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SCOTTISH EXECUTIVE

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Dear Colleague

ePHARMACY UPDATE

Summary

1. The purpose of this HDL is to provide a report on the development and roll out of the Health Department's ePharmacy agenda. It also details the project management process and how it interfaces with the Department's eHealth Strategy.

Background

2. In 2001-20002 SEHD established a pilot project within the Ayrshire & Arran PCT to develop a system to provide the necessary functionality for the electronic transfer of prescriptions (ETP). Stage I of the pilot was completed in the latter part of 2002-03 and provided valuable lessons to inform a wider Stage II roll out of the pilot. As a result of the February 2002 publication of SEHD's pharmacy strategy (*The Right Medicine*), it was decided that the project's objectives should be broadened to include the development of e-applications that would support the future delivery of community pharmaceutical services and improve communications across the healthcare team. To reflect the extended remit, the initiative as a whole was re-badged as **ePharmacy**.

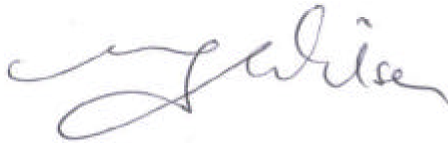
3. Since then there have been further policy and service developments that impact on the ePharmacy initiative, which is an integral part of the eHealth programme that is lead by the Health Minister. Negotiations on a new community pharmacy contract are well underway and there is now greater clarity about its shape and content and thereby about the possible service delivery and patient benefits that can be derived from associated IM&T developments and initiatives. The new GMS contract also has consequences for community pharmacy and, collectively, these developments highlight the need for new and improved IM&T links between practices and community pharmacists.

4. In light of this, a revised project plan has been produced and the attached **Annex A** provides a narrative summary of the project work streams, their progress and timelines.

Action

5. The ePharmacy programme is a substantial project that will build on the development work undertaken to date. Whilst significant progress is expected during 2004, in terms of delivering new e-systems and e-applications with business benefits for the wider NHS healthcare team, it could be some time before the full impact and perceived benefits will be felt. It is, therefore, important that Boards recognise and ensure that as the system developments come on stream their implementation and maintenance are suitably resourced and supported.

6. Chief Executives are asked to note the above position and ensure that copies of this HDL are circulated to all community pharmacy and GMS contractors and IM&T leads.



HAMISH WILSON
Head of Primary Care Division

BILL SCOTT
Chief Pharmaceutical Officer

POSITION REPORT ON THE ELECTRONIC TRANSMISSION OF PRESCRIPTIONS (ETP) INITIATIVE AND ITS DEVELOPMENT INTO E-PHARMACY

The ePharmacy Programme

1. The ePharmacy programme builds on the development work undertaken to date, notably around the electronic transmission of prescriptions (ETP) initiative piloted in Ayrshire & Arran. The coming two years are expected to see significant progress in terms of new e-systems and e-applications being delivered on the ground. It is expected that national delivery and business benefits will start to be achieved from 2004 onwards, with the full impact being realised within the next 5 years.

2. In many ways the initiative is being developed on a bottom-up basis. The 'new' elements of community pharmacy practice that will be a feature of the New Contract, ie the Chronic Medication Service and Minor Ailments Service, have been piloted and developed using paper based systems so that any cross over to e-applications is built on tried and tested experience at the operational (pharmacy) end. And on the e-front, the emphasis has been on developing a **generic architecture and infrastructure** to underpin the systems where an e-application has been identified and assessed as being able to bring practical benefits to the various stakeholders who provide, use or support the community pharmacy sector.

3. At the heart of the infrastructure is the Scottish Clinical Information Prescription Store (SCIRx Store), ie the **ePharmacy store**, which is used as a control for encrypted messages between GP systems, community pharmacy systems and the Common Services Agency (CSA) who own and support the information gateway. It is by these means that **ETP** has been developed and now operates in the Ayrshire & Arran pilot sites. The next version of GPASS, planned for April 2004, will have the duly developed ETP module included as standard. The initial GP trial sites in Ayrshire & Arran all use GPASS. Non-GPASS system suppliers have been provided with a description of the ETP system and will now be provided with a detailed specification.

