Department
of Health

Proposals to enable the electronic prescribing of Schedules 2 and 3 controlled drugs

Response to consultation

March 2015

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Proposals to enable the electronic prescribing of Schedules 2 and 3 controlled drugs

Response document

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Executive summary

- This paper reports the outcome of the public consultation on the options for enable the electronic prescribing of Schedules 2 and 3 controlled drugs (CDs). The paper includes the Government response and resulting actions taken to address the key points raised.

Background

- The public consultation document, published on 17th July 2014 to Gov.uk, describes the background to controlled drugs, the Electronic Prescription Service (EPS), the purpose of the consultation and the underpinning legislative framework.

- Electronic prescribing is a means by which prescribers can order medicines electronically. The Misuse of Drugs Regulations 2001 (MDR) and the Human Medicines Regulations 2012 (HMR) allow prescriptions for Schedules 4 and 5 CDs to be prescribed electronically, signed with an advanced electronic signature (AES)[1].

- Changes to the MDR and HMR require public consultation. Changes to the MDR also require advice from the Advisory Council on the Misuse of Drugs (ACMD).

- The EPS is the NHS system used in England as the means to generate, transmit and receive NHS electronic prescriptions, in the main in primary care. Electronic prescriptions are signed with an AES; the EPS contains additional multiple layers of security.

UK Implications

- The Human Medicines Regulations impact on the whole of the UK, whilst the Misuse of Drugs Regulations cover Wales and Scotland, as well as England. Northern Ireland has separate Misuse of Drugs Regulations, which mirror the 2001 Regulations. Each home country has its own NHS legislation and in the case of this consultation the proposed changes to NHS legislation apply to England only.

- Devolved Administration (DA) officials have been engaged in ensuring proposals are compatible with policy in each country.

- At present, the added security of EPS is used for electronically transmitting NHS prescriptions in England, including Schedules 4 and 5 CDs. Northern Ireland currently do not utilise the electronic transmission of prescription data in any way. In Wales and Scotland, whilst they have utilised 2D barcodes in various arrangements to make prescribing, dispensing and pricing processes safer and more efficient, there is still a

[1] An AES (advanced electronic signature) is an industry standard defined in the EU Directive Electronic Signature Regulations Article 2.2 as “an electronic signature that it uniquely linked to a signatory, and capable of identifying the signatory, and created by a means the signatory can maintain under his sole control, and linked to the data being signed such that any change of the data is detectable”. It is not a prescriber’s signature which is scanned and transmitted electronically. The signature was applied during the validity period for the received certificate.

reliance on a paper prescription. Thus, the provisions in the HMR of using an AES are not utilised.

- In light of this, the resulting actions from this consultation will apply to England only.

Consultation Overview

As the MDR and HMR cover both NHS and private prescriptions, the consultation comprised two parts:

1. Enabling NHS prescribed Schedules 2 and 3 CDs to be prescribed electronically (for England, this would be via EPS); and

2. Enabling privately prescribed Schedules 2 and 3 CDs to be prescribed electronically and if so whether this should be with a system which uses:

   - an AES alone; or
   - an AES, plus additional security features (in England this would be via EPS).

We also asked whether the requirement for the total quantity of Schedules 2 or 3 CDs to be recorded in words and figures was needed for electronic prescriptions.

- The consultation ran between 17th July 2014 and 9th October 2014.

- Respondents were asked to complete a questionnaire response form and return it either electronically or by post to the Department of Health.

- A total of 136 written responses to the consultation were received from a range of interests. Not all respondents replied to or commented on every question.

- Comments supporting responses were returned in a free text format. To support analysis, similar comments were merged.

- The full breakdown of respondents can be found at Annex A.

Consultation Outcome

- The outcome of the consultation was positive:

  1. 96.3% of respondents said that NHS prescriptions for Schedules 2 and 3 CDs should be enabled to be prescribed electronically. In England, this would be via the EPS;

  2. 74.2% of respondents said that privately prescribed Schedules 2 and 3 CDs should be enabled to be prescribed and transmitted electronically. Further, 67.6% felt this should be via the EPS (in England);

  3. 68.3% of respondents said that it should be a requirement to record the total quantity of Schedules 2 and 3 CDs in words and figures on electronic prescriptions, as is required for paper prescriptions;

4. No significant negative impacts or equality issues were put forward which may affect any group or sector.

A full breakdown of responses to each question is contained within the main body of the report.

