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Include the following:

- Name
- What type of contractor you are e.g. pharmacy, appliance, dispensing doctor or GP who dispenses personally administered items (PADM)
- Trading name
Welcome to this Special Edition of Hints & Tips, which focuses on helping you make the most of EPS.

Thousands of pharmacies use the Electronic Prescription Service (EPS) Release 2 every day to provide a better, safer service for patients. This special edition of Hints & Tips provides helpful information on how your pharmacy can make the most of EPS, with some top tips for making EPS work better for you and the answers to frequently asked questions.

As of 17 August 2015 the following are live with EPS Release 2:

- **63%** of GP practices (5,030 practices)
- **98%** of pharmacies (11,502)
- **84%** of dispensing appliance contractors (94)

Just under 15 million patients have set a Community Pharmacy Nomination.

The average EPS Release 2 GP site is now producing **half** of their prescriptions by EPS Release 2 and approximately 30% of all prescription items received by the NHSBSA are EPS Release 2.

If you have any suggestions for topics you’d like see included in a future edition, please contact us at:

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EPS nomination – patients have a choice

In this phase of EPS a patient must set a nomination to receive an EPS Release 2 prescription, so it’s important that the principles behind nomination are understood and adhered to.

To use EPS patients must nominate a dispenser, which means they choose which pharmacy and/or dispensing appliance contractor they want to get their prescription items from. Please ensure all staff are familiar with the four nomination principles:

• Explain - patients must be provided with sufficient information about EPS before nomination is captured.
• Do not influence or persuade patients to nominate a specific dispenser.
• Act quickly - update systems with nomination details as soon as possible.
• Use a Standard Operating Procedure which follows these four nomination guidance principles.

EPS tokens

Paper copies of electronic prescriptions are called tokens. There are two types of token:

• Prescription tokens (printed at the GP practice on a green FP10)
• Dispensing tokens (printed at the pharmacy on a white FP10DT)

Tokens are used to capture the patient’s declaration of exemption or prescription charge paid. **NHS Prescription Services takes the exemption/paid information from the electronic claim message** – the tokens are not scanned. They are for use by NHS Protect and NHS England and are stored securely with the contractor’s batch of paper prescriptions.

**Make sure you have plenty of dispensing token stationery available so you don’t run out.**

Remember not to print tokens on plain white paper. Patient or Patient representative signatures must be captured in Part 3 on the reverse of dispensing tokens (FP10DT) or prescribing tokens (if the patient is given one by the GP practice) for prescription charge payment/exemption purposes.
Do I need to sort tokens into paid/exempt or by doctor order?

No. Tokens do not need to be sorted into paid/exempt or by doctor. Submit all ‘non-age exempt’ and chargeable EPS Release 2 tokens (prescribing and dispensing) as one separate bundle securely tied with elastic bands or string with your batch for the same month that the claim was submitted.

I’ve been told I should not send in ‘age-exempt’ tokens. Is this correct?

Yes. Tokens are used to capture a patient or their representative’s declaration that they are either exempt from prescription charges or have paid the appropriate prescription charge. Patients who are exempt because of their age and whose date of birth is automatically inserted into an electronic prescription by a computer system that stores the patient’s NHS care record do not need to complete a declaration of exemption, and so you should not send in ‘age-exempt’ tokens (exemptions A and C). Only non-age exempt and charge paid tokens must be submitted with your batch for the same month that the claim was submitted.

DA20 disallowed code

Tokens must be submitted as a separate secure bundle. If you submit an EPS token as part of your FP10 batch of paper prescriptions for processing and reimbursement, it will be disallowed and an image of the token will be returned to you marked ‘DA20 - As it is a nominated EPS token submitted for processing and reimbursement’.

Did you know...?
Exemption/charge paid status

- Make sure all patient information regarding exemption or prescription charge is set up before you send the dispense notification and claim.
- Remember - some systems may default to chargeable status.
- Find out the most efficient way to deal with non-age exempt patients from your supplier.

