

Section 04

eAMS: making it part of every day practice



SECTION FOUR

eAMS: MAKING IT PART OF EVERY DAY PRACTICE

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1. Introduction

This chapter of the ePharmacy toolkit aims to help you to deliver the eAMS element of the new community pharmacy contract. It describes the key stages underpinning eAMS and outlines some of the choices available to you when using eAMS in your day-to-day practice.

As part of last year's Contract Preparation Programme (CPP) you will have undertaken the activities outlined in sections 1 to 3 of the ePharmacy Toolkit in order to help you to prepare for eAMS. You should have also completed the NES Pharmacy eAMS implementation resource pack which outlined the generic processes to support eAMS and the electronic transfer of prescriptions (ETP). The purpose of this new section [section 4] of the Toolkit is to support Strand A of the latest CPP initiative (PCA(P)(2008) 20 and help you implement eAMS. It should also complement any system specific training and support materials provided by both your pharmacy Patient Medication Record (PMR) system supplier and your local Community Pharmacy IM&T Facilitator/s and Pharmacy Champion/s.

PCA(P) (2008) 20 Strand A: Implementation of the eAMS element of ePharmacy

The introduction of eAMS and ETP brings about changes in how you manage and process prescriptions in your community pharmacy; for example retrieving electronic prescriptions, dispensing using the electronic data and making electronic claims. These changes have many benefits; for example, improving patient safety and data accuracy through the prescribing and dispensing process.

ETP is also a key element underpinning the Chronic Medication Service (CMS). Embracing the changes and incorporating them into day-to-day practice now means that the benefits of dispensing and submitting claims electronically can be realised as early as possible and you will be better placed to support CMS when it is rolled out later this year. It also helps to support the phased implementation of the ePay Programme ensuring the accuracy of payment processing by validating the electronic claim messages [more information on this is detailed in section 6, *ePay and the ePay Road Map*].

The purpose of the Strand A CPP payment for 2008/09 is to support you in implementing eAMS in your day-to-day practice and includes the following activities:

- Considering and implementing any changes to working processes, including new housekeeping arrangements, in your pharmacy to support eAMS implementation;
- Updating your standard operating procedures (for dispensing) to include eAMS processes;

- Briefing your pharmacy support staff (and locums) on the impact of eAMS on working practices and addressing any additional training requirements; and
- Submitting electronic claims wherever possible.

This section of the Toolkit includes:

- Guidance on getting started, including making electronic claims;
- A guide to workflow in the dispensary;
- Advice on generic housekeeping arrangements;
- A sample Standard Operating Procedure (SOP) detailing eAMS steps; and
- An outline of the ePay Roadmap.

Acknowledgments

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2. Getting started

Background

No two pharmacies are exactly the same: the physical layout differs; the number and skill mix of staff varies; they can use different PMR systems or the same system differently; and there may be more than one computer terminal available. Inextricably linked to this is the work flow in the pharmacy; some pharmacies may provide a prescription collection service, receiving bundles of prescriptions at set points in the day; some may rely mainly on people walking in through the door with prescriptions; and some may have a mixture of both. All of these factors, however, impact on the working processes in a pharmacy and therefore eAMS has been designed to offer you flexibility and choice, allowing you to adapt it to your own individual practice. However, you may also need to alter your existing procedures in order to exploit the benefits of eAMS to a maximum. Where there are choices about how you might do something, you may wish to try different ways until you find the one or a number of variations that suit your pharmacy and how you work.

There are three steps to getting started. Step one is to contact your PMR supplier to order your software and set a date for installation if you haven't already done so. Step two is to have a go at scanning bar coded prescriptions. Step three is to make eAMS part of your every day practice. This might involve some redefining of your current working processes to take into account scanning and electronic claiming.

eAMS steps

There are six main steps in the eAMS process; some of these steps are fixed and some are flexible. The steps are as follows:

- Receiving the Unique Prescription Number (UPN)
- Requesting the electronic prescribe message
- Capturing and checking the exemption / payment information
- Labelling and standard endorsing
- Extra endorsing
- Submitting the electronic claim message

The next three sub-sections describe the fixed and flexible steps in a little more detail and then walk you through some worked examples.

eAMS: fixed steps

There are two fixed eAMS steps. The first one occurs at the very start of the process and involves receiving the bar coded prescription form, or at very least the Unique Prescription Number (UPN), which allows you to begin. The second fixed step occurs at the very end of the process and involves the submission of the electronic claim message.

START

Receive
prescription
form (UPN)

FINISH

Electronic
claim
submission

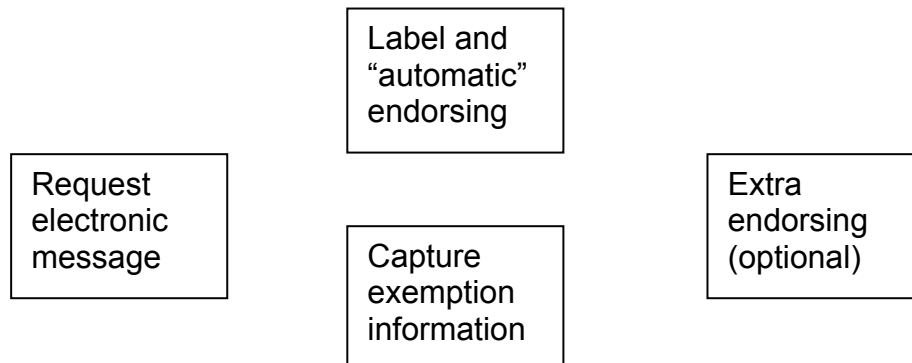
eAMS: flexible steps

There are four other steps in the eAMS process; requesting the electronic message, capturing and checking the exemption / payment information, labelling and standard endorsing and extra endorsing (e.g. measured & fitted, handling charges or postage and packing costs).

Some of these steps can occur in a different sequence, although certain ones can only follow on from others. For example, you need to have requested the electronic message before you can label and endorse the prescription and you need to have selected the items you wish to dispense before you can add any extra endorsements. However you may choose to capture and check the exemption information at any stage after requesting the electronic message.

In addition, you do not automatically have to move from one step to the next; you can leave a period of time between steps. Therefore you might scan a bundle of prescriptions immediately on receiving them (batch scan), go on to label and endorse them at a later stage, again as a batch or individually, and finally, capture exemption information and make the claim for each individual prescription when the patient comes into the pharmacy to collect it. Alternatively, if a patient brings in a prescription and is waiting, you can carry out each of the steps in quick succession and go from requesting to claiming in a matter of minutes.