Next Steps

- Further to the positive consultation response, advice was sought from the ACMD. In light of this advice and agreement from DH and HO Ministers, we are pleased that we are able to positively respond in line with the views of the majority of consultation respondents:

  - Legislative amendments will be made to enable the electronic prescribing of NHS and privately prescribed Schedules 2 and 3 CDs (including instalment prescriptions);
  - This will be limited to the EPS, which uses an AES and additional layers of security; and
  - It will be a requirement for the total quantity of Schedules 2 and 3 CDs to be dispensed, to be recorded in words and figures on electronic prescription forms, as is the case for paper prescription forms.

1. Introduction and background

1. CDs are a group of medicines which have the potential to be abused, but are essential to modern clinical care. The Misuse of Drugs Regulations 2001 (MDR) divides CDs into five "schedules", according to the level of regulation required. Schedule 1 drugs have no proven therapeutic value, have the potential for misuse and are therefore heavily regulated; whereas Schedule 5 CDs present little or no risk and are lightly regulated.

2. Since 2005, EPS has enabled prescribers such as general practitioners (GPs) and practice nurses in England to send NHS prescriptions (including Schedules 4 and 5 CDs) electronically to a dispenser (such as a pharmacy) of the patients' choice. The service is operated within the secure NHS N3 network. All transmissions are encrypted to the SHA-1 encryption standard[2]. In addition, all prescriptions are signed using an AES. This ensures that prescriptions cannot be amended once they have been signed by the prescriber. The EPS has proved to be a highly secure way of transmitting prescriptions.

3. Changes to the MDR require statutory consultation and advice from the Advisory Council on the Misuse of Drugs (ACMD). In 2009, the Council considered a proposal for the electronic prescribing of Schedules 2 and 3 CDs. At that time, in the context of the Shipman Inquiry, it was considered prudent to continue with hand written prescriptions for Schedules 2 and 3 CDs until there was greater confidence in the security of electronically transmitting prescriptions and more experience with the EPS.

4. Since that time, the EPS has proven itself as a secure system. In September 2013, DH provided an update to the Technical Committee of ACMD, who were supportive that the electronic prescribing of Schedules 2 and 3 CDs be revisited by way of a public consultation on this issue.

Impact Assessment

5. A Regulatory Impact Assessment was not considered to be a requirement for this proposal. This is a regulatory proposal which enables greater flexibility and improvements to patients and businesses. It does not create or impose direct costs on businesses aside from any associated costs of private prescribers obtaining access to the EPS, if they choose to do so. We anticipate these costs to be small.

6. Additionally, the NHS Regulations governing the provision of primary medical care and community pharmaceutical services and the MDR fall out of scope of the One in, Two out (OITO) (for every regulation introduced, two are removed requirement) arrangements.

[2] The SHA-1 standard is used for the signature hash, derived from the data items required for a legal prescription. If any of these data items are altered, the signature is deemed invalid when validated by EPS dispensing systems.

7. Whilst the Human Medicines Regulations 2012 (HMR) are considered in scope for OITO, the changes are minor and are simply aimed at extending the medicines which can be prescribed using an AES and transmitted by EPS. There is no impact on the main provisions of these regulations.

2 Consultation process

How we consulted

8. The consultation was conducted, as far as is practicable, in accordance with the Cabinet Office Code of Practice on Consultations. It was published on the Gov.uk website on behalf of DH and HO.

9. It took place between 17th July 2014 and 9th October 2014.

10. Respondents were invited to complete a questionnaire response form, answering yes or no to a series of questions. Free text comments to support any of their answers could be provided if desired.

11. Whilst analysing the consultation responses, we identified a degree of ambiguity in some responses, in relation to the question. We have considered the context of what was said in formulating our response.

12. The completed form could be:

- printed from the GOV.UK website and returned to DH by post or sent electronically by email; or
- completed on the online consultation response document at http://consultations.dh.gov.uk.