Following the move to Spine 2 in August 2014 the facility to amend a claim within the reimbursement period was made available, however this functionality does need to be developed and tested by your system supplier. Some system suppliers are currently undergoing testing and it is anticipated that at least one system supplier will be piloting claim amend functionality in five live pilot sites during September 2015. Both HSCIC and NHS Prescription Services are ready to accept and process ‘amended claims’.

When your system supplier has ‘claim amend functionality’ approved then you will be able to ‘correct’ a claim that has accidently been submitted as paid instead of exempt or vice versa, as long as it is within the ‘reimbursement period’ i.e. before the end of the 5th day of the month after it was dispensed (dispense notification sent). You will also be able to correct your claim by adding or removing dispenser endorsements and/or amending the product or quantity.

However, until your system supplier provides you with ‘claim amend’ when an electronic reimbursement claim message has been submitted then it can’t be changed. For example, if you have inadvertently submitted a claim indicating that the patient was exempt when they have paid the prescription charge(s) you should ensure the correctly completed token declaring that a charge has been paid is submitted in the separate EPS tokens bundle along with your batch. You should contact NHS England explaining the mistake and offering to repay the money. Finally you should contact the patient(s) explaining the error so they know what to do if they later receive a penalty charge notice.

How should I submit an EPS Release 2 prescription for an oral contraceptive and a ‘chargeable’ item when the patient pays for their prescriptions?

Where an EPS Release 2 prescription contains a ‘chargeable’ item and a ‘no-charge contraceptive’ then the prescription should be submitted as ‘Paid’. dm+d identifies oral contraceptives as having no prescription charge applied to them and so NHS Prescription Services will not deduct a charge. You don’t need to endorse these items.

If an EPS Release 2 prescription only contains an oral contraceptive then this may be submitted with the exemption X: ‘was prescribed free-of-charge contraceptives’.
Electronic dispense notifications and reimbursement endorsement claim messages

1. **Assemble/prepare the prescription.**

2. **Send the dispense notification message when the patient collects their prescription.** You must do this as soon as the items have been collected by or delivered to the patient, as this message informs EPS which product has been supplied to the patient. This is particularly important when a prescriber tries to cancel an EPS prescription, as it lets them know whether the pharmacy or the patient has the medication. It also ensures that the next repeat dispense issue comes down from EPS on time.

3. **Send the reimbursement endorsement claim message.** This is the electronic equivalent of submitting your paper FP10s to NHS Prescription Services, although there’s no need to wait until the end of the month - you can submit your electronic claim message as soon as the item has been dispensed (collected by or delivered to the patient). But remember, claims can only be sent when the prescription has been completed, as each item must be marked as either ‘dispensed’ or ‘not dispensed’. If you have fully
dispensed one item but another item in the same prescription message is owing or partially dispensed then you can’t send your claim until the owing item has been completed – this will usually be the dispensing of the item or balance. If the patient no longer requires the balance or if you have been unable to acquire it and you are not going to dispense the balance, you can convert a partially dispensed to ‘dispensed’ or an owing to ‘not dispensed’ and submit your claim for what you have dispensed.

4. **Your claim must be sent within 180 days.** When a prescription has been dispensed you must submit your claim by the 5th working day of the month after the month in which it was dispensed. This is the same for both paper FP10 prescriptions and EPS Release 2 prescriptions. Where you have an owing you cannot submit your claim until it is complete. Remember to regularly monitor your owings because after 180 days the Spine will remove the prescription and you will be unable to claim. Your system supplier should warn you by highlighting or by reporting those prescriptions that are nearing the 180 day expiry.

5. **Amending a claim.** After an electronic reimbursement endorsement claim message has been sent to NHS Prescription Services, it can’t currently be amended or cancelled – unless your system supplier has developed the ‘claim amend functionality’.
Do you know the difference between ‘mark as not dispensed’ and ‘return to Spine’?

