A discussion document on the benefits arising from Digitisation of the Prescription Prescribing and Dispensing Process

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DIGITISATION OF PRESCRIPTIONS
Briefing Sheet

What is our aim?

To make rapid progress with the digitisation of prescribing and dispensing, including enhanced delivery of serial prescriptions.

What would good look like?

- Patient brings a unique identifier (currently the paper prescription) into the pharmacy which allows the pharmacist to draw down the prescription information including those which take the form of a serial Rx
- A pharmacist performs a clinical check on the appropriateness of the medicine to be provided (at any point in the process)
- Labels for the product and bag are produced at the touch of a button
    - The bag label contains a barcode with patients details and product details
- The product is dispensed and labelled by pharmacy staff including product scanning to confirm its accuracy, batch number and expiry date using portable hardware
- The software checks the product is authentic by linking to EU FMD database
- The batch number and expiry date details of the product dispensed are added to the patient's record
- A handheld scanner is used to scan the bag label on collection to retrieve the product and patient details to allow appropriate counselling

How do we see digitisation working in practice?

Once the prescription information is retrieved in the pharmacy – either through scanning the barcode on the prescription or ultimately, when we move to a paperless system, through electronic means, the intention would be to produce labels for the dispensed product which carried a barcode.

The barcode on the product would be scanned, the barcode on the label would be scanned and the codes matched. If a match was not produced then an additional check would be carried out to establish the reasons behind the disparity.

The PMR software will store the expiry date and batch number for a product in a patient's PMR to provide a clear audit trail of which medications a patient is dispensed.

Information on the product dispensed would be sent to the EU central database to facilitate tracking of products released into the supply chain.

What other features are required:

- The ability to handle information when products are dispensed form split packs
- The provision of a suitable back up system
- Development of an appropriate token for the patient to replace a paper prescription and allow movement to a paperless system

What benefits will be delivered?

- Enhanced patient safety through supply of the right medicine at the right time
- Release of time for pharmacy team to spend more time with patients
- Optimisation of accuracy in the dispensing process through use of technology
- Optimisation of efficiency in the dispensing process through an increased uptake of the CMS serial prescription option
- Integration and availability of prescription information to support delivery of pharmaceutical care
- Facilitate communication with other healthcare professionals
- Compliance with the Falsified Medicines Directive and the increased regulatory burden it brings
- Verification of the authenticity of the product supplied to meet the EU objective of tackling counterfeit medicines

Which stakeholders would need to be involved to make this happen?

- Pharmacy owners who provide the service
- The providers of the PMR system
- The ePharmacy team and particularly those with the responsibility for PCR development
- The MHRA

What do we see as timescales for this process?

- Work should start now if the above benefits are to be realised.
- Development should be mindful of the intended publication of information from the MHRA on how the EU directive will be implemented – currently this is behind schedule
- PMR suppliers will need time to upgrade their systems to facilitate the production of barcoded labels

What is the Falsified Medicines Directive?

This is an EU Directive. It calls for medicines to have a unique serial number applied at the point of manufacture. It is anticipated this serial number will be displayed on the pack via a 2D barcode. Details of the barcode will be placed on to a database. At some point the before the supply to the patient the product will be scanned and the unique number will be checked against the database. This serial number will then be deleted from the database.

Which medicines will be covered by the Directive?

All POM medicines unless a risk assessment has excluded them (a white list is being created to include POMS that are exempt from the need for a unique serial number). All over the counter medicines will be excluded unless deemed particularly vulnerable (these products will appear on a black list). Details of products on these lists are currently being considered.

When will it be implemented? – (much of the information which follows is taken from an article by Gareth Jones of the NPA which appeared in the PJ of 18th October. It is also available to members at www.pjonline.com)

The EU is still considering a number of details. The EU will issue a further legal document, which it is expected will be published early in 2015, and once published this will start the countdown to implementation within three years by each of the member countries.

There is considerable debate at the moment on who should lead on the implementation process.

It is reported that the supply chain stakeholders (branded manufacturers, wholesalers, parallel traders and pharmacy owners) have started to consider how the legislation can be implemented. They would like to lead rather than have it controlled centrally by the EU. These stakeholders who include the Pharmaceutical group of the European Union are developing a stakeholder led model. Under this model it is proposed that manufacturers will feed unique serial numbers into an EU Hub database. This will then distribute the numbers to a stakeholder led database in the local market. This two-level system is required to accommodate parallel trade and multi-country packs.

The stakeholders agree that the commercial data on the database such as pharmacy dispensing data is owned by the organisation which put it there.

If you require further information on this initiative it is available by contacting the team at the Community Pharmacy Scotland office.

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