Breakdown of consultation respondents

13. The full breakdown of respondents can be found at Annex A.

Summary of responses

14. The Department of Health and Home Office wish to thank all those who responded to the consultation.

15. The outcome of the consultation was positive:

- 96.3% of respondents said that NHS prescriptions should be enabled to be prescribed electronically. In England, this would be via EPS;

- 74.2% said that privately prescribed Schedules 2 and 3 CDs should be enabled to be prescribed electronically;

- 67.6% of respondents said that privately prescribed Schedules 2 and 3 CDs should only be prescribed electronically if EPS is used (in England);

- 68.3% of respondents said that it should be a requirement for the total quantity of Schedules 2 and 3 CDs to be recorded in words and figures on an electronic prescription, as is the case with paper prescriptions; and

- no significant impacts were put forward which impacted any particular croup or community.

Main Themes

Consultation question 1:

"In the NHS, the EPS can already be used for the electronic transmission of Schedules 4 and 5 Controlled Drugs (CDs). Do we enable NHS prescriptions for Schedules 2 and 3 CDs to be prescribed electronically via the EPS in England?"

- 96.3% of respondents supported the enabling of electronic prescribing for NHS prescribed Schedules 2 and 3 CDs;
- 3.6% of respondents did not support the enabling of electronic prescribing for NHS prescribed Schedules 2 and 3 CDs.

The key themes emerging from the consultation responses and the Government response are described below.

Key themes received in support of allowing electronic prescribing of Schedules 2 and 3 CDs:

- ***Using the EPS would "eliminate the potential for prescriptions for Schedules 2 and 3 CDs to be diverted, intercepted or altered by patients" (75 respondents). It was also felt that this "would have the knock on impact of reducing the time and resource required in reissuing prescriptions".***

- ***Using the EPS would be "faster and more efficient than paper prescribing" (69 respondents).***

- ***EPS would "enable better audit and tracing facilities for these drugs" (20 respondents).***

- ***Using the EPS to electronically prescribe Schedules 2 and 3 CDs, rather than using paper, would "help improve patient safety by removing the need for "split prescriptions" where these drugs are prescribed" (20 respondents).***

Government Response:
We are pleased that the majority of respondents recognise the security and safety benefits of enabling the electronic prescribing of Schedules 2 and 3 CDs via the EPS, over using paper prescriptions.

Of the responses which did not support the electronic prescribing of these drugs, the key concern was that controls around the prescribing of these drugs may be relaxed, for example that regular repeat prescriptions of these drugs without GP intervention may occur. We do not propose to make changes to any of the practices surrounding the safe supply of controlled drugs and prescribers will still be bound by professional codes of conduct when prescribing these drugs.

The ACMD was satisfied that extending the EPS to Schedules 2 and 3 CDs would "improve patient care as well as reduce diversion and illicit supply" of these drugs. It did specify that the use of an AES be mandatory for prescribing these drugs.

An AES is one of the integral features of the EPS. Therefore by using the EPS, an AES, plus additional security features, would be used for all NHS electronically prescribed CDs in England.

Outcome of Question 1:
HO and DH Ministers support the view of the majority of respondents that enabling the electronic prescribing of NHS prescribed Schedules 2 and 3 CDs via the EPS should be progressed.

Quotes:
"*Ease of prescribing is paramount" -* North Staffordshire Combined Healthcare Trust

***"EPS is more secure than paper" -* Newton's Pharmacy**

***"Electronic prescriptions are far less likely to be intercepted for illegal purposes and will eliminate any potential forged prescriptions"-* NHS England Surrey and Sussex Area Team**

***"There is no good reason not to enable the electronic prescribing of Schedules 2 and 3 Controlled Drugs via EPS" -* Health and Social Care Information Centre**

***"CD fraud could be eliminated. Safe conduct of scripts could be assured. No lost scripts would occur"* – Lloyds Pharmacy**

Consultation questions 2 and 3.
These questions have been addressed together as they are interlinked.

Consultation question 2
"Do we allow privately prescribed Schedules 2 and 3 CDs to be prescribed electronically?"

- 75% of respondents supported the electronic prescribing of privately prescribed Schedules 2 and 3 CDs;
- 19.8% of respondents did not support the electronic prescribing of privately prescribed Schedules 2 and 3 CDs;
- 8 respondents did not answer this question.

