you need to amend an electronic claim message that you have submitted to the Message Store, for example, if you realise that you have made an error in the endorsement or a patient's exemption status may have changed.

#### Worked example

A prescription with three items was prepared for collection. When the patient came to collect, he did not want one of the items. However the claim message had already been sent recording all three items as having been supplied.

The prescription record can be updated to reflect that one of the items was not dispensed and the claim submitted again.

You have the option to update an electronic claim (in other words reclaim for it) for 14 days. An electronic claim message stays in the message store for 14 days after it has been sent and received. After that PSD retrieves the message and then uses it for payment processing once they have received and scanned the appropriate paper prescription form.

Each PMR system has the ability to cancel claim messages. Familiarise yourself with how this works in your system (also see managing messages in section 6).

#### Cancelling electronic claims

On rare occasions you may wish to completely cancel an electronic claim.

Cancelling a claim should only ever arise if you feel a situation has become sufficiently complex (for example, a series of owings with subtly different items dispensed at each supply of the owing and/or complex endorsing information) and you are not confident that you have reflected the required information correctly on the PMR system and wish to annotate the prescription form instead.

Cancelling an electronic claim only cancels the electronic claim message. If the paper prescription form is submitted then it will progress through payment processing via the manual keyer process.

If you do not want to claim anything for an entire prescription form then the easiest way is not to submit the form at all to PSD. It does not then matter what has been submitted electronically since the electronic message will not be pulled down by PSD.

## Section 4.5

### *Other scenarios*

#### Batch scanning

Each PMR system supplier has included an option to allow you to scan single forms, a number of forms for one patient and larger batch scanning of prescriptions for a number of patients. This is in recognition of the need to support the dispensing of both acute and repeat prescriptions and also to support the different ways in which you work. Batch scanning allows you to scan a number of forms and then select the prescriptions at a later stage for processing. The way in which each pharmacy system operates this process will vary. But it is up to you to familiarise yourself with how your own system works.

If you choose to batch scan a bundle of prescriptions, you should then go on to both dispense and electronically endorse the prescriptions using the same principles described earlier.

#### Owings

Your PMR system still allows you to generate an owing for a prescription item(s) that you are dispensing but do not have in stock.

An item can be claimed in full, even if only partially dispensed or not dispensed at all. Alternatively you can store the claim message as pending until you complete the owing and the item has been dispensed. You should use your professional judgement as to whether to claim in advance. If there is any doubt whether a patient may return to collect the owing, you should wait and claim at a later stage when you are able to establish, within reason, whether the item was dispensed in full or not. In this case you should claim for the amount actually supplied.

#### Emergency supplies of medicines

Where you have provided a patient with an emergency supply of medication before receiving the prescription, you are still be able to dispense the remainder of the barcoded prescription as an ETP prescription.

You can also endorse and claim for the prescription electronically. Your PMR system allows you to make a claim for the prescribed total quantity (by adding together the emergency supply quantity to the quantity that you are prescribing for the remainder of the prescription). It is this total that is included in the electronic claim message.

### Stopping an ETP prescriptions

It is possible to stop an ETP prescription even if you have retrieved the electronic prescribe message and started the dispensing process. For example, if you cannot supply or order in an item and the patient chooses to take the prescription to another pharmacy instead. No additional message needs to be sent to the store to indicate that you have abandoned the claim.

There is no restriction on how many times you retrieve, or which community pharmacy retrieves, an electronic prescribe message associated with an ETP prescription.

### Telephoned prescriptions

One of the key patient safety advantages of ETP is that instead of relying on urgent prescription requests being phoned through from a GP practice, written down and then dispensed from the handwritten note, the practice can provide you with the UPN (assuming the prescription has been printed and has a barcode). You can then enter the UPN directly into your PMR to pull down the message from the store.

### Medication start and prescription expiry dates

To prevent a patient being given prescription items prior to a selected/desired date, a GP can post date an electronic prescription form just like they can do with the paper forms. To do this, the GP can insert the chosen medication start date into the appropriate part of their GP system.

For a post dated prescription, the date that is printed on the form is the post dated one. The system does however also record the date and time that the prescription was generated.

The prescription expiry date is calculated using the medication start date, which is either the date the form was printed in the case of a normal prescription or the chosen date in the case of a post dated prescription.

**Most prescriptions have a six month expiry. Controlled drugs under Schedules 2, 3 and 4 have a shorter expiry of 28 days.**

### Summary

- Not all prescriptions meet the criteria to be an ETP prescription
- If you receive an ETP prescription where the barcode does not scan, then you can input the 16 character UPN manually
- The electronic message supports you in the dispensing and claiming process
- If the electronic prescription message cannot be retrieved, the electronic endorsing and claiming can still be completed
- ETP prescriptions must meet all legal, ethical and clinical requirements
- If a GP has cancelled or amended a prescription both on paper and in the electronic message, you are able to dispense this as a normal ETP prescription
- Manual and/or electronic cancellations or amendments by the GP can usually all be endorsed and claimed electronically at the pharmacy
- Where a GP handwrites an additional new item to a previously printed barcoded prescription form, you should process the whole prescription as a non ETP prescription; you should not endorse or claim electronically
- ETP has the facility to allow prescriptions to be scanned individually or in batches.



### Reflection

- *What housekeeping tasks do I need to undertake to ensure that the ETP process runs smoothly?*
- *What happens to the paper prescriptions? Do they need to be managed differently?*
- *What are the training implications for my staff?*
- *Do I need to alter my everyday working practices?*

*This section looked at the various exceptions in the ETP process. We now move on to describe what housekeeping tasks need to be completed to ensure safe and efficient systems of work.*

*Why not make a note of any further questions or points you need clarified from this section? Sources of further information are found on p73-76.*



**Section 5**  
*Housekeeping*

5

## **Section 5: Housekeeping**

*This section looks at the necessary housekeeping tasks that you must undertake to support ETP.*

### **Objectives**

After reading this section you will be able to:

- summarise the regular housekeeping tasks that you need to undertake
- outline the different stages of an electronic message.

### **Section Contents**

- 5.1 Introduction
- 5.2 Managing electronic messages
- 5.3 Managing the paper prescriptions
- Section summary and reflection

*This section should also be read in conjunction with the training and support materials supplied by your pharmacy system supplier.*

## Section 5.1

### Introduction

*You must undertake the necessary housekeeping tasks to support ETP especially as it covers almost all of the prescriptions that you now dispense. Basically, it is just an extension of what you currently do in terms of endorsing and claiming for the paper prescription forms by including the electronic messages.*

You or a member of your dispensary staff should check your PMR system, at least once daily to make sure that:

- you are receiving the electronic prescribe messages
- the electronic claim messages that you produce are sent to and received by the ePharmacy Message Store.