Prescriptions can only be cancelled by the prescribing site that has issued them. However, dispensing contractors can mark item(s) as ‘not dispensed’ or send them back to the Spine. Marking item(s) as ‘not dispensed’ means that they can’t be dispensed by that contractor or any other contractor. The item(s) will not be removed from the patient’s record and will still show in the prescribing system.

Returning a prescription to the Spine is different and is the equivalent of handing a paper prescription back to the patient to be dispensed elsewhere. For more information visit: http://systems.hscic.gov.uk/eps/library/faqs/dispensing

Electronic repeat dispensing guidance

You can find guidance from NHS England on electronic repeat dispensing at http://www.england.nhs.uk/digitaltechnology/info-revolution/erd-guidance/. Dispensers can only use electronic repeat dispensing when both the prescribing and the dispensing systems are using EPS Release 2; it’s not possible to use electronic repeat dispensing with EPS Release 1.

When issuing a repeatable prescription (repeat dispensing), a prescriber will authorise a prescription with a specified number of issues; each issue contains the same prescribed items. The Spine will then manage the release of each individual prescription issue. The first issue of the prescription will be available as soon as the prescription is received by the Spine, and subsequent issues will be created on the Spine ready to be pulled down when a previous issue is deemed complete (i.e. either dispensed or marked as not dispensed).

To allow pharmacists to prepare medicines for dispensing in advance of a patient visiting the pharmacy, the Spine will automatically send the nominated dispensing site a repeat dispensing prescription seven days before the expected end date of the previous issue of the prescription. For a 28 day repeat dispensing prescription, the Spine will calculate the expected date of supply as 28 days after the date that the previous issue was marked as dispensed and send the next issue 7 days before on day 21 after the dispense notification has been sent.

Where a pharmacist believes that an instalment should be dispensed at an earlier time or if the pharmacy forgot and sent the dispense notification late then the next instalment can be pulled down using the prescription ID; each issue of a repeat dispensing prescription has the same prescription ID. Speak to your system supplier to find out how you can request the next instalment using the prescription ID that is in your system.
Endorsements

All endorsements for electronic prescriptions must be submitted electronically to NHS Prescription Services within the ‘dispenser endorsement field’ in the reimbursement endorsement claim message. Your system supplier can advise you how to apply each endorsement electronically to an EPS Release 2 prescription. Remember, do not hand write or print endorsements on a dispensing or prescription token; the tokens are not used for reimbursement purposes and any endorsements written on them will not be taken into account.

The Drug Tariff has not changed for EPS, so the same rules apply to both paper FP10 and EPS prescriptions. You will therefore need to endorse EPS messages to make claims such as broken bulk, out of pocket expenses, measured and fitted fee or an unlicensed medicines fee. Using these endorsements where necessary will ensure you receive correct reimbursement for the products you dispense and correct remuneration for the services you provide.

Table showing the endorsement codes and additional information required

<table>
<thead>
<tr>
<th>Endorsement Code</th>
<th>Additional Info Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>BB</td>
<td>(none)</td>
</tr>
<tr>
<td>MF</td>
<td>(none)</td>
</tr>
<tr>
<td>NCSO</td>
<td>[initials, date, supplier, pack size,] e.g. [KF, 20150820, ABC Ltd, 30 tablet] Where the product being supplied does not have a price in dm+d then an IP endorsement should also be supplied</td>
</tr>
<tr>
<td>XP</td>
<td>[full particulars of claim, total value £p] e.g. [postage &amp; packing, £2.50]</td>
</tr>
<tr>
<td>IP</td>
<td>[Price £p, pack size, Supplier, Manufacturer’s/Importer’s Licence number*, Batch Number*] e.g. [£12.34, 50gram, ABC Ltd] [£234.00, 200ml, Specials Lab, ML1234, BN 98765] *Required for specials and imports not listed in Part VIIIIB</td>
</tr>
<tr>
<td>RC</td>
<td>(none)</td>
</tr>
<tr>
<td>SP</td>
<td>(none)</td>
</tr>
<tr>
<td>ED</td>
<td>(none)</td>
</tr>
<tr>
<td>NDEC**</td>
<td>(none)</td>
</tr>
</tbody>
</table>
There is no electronic endorsement code ND for not dispensed items. An item status code of 0002 (Not Dispensed) is applied to the line item instead. Your system will do this for you when you ‘not dispense’ an item.