Consultation question 3
"We outline two options for enabling the electronic transmission of privately prescribed Schedules 2 and 3 Controlled Drugs:

Option 1) Enable privately prescribed Schedules 2 and 3 CD prescriptions using any system providing it has an AES.
Option 2) Enable privately prescribed Schedules 2 and 3 CDs electronically. In England, this will be restricted to the EPS, with its added security".

- 6 respondents supported using option 1 - any AES system;
- 81 respondents supported using option 2 - The EPS;
- 13 respondents did not know or did not mind; and
- 19 respondents did not answer this question.

Of those who favoured the use of the EPS, the key benefits identified were:

- 55 respondents felt this option would offer greater/additional security /would be safer;
- 11 respondents felt it would be better to offer a single, consistent process;
- 11 respondents felt that it would provide a more efficient audit and governance capability.

Government Response:

We welcome that the majority of respondents favoured enabling the electronic prescribing of Schedules 2 and 3 CDs for private prescribers, and that the preferred method of doing this is via the EPS, with its added security.

The ACMD were supportive of private electronic prescribing of Schedules 2 and 3 CDs, provided private prescribers comply with the use of an AES and the other security standards used by NHS prescribers.

The security standards used by NHS prescribers are those which are built into the EPS. Therefore, by restricting private electronic prescribing to the EPS, we can guarantee that the same standards are used by all prescribers.

Of the respondents who did not support the electronic prescribing for Schedules 2 and 3 CDs for private prescribers:

- 7 Respondents felt that it would provide minimal benefit as the prescribing volume of these drugs is low; and

- 5 Respondents felt that there may be a risk of the NHS reimbursing private prescriptions and that there would need to be a visual difference to differentiate between the two.

These points are addressed below:

Prescribing Volumes/Private prescribers
Whilst the volumes of privately prescribed Schedules 2 and 3 CDs only represent a small percentage of overall prescribing (37,276 private prescriptions out of 21,717,930 overall prescriptions of Schedules 2 and 3 CDs for the period October 2013-September 2014[3]), as highlighted in the consultation document, the HMR cover both NHS and private prescribers. Our intention is not to make legislation unnecessarily restrictive by restricting electronic prescribing of these drugs to NHS prescribers. Whilst the proposed amendments would be enabling, meaning that private prescribers would be given the legal mechanism to make use of electronic prescribing should they wish to do so, we do, however, need to work through the operational implications for access to the EPS in non NHS settings, for example, cost (for private prescribers and the NHS), governance and access to the system. It may not prove feasible or practical to enable access for private prescribers once these considerations have been fully considered.

Differentiating between NHS and private electronic prescriptions
As explained in the consultation document, all NHS and private Schedules 2 and 3 CD prescriptions must be submitted to the NHS Business Services Authority (NHS BSA) for monitoring purposes under the Misuse of Drugs (Amendment No.2) Regulations 2006.

The NHS BSA has mechanisms in place to differentiate between paper NHS and private prescriptions, to support the reimbursement and monitoring processes. Again, part of the development work to include Schedule 2 and 3 CDs within EPS will need to work through the operational considerations as to how electronic NHS and private prescriptions will be differentiated for both reimbursement process and for the monitoring purposes described above.

Whilst the vast majority of respondents supported the use of the EPS, the following comments were received which supported using any system using an AES:

- More freedom of choice for patients/fairer market place;
- The EPS option is potentially restrictive to NHS users;
- Another system is fine, provided it contains the same safeguards as the EPS;
- Is any alternative software available; and
- Only if cost neutral or profitable for the NHS.

In addition to considering the use of the EPS for NHS prescribers, we have already discussed that we are considering the options to enable access by private prescribers. Therefore, we do not feel that the use of the EPS will necessarily restrict electronic prescribing to NHS prescribers.

Other available systems and** c**ost neutral/ profitable for the NHS
Whilst we recognise that there will be costs to non NHS prescribers and dispensers of using the EPS, costs would also be incurred if they were to use an AES only system.