There are a number of reasons for carrying out this task on a regular basis. The main reason is that you do not want to allow the management of the electronic messages, or any associated problems that may develop, to build up over a long period of time. This will eventually affect the payment processing of your prescriptions and make the task of addressing any problems more challenging.

GP practices are also required to perform some housekeeping tasks to ensure that:

- the electronic prescribing messages they generate are sent to and received by the Message Store
- any amendments or cancellations that they manage electronically are accepted by the store.

## Section 5.2

### Managing electronic messages

In the same way that you must produce and send an electronic claim message, you must also actively manage the various electronic prescription records held in your PMR system - from the prescription message, through the dispensing and electronic claiming processes, until you receive a 'prescription completed' acknowledgment from the store. This also includes monitoring the status of messages sent to and received from the Message Store.

Once you have scanned a barcoded prescription, your PMR system maintains a list of all the electronic prescription records that you have requested as well as any information regarding the status of those records.

As you progress through the eAMS process, the record of the electronic prescription moves through a variety of stages reflecting its status. Your PMR system allows you to apply filters so that you can review any electronic prescription records, for example by date or the status of the message or those that include additional alerts.

It is important that you and your dispensary staff review the list of prescription records and their status to ensure that the prescription records are passing through the system and that any outstanding actions are completed.

You can do this using your PMR to select the list of prescription records to be displayed and reviewed. You may wish to start with the 'ready to claim' prescription records, check them and then send them to the store and then move on to the 'in progress' prescription records.

The next few paragraphs detail the various stages of the journey of the electronic prescription record from you receiving the prescription message to completing any actions you need to carry out to help the process.

#### Processing electronic prescription records

Note: The stages of the message described in the following section may be given slightly different names by your PMR supplier.

##### Quick reminder

Scanning a barcoded GP10 prescription form requests and retrieves the electronic prescription message from the Message Store.

Scanning the barcode firstly sends a request to the ePharmacy Message Store to ask if there is an electronic message associated with the barcode; at this point the electronic information has not arrived back in your PMR and the electronic prescription record is at a requested only stage.

**REQUESTED  
ONLY**

Once you have retrieved the electronic prescribe message and the electronic information has arrived in your PMR system then the prescription record is at the retrieved stage. At this point you can go on to dispense the prescription or you may wish to continue to scan other barcoded prescription forms if you are scanning a batch of prescriptions all at one time. If a prescribe message is not retrieved immediately then you can choose to put the prescription aside and try again later (or process manually if necessary).

**RETRIEVED**

## Dispensing from the electronic prescribe message

### Quick reminder

Once you have the electronic prescribe message you can match or add the patient details and start to dispense the prescription. The majority of the information required to complete the claim message comes as a by-product of following the dispensing process on your PMR system.

All the information required to complete the claim need not be supplied while you are completing the dispensing process (e.g. endorsing or patient exemption information): this can be added at a later stage.

Once you have dispensed the prescription and you have completed all the information required to produce the electronic claim message (any endorsement information and the exemption status of the patient), the electronic prescription record is ready to be sent and the claim is at the ready to claim stage.

**READY TO CLAIM**

You can stop progress of the electronic prescription record at certain points. For example, if you

**IN PROGRESS**

- have an owing to complete at a later stage
- do not have all the information required for generating the claim e.g. you may need to check the patient's exemption status.

Your PMR system maintains a list of the status of all the electronic prescription records so you can go to the electronic message at any point and add any additional information required to complete the electronic claim message. This allows it to progress to the ready to claim stage.

**READY TO CLAIM**

## Sending electronic claim messages

### Quick reminder

You must actively submit an electronic claim message; it is not automatic.

Your PMR system lets you list all the prescription records that are ready for claim and about to be forwarded for an electronic claim for remuneration and reimbursement. Submitting an electronic claim is just like endorsing and storing paper GP10 prescriptions in the bag to send to Practitioner Services except it is posted to the Message Store instead.

## Responses from the Message Store

The ePharmacy Message Store sends an acknowledgement back to your PMR system for every electronic claim that you have processed and sent, including any cancelled, amended or reclaimed messages to the store. Again it is important that you and your staff check these regularly.

For the majority of prescriptions it is simply a case of processing the ETP prescription, completing the electronic claim with any appropriate endorsement and exemption information and then sending the electronic claim message to the Message Store, from where you receive an acknowledgement.

There are four possible responses from the Message Store:

ELECTRONIC MESSAGE	DEFINITION
<b>Complete</b>	<p>Claimed and acknowledged</p> <p>You have sent an electronic claim and it has been received and acknowledged by the Message Store. The transaction is now complete unless amended or cancelled.</p>
<b>Sent</b>	<p>Claimed but not acknowledged</p> <p>You have sent an electronic claim but it has not yet been acknowledged by the Message Store.</p>
<b>In exception</b>	<p>Claimed but in exception</p> <p>You have sent an electronic claim and it has been received by the Message Store but the store has sent a response message to indicate that there has been a problem with the claim messages and it is not complete. The response message indicates what, if any, further action(s) needs to be undertaken to resolve the problem.</p>
<b>Timer expired</b>	<p>Claimed but timer expired</p> <p>A claim message has been sent to the store but the message timer has expired before the claim was received by the store. You can resubmit the message at this stage.</p>

As mentioned before, you can also cancel or amend and reclaim messages within a set time period of time. Again, your PMR system helps you by listing the messages by category.

### **Amending and reclaiming a claim message**

With eAMS it is possible to reclaim a previously submitted claim. In other words submit an amended claim. You might want to do this if you have made an error, for example, an incorrect endorsement has been recorded.

In order to reclaim, the original claim must have been received by the ePharmacy Message Store or the message has had an exception response or is timer expired.

The process of reclaiming is the same as submitting the original claim. The information in the prescription record should be updated (for example with the revised endorsement information) and then the claim resubmitted.

The electronic responses that are received from the ePharmacy Message Store for a resubmitted claim are the same as those that are received for the original claim message.

### **Cancelling a claim message**

As explained previously, you might want to cancel a claim if you have made an error in the claim, for example an uncollected item, or if the person wants to take their prescription back.

To do this the original claim message must have been acknowledged as completed. It is only at this stage that you can open a patient's PMR record and cancel the electronic claim message.

Basically you are saying "do not use the electronic claim message when you receive the paper prescription form". In other words the prescription will pass to manual pricing in the event that it is submitted.