Where you need to endorse a pack size in EPS you can return either a virtual medicinal product pack (VMPP) or an actual medicinal product pack (AMPP). If the pack you are dispensing from is not listed on dm+d, you will need to return the prescribed concept along with an invoice price endorsement [IP], which allows you to enter the price, pack size and supplier. The article ‘NHS dm+d VMPs, AMPS, VMPPs and AMPPs – what are they?’ will explain more about these concepts.

Some dispenser endorsements required by NHS Prescription Services are based on the dispenser submitting dispensed medication item information to NHS Prescription Services using the NHS dm+d SNOMED concepts in the following circumstances.

<table>
<thead>
<tr>
<th>Prescribed NHS dm+d SNOMED code</th>
<th>Dispensed NHS dm+d SNOMED code required</th>
</tr>
</thead>
<tbody>
<tr>
<td>VMP (Part VIII generic medicinal product)</td>
<td>VMPP or ‘nothing’</td>
</tr>
<tr>
<td>VMP (Non-Part VIII generic medicinal product)</td>
<td>AMPP or AMP¹</td>
</tr>
<tr>
<td>AMP (Proprietary/Branded medicinal product)</td>
<td>AMPP or ‘nothing’</td>
</tr>
<tr>
<td>VMP (Part IX generic medical device) Product listed only generically in the Drug Tariff Part IX with no actual products listed e.g. Absorbent Lint BPC</td>
<td>VMPP or ‘nothing’</td>
</tr>
<tr>
<td>VMP (Part IX generic medical device – where the VMP is an official title i.e. B.P. or Drug Tariff Specification) Proprietary/branded medical devices are listed in the Drug Tariff Part IX</td>
<td>AMPP or AMP VMPP or ‘nothing’ only if the VMP has a Drug Tariff price</td>
</tr>
<tr>
<td>AMP (Part IX Proprietary/Branded medical device)</td>
<td>AMPP, AMP or ‘nothing’</td>
</tr>
</tbody>
</table>

¹ Dispensed medication item information only needs to be submitted to NHS Prescription Services for some items. If no dispensed medication item information is submitted, the EPS Dispense Claim message must be defaulted to the prescribed dm+d SNOMED code and description.

² If a non-Part VIII generic VMP is prescribed and the AMP that you wish to dispense is not listed on dm+d, you should return the VMP plus an invoice price endorsement.
If a non-Part VIII generic VMP is prescribed and the AMPP that you wish to supply has no price listed on dm+d, you should return an invoice price endorsement.

A guide to endorsing in EPS can be found at http://www.nhsbsa.nhs.uk/PrescriptionServices/1972.aspx
Specials and imported unlicensed medicines within scope for EPS

All specials and imported unlicensed medicines listed in Part VIIIB of the Drug Tariff can be prescribed and dispensed through EPS Release 2. To claim a Part IIIA unlicensed medicines fee you will need to electronically endorse preparations manufactured under an MHRA specials licence or sourced under an MHRA importers licence with the SP endorsement code. For preparations prepared under the Section 10 exemption from the Medicines Act 1968 you need to electronically endorse the ED endorsement code.

There are also a significant number of specials and imported unlicensed medicines that are not listed in Part VIIIB but can be prescribed by EPS Release 2. If you have sourced the product under an MHRA specials licence or MHRA importers licence then in addition to endorsing SP (if you’re claiming a Part IIIA unlicensed medicines fee) you also need to electronically endorse the invoice price (IP) endorsement. This must include:

• Pack size from which the order was supplied
• Invoice price per pack size from which the product was supplied less any discount/rebates
• Supplier from whom the supply was obtained
• Manufacturer’s/importer’s licence number
• Batch number of the unlicensed medicine.