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[3] Data Source- ePACT.net and Hospital ePACT.net

As highlighted in the consultation document, we are not aware of any systems using an AES alone and no reference was made to such a system during this consultation. Should any such systems for private prescribers exist, the NHS has no governance over them or experience with them.

Should any system using an AES be enabled for the electronic prescribing of Schedules 2 and 3 CDs, the consultation document also described the potential significant costs and impracticalities for the NHS BSA in becoming compatible with their systems, or alternatively establishing a separate monitoring agency to manage private CD prescriptions from alternative AES only systems.

Using the EPS would, however, provide the additional security above that of AES alone systems and would aid submission of prescriptions to the NHS BSA and associated CD monitoring requirements. We would also have governance around the security of, and access to, the EPS system for private prescribers.

On balance, we consider the most pragmatic approach to be to restrict the costs for private prescribers to using the EPS rather than potentially creating further costs in designing a mechanism by which to assure the security features of an unknown system, in addition to any unknown costs to private prescribers accessing that system.

Freedom of choice for patients

Enabling private Schedules 2 and 3 prescriptions to be electronically transmitted via EPS could also mean more freedom of choice for patients (for example, someone prescribed a Schedules 2 or 3 CD in a private clinic in London being able to pick up their prescription at home in the West Midlands if they wish, rather than only being able to pick it up at a pharmacy with a system compatible with the clinic's system). We consider that the freedom of choice element for patients is more the facility to choose to electronically transmit their prescription, rather than to select the system by which it is transmitted.

Additionally, further comments, not already covered, which caveated respondents' support for enabling the electronic prescribing of privately prescribed Schedules 2 and 3 CDs, are as follows:

- enable ALL private prescriptions, not just Schedules 2 and 3 CDs;
- enable Schedule 3 first and then extend to Schedule 2 later.

Phased rollout

We consider that electronic prescribing of Schedules 2 and 3 CDs should be enabled simultaneously.

We have no concerns over the security of the EPS for transmitting both Schedules 2 and 3 CD prescriptions. It has been used for electronically prescribing Schedules 4 and 5 CDs and other prescription items with no known security issues since 2005.

It would be impractical to implement a phased rollout for Schedules 3 then 2 CDs as it would still not resolve the issue of split prescriptions, which is the main driver for this change.
If we were to phase rollout, whilst the number of split prescriptions may be reduced, this may further compound the existing risk that dispensers may not realise there may be a further part to a patients' prescription, posing a potential risk to patient safety.

In addition, a phased rollout for Schedules 3 and then 2 would require two full legislative change cycles. Given there is no justifiable benefit for doing so, this would not be a cost effective or timely option.

Enable all privately prescribed drugs
Whilst outside of the consultation, we are considering the options for enabling the electronic prescribing of other privately prescribed drugs, should Schedules 2 and 3 CDs be enabled, and whether these should also be restricted to the EPS.

Outcome of Question 2-
DH and HO Ministers agree that we should progress legislative changes which enable the electronic prescribing of privately prescribed Schedules 2 and 3 CDs.
Outcome of Question 3- In considering the views of consultation respondents and the subsequent advice received from the ACMD, DH and HO Ministers agree that we should progress legislative changes which enable the electronic prescribing of privately prescribed Schedules 2 and 3 CDs via the EPS only.

Q2 Quotes:" ***The arguments for allowing this all stand - it is safer, more efficient and facilitates closer monitoring of the prescriber, pharmacist and patient with a clearer audit trail*"- Bedfordshire Clinical Commissioning Group**

"*Controlled Drugs should stay just that. A GP should always be directly involved and have to justify the need for CDs before they are issued*" – Putneymead Group Medical Practice

Q3 Quotes: "*A high level of security is essential to give the public and healthcare professionals confidence in the system*" - Pharmacy Voice

"*One system for all - life is complicated enough without adding more layers*"- Ward Green Pharmacy

Consultation question 4
"If prescriptions for Schedules 2 and 3 CDs are enabled to be transmitted electronically, do you think that the total quantity should be written in words and figures, or can this be removed?
If yes do you think the prescribing system should apply any safeguards to validate the quantity? Please give reasons for your view"

- 79 respondents felt that the requirement to record the total quantity in words and figures should be kept for electronic prescriptions;
- 36 respondents felt that the requirement for words and figures could be removed.