You can also amend and reclaim a cancelled claim message.

Just as for normal electronic claim messages, an electronic cancellation message receives an acknowledgement message. The table below outlines the message and options.

<b>ELECTRONIC CANCELLATION MESSAGE</b>	<b>DEFINITION</b>
<b>Claim cancelled</b>	You have cancelled a previously sent and acknowledged electronic claim. You can, at this stage, amend and reclaim if necessary.
<b>Claim cancellation pending</b>	Your claim cancellation message has been sent but a response has not yet been received from the Message Store. At this point you cannot reclaim until the cancellation message is successfully acknowledged.
<b>Claim cancellation failed</b>	Your claim cancellation has been acknowledged but has failed. You can resubmit the message at this stage.
<b>Cancellation timer expired</b>	You have sent a claim cancellation message but the timer has expired before it has been received by the Message Store. You can resubmit the message at this stage.



### Section 5.3 *Managing the paper prescriptions*

In the majority of instances, it is relatively straightforward for you to process an ETP prescription and the acknowledgement of the electronic claim message from the Message Store usually denotes the end of the process. You then need to ensure that the necessary details (exemption status, patient signatures and endorsements) are captured on the paper prescription form and store them before you send the prescriptions bi-monthly (or monthly if this is your usual practice) to Practitioner Services Division.

But there will be situations when you cannot complete the dispensing event in full immediately, for example if all the medication has not been issued or the endorsing or patient exemption information is not complete. In these circumstances then the prescription becomes an 'in progress' event in your PMR system until you complete the missing information and send the electronic claim message, endorse the paper form and store it.

You should keep these incomplete prescriptions separate from the completed ones to help you keep track of outstanding claims that require action.

**Remember an electronic claim message can only be sent when all the required information has been completed. Your PMR will help you complete this process.**

If you choose to cancel, amend or reclaim an electronic message whilst you still have the paper prescription form then you may need to alter any manual endorsement that you have included on the paper form, where necessary.

#### **Managing manually actioned messages**

Your PMR allows you to manually change the status of message from an exception status to a manually actioned status. This then indicates that the transaction is complete and removes it from the list of messages that require some form of action.

You might do this if you had to intervene to progress a message in the absence of a successful message exchange with the Message Store, for example, if a prescription request message failed and you had to process the prescription from the paper. Your system may also allow you to resubmit electronic messages where they have failed and this would change the status automatically rather manually.

**Remember: You should regularly review the status of electronic claim messages and take any appropriate action where needed. For example, resubmit the message if it failed to reach the Message Store.**

### Summary

- Housekeeping tasks are about checking that you:
  - are receiving prescribe messages from the Message Store
  - are sending claim messages to the Message Store
  - are receiving acknowledgements from the Message Store
  - know what messages you need to take further action on
- Housekeeping is required to prevent the build up of any problems with electronic messages since it will affect the payment processing and make the task of addressing any problems more challenging.



### Reflection

- *What happens next to both the electronic messages and paper prescriptions?*
- *What procedures and standard operating procedures do I need to update in my pharmacy?*
- *What training do I need to give my staff?*

*This section has looked at housekeeping tasks for ETP. In the next section we look at the payment processing aspects for ETP prescriptions.*

## **Section 6**

### *Payment Processing (ePay)*



## **Section 6: Payment Processing (ePay)**

*This section looks at how you submit your paper ETP prescriptions to Practitioner Services Division (PSD). It also describes the processing of both paper and electronic claims for repayment purposes.*

### **Objectives**

After reading this section you will be able to:

- outline the main steps involved in submitting your ETP paper forms
- describe the payment processing principles for ETP.

### **Section Contents**

- 6.1 Submitting forms
- 6.2 Processing at NSS
- Section summary and reflection

## Section 6.1

### **Submitting forms**

*Submit any completed ETP prescriptions to Practitioner Services by the normal route with your bi-monthly (or monthly if this is your current practice) submissions.*

**You do not have to count or bundle ETP prescriptions separately from any other non ETP prescriptions**

However, always make sure that any barcoded prescriptions are presented face side up and with the barcode on the left hand side. This helps the scanners read the prescriptions without interruption.

Complete a GP34 form in the usual manner, declaring the total number of forms and items for both paid and exempt prescriptions.

GP34 arrangements for advanced payments still apply to ETP prescriptions.

## Section 6.2

### Processing at NSS

When Practitioner Services receive your barcoded GP10 prescription forms, they scan the barcode. This retrieves the specific electronic claim message which contains both prescribing (GP prescribe message) and dispensing information (your electronic claim message).

The electronic claim message is then used, wherever possible, to process the prescriptions through ePay rather than manual payments and informs the system for remuneration, reimbursement and information gathering. Where dm+d codes exist for prescribed, dispensed and electronically claimed items, the ePay rules engine will automatically price the prescription(s).

#### ePay: a quick overview

One of the key elements of the ePharmacy Programme is the ePay component. ePay is simply the application of the PSD pricing rules to electronic claim messages.

You will recollect that with the Minor Ailment Service (MAS) your pharmacy system generates an electronic claim message at the same time as producing a label(s) when dispensing the chosen product(s).

This also happens for an ETP prescription. But this time the electronic claim message includes both the prescribing information, generated by the GP system and retrieved from ePMS, and the subsequent claim information, produced by your PMR system and actioned by you.

The electronic claim message is produced as a result of the details that you enter when dispensing and labelling the prescription. Each PMR system supports this in its own way and should help you do this as intuitively as possible.

**Remember you must generate and send an electronic claim message. It is based on the information in the electronic prescribe message and contains details of both what was prescribed and dispensed.**

It is very important that you think about the quality and accuracy of the data that you input. For example, when you are dispensing a particular brand or pack size, then it should be that same brand or pack size that you use when you select the product for labelling. The reason is that your selection will subsequently drive the data needed for inclusion in the electronic claim message.

Along with the other information detailed in the electronic claim message it describes:

- the pack that was used for the supply
- the quantity dispensed
- the unit of measure.

**Think of the generation and sending of an electronic claim message as being the equivalent to the endorsing and submission of a paper GP10 form.**

Remember that for pricing purposes under ePay, the electronic claim message takes precedence over any handwritten or printed endorsements on the paper form.

If the electronic claim message can be processed by the automated pricing system, then no reference will be made to the paper form. To ensure that your claims are reimbursed correctly, it is important that the electronic message contains the correct endorsement information.