However, if you’re sourcing the non-Part VIIIB product under the section 10 exemption then EPS Release 2 currently lists extemporaneously prepared products as out of scope. In this case, you should contact the prescriber to explain that as you are sourcing this product as a section 10 exemption you will need a paper FP10 prescription.

<table>
<thead>
<tr>
<th></th>
<th>SP endorsement</th>
<th>ED endorsement</th>
<th>IP endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part VIIIB listed ‘Special’</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sourced from a MHRA special licence holder</td>
<td>✔️</td>
<td></td>
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</tr>
<tr>
<td>Part VIIIB listed ‘Import’</td>
<td>✔️</td>
<td></td>
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<tr>
<td>Sourced from a MHRA import licence holder</td>
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<td></td>
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<tr>
<td>Part VIIIB listed item</td>
<td></td>
<td>✔️</td>
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</tr>
<tr>
<td>Prepared under the section 10 exemption</td>
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<td>Prepared under the section 10 exemption</td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

Not applicable as currently out of scope
NHS dm+d, VMPs, VMPPS, AMPs & AMPPs – what are they?

The NHS Dictionary of Medicines and Devices (dm+d) is the standard for transferring medicine and medical device information between clinical systems. It is a mandatory requirement for all EPS Release 2 prescribing and dispensing.

Prescribers will either prescribe a virtual medicinal product (VMP) or an actual medicinal product (AMP).

A VMP is a generic product. Part VIII of the Drug Tariff contains VMPs. When a VMP is prescribed a dispenser can supply any brand to meet the order. For example:

- Paracetamol 500mg tablets

An AMP is a product that has been supplied from a supplier, wholesaler or is a branded product. AMPs always have the supplier in brackets after the name. When an AMP is prescribed the dispenser must dispense the brand/supplier requested.

Examples:

- Panadol Advance 500mg tablets (GlaxoSmithKline Healthcare)
- Paracetamol 500mg tablets (Teva UK Ltd)
- Paracetamol 500mg tablets (AAH Pharmaceuticals Ltd)

Dispensers will dispense an actual medicinal product pack (AMPP).

If you receive a prescription for ‘Paracetamol 500mg tablets x 50 tablet’, which is listed in Part VIIIA of the Drug Tariff with two pack sizes (32 tablets and 100 tablets), you will need to endorse which pack size you have dispensed the 50 tablets from. The only endorsement you need to return is the appropriate virtual medicinal product pack (VMPP):

- Paracetamol 500mg tablets x 32 tablet
  or
- Paracetamol 500mg tablets x 100 tablet

If a non-Part VIII generic product had been prescribed then you would need to return the brand name, manufacturer or wholesaler as well as the pack size – in this scenario you would return the AMPP as the AMPP contains the ‘supplier’ and the pack size.

What if the actual product I am dispensing in not listed on dm+d?

If a non-Part VIII generic (virtual medicinal product or VMP) is prescribed and the actual medicinal product (AMP) that you wish to dispense is not listed on dm+d, you should return
the ‘prescribed VMP’ plus an invoice price (IP – Price, pack size, brand/manufacturer/wholesaler).

How do you know if a product has a dm+d price or not?

You will need to speak to your system supplier to find out how their system identifies AMPPs listed on dm+d without a price. If a non-Part VIII generic VMP is prescribed and the AMPP you choose to supply has no price listed on dm+d, you will need to return an invoice price (IP) endorsement.

Dispensing assorted flavours

Where a prescriber does not specify the flavour to allow the patient or pharmacist to choose instead, they should prescribe the ‘Flavour Not Specified’ actual medicinal product (AMP). Where the prescriber adds an AF endorsement in the prescriber endorsement field you will receive a dispensing fee for each flavour supplied. If the prescriber does not endorse AF, you can still dispense different flavours but will only receive one fee.