4. The ePharmacy store will support all current e-service developments. It will be fully implemented during 2004-2005 but has been designed on the basis that further system developments or changes can be accommodated where required, eg for the introduction of digital signatures, national identification cards, etc. The standards and architecture used for this and all other system developments and interfaces are being developed in conjunction with national and European guidelines and within the overall direction of the national IM&T strategy so, for example, the data collected in ePharmacy transactions can be a contributor to the Electronic Health Record (EHR) via SCI Index systems.

5. The connection of all community pharmacists to the **NHSnet** is another vital infrastructure development. A connection programme was commenced in October last year and will run through to end-March 2005. By April 2004, community pharmacies in Tayside, Ayrshire & Arran, Forth Valley, Borders and Fife Board areas will be connected to the NHSnet.

6. Connection to the NHSnet, and through it access to NHSmail, for community pharmacists is pivotal to their ability to deliver on *The Right Medicine* and New Contract. However, it is also essential that pharmacists and their staff are able to use the systems and applications that

will enable the exchange of clinical and patient information and support new contract requirements. There are, therefore, plans to introduce a centrally funded **IM&T training programme** for community pharmacies that will comprise two elements. Firstly, basic training on access to and use of NHSnet and NHSmail. And secondly, training on the use of basic 'office' systems and applications developed specifically for the community pharmacy sector in light of the new community pharmacy contract. The first element is already in place and is being rolled out in tandem with the NHSnet connection programme. The second element is still being developed but is scheduled for introduction by May this year.

7. A number of the ePharmacy developments will require the pharmacists' Patient Medication Record (PMR)/Dispensary computer systems to be suitably configured. There are around eight **pharmacy system suppliers** servicing community pharmacies in Scotland, each with their own unique PMR systems. A key action in the ePharmacy programme has been the early engagement of the system suppliers to inform them fully of the strategic and operational direction of the programme and to secure their commitment to configuring their systems accordingly. This initiative is going well with all suppliers playing in positively to the ePharmacy development process. Further information on the suppliers' involvement is provided below.

8. Another infrastructure requirement has been the need for **drug dictionary and mapping** functions to enable a common language between GP and pharmacy systems and CSA. The Prescription Pricing Authority (England) has work currently in hand to develop a UK agreed drug dictionary, the **Dictionary for Medicines & Devices** (DM&D).

9. Work has just been completed under the ePharmacy programme that enables a read across from eVadis to DM&D and then to the pharmacy contractors' PMR systems (whether DM&D or proprietary) for around 80% of the most commonly prescribed drugs. There is now the potential for pharmacy contractors to have a more efficient system for processing ETP transactions, and for the development of automating the payment process for reimbursing pharmacists' drugs costs.

10. The current payment process for both remuneration (fees and allowances) and reimbursement (of drug costs) is already automated to a degree whereby dispensed prescriptions are scanned by an optical reader and processed accordingly. With the advent of ETP and drug dictionary and mapping systems there is now the potential to improve the efficiency of the current **payment systems** by removing the reliance on paper processing. A scoping study is currently under way to identify the options for securing system improvements and should be completed by the end of March 2004. Thereafter the options will be subject to a full business case process to determine how and when future system developments can take place.

11. It is important that the national ePharmacy Programme and the wider eHealth strategy consider requirements for **hospital pharmacy**, in addition to primary care. Electronic prescribing in hospital can deliver improvements in discharge and admission processes, prescribing and patient safety by reducing medication errors. In addition, prescribing is a critical element in the care of the majority of patients and electronic prescribing is therefore an important component of the integrated care record. Under a separate work stream, National Standards for Hospital Electronic Prescribing and Medication Administration Systems have been drafted and a proposal to consider their piloting, evaluation and future

recommendations for NHSScotland is currently being developed. This will then, in turn, inform the ePharmacy Programme.