FLEXIBLE STEPS



The following section walks you through some worked examples of the fixed and flexible choices and how you might utilise them in different scenarios.

eAMS walkthrough

Remember the two fixed steps:

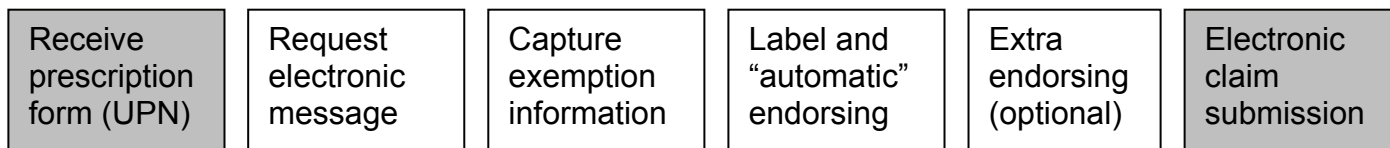
- you need to receive the prescription form in order to scan the bar code (alternatively you can type the UPN) to start the process; and
- you must send the electronic claim message at the end.

The other options are more flexible and you may want to use them in different sequences depending on the situations.

1. Patient waiting for a prescription to be dispensed

START

FINISH



This scenario suggests an option you may wish to follow in the situation where a patient has brought a prescription into your pharmacy and is waiting for it to be dispensed.

You scan the bar code to request the electronic prescribe message.

As the patient is present, they should have completed the back of the prescription form and you should be able to capture their exemption category or payment information on your PMR system if you did not have it already stored in their record. You can also check and alter an existing exemption status if necessary at this stage in the process. (Note: some PMR systems may also prompt you to check the exemption details just before you send an electronic claim in which case you may move this step to later in the process.)

Once you have requested the message you can then proceed to generate the label. At the same time, your PMR system will add any automatic endorsements based on a set of pricing rules built into its endorsing engine. This should cover the majority of your endorsing requirements e.g. pack size, quantity and brand dispensed because your PMR uses the data you have entered to generate the label for the product to choose the endorsements.

There is also an additional endorsement facility which allows you to select a range of optional extra endorsements (e.g. measured and fitted for hosiery, instalment intervals for a *dispense weekly* prescription, postage and packaging costs if applicable and broken bulk) which are not standard to every prescription but are required for certain situations.

You are then ready to hand over the dispensed prescription to the patient and submit your electronic claim.

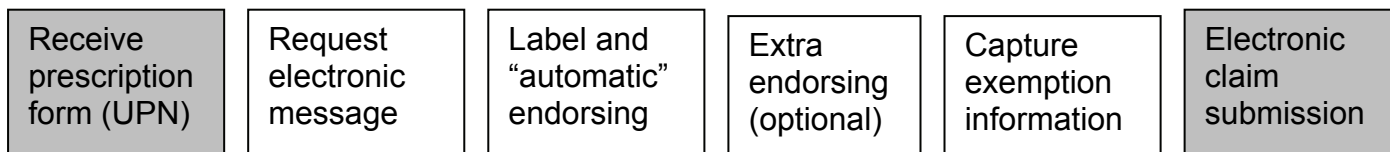
All of these steps should happen in quick succession of each other.

If a patient has more than one prescription form your PMR system may be able to link the prescriptions once you have scanned them to allow you to dispense them as one event.

2. Patient calling back for a prescription

START

FINISH



This scenario suggests an option you may wish to follow in the situation where a patient may be calling back for their prescription and where you do not have the information you require to complete all the steps immediately.

As in the previous example, you scan the bar code to request the electronic prescribe message.

In this scenario the patient is not present in the pharmacy and they have not completed the back of the prescription form in which case you may not know their current exemption status or you may need to check an existing exemption status.

Once you have requested the message you proceed to generate the label and complete the dispensing process. As before your PMR system, using the data you have entered to label the product/s, will add any automatic endorsements based on the pricing rules in its endorsing engine.

Again you can then consider any additional [optional] endorsements required and select from a range of optional extra endorsements where appropriate.

You then hold the electronic claim messages at a “ready to claim” stage until you can complete all the missing data, in this case the exemption / payment details for the patient.

The patient returns and can complete the back of the prescription form when you are handing out the dispensed prescription. You must then go back and update the patient’s record and your electronic claim message with the exemption data.

You can now submit the electronic claim.

Submitting electronic claims

In both these scenarios the electronic claim has been submitted for an individual dispensing event. You can, of course, choose to “park” all or even some of your electronic claims as ready to claim and then send them in batches at a particular time/s during the day instead.

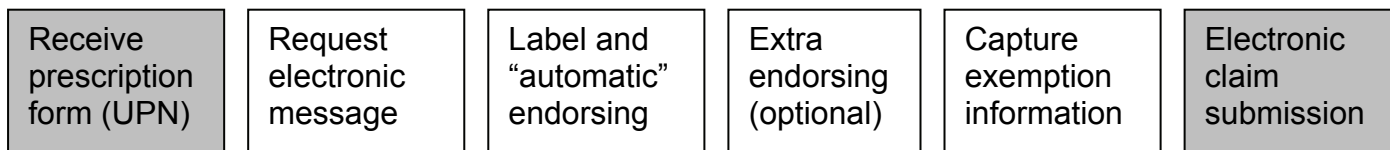
Reflect on how you and your pharmacy team work in your dispensary; in what order would you wish to carry out the various steps?

And remember you will also still need to endorse the paper forms.

3. Dispensing a batch of prescriptions collected from a GP practice

START

FINISH



This scenario covers the situation when you receive a batch of prescriptions from a GP practice or Care Home. In this example you can choose to work through each prescription individually as in example 2. However you can also perform each of the steps as a "bulk" operation. In other words, scan and request all of the electronic messages in one batch so that all the messages are in your PMR system ready for the next step. It is this second process that is described below.

In this example you scan all the bar coded forms one after the other. This serves to request and retrieve all the electronic prescribe messages at the same time. You will therefore have all the messages ready and waiting to proceed to the next step.

You then generate the labels. Again, as with retrieving the messages, you can generate the labels in quick succession of each other before passing them on to the next stage of the dispensing process. Some of the PMR systems allow you to rescan the bar code to automatically select the patient record; others allow you to select the message and then open the record from that point. Your PMR system, using the data you have entered to label the product/s, will add any automatic endorsements based on the pricing rules in its endorsing engine.