In EPS Release 2 a dispensing contractor should return the actual medicinal product pack (AMPP) for each specific flavour dispensed along with the quantity dispensed for that flavour. So for the following EPS Release 2 prescription:

- Fortisip Bottle (Flavour Not Specified)
- ACBS, AF
- 2000ml
- Take as directed

If the pharmacy dispenses six different flavours, they would return:

- Fortisip Bottle vanilla (Nutricia Ltd) x 200ml. Quantity dispensed: 600ml
- Fortisip Bottle chocolate (Nutricia Ltd) x 200ml. Quantity dispensed: 400ml
- Fortisip Bottle orange (Nutricia Ltd) x 200ml. Quantity dispensed: 200ml
- Fortisip Bottle strawberry (Nutricia Ltd) x 200ml. Quantity dispensed: 200ml
- Fortisip Bottle neutral (Nutricia Ltd) x 200ml. Quantity dispensed: 400ml
- Fortisip Bottle tropical fruit (Nutricia Ltd) x 200ml. Quantity dispensed: 200ml

Prescriber endorsements

If a prescriber puts endorsements such as ‘SLS’, ‘assorted flavours’ or ‘for contraceptive use’ in the dosage instructions are these valid?

No. NHS Prescription Services only extracts prescriber endorsements from the prescriber endorsement field of the EPS prescription message. All prescribing systems have been tested and they can all populate an EPS Release 2 prescription with the appropriate prescriber endorsement codes, i.e. SLS, AF, ACBS or CC.
'Changes’ to prescribed products

Once an electronic prescription has been sent to the EPS it can’t be amended.

If an amendment is required the prescriber must cancel the original item or prescription and generate a new EPS prescription. Remember, the electronic prescription message is the legal prescription and the token is just a copy of the message – any handwritten amendments made by the prescriber on a prescription token are not valid even if the prescriber has signed them.

Supplementary information added by the prescriber

EPS has been designed to prevent ambiguity over what has been prescribed. This is achieved through the prescribing of ‘a codified entity’, i.e. a name/description and an associated SNOMED code present in the ‘Prescribed medication field’. NHS Prescription Services will only take the fields required for reimbursement purposes into account, and reimbursement is based on the prescribed product and its associated SNOMED code. If a prescriber adds supplementary information such as ‘sugar-free’ or a brand name into another field (for example the dosage instructions) that ‘changes the prescribed product’, this will not be taken into account for reimbursement purposes.

Reimbursement is based on the prescribed SNOMED code and its associated name/description.

To be reimbursed for a product reflecting the supplementary information added by the prescriber, you will need to return the EPS Release 2 prescription to the Spine and ask the prescriber to cancel this prescription and generate a new EPS Release 2 prescription for the correct product.

I have received an EPS Release 2 prescription for Hypromellose 0.3% eye drops but the prescriber has added preservative-free in the dosage instructions. Will I be paid for the more expensive preservative-free eye drops?

No. In this example the prescriber has prescribed the SNOMED code and name Hypromellose 0.3% eye drops and this product is listed in Part VIII A of the Drug Tariff. Reimbursement would therefore be made for the Part VIII A product. If the prescriber wants the patient to have Hypromellose 0.3% preservative-free eye drops, they would need to cancel the EPS prescription for the hypromellose eye drops and generate a new EPS prescription for the preservative-free hypromellose eye drops.
The end of month submission process

At the end of each month you need to complete one FP34C form to cover both your paper and electronic prescriptions and submit it to NHS Prescription Services. On the form, indicate the total number of prescriptions and items you’re submitting (i.e. number of electronic and paper prescriptions and items combined).

Although there are no separate boxes for EPS messages, you may also find it useful to note on the submission document the number of EPS claims you are including in your totals. This will also help NHS Prescription Services to determine at the scanning stage whether any discrepancy between the totals declared and actual number of paper forms scanned is due to EPS claims; remember, NHS Prescription Services do not scan any EPStokens. This will prevent the need for telephone calls to determine the reason for any discrepancy.