**The paper prescription form is only used in the ePay process if the item has been passed for manual inspection by a member of PSD staff called a keyer.**

Under these circumstances the claim is passed for manual inspection by a keyer. They will then review the electronic endorsement and the paper form, including any endorsement information of the form (although the electronic endorsing always takes priority) and make a judgement on what should be paid.

It is therefore also important that any endorsements in the electronic claim message are also written/printed on the paper GP10 form in the same way to prevent any ambiguity. If an electronic claim message cannot be retrieved from the Message Store then the prescription is processed using the paper form only. All the prescriptions are imaged and stored by Practitioner Services for seven years.

### Manual processing

Sometimes a claim does not meet the criteria for ePay processing. For example:

- complex endorsement information
- no electronic prescribe message exists
- no dm+d code exists for the item
- a rule for the pricing process rejects the electronic claim.

### Summary

- PSD will manage ETP prescriptions in the same way as other prescription types
- You do not have to count or bundle ETP prescriptions separately from any other non ETP prescriptions
- GP34 arrangements for advanced payments still apply
- Electronic claims where provided and referenced by barcode will be used in the payment process
- The electronic claim message takes precedence over any handwritten or printed endorsements on the paper form
- Paper forms will be used where no electronic message or dm+d code can be found, or complex endorsement information is required
- Present any barcoded prescriptions face side up and with the barcode on the left hand side when sorting your prescriptions for submission.



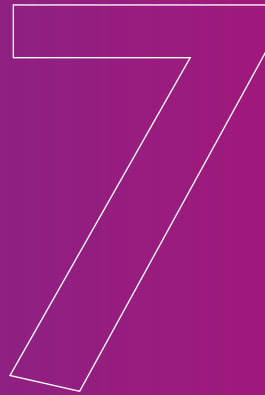
### Reflection

- *Who sorts my prescriptions and completes the bi-monthly GP34 submission in my pharmacy?*
- *Do they need further information about submitting the ETP forms?*



## **Section 7**

### *Key Steps to Implementation of ETP*



## **Section 7: Key Steps to Implementation of ETP**

*This section outlines where to find help in implementing ETP at both a national and local level.*

*As with the Minor Ailment Service (MAS), there will be a range of support measures to help both community pharmacists and GP Practices implement ETP and eAMS.*

### **Objectives**

After reading this section you will be able to:

- identify who will be supporting this service nationally and locally
- discuss training implications for you, your staff and your locums
- get started with the implementation of ETP.

### **Section Contents**

- 7.1 Local training and support for ETP
- 7.2 National training and support for ETP
- 7.3 Getting started
- Section summary and reflection

## Section 7.1

### **Local training and support for ETP**

*The following individuals are involved at a local level in providing training and support for ETP.*

#### **Community Pharmacy IM&T Facilitators**

The CP IM&T facilitators are able to support you and your staff in using the systems and applications to deliver ETP. For example, they can provide training and ongoing assistance on:

- ePharmacy applications to support ETP, including how to address different ETP electronic messages
- reporting and resolving problems.

The contact details for your local CP IM&T facilitator(s) can be found on the community pharmacy website at:

[www.communitypharmacy.scot.nhs.uk/healthboard.html](http://www.communitypharmacy.scot.nhs.uk/healthboard.html)

In addition, there are GP IM&T facilitators supporting your local GP practice(s) to make sure that they are able to use the ETP programme on their system.

**Make sure that the contact details for your facilitator(s) are kept in an easily accessible place for reference by your employees/locums and support staff.**

### Local Community Pharmacy Practitioner Champions

Your local CP practitioner champion(s) works alongside your IM&T facilitator to support you in delivering ETP. They have been developing expertise in the principles of ETP and will be able to use their knowledge and experience to help you.

Contact details for your local champion(s) can also be found on the community pharmacy website at: [www.communitypharmacy.scot.nhs.uk/healthboard.html](http://www.communitypharmacy.scot.nhs.uk/healthboard.html)

### NHS Boards

Your NHS Board also has a role to play in both raising awareness and providing ongoing support for ETP. They have a local implementation group for the contract which supports the champions and IM&T facilitators and acts as a focus for communication at both a local and national level. Each NHS Board also has a lead contact responsible for liaising with the ePharmacy Programme to support the implementation of ETP.

Details of useful contacts within your NHS Board can also be found on the community pharmacy website.

NHS Boards must:

- ensure that they have both practitioner champions and CP and GP IM&T facilitator teams in place to support you and your GP colleagues to deliver ETP
- support local ETP awareness sessions for GPs and community pharmacists as needed in their NHS Board area
- communicate local support processes
- provide any other relevant local communications.

## Section 7.2

### **National training and support for ETP**

#### NES (Pharmacy)

NES (Pharmacy) has developed this educational resource to help you implement ETP. You can also visit the NES website for updates at:

[www.nes.scot.nhs.uk/pharmacy](http://www.nes.scot.nhs.uk/pharmacy)

You will also find details here of all education and training offered to support the community pharmacy contract, as well as other educational opportunities offered by NES (Pharmacy).

Employee or locum pharmacists and registered technicians can also apply to NES (Pharmacy) for their own personal copy of this resource. This can be done by applying online via the NES website or by emailing [pharmacy@nes.scot.nhs.uk](mailto:pharmacy@nes.scot.nhs.uk) with full name, postal address and RPSGB registration number.

#### ePharmacy Toolkit

In addition to this NES ETP pack, the ePharmacy Programme has developed an ePharmacy Toolkit. Its purpose is to help community pharmacists carry out specific administrative tasks required for the introduction of both eAMS and eCMS.

When you have completed the toolkit, you will be able to:

- cleanse and update patient medication records
- keep proper data protection and management standards
- use patient medication records to improve direct services to patients and support NHS Board service planning
- comply with appropriate standards to support electronic methods of remuneration and reimbursement whenever possible.

Every community pharmacy has received a copy of the toolkit. Additional copies are available from your IM&T facilitator.

#### National Services Scotland (NSS)

NSS is providing a range of support services for ETP.

#### *The Community Pharmacy website*

Scottish Health on the Web (SHOW) sponsors the community pharmacy website which is the central point for all information relating to the implementation of the community pharmacy contract.

It includes:

- sections for community pharmacists and CP practitioner champions on the contract and its implementation
- technical information on the ePharmacy programme
- IM&T facilitator information
- information regarding the N3 pharmacy connections
- a customer services section
- access to pharmaceutical publications such as eMartindale and eBNF.

A 'Frequently Asked Questions' (FAQs) section is included to help you address common issues that arise when implementing ETP. This list is updated regularly and may also be useful as a resource to inform your support staff and locum pharmacists. A small selection of questions has been included in Appendix 2 to give you a 'taster' of what's included.