You then consider any additional [optional] endorsements required and select from the range of optional extra endorsements where appropriate.

Similar to scenario 2 you will not have the patient present in the pharmacy and therefore you may need to check the payment / exemption details. Your PMR should have the details recorded at the previous dispensing event and in some cases you can be sure that it will not have changed (e.g. over 60). However in other cases you may be less sure (e.g. check renewal of expired prepayment certificate, maternity exemption certificate expiry, income related exemption) and you will need to capture or check exemption information at the point of issuing the prescription.

You hold the electronic claim messages at the "ready to claim" stage.

When the patient comes in to collect their prescription they can sign the back of the form and you can complete any missing claim data if necessary, updating their PMR record and your electronic claim message.

You can now submit the electronic claim.

Pharmacy factors

When looking at the pharmacy specific factors, such as the physical layout of your dispensary, your staffing skill mix and the number of PMR stations and scanners, you may want to consider some changes in order to exploit the benefits of ETP.

For example, if you have two PMR stations, you may wish to use one for batch scanning prescriptions collected from a GP practice and the other for prescriptions that are brought in by patients who are waiting. This would necessitate two scanners; one for each PMR station. It could be that your PMR system is linked to your EPOS till or that you have a station at your till point in which case you might want to scan the prescriptions at this point.

You may also want to think about who carries out which processes; when and who, for example, should add any extra endorsements. This may also identify some training issues for members of your dispensary team.

Summary

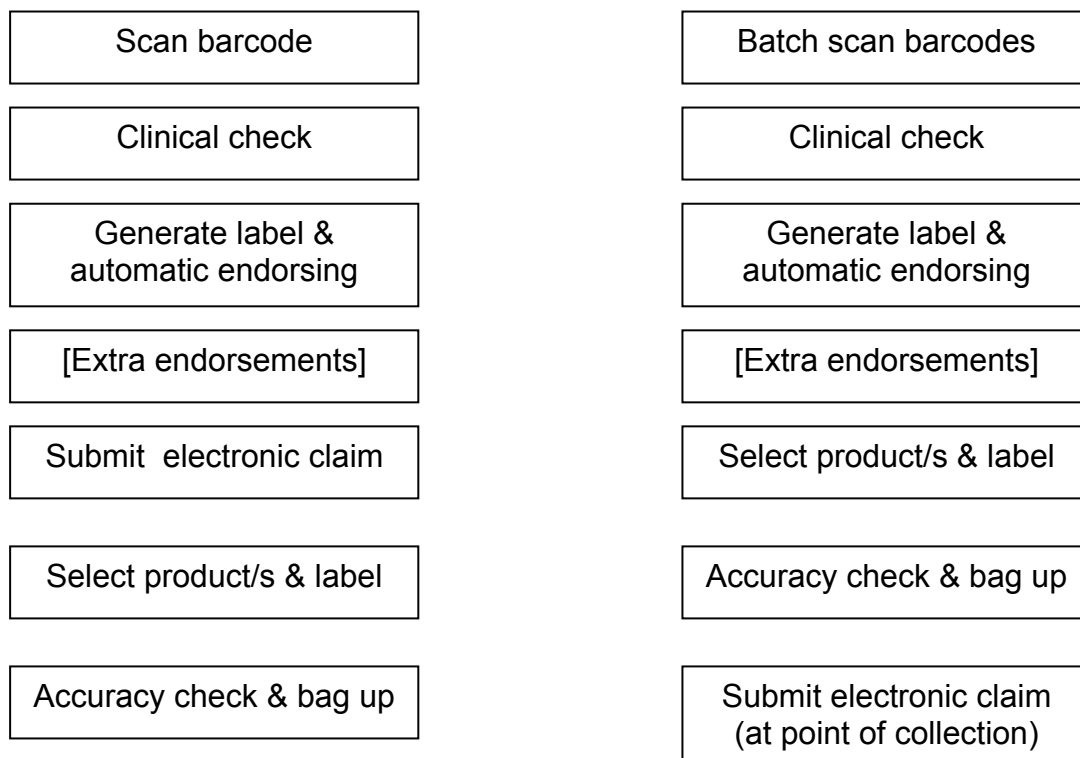
- There are choices for you to make in implementing eAMS into your day-to-day working practice.
- There are six main steps; two of which are fixed at the start and end of the process the others are more flexible.
- There are also individual factors (e.g. number of computers and scanners, staff, layout etc) in your pharmacy that will influence how you implement eAMS.
- You need to consider the order of the steps and your own individual factors to suit your pharmacy.
- You may wish to use different approaches for different situations.
- It is likely that your initial choices will evolve with time and experience.

3. Workflow in the dispensary

Once you have considered the steps in the process, your own pharmacy factors and the way/s in which you want to implement eAMS you then need to think about what changes you may need to make and how you want to do that. The two “new” activities are:

- scanning; and
- making an electronic claim.

As you can see from the two illustrative examples below which are based on scenarios 1 and 3 from earlier these two steps, which are both fixed in terms of starting and ending the process of ETP, do not necessarily have to happen at the start and finish of the complete dispensing process. They do, however, both fit logically into the existing workflow pattern.



Scenario 1: Patient waiting

Scenario 3: Batch scanning

Practicalities and exceptions

So far you have walked through the straightforward scenarios but there are some practicalities and exceptions that merit consideration. Some of these and how they are supported vary from system to system. Of course, there will also be times when you do not process a prescription through eAMS; for example if there is no bar code on the form or if an additional item has been handwritten on the form.

Owings

If you have an owing on a prescription you should hold it at the “ready to claim” stage and then submit the electronic claim message once you have completed the owing.

Care Homes

You should be able to process bar coded prescriptions for patients resident in Care Homes in the same way as you do for any other eAMS prescription. However each PMR system supports Care Home programmes in different ways and, especially if you produce MAR sheets for your Care Home/s, then it may be worth checking with your PMR supplier how eAMS functionality works for Care Home patients. In some cases this may be a future enhancement to your eAMS software.

Emergency supplies

Sometimes you might provide an emergency supply of a medicine ahead of receiving the actual prescription. Not all PMR systems allow you to tie the two supplies together. Check with your PMR supplier if your system supports this. If not, then you should process emergency supplies manually, as non ETP prescriptions.