Endorse and submit your paper prescriptions in the usual way and at the usual time, along with the FP34C form:

- Remember to include relevant EPS tokens and Repeat Authorisation (RA) forms.
- Only submit EPS tokens for patients who are not automatically age exempt.
- Make sure you don’t include Repeat Dispensing (RD) forms within the RA form bundle, as RD forms need to be scanned to enable payment to be made to you. If you include them in the RA bundle, which is not scanned, they may be missed and you may not receive payment for them.
- Secure your EPS tokens and RA forms separately from the main prescription bundle at the top of the exempt and chargeable groups, and tick the relevant boxes on your submission document. You don’t need to sort them into prescriber order, though.
- You will have included the number of prescriptions and items for EPS Release 2 messages and RD forms in the declaration totals on your submission document so don’t ‘double
count’ and include the number of EPS tokens and/or RA forms as well. They are only used for information purposes and aren’t scanned, so including these in your declaration totals will falsely inflate these figures which will in turn affect your advance payment. A proportion of the advance payment may then need to be recovered after processing is completed.

Electronic claim messages don’t need to be sent all together at the end of the month, and you will need to consider when to send yours. For example, you can send them in real time, at the end of each day, in batches or weekly. They must be received by NHS Prescription Services before midnight on the 5th of the month following that of dispensing (sending the dispense notification) to secure payment for that month’s submission. For example, if an item is dispensed in August and the electronic claim message is received on 5 September, payment will be made for August. However, if an item is dispensed in August but the electronic claim message is not received until 6 September, payment will be made for September.

Items dispensed at the beginning of a month for which the electronic claim message is sent on or before the 5th of that same month will not result in earlier payment. For example, if an item is dispensed on 1 September the dispense notification must also be sent on 1 September. However, even if the corresponding electronic claim message is sent to NHS Prescription Services on or before 5 September, payment will be made for September and not for August.

Electronic claim messages must be sent no later than 180 days after the dispense notification. Ask your system supplier how your system alerts you to any unclaimed prescriptions that are nearing the end of this period.
How to find an EPS prescription

If you can’t find an EPS prescription by doing a routine prescription request (following your dispenser system user guide), use the prescription tracker:

www.hscic.gov.uk/eps/tracker then follow the steps below:

- If the prescription is listed in the search results as ‘To Be Dispensed’, you can highlight the Prescription ID by selecting the text with your mouse, and copy (‘ctrl’ + ‘C’) from the tracker and paste (‘ctrl’ + ‘V’) into your PMR system to force the prescription download from the Spine.

- If the prescription is listed in the search results as ‘With Dispenser’, then the tracker allows you to click on the Prescription ID to view details of which dispensing site has downloaded it. There are then two scenarios:

  - The Dispensing Site Information shows as your site on the Prescription Tracker, but you do not have the prescription in your PMR system. This indicates that the prescription is ‘stuck’ in your PMR system somewhere and you must contact your system supplier helpdesk to resolve this. In the meantime, the GP practice may issue a token so that you can see what’s on the prescription.

  - The Dispensing Site Information shows as another site on the Prescription Tracker. If the patient wants to have their medication dispensed by you, you can contact the pharmacy using the details from the Prescription Tracker and ask them to return the prescription to the Spine. Once they have done that, the status on the Tracker will show as ‘To Be Dispensed’. You will need to highlight the Prescription ID by selecting the text with your mouse, and copy (‘ctrl’ + ‘C’) from the tracker and paste (‘ctrl’ + ‘V’) into your PMR system to force the prescription download from the Spine.

- You should then discuss nomination with the patient, and if they want to nominate you as their regular pharmacy, set their nomination immediately on your PMR system.

A factsheet including this information can also be found on the HSCIC website: http://systems.hscic.gov.uk/eps/dispensing/findprescript.pdf
Are you buying or selling a pharmacy?