### ePharmacy Help Desk

NSS has also established an ePharmacy Helpdesk to act as a single point of contact for all community pharmacists regarding the ePharmacy programme and any associated issues that arise. Although the Helpdesk can handle most inquiries at the time of the call, some will have to be dealt with by specialist groups called Resolver Groups. They consist of representatives from PMR suppliers, other business groups such as Community Pharmacy Scotland, NHS Boards and other technical groups such as PSD Technical Support.

The ePharmacy Helpdesk can be contacted via email or telephone:

**Telephone: 0131 275 6600**  
**Email: [nss.PSDhelp@nhs.net](mailto:nss.PSDhelp@nhs.net)**

**Hours of business:**  
**Mon - Thurs 08.30 - 17.00**  
**Fri 08.30 - 16.00**

**Existing supplier and local NHS Board support and help desk services will continue to provide the first line call support services for any GP or pharmacy system queries.**

## Section 7.3

### Getting started

Having worked your way through this ETP pack and the ePharmacy Toolkit you should have covered all the key activities required to help you to operate ETP in your pharmacy and use the associated eAMS software. There may however be specific additional activities that you may wish to undertake to ensure that you, your staff (including locum pharmacists) and your pharmacy are ready for ETP.

Producing an action plan of activities can help you to do this.

You may wish to use the table overleaf to help you prioritise an overall action plan. Identify what actions you need to take and how important and urgent they are. Some suggested headings are given but you may have ideas of your own.

With the increasing reliance on technology to help you to deliver services, remember to put in place the necessary checks and safeguards to ensure the continued smooth running of your services and the IT.

For example, it is important to make sure that you back up your data on your PMR system regularly (daily) and that you store any back up disks safely. If you notice a problem with receiving or sending messages, then this should be reported to the ePharmacy Helpdesk as soon as possible to ensure that the messages continue to flow through the system in support of the ePharmacy services.

If you are relocating your pharmacy or even just embarking on a refit, you need to make sure that you plan accordingly for your IT requirements and do so in plenty of time. This may include the need to re-connect your N3 connection if you have carried out work in your dispensary.

**If you have queries on what impact any changes you are planning in your pharmacy may have on your IT requirements, then contact the ePharmacy Helpdesk who can advise you on what associated actions you need to consider.**



## Action Plan

<b>TO DO</b>	<b>IMPORTANCE (1-3)</b> <i>1=VERY IMPORTANT</i>	<b>URGENCY (1-3)</b> <i>1=VERY URGENT</i>	<b>PRIORITY</b>	<b>DETAILS</b>	<b>REVIEW DATE</b>
Additional learning needs					
Staff training Issues					
Locum support needs					
eAMS IM&T requirements					
Premises requirements					
Revise working practices and procedures					
Update SOP for ETP dispensing					
Increase public awareness of eAMS					
Discuss operation of eAMS with local GP Practices					
Housekeeping arrangements in place					
Other activities					
Other activities					



### Summary

- Your local IM&T facilitators and CP practitioner champion(s) can provide you with support and training in ETP and the use of eAMS software
- The ePharmacy Customer Services Helpdesk acts as a single point of contact for all community pharmacists regarding the ePharmacy programme and any associated issues that arise
- Your NHS Board also has a role to play in both awareness raising and ongoing support for ETP
- The community pharmacy website has a 'Frequently Asked Questions' (FAQs) section to help you address common issues that arise when implementing ETP
- The ePharmacy Programme has developed an ePharmacy Toolkit to help community pharmacists carry out specific administrative tasks required for the introduction of both eAMS and eCMS.



### Reflection

- *How will ETP change my current way of working and that of my staff?*
- *How will I ensure that all my staff and locum pharmacists are adequately trained?*
- *Are there any practical tips to get started?*
- *Should I begin action planning now?*

*Why not make a note of any further questions or points you need clarified from this section? Sources of further information are found on p73-76.*

# Appendices



## **Appendix 1**

### ***Hints and Tips***

#### **Endorsing**

You should always ensure that any endorsements are detailed on both the paper form and the electronic claim message. An electronic claim message, once sent, remains in the ePharmacy Message Store for 14 days. This means that you can make amendments or cancellations to the claim message during that time period.

#### **Endorsing Printers**

If you use an endorsing printer then the print cartridge must be replaced before the print becomes faint on any endorsement printed on to the prescription form.

#### **Non barcoded GP10 forms**

If you start receiving non barcoded GP10s from a GP practice that usually produces barcoded prescriptions then you should contact the PSD ePharmacy Helpdesk who can investigate whether there is a problem with the GP site's connectivity/software.

#### **Barcoded GP10 forms - not scanning**

If you receive a barcoded prescription that does not scan you can enter the 16 digit UPN. This should retrieve the electronic prescription information and allow you to continue to dispense and claim electronically as if you had scanned the barcode.

#### **Barcoded GP10 forms – no message retrieved**

If you frequently receive barcoded prescriptions but cannot retrieve the electronic prescribe message after scanning, then contact the PSD ePharmacy Helpdesk.

#### **Submission of barcoded prescription forms**

Barcoded prescription forms should be submitted with the barcode to the left and forward facing to ensure correct batch scanning at PSD. There is no change to the process of completing the GP34 submission form.

#### **Updating your PMR system**

You must always run system updates as soon as they are available from your PMR supplier. This will ensure that your drug dictionary is kept up to date.

#### **Pharmacy refits**

If you are refitting your dispensary, which involves moving the position of your PMR, then please advise your Health Board as soon as possible so that they can ensure that you remain able to send and receive electronic messages.

#### **Pharmacy change of ownership/pharmacy relocation**

Please advise your Health Board of any changes in ownership or plans to relocate your pharmacy as soon as possible to ensure that you remain able to send and receive electronic messages.

## Appendix 2

### Frequently Asked Questions

#### Barcodes

##### *Question*

What do I do if I receive a GP10 prescription form which does not have a barcode?

##### *Answer*

If there is no barcode on a GP10 form then you dispense and claim for the prescription as a non ETP prescription.

##### *Question*

What do I do if I receive a handwritten prescription?

##### *Answer*

You dispense and claim for a handwritten prescription as a non ETP prescription.

##### *Question*

I have a barcoded prescription but when I scan it I do not receive an electronic message. What do I do?