Extemporaneous preparations

There is a facility to include a simple extemporaneous endorsement in an electronic claim message as an extra endorsement. If, however, it is a more complex extemporaneous preparation it is unlikely that it will be provided to you via eAMS. If it is, you should process it manually, as a non ETP prescription.

GP cancellations and amendments

ETP allows a GP to send a cancellation or amendment message for an electronic prescribe message. Each PMR system displays this in its own way, but they will all show you the original and the new message. This allows you to decide on the appropriate action and go on and dispense [or not as the case may be for a cancellation] the appropriate product/s. However, occasionally a GP can cancel an item in error. An example of this is when he or she may have printed two forms for the same item [one in error] during a consultation. The GP should cancel one of the items electronically and then destroy the spare form; however he or she may, by mistake, destroy the wrong paper form (i.e. not the one associated with the cancelled electronic message). In this situation, when the patient presents the bar coded prescription in your pharmacy and you scan the bar code there will be a cancellation message associated with the form and it will appear as a blank or not dispensed both in the electronic message and on your PMR system. If this happens you can either process the paper form as a non ETP prescription or contact the GP practice to ask them to issue you with a new prescription form.

Error messages

Occasionally you might receive an error message from the ePharmacy Message Store when you scan a bar coded prescription. This normally happens when the GP prescribe message is not available for some reason. You can still go on and generate an electronic claim message in this situation. Each PMR system has its own process for this and you should find out how to do this for your own system.

Phoned in prescriptions

If a practice phones in a prescription for a patient you should firstly establish if the form has been printed and therefore has an associated bar code. If this is the case then, instead of transcribing all the prescription details during the phone call, you can just ask for the UPN. Entering the UPN into your system will retrieve the electronic prescribe message. [NB. 0 is only ever a numerical zero.]

Managing the paper and electronic messages

You may wish to consider how you manage paper prescriptions and electronic messages when the electronic message is in the “ready to claim” stage, for example when you are waiting for missing data or have an owing. The electronic message should run in parallel with the processing of the paper prescription form. You may wish to hold the prescriptions for “ready to claim” messages in a separate bundle until you are ready to submit the electronic message. This will also help you make sure that the paper and electronic message have the same endorsement information.

Summary

- Consider the work flow in your dispensary and how you will implement eAMS.
- The two new steps are scanning and making an electronic claim; where do they logically sit within your workflow patterns?
- Reflect on any changes to your current standard operating procedures for dispensing as a result of eAMS.
- Define any exceptions and how they should be handled.
- Provide training to your staff and locum/s.
- Keep your patient exemption data on your PMR system up to date.

The following sub-section deals with housekeeping.

4. Housekeeping

Housekeeping keeps your PMR system up to date and ensures that any electronic messages are being handled correctly. You should already be familiar with housekeeping for eMAS and this continues for eAMS. That said, the requirement for a robust housekeeping routine becomes much more important with eAMS, not least because of the volume of messages that your PMR system will have to manage.

Why is it important?

Regular housekeeping ensures your PMR systems run efficiently and that electronic messages flow in and out of your PMR system. Electronic messages can sit in the system and not go anywhere for a number of reasons.

For example:

- there is a connectivity problem somewhere either with N3 or the wider ePharmacy infrastructure;
- you have a system configuration problem;
- there is data missing from the electronic prescribe or claim messages; or
- other errors occur.

If you do not undertake housekeeping as a daily routine then your PMR system can get “clogged up” with these unsent and error messages. This will slow your system down and become increasingly time consuming and complex to resolve. Ultimately, when eCMS is rolled out, the absence of proper housekeeping procedures could lead to you not being reimbursed properly.

Who should do it and how often?

Any member of the pharmacy dispensary team can be tasked with being responsible for the housekeeping arrangements. **It does not have to be the pharmacist.** However, it is probably a good idea that everyone who works in the dispensary knows how to undertake housekeeping tasks.

You should undertake eAMS Housekeeping tasks at least **once a day**. If you find a message status set at anything other than claimed or completed then you will need to take further action. The box below is a reminder of eMAS housekeeping; eAMS housekeeping needs to be completed **at least daily**.

eMAS: a reminder

- Registration updates are automatic in the majority of systems;
- You should undertake a **weekly** check for any outstanding messages more than 7 days old; and
- Consultations awaiting a CHI must be sent once the CHI is brought into the PMR system

How is eAMS housekeeping done?

Each PMR system supports housekeeping and the associated electronic message statuses in a different way so you need to familiarise yourself with how your system does it. Your PMR system supplier will have supplied you with information on this.

eAMS Message Statuses

There are a number of generic eAMS messages; each PMR system will display or describe them slightly differently so, again, it is important that you familiarise yourself with how your system does it. The generic messages are:

- **Requested only:** the barcode has been scanned and a request to retrieve the electronic message has been sent to the ePharmacy Message Store (ePMS).
- **Retrieved:** the electronic message has arrived in your PMR system.
- **Ready to claim:** the electronic claim message is ready to be sent. Remember you **MUST** actively **SUBMIT** an electronic claim message; it is not automatic.
- **In progress:** the message is awaiting information e.g. exemption status or an owing to be completed. The message will sit in progress until the required information is entered and then it will change to Ready to Claim.

Note: See page 58 of the NES eAMS pack for further information.

eAMS Response Messages from the ePharmacy Message Store (ePMS)

Once you have submitted an electronic claim message you will receive a response from the message store. Possible responses messages are:

- **Complete:** the electronic claim message has been received and acknowledged.
- **Sent:** the electronic claim message has been sent but not yet acknowledged by ePMS.
- **In exception:** the electronic claim has reached the message store but there is a problem with the claim. The response message indicates what needs to be done.
- **Timer expired:** the electronic message timer has expired before the claim was received at ePMS. You should resubmit the claim message.

Note: See page 60 of the NES eAMS pack for further information.

Responses messages to look for and act on

There are a small number of response messages that you should be actively looking out for and acting on. These are:

- **Error response message:** this is sent by ePMS and most likely indicates that the electronic message from the GP practice is not available. You can still go on and claim this electronically; each PMR system has a process to do this.
- **In Progress:** you may need to include some additional information (e.g. patient exemption or payment details) to the electronic claim message before it can be sent.
- **Claiming:** if the message does not update to Claimed after four days then you will need to resubmit the message. Your PMR system will keep trying to send the message for about 3.5 days and then classify the original message life expired. It is at this point you can resubmit.

