

Electronic Prescription Service FAQs

What is EPS and how will it affect me?

EPS allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

What are the benefits of using EPS?

It will help reduce paper and make prescribing and dispensing safer, faster and more efficient. For example, patients can collect repeat prescriptions without needing to visit their GP and won't have a paper prescription to lose.

How will EPS work for patients who do not have a nominated dispenser?

If a patient does not have a nomination, their prescription will be sent electronically. You will need to print a token and this must be given to the patient. The token contains a unique barcode and you should advise patients to take it to a pharmacy or dispensing appliance contractor of their choice in England. The electronic prescription will remain on the NHS Spine until dispensing staff scan the token to retrieve it and begin the dispensing process. Tokens do not need a signature because the prescription is signed electronically.

Why will GPs still need to issue paper prescription tokens for patients without a nomination?

The paper token will remain as a 'default' position, as there needs to be a solution that works for all patients. Access to prescriptions must be maintained for all patients and so a paper 'fallback' position is necessary for now. The option of 'digital token' will be revisited at a future point.

Will GPs have the option to not issue a paper token?

No, GPs will either need to issue a paper prescription token or ask patients to nominate a dispenser.

How do we issue delayed prescriptions, for example, antibiotics?

In the same way that GPs currently issue delayed prescriptions now. GPs can either post-date an EPS prescription (which will not become valid until the date on the prescription) or issue an FP10.

How are controlled drugs for drugs misuse being dealt with?

Instalment prescribing is not supported by EPS and the GP should continue to use the FP10 MDA form. Other Controlled Drug prescriptions would be managed as any other prescription.

Can a GP send a prescription to a patient's mobile?

Not yet, however this might be something that might be available in the future, for example, through the NHS App.

What happens at the pharmacy when they receive the prescription? Are scripts printed when they are dispensed?

As EPS Phase 4 is deployed using paper tokens, the dispenser does not need to do any additional printing to support the preparation of a prescription or to capture patient signatures. Work to support real time exemption checking will reduce the need for printing but changes to pharmacy systems and the business process in dispensaries will be required to achieve a paper-free dispensary to align with the work to introduce digital tokens.

Are there any scenarios where a prescription can't be sent electronically and a hand-signed prescription will need to be produced?

Yes, find out what the exceptions are [here](#).

When is EPS being rolled out?

Phase 4 is initially being rolled out on TPP SystemOne. You can find out more about the roll out schedule [here](#). Your CCG will contact you directly ahead of your Phase 4 switch on. Ahead of the switch on, you should complete the [Site Readiness Checklist](#).

How do I inform patients about EPS?

You can also find [information and resources](#) to promote the EPS to patients for example, information for your practice website, posters and TV displays.

[More information regarding EPS can be found here](#)