The key themes which emerged from the consultation responses are addressed below.

Key themes - Retain the total quantity in words and figures for electronic prescriptions

- 18 respondents felt that it would maintain consistency with paper prescriptions;
- 14 respondents felt that it would avoid confusion in pharmacies;
- 13 respondents felt that it would maintain clarity/reduce ambiguity;
- 10 respondents felt that it would distinguish/reinforce the importance of CDs.

Key themes - Remove the total quantity in words and figures for electronic prescriptions.

- 12 respondents said that with EPS fraud by way of altering amounts is no longer possible, so words and figures were unnecessary;
- 6 respondents said intentions of the prescriber should be clear enough if printed;
- 4 respondents said that EPS already displays the quantity and that adding words provides no additional benefit.

Government Response

Whilst the security measures within the EPS and the electronic prescribing process somewhat negate the perceived need for the recording of words and figures, we recognise that the appearance of both words and figures on Schedules 2 and 3 CD prescriptions has formed part of the culture whereby CD prescriptions are recognised by prescribers and dispensers.

As recording this creates no additional burden due to the words being automatically populated from the figures input by the prescriber, and given that respondents felt that it would create more consistency and less confusion if electronic prescriptions held the same detail as paper prescriptions for these drugs, we agree that the total quantity of Schedules 2 and 3 CDs to be dispensed should be recorded in words and figures on electronic prescription forms.
As we consider this to be a suitable legal requirement for electronic prescription forms, whilst this does not prevent systems suppliers from implementing additional safeguards, we do not consider that additional safeguards are necessary. Therefore we have not detailed some of the alternative safeguards which were suggested in response to consultation question 4, which were intended to be considered if words and figures had not been made a requirement for electronic prescription forms.

Advice from ACMD strongly recommended that the total quantity of Schedules 2 and 3 CDs to be dispensed is recorded in words and figures on electronic prescription forms as well as paper prescription forms.

Outcome of Question 4 - DH and HO Ministers agree that it will be a requirement for the total quantity of Schedules 2 and 3 CDs to be dispensed to be recorded in words and figures on electronic prescription forms.

Quotes:
"*Words and figures should be retained to ensure clarity, reduce confusion and provide consistency in the event that paper prescriptions need to be issued*"- Manor Pharmacy

"*No need for words and figures – can have a validating system to validate the quantity*" – Nechells Pharmacy

Consultation question 5
"We do not consider a business impact assessment is needed. Do you consider there to be any significant impacts on any sector involved in this policy?"

- 94 respondents said that they felt there were not any significant impacts on any sector
- 33 respondents answered "yes", they felt there was a significant impact on any sector; of these comments, only 19 were in relation to impacts on sectors:
- 11 respondents did not answer this question.

No key themes emerged by which respondents felt there would a significant impact on any sector, however we did receive:

- 5 comments that private providers and hospices should also be able to use electronic prescribing
- 4 comments that Pharmacy and prescriber workloads will be reduced if receiving electronic prescriptions; double running of paper/electronic systems and related operating processes will be reduced.

Government response

We welcome the comments received for this question, particularly how extending the use of the EPS was perceived to positively impact workflows for prescribers and dispensers.

As highlighted in response to the earlier questions, we propose to enable electronic prescribing of Schedules 2 and 3 CDs via the EPS for private prescribers, albeit we will need to work through the operational, security and governance arrangements for prescribers in non NHS settings.

Outcome to question 5- We do not consider there to be any significant impacts on any sector involved in this policy raised in response to this consultation

Quotes:
"*The impact of these changes on working practices within a pharmacy must be considered . . .*" – Pharmaceutical Services Negotiating Committee

Consultation question 6
Are you aware of any equality issues or of any particular group for whom the proposed policy could have a detrimental effect?"

- 119 respondents said no
- 9 respondents said yes
- 9 respondents did not answer this question.

Key themes:

- ***3 respondents felt that if instalment prescribing was not included within electronic prescribing, patients who make use of these drugs would be at a disadvantage.***
- ***2 respondents shared the view that people wishing to act fraudulently would not like it.***

Government Response:

We welcome the majority view that the electronic prescribing of Schedules 2 and 3 CDs will be beneficial, particularly noting the comments around the benefits to some of those groups who may otherwise be at a disadvantage in society, for example those with limited mobility.