Hints and tips

You have 14 days to edit or cancel (depending on your PMR system) an electronic eAMS claim and resubmit a claim message (remember you can not edit an eMAS message and you have only 7 days to cancel it). You may, of course, wish just to cancel a claim and not resubmit.

If you have claimed and then the patient wants to take their prescription elsewhere then you should cancel the claim and return the prescription to the patient. **It is the pharmacy that sends the paper form that gets reimbursed.**

If you want to be paid from paper form and not the electronic claim then either do not submit an electronic claim message or cancel it if already sent.

Problem solving

If you are continually getting an error when scanning scripts from a particular GP practice then you should contact the **ePharmacy helpdesk** on **0131 275 6600**.

If you are not getting any response when requesting an electronic message then check that other ePharmacy services are working (can you send a MAS Registration status request?; can you access the community pharmacy page on SHOW?). If you can't then you may have a connectivity problem in which case you should contact the ePharmacy Helpdesk.

Note:

The Pharmacy IM&T Facilitators are working with the pharmacy PMR suppliers to produce housekeeping guides.

5. eAMS Standard Operating Procedure (SOP)

The following areas of your existing Standard Operating Procedure (SOP) for dispensing should be reviewed and updated in light of eAMS.

1. Taking in prescriptions (receiving the Unique Prescription Number (UPN) and capturing and checking the exemption / payment information)

Ensuring the safe and efficient receipt and handling of prescriptions in the pharmacy.

- Check the exemption / payment details when receiving a prescription in the pharmacy.
- If applicable, undertake any evidence of exemption checks and record where a person does not provide proof of exemption by crossing the appropriate box on the back of the prescription form/s.
- Record / update the correct exemption / payment information in the PMR record.

This step provides you with the UPN (printed on the paper form and available in the electronic prescribe message once scanned). It also allows you to capture any patient specific detail with regards exemption / payment before the prescription reaches the dispensary meaning that you can ensure the most recent / accurate information is checked with / added to the patient's PMR record when you come to scan the prescription, retrieve the electronic prescribe message and generate the label/s. This is then included in the electronic claim message that you generate, allowing you to send the electronic claim quickly.

2. Dealing with prescriptions collected from a GP practice (receiving the UPN and capturing and checking the exemption / payment information)

Ensuring the safe and efficient receipt and handling of prescriptions in the pharmacy when dealing with prescriptions collected from a GP practice.

- Batch scan prescriptions collected from a GP practice; alternatively dispense one at a time.
- Check whether the exemption or payment details are recorded in the patient's PMR record during the labelling process; it may also be worthwhile marking the status that is recorded in the PMR onto the paper form (with the exception of age related exemptions where the information is already visible on the prescription) so that it can be checked with the patient when they come to collect the item/s and sign the prescription form/s (and at which point the exemption / payment details are checked with the patient / representative).
- Undertake, if applicable, any evidence of exemption checks and record where a person does not provide proof of exemption by crossing the appropriate box on the back of the prescription form/s.
- Record and update any discrepancies / changes in exemption details in the PMR record prior to sending the electronic claim message.

As before, this step provides you with the UPN. Batch scanning can speed up the dispensing process, however, it is important that, at the same time, you identify any

additional patient details that may be required or that may be likely to have changed from what was recorded on the patient's record (e.g. expiry of pre-payment or maternity certificates, changes in income related exemption status etc.). This helps ensure that you have the most up to date information (and any gaps in information) in your PMR system when you subsequently go to send the electronic claim message after the patient or their representative has collected their prescription.

3. Dealing with telephoned prescriptions (receiving the UPN and capturing and checking the exemption / payment information)

Ensuring the safe and efficient receipt and handling of prescriptions in the pharmacy when documenting and handling prescriptions requests received by telephone.

- Check if the prescription has been printed in which case ask for the UPN and then enter into your PMR.

Asking for and entering the UPN, if it is available for a telephoned prescription, allows you to use the details contained in the electronic prescribe message to dispense and then claim electronically for the prescription. This reduces the likelihood for any transcribing errors and allows you to generate an electronic claim message. The previous steps with regards patient exemption / payment details checks also apply to this example.

4. Pharmaceutical assessment

Ensuring a prescription is legal, valid, safe and appropriate for the patient.

- Carry out a professional assessment (this can happen at any point during the dispensing process but should be after the electronic message has been pulled down to ensure the information matches).
- Check that the information contained in the electronic message and on the paper form match.
- Act on any appropriate amendment or cancellation messages.

This step is, in the main, about your professional input and as such is not electronically supported. Helpfully, electronic prescriptions are much less likely to have data missing and by scanning the prescription you reduce the risk of any transcribing errors being made. However, it is important to check that the information in the electronic message and that printed on the paper match each other. If you find instances where they don't it is most likely to be the case that the GP has made an amendment or cancellation. Under these circumstances they should make the change to both the electronic message and the paper form (but may occasionally only do one or the other); the electronic prescribe message will always make it clear which is the original message and which is the amended message and you can then use your professional judgement to determine the most appropriate outcome. If you are in any doubt, or if there are circumstances where you suspect a third party change, then you should contact the GP practice.

5. Interventions

Ensuring interventions are handled efficiently to prevent any unnecessary delay in a patient receiving their medication and to maintain good relationships with both patients and other healthcare professionals.

- Record any appropriate interventions as part of your additional endorsements.

This step ensures that any relevant interventions (e.g. prescriber contacted) are recorded in the electronic claim message that you generate and can be used to verify payment processing issues.

6. Scanning the bar code and generating the label (requesting the electronic prescribe message, labelling and automatic endorsing)

Ensuring the safe, efficient and accurate labelling of prescribed items.

- Scan the bar code / enter the UPN acts to request and pull down the electronic prescribe message.
- Once the electronic prescribe message has been received in your PMR your system will support you in identifying the patient (or creating a new patient record) and generating the label/s.
- Check a patient's existing PMR record in order to identify any changes, interactions, contraindications etc.
- Identify your procedures for dealing with prescription owings, controlled drugs, fridge items etc.

This step outlines the process for generating the label/s for a prescribed item. Each PMR system supports this in a different way. You therefore need to consider how your particular PMR system works and this will set out the steps for your SOP. You also need to identify how you want to deal with some of the exceptions such as owings.

7. Assembling the prescription

Ensuring the safe, efficient and accurate assembly of prescribed items.