When buying a pharmacy remember that your System Supplier, HSCIC and NHS Prescription Services need at least 18 working days’ notice to ensure that your EPS Release 2 System will work on your new contractor code (i.e. ‘F’ Code/ODS Code) from day one. In order to update NHS Choices and the GP systems with the new information, at least one claim message must be sent on the first day of the incoming code. Make sure you claim after a change of code, or no GPs will be able to nominate you. If the claim is sent by close of business on a Tuesday of any given week, the information will appear on NHS Choices and the GP systems on the following Monday. If the claim is sent on a Wednesday, for example, the information will not appear until the Monday of the following week.

One-off dispensing at another pharmacy

If a patient has an EPS Release 2 repeat dispensing prescription for six issues of 28 days and has had issues one and two dispensed at their regular pharmacy, but needs issue three to be dispensed at the due time at a pharmacy where they will be on holiday in England then:

- **If issue three has not been downloaded** (i.e. it is less than 21 days since issue 2 was dispensed) the regular pharmacy can change the nomination, at the request of the patient, to an EPS Release 2 enabled pharmacy in the area the patient will be on holiday. (For a 28 day issue repeat dispensing prescription the Spine will automatically send the next instalment 7 days before the expected date, i.e. on the 21st day after the dispense notification was sent). Issue three will automatically be sent to the holiday pharmacy on day 21 where the patient can collect the medication.

- **If issue three has been downloaded** then the regular pharmacy can print a dispensing token and give it to the patient. The regular pharmacy can then return issue three to the Spine and the holiday pharmacy can use the dispensing token to pull down issue three. In this example 21 days after the holiday pharmacy has dispensed issue three then issue four will automatically be sent to the regular pharmacy.

For a repeat prescribing prescription then the regular pharmacy can print off a dispensing token and return the prescription to the Spine where the holiday pharmacy can pull it down using the token.
More top tips

Understand the escalation route for your system supplier

You should always obtain a reference number so you can track the issues and get updates. Keep a log of issues raised. You can find more information on this in the troubleshooting guide available at http://systems.hscic.gov.uk/eps/library/disptsguide.pdf

Download prescriptions regularly throughout the day

This will give you the opportunity to prepare the prescription in advance of the patient’s arrival and order out of stock items where required. This will mean you’ll be more likely to be able to dispense the item/s in full when the patient arrives to collect them.

Register to receive the EPS bulletin

For guidance, tips, case studies and news, sign up for your copy of the EPS bulletin at: http://systems.hscic.gov.uk/eps/contacts/signup

Get alerts if EPS is ever unavailable

If EPS is unavailable for any reason you will get an alert straight to your email address or mobile, and then another when normal service has resumed. Complete the form at: http://systems.hscic.gov.uk/eps/dispensing/help/index_html and send it to: servicebridge@hscic.gov.uk

Think about how you can explain EPS to patients

There are plenty of resources available at http://systems.hscic.gov.uk/eps/library/summary.pdf to help you tell patients about nomination and what it means for them, as well as how to complain if they have an issue.

Remember to use prescription tracker to find the status of a prescription

It allows users to enter a prescription ID and find out where a prescription is in the process. You can now also search by NHS number and date range. The tracker will confirm if the prescription has left the prescribing site, reached the Spine or been delivered to an alternative dispensing site.
Useful links on our website

NHS England and Wales Drug Tariff
www.nhsbsa.nhs.uk/prescriptions/drugtariff

NCSO products
http://www.nhsbsa.nhs.uk/Prescription-Services/935.aspx

Information about sending in your reimbursement and remuneration claims
http://www.nhsbsa.nhs.uk/2473.aspx

NHS Prescription Services open days
www.nhsbsa.nhs.uk/prescriptions/opendays

Your dedicated helpline

For further information please contact the NHS Prescription Services helpdesk:

0300 330 1349

or email:

nhsbsa.prescriptionservices@nhs.net