We intend that instalment prescriptions for Schedules 2 and 3 CDs will be included in changes which allow these drugs to be signed using an AES, and sent via the EPS in England. We have provided the requested confirmation to the ACMD that the EPS can be configured to accommodate the handling of instalment prescribing/dispensing.

We also noted a concern raised around the possible costs to pharmacies in using EPS. 97% of pharmacies in England already have the infrastructure in place and are using EPS. The electronic prescribing of Schedules 2 and 3 CDs will extend the range of drugs which have the ability to be prescribed electronically via this system.

We recognise that there may be workload implications on pharmacies whilst internal processes are redesigned to accommodate the potential for the increased EPS usage; however enabling electronic prescribing for all prescriptions is designed to generate overall efficiencies in working practices rather than adding to workloads.

The dispensing of NHS prescriptions is classed as an NHS service and the commissioning of that service falls outside of the scope of this consultation. Therefore if any continued workload implications are identified as a result of this policy, they would need to be escalated via the existing contractual mechanism.

Should pharmacies not have the systems in place to support electronic dispensing and wish to do so, further information on the benefits and support available can be found on the HSCIC website and part VIA of the Drug Tariff[4]respectively.

We do not consider that any equality issues or of any particular group for whom the proposed policy could have a detrimental effect, were raised in response to this consultation.

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[4] The Drug Tariff is a monthly publication aimed at General Medical Practitioners, Pharmacy Contractors and Appliance Contractors. It includes, amongst other things, details of fees, payments and reimbursement arrangements for services delivered in England and Wales. It is available online at www.nhsbsa.nhs.uk/prescriptions

Quotes:
"*The only detrimental effect will be on those endeavouring to act fraudulently*" - **NHS Central Southern Commissioning Support Unit**

"*It may even make life easier for disabled people. A positive point under the Equality Act 2010*" - **Gerard Bradley**

"*Patients, young and old with disabilities will enjoy electronic prescribing. It allows housebound patients to speak to a prescriber and have items delivered to their house in a matter of hours, not days!*" – **Newdays Pharmacy**

"*Drug addicts won't like it, as opportunities for theft and fraud will reduce*" - **Oliver Street Surgery**

Conclusion

Further to the positive response, in order to be able to provide a complete conclusion to the consultation, advice was sought from the advisory council on the misuse of drugs (ACMD).

In addition to the points already mentioned in the body of the response, ACMD asked for assurance on the following points:

- Patients should be afforded the option of requesting a written copy of their electronic prescription to act as an aide-memoire for vulnerable patients.

  NHS GMS Regulations already provide that an NHS prescriber should give patients a written record of their electronic prescription form, if they request it. 99.83% prescriptions for Schedules 2 and 3 CDs dispensed in the period October 2013-September 2014 were issued by NHS prescribers and so were bound by this provision.

  If, at such a time as private prescribers are able to access the EPS, we will consider developing best practice guidance which recommends that private prescribers issue a written record of an electronic prescription at a patient's request.

- Contingency measures are in place in the event of computer/network outages.

  Systems providers ensure continuity of service via proactive monitoring activity and failover processes.

  Additional contingency measures are that:

  - local business continuity and guidelines for best practice are in place
  - paper based prescriptions will continue to be available in the very unlikely event that all other contingency measures fail.

  We also highlighted the ongoing work being undertaken to enhance the information available to GPs and Dispensers in the event of a business continuity scenario.

In light of the positive response to our consultation, advice received from the ACMD and agreement from DH and HO Ministers, we are pleased that we are able to positively respond to the views of the majority of consultation respondents and will be making changes to the MDR and HMR to allow NHS and private prescriptions, including instalment prescriptions for Schedules 2 and 3 CDs, to be signed with an AES and sent electronically via the EPS, with its extra security.

Further, it will be a requirement for the total quantity of Schedules 2 and 3 CDs to be dispensed to be recorded in words and figures on electronic prescription forms, including instalment prescriptions.