- Assemble the prescription.
- Take into account any exceptions e.g. fridge lines, owings etc.
- Check the item, label and prescription are all correct.

This step is less about the system support and more about people. It describes the tasks involved in assembling of the prescription; i.e. the selection of the product and the attachment of the generated labels. Your existing SOP should set out any necessary steps.

8. Accuracy checking

Ensuring that dispensed prescriptions have been labelled and assembled accurately before being transferred to patient.

- Check that the dispensed prescription has been labelled and assembled correctly.

Again, this is more about people than IT support and outlines the accuracy checking element of dispensing a prescription. You will need to consider how you include any electronic amendments or cancellations that may have influenced the decision on the most appropriate action.

9. Transfer of the completed prescription to the patient (capturing and checking the exemption / payment information)

Ensuring that patients receive the dispensed products intended for them and with sufficient information to enable to use them effectively.

- Request the correct patient details (name, address etc.).
- Locate the prescription.
- Hand the prescription over to the patient / representative.
- Check the exemption / payment details if not captured when receiving the prescription in the pharmacy.
- If applicable, undertake any evidence of exemption checks and record where a person does not provide proof of exemption by crossing the appropriate box on the back of the prescription form/s.
- Provide any appropriate counselling and advice.
- If necessary, record / update the correct exemption / payment information in the PMR record.

As with the previous two steps this, again, is more about people than systems. However you may want to consider any specific issues that may impact on this step, for example missing patient exemption or payment data, an owing or out of stock medicine. Your SOP needs to outline the steps to be taken under those specific circumstances, for example, to “park” the electronic claim message until you can complete the prescription.

10. Generating and sending an electronic claim message (adding any extra endorsing and submitting the electronic claim message)

Ensuring that any electronic claim messages are generated and claimed correctly.

- Ensure that the electronic claim message/s contain all the appropriate information e.g. endorsements, extra endorsements (e.g. broken bulk, measured and fitted), exemption / payment details, proof of exemption information etc.
- Check that the front and reverse of the prescription form have been completed; i.e. endorsed, the declaration signed, any proof of exemption

checks completed and the correct number of charges entered on the form and collected.

- Outline how to deal with any of the exceptions e.g. owings so that your SOP reflects these exceptions.
- Send the electronic claim message.
- Complete any necessary record entries e.g. CD register.

This step covers the addition of any extra endorsing information and the generating and sending of the electronic claim message for a prescription. The generation of the message happens automatically; the areas which require your input are the addition of any extra endorsements (not the standard pack size, brand ones which are part of the automatic endorsing), any exemption or payment details and the physical sending of the claim message. The later will be influenced by factors such as whether there is an owing on a prescription.

11. Housekeeping

Ensuring that any electronic claim messages are being handled correctly.

- Undertake AMS housekeeping at least once a day.

This will make sure that you identify any problems with electronic claim messages and therefore can respond to them as quickly as possible to ensure that you are paid accurately.

eAMS Standard Operating Procedure: a worked example

NHSScotland Acute Medication Service Standard Operating Procedure

Name of Pharmacy:

Address of Your Pharmacy:

.....

Town:

Postcode:

PSD Contractor Code:

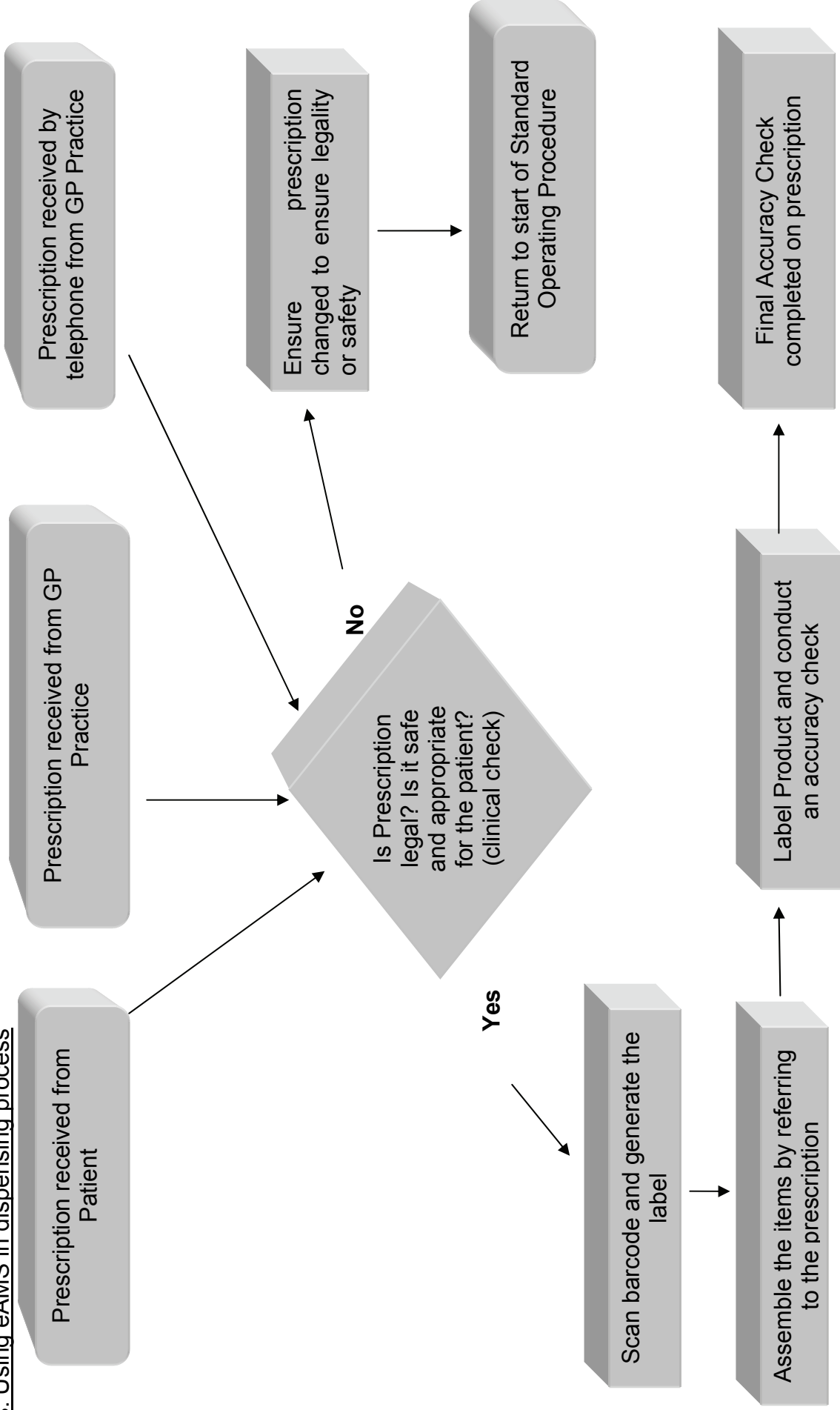
Objectives

- To ensure prescriptions dispensed are legal;
- To ensure prescriptions dispensed are safe and appropriate for the patient;
- To ensure the electronic Acute Medication Service (eAMS) supports prescribing and dispensing of prescriptions; and
- To support the use of electronic claims for reimbursement.