Interface with the New Contract and *The Right Medicine*

12. The paragraphs above summarise how and where the ePharmacy programme is delivering the generic platform to support the implementation of services and systems that will underpin the New Pharmacy Contract as well as other aspects of *The Right Medicine*. The following paragraphs provide a short outline of the system processes and developments for the New Contract.

Acute Medication Service (AMS)

13. AMS is the provision of pharmaceutical care by community pharmacists for acute episodes of care.

14. Around 300,000 scripts have been processed in the Ayrshire & Arran trial sites. This involves the GP system producing a GP 10 prescription with a bar code. As the GP produces the GP10, data is simultaneously transmitted electronically (via **ETP**) to the **ePharmacy store**. The patient takes the GP10 to any participating pharmacy, ie one that is linked to the ePharmacy store, where the pharmacist scans the bar code to retrieve the data from the store and proceeds to dispense. The dispensing data is then captured and sent to the ePharmacy store.

15. The next stages of AMS will include the introduction of a **drug dictionary mapping** tool (see above) and the possible development of an **automated payment process** that uses the captured dispensing data to calculate the payment rather than having a system that is wholly reliant on paper prescriptions. The ETP module is about to be incorporated into the GPASS system (April 2004) and its specification has been provided to non-GPASS suppliers so that they can enable the systems they support. The whole process is, of course, dependent on having an **NHSnet** connection but there will be full Scotland wide cover by April 2005.

Minor Ailments Scheme (MAS)

16. MAS is a scheme that allows patients exempt from paying prescription charges (excluding pre-payment certificates) to use their community pharmacy as the first port of call for NHS services for the treatment of common illnesses.

17. The successful Direct Supply of Medicine initiative in Ayrshire & Arran and Tayside is set to inform the operational model for the Minor Ailments Scheme under the New Contract. As at present, it is expected that remuneration will be capitation based. Currently, the patient registration process is manual with a paper trail that goes from the pharmacist to their Board and on to CSA. Reimbursements for drugs dispensed are generated from the prescription form (CP1) that the pharmacist generates – in manuscript.

18. The next stages of MAS will see the introduction of a **Central Patient Registration System** (CPRS), initially on a manual basis but progressively becoming electronic as **NHSnet** connections are made. The plan is for patient registration data and CP1 prescription forms to be generated and transmitted to the **ePharmacy store** electronically from the pharmacist's PMR computer system. Thereafter the potential to link into any new

automated payment process will exist. The success and pace of these developments are dependent on the **pharmacy system suppliers** reconfiguring their systems accordingly. Discussions with the main suppliers have been constructive and they are currently submitting details of their plans for effecting the necessary amendments to their respective systems. Depending on the outcome of this process, it is possible that a full e-MAS system could be operated across Scotland from early 2005 through to complete coverage in 2006.

Chronic Medication Service (CMS)

19. CMS can be described as the continuity of pharmaceutical care for patients with long term conditions and is based on the concepts of serial dispensing and pharmaceutical care model schemes.

20. The operating procedure for CMS has been piloted in North East Fife between a single GP practice and community pharmacist (CP), with a view to include the clinical components from the pharmaceutical care model schemes as they are evaluated. The plan is to extend the initiative across other GPs and CPs in NE Fife and a number of other Board locations from April 2004. At present the system requires the production of a special GP10 that allows the patient to have repeat prescriptions without the need to contact or visit the GP surgery.

21. Under the proposed e-CMS system the GP would produce a special GP 10 that would identify the treatment required over a period of time. The prescription data would be transmitted (via **ETP**) simultaneously through **NHSnet** to the **ePharmacy store** and await call down by the pharmacist when the patient first presents at the pharmacy. The CP would access the patient registration details through the **central patient registration system**. Thereafter, any **automated payment processes** would be activated.