##### *Answer*

You can type the Unique Prescription Number (UPN) which is directly below the barcode into your PMR system. This number links the barcode and the electronic message. If a barcode does not scan then entering the UPN should retrieve the electronic prescription information and allow you to continue to dispense and claim electronically as if you had scanned the barcode. You can also do this if your scanner has broken. If this still does not work then just dispense the prescription as a non-ETP prescription (in other words add the relevant information manually). You should, however, still generate an electronic claim message.

##### *Question*

I have scanned the barcode and tried entering the UPN but no electronic prescription details are being returned to me. What do I do?

##### *Answer*

You should enter the prescription information from the GP10 form manually as you would do for a non ETP prescription. You can then go on and dispense the prescription. However you still should claim electronically, in other words, send an electronic claim message. If this is a recurring problem for prescriptions from a particular GP practice then please contact the PSD ePharmacy Helpdesk, who can follow up with the GP practice.

## Scanners

### **Question**

How many scanners do I need in my pharmacy?

### **Answer**

You need at least one scanner in your dispensary and ideally one for each computer/work station that you use for dispensing prescriptions. However the exact number and where they are positioned will depend on the way you choose to work. It is the responsibility of your PMR system supplier to provide you with a scanner(s) and advise you on the options available.

### **Question**

The scanner in my pharmacy is broken. What do I do?

### **Answer**

You need to contact your PMR system to supplier to order a replacement scanner. Meantime you can still enter the UPN to retrieve the electronic prescription message and continue on to dispense and claim electronically as normal.

## Electronic Prescribe Messages

### **Question**

When I scanned the barcode I did not get an electronic message. What do I do?

### **Answer**

You can type the Unique Prescription Number (UPN) which is directly below the barcode into your PMR system. This number links the barcode and the electronic message and brings down the electronic message. If this still does not work then just dispense the prescription as a non-ETP prescription but you should still generate an electronic claim message. If this is a regular problem with a GP practice then you should contact the ePharmacy helpdesk who can follow this up.

### **Question**

What happens if a GP has made an amendment to a barcoded GP10?

### **Answer**

If a GP needs to amend a prescription and the patient is still in the GP practice then the GP should cancel the prescription and generate a new prescription.

However, a GP can also amend an electronic prescribing message once it has been sent to the message store. If the patient has left the practice then the GP should still contact the patient to let them know of the change. The amended message is linked to the original message and when you scan the barcode you will receive:

- the amended message
- the date of the amendment
- any reason for the amendment that the GP may have provided
- the original message.

You then make a professional decision on the most appropriate course of action (remember the paper prescription and the electronic message may be different). If you need to contact the GP then you should endorse the electronic claim message (and paper form) appropriately and mark as prescriber contacted (PC) or not contacted (PNC).

### **Question**

There is a mismatch between the GP10 prescription form and the electronic prescribing message. What should I do?

### **Answer**

If the information on the paper form and the electronic prescribing message do not match then you must make a professional judgement on how to best proceed. The electronic message should provide you with any details of amendments or cancellations made by the GP (as in the previous example). However, you may still need to contact the GP for clarification. You then dispense the prescription, endorse appropriately

(both on the paper form and in electronic message). PSD will then process the claim using both the electronic claim message and the paper form for reference.

### **Question**

What happens if I pull down an electronic prescribing message, start to dispense the prescription, then find that I do not have the item in stock and the patient wants to take the prescription to another pharmacy? Do I need to release the electronic message?

### **Answer**

If you have scanned the barcode and pulled down an electronic message but then cannot dispense the prescription then you can stop and return the prescription to the patient who is free to take the prescription to another pharmacy for dispensing. You do not have to send back or release the electronic message; electronic messages can be pulled down by more than one pharmacy. The next pharmacy can just pull down the prescription. Even if you had claimed for that prescription, PSD will only pay against the electronic message that is received from the pharmacy that has submitted the paper form.

## Electronic Claim Messages

### **Question**

PSD have not been receiving any electronic claim messages from my pharmacy. What do I do?

### **Answer**

Firstly you need to check that there are no connectivity problems in your pharmacy. For example have you been able to retrieve prescribe messages? You should also ensure that you are running all your system updates and completing housekeeping regularly. If you find that you are still having problems or, for example, you are not even receiving any acknowledgements from the message store to claims you are sending then you should contact the PSD ePharmacy Helpdesk.

### **Question**

How long are ETP barcoded GP10 forms and electronic messages valid for?

### **Answer**

An ETP barcoded GP10 form is valid for the same length of time as a non barcoded prescription (6 months or 28 days for a CD prescription). The electronic prescribe message is also valid for the same length of time as the paper form. A time limit comes into play if you need to amend an electronic claim message after it has been sent. You have 14 days to amend an electronic message once it is in the message store. Any amendment must also be completed on the paper form for consistency.

### **Quick reminder**

You must send an electronic claim message to the message store. You can send an electronic claim at a time that suits your way of working e.g. when the patient comes to pick up the item(s), at the end of the day when all items have been picked up, at the time when the patient is on the premises.

### **Question**

What happens if I try to make an amendment to an electronic claim after the 14 day time period, for example three weeks after the claim was submitted?

### **Answer**

Electronic claim messages are held in the message store for 14 days after which they are then retrieved by PSD. This is in line with the journey of the paper prescription forms which you submit bi-monthly/monthly to PSD. It is possible, during the 14 days, to retrieve and amend an electronic claim. However you should not alter an electronic claim message once you have sent the paper form to PSD because the paper form and electronic claim should carry the same endorsement. It is not possible to amend a claim once PSD has retrieved the message (after the 14 day period).



**Question**

What happens if I have made an electronic claim message and then the patient wants to take the prescription to another pharmacy instead?

**Answer**

You can cancel the electronic claim message if you have already sent it (and it is not older than 14 days). However you can just leave it because PSD will only pay against the electronic message that is received from the pharmacy that submits the paper form.

**Question**

At the end of the month I often have prescriptions awaiting collection by patients and they often do not come in until the following month. Should I send the electronic claims anyway even if that means that the paper forms may not get in until the next submission date regardless or should I wait until I have the paper forms completed by the patient and send the claim message then?

**Answer**

You are best to send the electronic claim message once you are satisfied that you have all the correct information included in the both the electronic claim message (e.g. patient's exemption, evidence seen if relevant, items dispensed and issued to patient, endorsements, etc.) and also captured on the paper (e.g. patient's signature, evidence seen if relevant,

endorsements etc.). Of course you do have 14 days to make an amendment after you have sent the electronic message but submitting the claim before the patient has collected the prescription may reduce the time to make any changes. Therefore, unless you are very sure that you can supply all the accurate information ahead of the patient collecting the prescription then you should wait and send the electronic claim once the patient has collected their prescription.