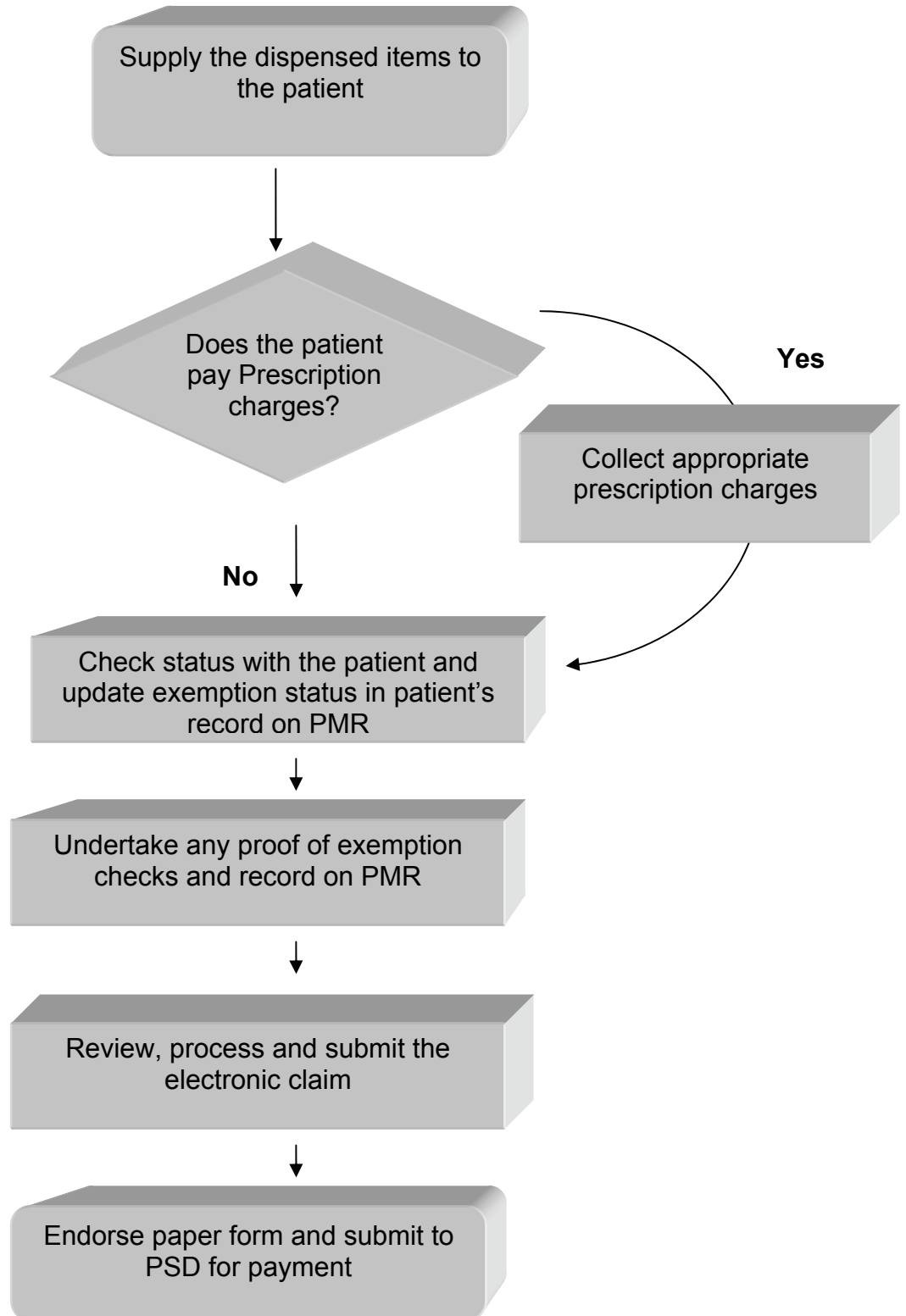
Scope

To use electronic Acute Medication Service technology on all bar coded GP10 prescriptions.

Process: Using eAMS in dispensing process



Process: Using of eAMS in claim procedure



6. ePay and the ePay Roadmap

Practitioner Services Division (PSD) is pursuing a phased approach to maximising the use of the electronic messages in supporting the payment processes whilst still maintaining the accuracy of the payments. There are three phases of electronic message utilisation which move towards full automation of the payment process. PSD will move from Phase 1 to 2 to 3 as and when appropriate, based on the successful validation of ePay. This will ensure confidence that the 'new versus old' method achieves the same payment result whilst also enabling PSD to identify any system improvements to support the process going forward.

ePay: a quick reminder

ePay is the application of the existing PSD pricing rules to electronic claim messages. It will be used to process all ePharmacy message claims (MAS, AMS and eventually CMS). It validates the claim to make sure it is in the correct format and produces a priceable item wherever possible. The priceable item is then passed through the Validation and Payment stages of DCVP. Where ePay can not produce a priceable item it will direct the claim to be processed by a PSD operator.

Phase 1

During this Phase, PSD passes all electronic claims for eMAS and eAMS through ePay. The quality of claims, including endorsement information, from each of the pharmacy systems is evaluated but is not used to support payment processing. When it is certain that ePay is providing an accurate execution of the PSD business rules and there are no issues with the electronic messages arriving at PSD then Phase 2 will begin.