22. Many of the system developments for e-MAS will also facilitate the development of e-CMS. However, CMS is likely to require some standardisation of the computerised PMR systems at the pharmacy. The system suppliers have been given an initial indication of the likely requirements but more detailed work to determine the full specification is planned for March/April 2004.

ePharmacy Programme Management and Communication Lines

23. As will be evident from the above, the ePharmacy Programme is a substantial project and, therefore, it requires clear lines of responsibility, management control and communication. The attached **Annex B** provides a summary in this regard.

SEHD: Primary Care Division
March 2004

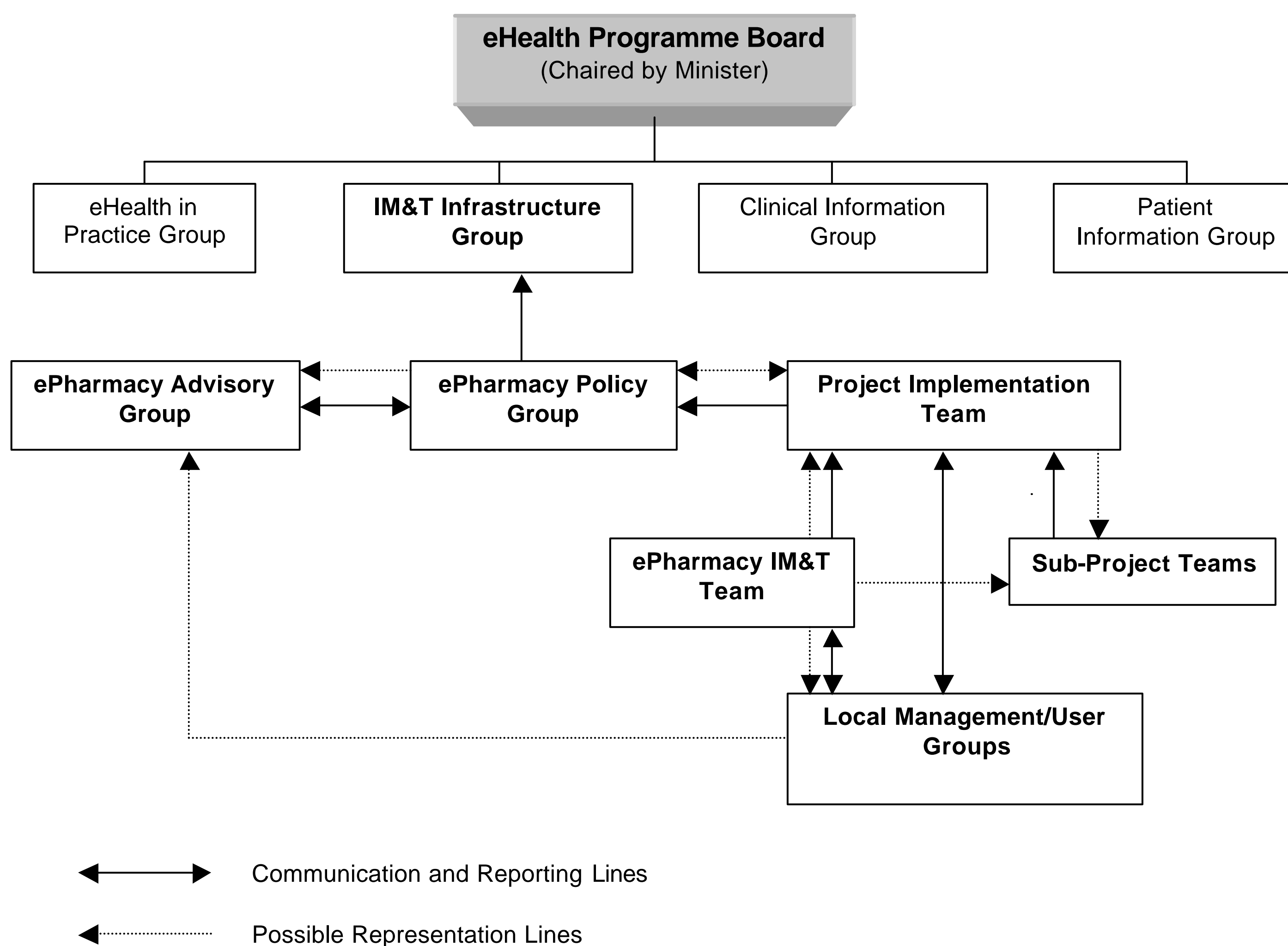
ANNEX B

ePHARMACY: PROJECT MANAGEMENT AND COMMUNICATION LINES

Purpose

1. This paper details the management structures and lines of communication/reporting for the ePharmacy project. In summary, the lines of communication and reporting are presented in the chart below.

EPHARMACY: COMMUNICATION AND REPORTING LINES



2. As the chart illustrates, ePharmacy links into eHealth management arrangements and, thereby, will be on the agenda of the **eHealth Programme Board**, which is chaired by the Minister for Health and Community Care. The Board's remit is to provide a vision and direction for eHealth and IM&T overall and it is supported by four Groups.

3. Reports on ePharmacy plans and progress will be channelled into the **IM&T Infrastructure Group**, which is responsible for preparing an Action Plan for a number of 'key elements', namely:

- Consistent CHI-based ID
- Consistent communication
- Integrated architecture and key strategic systems
- Information security
- IM&T training
- Business systems
- Information publication to NHS
- Support services and IM&T staffing
- IM&T investment

4. Given the spread of the ePharmacy agenda it may well be an issue for one or more of the other Groups listed in the chart above. However, the Infrastructure Group will be the primary line of report.

5. Overall management and policy responsibility for ePharmacy rests with the **ePharmacy Policy Group**, which is a joint SEHD/CSA forum with a remit to:

- determine ePharmacy policy;
- identify ePharmacy requirements to underpin delivery of SEHD's pharmaceutical strategy *The Right Medicine* and the new community pharmacy contract;
- prioritise the system requirements and approve the implementation programme;