**dm+d****Question**

What happens if an item has no dm+d code?

**Answer**

Drug mapping to dm+d codes is being gradually added to IT systems so there may be some items initially without a dm+d code. Both electronic prescribing and claim messages can be created and sent without a dm+d code. Any items detailed in either the electronic prescribe or claim message without a dm+d code are processed manually by PSD.

**Question**

A dm+d code is printed on the paper form and appears in the electronic message but it does not match with any dm+d code in my PMR system?

**Answer**

You are still able to manually select an item for dispensing and then to endorse electronically but should inform your PMR supplier. This alerts them to add the dm+d code to their drug dictionary.

## General Questions

### **Question**

A patient has opted out of receiving an ETP prescription. What happens when they need a prescription?

### **Answer**

Patients who have opted out of ETP will receive non barcoded prescriptions and hence no electronic message. You just dispense these prescriptions in the traditional way.

### **Question**

Will ETP speed up community pharmacy payments?

### **Answer**

No. It is still the arrival of the barcoded paper GP10 paper form that is the trigger for payment and therefore payment processing takes the same length of time. However processing will be much more efficient by using the electronic messages.

### **Question**

What happens with prescriptions for MDS boxes which are dispensed weekly? Do I have to scan the barcode every week to capture the claim information?

### **Answer**

No. You scan the prescription once to retrieve the relevant electronic prescription data and dispense the prescription. Once all the instalments have been dispensed/given to the patient then you endorse the prescription, providing any instalment endorsing details (e.g. total quantity dispensed and number of instalments). You then send the electronic claim message to the message store and endorse the paper form and set aside for submission to PSD

### **Question**

If my local GP has asked me to make an emergency supply to a patient in advance of receiving the prescription what do I have to do if I get the prescription and it is an ETP prescription with a barcode and electronic message?

### **Answer**

If the doctor has requested you to make an emergency supply of a complete prescription then there are two possibilities:

If the prescription has actually been generated then there will be a paper prescription that has a barcode and Unique Prescription Number (UPN) printed on the form. The UPN can be shared with the pharmacist who can then manually enter the UPN and retrieve the electronic message.

The pharmacist can then dispense and generate an electronic claim message in exactly the same way they would do for an ETP prescription. When the prescription is received in the pharmacy there is no need for the pharmacist to scan the barcode as it has already been used to generate the electronic claim message. The pharmacist just has to endorse any necessary details manually on the paper form and set it aside with the other forms to send to PSD.

If the prescription has not yet been generated or the barcode and UPN are not available to the pharmacist then they just dispense the prescription as a non-ETP prescription. This is because an electronic claim message cannot be generated if there is no barcode or UPN to match it with. When the prescription arrives then the pharmacist does not scan the barcode but endorses the prescription manually and batches it for sending to PSD.

## Congratulations!

You have now made it to the end of the pack.

However, we require one more task of you – to complete the attached self-assessment questionnaire. This allows you to test your understanding of the package and to receive feedback on the answers.

Tick each answer as **true** or **false**.

Detach the answer sheet on the last page along the perforation and copy your choices onto this sheet. We would also really appreciate any of your comments about all aspects of the pack. Your comments allow us to improve future packages. Once completed with your name and address details, return it to:

**NHS Education for Scotland (Pharmacy)**

3rd floor, 2 Central Quay  
89 Hydepark Street  
Glasgow G3 8BW

Alternatively, you may wish to complete the multiple choice questions online at the NES Pharmacy website at [www.nes.scot.nhs.uk/pharmacy/MCQtesting/](http://www.nes.scot.nhs.uk/pharmacy/MCQtesting/)

You will receive an instant score if you choose this method!

Please note there is no negative marking, so do attempt **all** the questions by ticking the appropriate true/false box.

## Multiple Choice Questionnaire

- Please answer the following questions by ticking the appropriate box.
- Transfer your answers on to the enclosed answer sheet at the back and return it in the envelope provided for marking.
- You will then receive a record of completion showing the number of study hours this represents (3 hours).

### 1. The ePharmacy Programme will:

- |  |                               |                                |
|--|-------------------------------|--------------------------------|
| a) support only eAMS   | true <input type="checkbox"/> | false <input type="checkbox"/> |
| b) require an N3 network connection for communication            | true <input type="checkbox"/> | false <input type="checkbox"/> |
| c) introduce electronic endorsing and payment processing in eAMS | true <input type="checkbox"/> | false <input type="checkbox"/> |
| d) require each pharmacy to move to one specific system supplier | true <input type="checkbox"/> | false <input type="checkbox"/> |

### 2. The following statements about the ETP GP10 forms are true:

- |   |                               |                                |
|---|-------------------------------|--------------------------------|
| a) it is printed with a barcode down the right hand side of the form                    | true <input type="checkbox"/> | false <input type="checkbox"/> |
| b) the barcode represents a 12 character code unique prescription number (UPN)          | true <input type="checkbox"/> | false <input type="checkbox"/> |
| c) the UPN is the link between the paper GP10 form and the electronic prescribe message | true <input type="checkbox"/> | false <input type="checkbox"/> |
| d) every GP10 prescription will require a barcode to be dispensed                       | true <input type="checkbox"/> | false <input type="checkbox"/> |

### 3. Introducing ETP into your pharmacy will mean that:

- |   |                               |                                |
|---|-------------------------------|--------------------------------|
| a) paper prescriptions can still be accepted for dispensing | true <input type="checkbox"/> | false <input type="checkbox"/> |
| b) repeat prescriptions will always have a barcode          | true <input type="checkbox"/> | false <input type="checkbox"/> |
| c) all prescriptions must have a dm+d code                  | true <input type="checkbox"/> | false <input type="checkbox"/> |
| d) all prescriptions must now be endorsed electronically    | true <input type="checkbox"/> | false <input type="checkbox"/> |

**4. Benefits of using ETP include:**

- a) increased accuracy in capturing patient demographic information true  false
- b) standard coding arrangements for labelling instructions true  false
- c) improved patient safety by using electronic data to help with patient and item selection on your PMR system true  false
- d) efficiencies in pharmacy payment processing true  false

**5. The following statements about the dm+d code in prescriptions and claim messages are true:**

- a) some items may not have a dm+d code associated with them true  false
- b) it contains two levels of product detail – AMP and VMP true  false
- c) ePay uses AMPP or VMPP for reimbursement purposes true  false
- d) your PMR system inserts the appropriate dm+d codes based on the items selected in the electronic claim message true  false