Phase 2

During Phase 2 the electronic messages will be used to support the payment process. This includes the patient charge / exemption details. While electronic claims are being processed in Phase 2, each claim will be viewed by a PSD operator who will compare the ePay output with the prescription form and check that the correct priceable item has been identified. Where the ePay output is assessed as correct, the electronic claim will be used as the basis for payment. If incorrect, then the PSD operator will identify the correct priceable item and record the change. Changes by PSD operators will be analysed to further enhance ePay.

Phase 3

In Phase 3, the viewing of the claim by a PSD Operator is by-passed and pricing is based entirely on the electronic message where priceable items have been identified. Phase 3 will not be enabled for an individual community pharmacy until they have completed a period of successful processing using Phase 2. Phase 3 can be enabled/disabled by contractor code and/or service as and where appropriate. In any instance where ePay cannot determine a priceable item the claim will be viewed by a PSD operator and processed as Phase 2 above.

Progress to date

Phase 1 started in 2008 and Phases 2 and 3 will be implemented during 2009. When eCMS starts in earnest in 2009, it will use the Phase 3 fully automated model since reimbursement claims for serial prescriptions will be based on the electronic claim message only.

Cancelling Electronic Claims

It is really important that you follow the same process with electronic claims as you would with the paper form. In other words, you should only submit the electronic claim when the dispensing episode is complete and you have checked that the patient details are correct.

For example, to ensure that the electronic claim is accurate, the patient's exemption category should be checked prior to sending the claim.

You have 14 days from submitting the electronic claim to modify or cancel the claim. However, out with this 14 day period, if you realise an incorrect electronic claim has been submitted, you should do the following:

a) Prescription form is still held in the pharmacy

Call the PSD Helpdesk with the Unique Prescription Number (UPN) and pharmacy details and they will cancel the electronic claim. You must also ensure that the correct claim is endorsed on the paper form.

b) Prescription form has been sent to PSD

Use the existing process for correction of incorrect paper prescription submissions.

You can contact the **ePharmacy Helpdesk** by:

Telephone: **0131 275 6600**

Email: **PSDHelp@psd.csa.scot.nhs.uk**

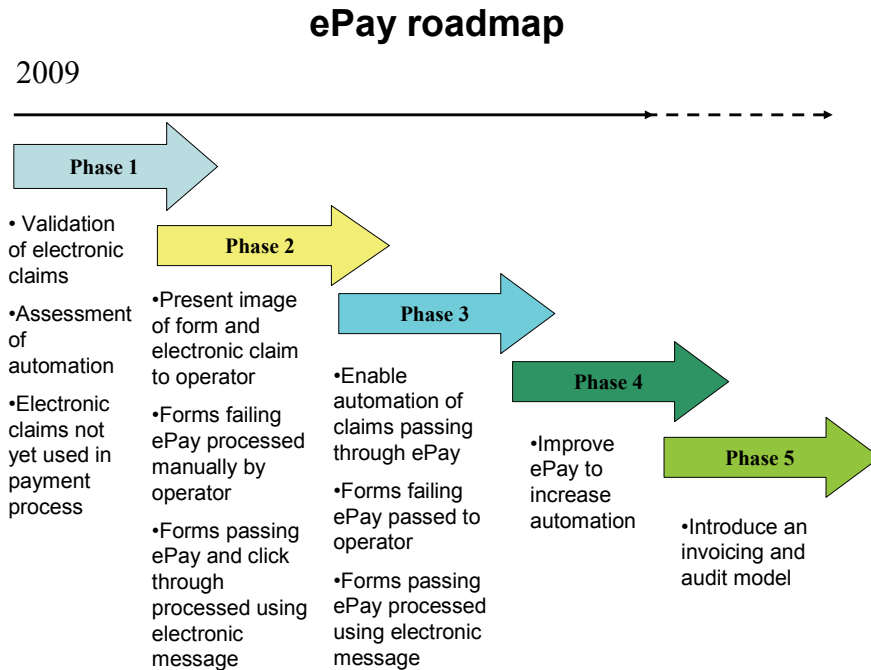
Additional information on ePay (when it is fully operational)

- ePay will **not**:
 - change or add in any new rules to current business processes; it simply follows the existing PSD business rules used by their operators;
 - reject items for payment; it only directs items to a PSD operator when it cannot determine a priceable item;
 - contain any prices or price prescriptions; pricing is carried out by the current payment process;
- Pricing of items is always calculated by the Verification and Pricing (VP) element of DCVP, regardless of whether the raw data is supplied by operator or by an electronic claim message meaning that an item will only be priced once;
- ePay determines whether sufficient information is in the eMessage to enable the prescription to be priced. It also translates the electronic claim message into a form DCVP can understand [validating the eMessage].
- If ePay detects any data is missing from the claim or if there is no supporting eMessage then the form is passed to an operator for completion, just as with existing scanned prescriptions. This might happen if the claim had only dispensing information (the electronic claim message generated by your PMR system) and not the prescribing information (the electronic prescribe message sent by the GP system) or if some fields have failed to scan properly (for example the eVadis drug code. The operator then adds the missing information.
- All endorsements have to be both in the electronic message, as well as on the paper in case an operator needs to check an electronic claim message against the paper form.
- The ePharmacy helpdesk at PSD will provide support and advice on queries regarding eAMS, for example reassurance of the backup processes for AMS using the paper form if there is an irrecoverable problem with an electronic claim.
- The ePharmacy Helpdesk at PSD will assist with cancellation requests outwith the 14 day cancellation period as described above.

ePay Roadmap

The following diagram outlines the full ePay Roadmap. As you can see beyond Phase 3 there are additional phases planned which start to bring real benefits to community pharmacists. Phase 4 will increase the automation of the ePay process and provide additional, richer information back to pharmacy contractors and Phase 5 introduces a form of invoicing for payment. It will also require to be underpinned by

an appropriate form of post verification check. The decision to move to these final phases will be made once community pharmacists are competently working at Phase 3.



7. Summary

Having completed the various sections of this pack you should be well paced to now consider how best to make eAMS work in your pharmacy. As you can see it may require you to make some changes to your current way of working, however, the longer term benefits should become apparent the more you use the technology to support you in the dispensing process and you find that this becomes your normal way of dispensing and claiming for prescriptions.

Actions

- Implement any changes to working processes, including new housekeeping arrangements, in your pharmacy to support eAMS implementation;
- Update your standard operating procedures (for dispensing) to include eAMS processes;
- Brief your pharmacy support staff (and locums) on the impact of eAMS on working practices;
- Address any additional training requirements; and
- Submit electronic claims wherever possible.