- monitor progress against the implementation programme and amend or commission further actions as necessary;
- report as required to the e-health IM&T infrastructure group; and
- consult and advise the ePharmacy Advisory Group (see below) as appropriate.

6. The Policy Group is supported by the **Project Implementation Team**, which is responsible for the day to day management and control of the project. It meets at least once a month to review and act on progress reports from the Project Manager and IM&T Programme Manager, and to consider/address any issues arising or referred to the Group from the sub-project teams and local management/user groups. Its core membership comprises the policy leads in SEHD's Primary Care Division and its Pharmacy Strategy Implementation Team along with the IM&T Project Manager.

7. The **ePharmacy IM&T Team** (Atos Origin[1]/PA Consulting Group) is responsible for designing, developing and testing the e-solutions for the identified tasks in the project programme. As indicated above, its Manager is a member of the Implementation Team and, together with the rest of the IM&T Team, has an operational role with the local management/user groups and sub-project teams.

8. Project ownership and management responsibility at the local level is essential to the successful delivery of the project overall and the structure provides for local Management and User Groups. The expectation is that these groups will devise their own management systems and that there should be no on-fit model for each development or implementation initiative. In addition, Sub-project Teams will address specific areas as and when required.

[1] Atos Origin was formerly known as SchlumbergerSema.

9. It is also important that direction and management of the project is considered and reviewed by all key stakeholders. An **ePharmacy Advisory Group** will be established that the Policy Group can consult on developmental and operational issues as appropriate. It is expected that the Advisory Group will meet 2/3 times a year with a membership comprising of (in no particular order):

- CE of an NHS Board;
- Lead Clinician in IM&T;
- SPGC representative;
- RPSGB representative;
- SGPC representative;
- RCGP representative;
- one representative from each local management/user group;
- patients' representative;
- CSA policy/ operational leads; and
- SHED leads (policy, professional and technical).

SEHD: Primary Care Division
March 2004