



England

Electronic Prescription Service (EPS)

Presented by:
Jo Cadwallader





EPS in the detained estate

The Aim

To implement EPS in the detained estate for supply of medicines on release & urgent medicines.

Medicines supply prior to EPS:

- TTO medication supplied, or paper FP10 written.
- FP10 written for urgent medicines to source at community pharmacy.

Medicine supply with EPS:

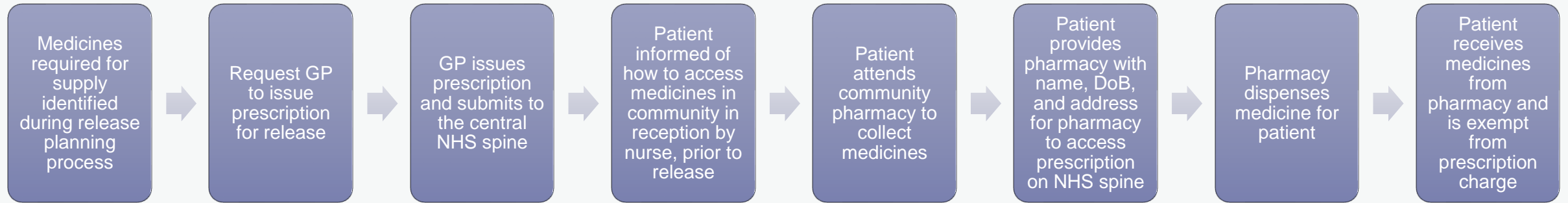
- EPS prescription to be written for all releases & urgent medicines.



Benefits of EPS

- Non-nominated prescriptions can be collected at any community pharmacy in England.
- Less paperwork for patients to leave with reducing risk of losing prescription.
- Prescriptions can be written prior to release, during the release planning process.
- A prescriber does not need to be available on-site for an EPS prescription to be written a
- For unplanned released, prescriptions can be written and medicines collected from a community pharmacy, whereas prior to EPS these patients would likely leave with no medicines.
- EPS prescription tracker
- Prescriptions can be cancelled at any time prior to being dispensed.
- Can be used to collect urgent medicines from a community pharmacy when unavailable on-site or out of pharmacy hours.
- Provides patient with more time to register with a GP for further supply of medicines, resulting in less stress for patient during a vulnerable time.

EPS Process



[Implementing the Electronic Prescription Service \(EPS\) for Improved Efficiency and Care Within the Detained Estate. on Vimeo](#)

Case Study – Medicines supply on release

1. Patient is seen for release planning is on prescribed medicines. Staff completing release planning tasks GP to prescribe TTOs.
2. GP prescribed TTOs via EPS and prescription is sent to the central NHS spine as it is non-nominated.
3. On release, the patient is provided with any named-patient medicines previously dispensed and advised to visit a community pharmacy in England for their TTO medicines to be dispensed.
4. Patient attends community pharmacy and informs them they have a prescription to collect providing their name, DoB, and prison address.
5. Community pharmacy pulls prescription from the central NHS spine and dispenses the medicines for the patient.
6. Medicines given to the patient and the patient is exempt from prescription charges for this prescription.



Case Study – Using EPS for Urgent Medicines

1. Patient is prescribed critical medicines that are not available on-site or from contracted pharmacy.
2. GP contacted to issue medicines on prescription and send to community pharmacy via EPS.
3. Staff member attends community pharmacy and provides patient's details for prescription to be pulled from central NHS spine.
4. Community pharmacy dispenses medicines and gives to the staff member from the detained estate.
5. Prescription is still exempt from prescription charges as the patient is currently residing in the detained estate.
6. Staff member takes medicines for the patient back to the detained estate for the medicines to be administered to the patient.



What has been happening so far?

- Community Pharmacy England (CPE) to ensure pharmacies in England are aware that EPS prescriptions will be being received from the detained estate as non-nominated prescriptions.
- HMPPS for the detained estate to be aware that the process for patients accessing their medicines on release will be changing and providing them with details of how this will now be done. Including liaising with other stakeholders, such as approved premises, courts, RECONNECT etc.
- Visits to community pharmacy and GP practice to understand how the process currently works in primary care and the differences there are with the detained estate to be able to share knowledge and understanding of this process.

Thank You



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