Annex A – List of respondents

2 Goldington Road Surgery
Adrian Tabby
Alex
Alliance Boots plc
Andrew Paxton
ASDA
Ashgrove Pharmacy
Associated Chemists (Wicker) Ltd
Barnsley Clinical Commissioning Group
Bath, Gloucestershire, Swindon and Wiltshire NHS England Area Team/Controlled Drugs Local Intelligence Network
Beccles HCC Ltd
Bedfordshire Clinical Commissioning Group
Bexley Clinical Commissioning Group
British Medical Association's GPs Committee
Bury Clinical Commissioning Group
Cambridgeshire and Peterborough Clinical Commissioning Group
Care Quality Commission
Cheshire, Warrington and Wirral Local Pharmaceutical Committee
Clapham Park Group Practice
Community Pharmacy Cheshire and Wirral
Controlled Drugs Accountable Officers' Network, Scotland
Dispensing Doctors Association
Dudley Taylor Pharmacies Ltd
Ealing Clinical Commissioning Group
Easons Pharmacy
East Coast Audit Consortium
East Parade Surgery
Eldene Pharmacy
Failsworth Group Practice
Florida Pharmacy Ltd
Gerard Bradley
Goldington Avenue Surgery
Greater Manchester NHS England Area Team
Hampshire and Isle of Wight Local Pharmaceutical Committee
Hastings and Rother Clinical Commissioning Group
Health and Social Care Information Centre
Hertfordshire and the South Midlands NHS England Area Team
Houghton Pharmacy

Howard House Surgery
Humber Local Pharmaceutical Committee
INPS
JN Murray
John Ashworth
John Taylor Hospice
Jonathan Flitcroft
Jonathan Lee
Jono Dewhurst
Laser Pharmacy Ltd
Lifeline Project
Limetree and Sinnott Healthcare Ltd
Liverpool Local Medical Committee
Lloydspharmacy
Mahmood Chemist
Maiwand Nazari
Manor Pharmacy
Marie Curie Cancer Care
Masters Pharmacy
Medicare Pharmacy
Merseyside Controlled Drugs Local Intelligence Network
Michelle Dennis
Moseley Care Ltd
Nechells Pharmacy
Newdays Pharmacy Ltd
Newtons Pharmacy
NHS Arden Commissioning Support
NHS Brighton and Hove Clinical Commissioning Group
NHS Bristol Clinical Commissioning Group
NHS Business Services Authority
NHS England – Essex Area Team
NHS England - Surrey and Sussex Area Team
NHS Great Yarmouth and Waveney Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Protect
NHS Sheffield Clinical Commissioning Group
NHS Tayside
Nicholas Baldwin
North Derbyshire Clinical Commissioning Group
North of England Commissioning Group
North Staffordshire Combined Healthcare NHS Trust
North Yorkshire and Humber Commissioning Support Unit
Northern, Eastern and Western Clinical Commissioning Group
Northumberland Clinical Commissioning Group

Oldham Clinical Commissioning Group
Oliver Street Surgery
Patricia Smith
Paula Beatty
PCT Healthcare
Pennine Acute Trust
Pharmaceutical Services Negotiating Committee
Pharmacy Voice
Pharmacy2U
Putneymead Group Medical Practice
Ralph Higson
Rohpharm pharmacy
Rosebank Pharmacy
Rowlands Pharmacy
Royal College of Physicians
Royal College of Physicians, Edinburgh
Royal College of Psychiatrists
Royal Pharmaceutical Society IM&T Strategy Group
Rusholme Pharmacy
Rx systems
Sainsburys
Seaford Medical Practice
South Staffordshire Local Pharmaceutical Committee
South West London and St Georges NHS Trust
Spectrum Community Health
St Helen's Clinical Commissioning Group
Stanley Medical Group
Steve Mosley
Stockport Local Pharmaceutical Committee and Community Pharmacy Greater Manchester
Suffolk Local Pharmaceutical Committee
Sussex Partnership NHS Foundation Trust
Tariq Atchia
Teesside Hospital Care Foundation
Thurrock Clinical Commissioning Group
Turning Point
Ursula Ganz
Village Rise Pharmacy
Virgin Care
Walsall Clinical Commissioning Group
Ward Green Pharmacy
Weldricks Pharmacy