**6. Introducing ETP into your pharmacy will mean that your system can:**

- a) maintain and show all the electronic prescriptions that have been scanned true  false
- b) add the standard endorsing codes true  false
- c) insert exemption details it holds into the electronic claim message true  false
- d) only match a patient if their PMR has a CHI number true  false

**7. When electronically endorsing and claiming for an ETP prescription:**

- a) your PMR system will populate an electronic claim message true  false
- b) the claim message is based on the endorsing information you enter and a set of endorsing rules contained within your PMR system true  false
- c) information used to dispense and label the prescription is not required true  false
- d) you must always retrieve an electronic prescribing message first true  false

**8. The electronic claim message contains details of:**

- a) the prescriber and practice true  false
- b) the pharmacist's RPSGB number true  false
- c) the patient's name, address, CHI, and date of birth true  false
- d) the exemption status of the patient or any charges paid true  false

**9. Your PMR system will only allow you to make an electronic claim:**

- a) when you have created the label(s) for the prescription true  false
- b) after you have completed the assembling of the product true  false
- c) once you have given the dispensed prescription out to the patient true  false
- d) if you receive an electronic prescribing message true  false

**10. The ePharmacy Message Store:**

- a) is a secure message store and router true  false
- b) generates a response to the pharmacy when it receives an electronic claim message true  false
- c) requires the response to be monitored in your pharmacy true  false
- d) does not yet act as a central repository for ETP messages produced by GPs true  false

**11. An ETP prescription will always include:**

- a) the formulation of a product true  false
- b) the dm+d code true  false
- c) the strength of a product where applicable true  false
- d) the patient's CHI number true  false

**12. The electronic prescribing message:**

- a) uses standard coding arrangements for labelling instructions true  false
- b) may contain patient details that are missing from your PMR record which can be automatically added to the PMR true  false
- c) may contain patient details that do not completely match on your PMR system true  false
- d) can be overridden if the details in your PMR are more up to date true  false

**13. When dispensing an ETP prescription:**

- a) your PMR system helps you to select the required item for dispensing by using the dm+d codes true  false
- b) there can sometimes be a difference between the quantity prescribed and what is actually dispensed true  false
- c) it is important to check non-age related patient exemption information on your PMR system true  false
- d) you must still carry out a professional and clinical check true  false

**14. The following statements about ETP are true:**

- a) instead of faxing through an urgent prescription, a GP practice can provide you with the unique prescription number (UPN) true  false
- b) batch scanning allows you to scan a number of forms and then select the prescriptions at a later stage for processing true  false
- c) you can only retrieve an electronic prescribe message associated with an ETP prescription up to a maximum of three times true  false
- d) if an owing is required the electronic message can be partially completed and stored ready for sending once the owing is complete true  false



**15. Important aspects of housekeeping include:**

- |  |                               |                                |
|--|-------------------------------|--------------------------------|
| a) checking each day that electronic claim messages are sent to and received by the ePharmacy Message Store                  | true <input type="checkbox"/> | false <input type="checkbox"/> |
| b) ensuring that any outstanding actions are completed   | true <input type="checkbox"/> | false <input type="checkbox"/> |
| c) preventing the build up of any problems with electronic messages since it will affect payment processing                  | true <input type="checkbox"/> | false <input type="checkbox"/> |
| d) ensuring that exemption status, patient signatures and endorsements are completed on the paper prescription form as usual | true <input type="checkbox"/> | false <input type="checkbox"/> |

**16. The following statements about ePay are true:**

- |  |                               |                                |
|--|-------------------------------|--------------------------------|
| a) ePay is the application of the PSD pricing rules to electronic claim messages   | true <input type="checkbox"/> | false <input type="checkbox"/> |
| b) ePay will not reject claim messages so any that do not pass through ePay will be referred to a keyer                              | true <input type="checkbox"/> | false <input type="checkbox"/> |
| c) ePay changes the rules for payment processing   | true <input type="checkbox"/> | false <input type="checkbox"/> |
| d) for pricing purposes, any handwritten or printed endorsements on the paper form take precedence over the electronic claim message | true <input type="checkbox"/> | false <input type="checkbox"/> |

**17. In relation to ETP prescriptions, when a GP:**

- |  |                               |                                |
|--|-------------------------------|--------------------------------|
| a) manually adds an additional item there will be no corresponding electronic information in the message for that item | true <input type="checkbox"/> | false <input type="checkbox"/> |
| b) manually adds an additional item you need to dispense and endorse the whole prescription as a non ETP prescription  | true <input type="checkbox"/> | false <input type="checkbox"/> |
| c) makes a manual amendment then you cannot process it as an ETP prescription  | true <input type="checkbox"/> | false <input type="checkbox"/> |
| d) makes a manual amendment you can still produce an electronic claim message  | true <input type="checkbox"/> | false <input type="checkbox"/> |

**18. The following statements about amended or cancelled ETP prescriptions are true:**

- a) where the GP has amended a prescription both on paper and in the electronic message you can dispense as a normal ETP prescription true  false
- b) a GP can amend or cancel when the patient is still in the practice true  false
- c) a GP cannot amend or cancel once the patient has left the practice true  false
- d) if amended or cancelled by the GP electronically, the electronic message will show the details, the date of the change and the original message true  false

**19. You should both endorse and claim electronically when you dispense a barcoded prescription with:**

- a) an electronic amendment but no manual amendment true  false
- b) a manual amendment but no electronic amendment true  false
- c) no electronic prescribe message available true  false
- d) a handwritten item added but no electronic amendment true  false

**20. The following statements about electronic claim messages are true:**

- a) once an electronic claim has been received by the Message Store it cannot be amended true  false
- b) you can only cancel the original claim message if it has been acknowledged by the Message Store as received true  false
- c) you must actively submit the electronic claim true  false
- d) if the claim message can be processed by ePay, then no reference will be made to the paper form true  false

## Multiple choice questionnaire *Answer sheet*

1 a   
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c   
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2 a   
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3 a   
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### Your Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

RPSGB registration number \_\_\_\_\_

### Post to

NHS Education for Scotland (Pharmacy)  
3rd floor, 2 Central Quay  
89 Hydepark Street  
Glasgow G3 8BW

Telephone: 0141 223 1600

Fax: 0141 223 1651

Email: [pharmacy@nes.scot.nhs.uk](mailto:pharmacy@nes.scot.nhs.uk)

Website: [www.nes.scot.nhs.uk/  
pharmacy](http://www.nes.scot.nhs.uk/pharmacy)

### Comments

Attach  
stamp

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