The Pharmacist and the EPS (Electronic Prescription Service)

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Introduction to EPS

• Electronic prescriptions are out all over Europe and North America
• In use in hospitals for many years
• Complicated by the NHS in the UK
• Part of the NPfIT in the UK
• Lesser known than the electronic records
Benefits of EPS

- Convenience for patients
- Improved accuracy
- Increased speed and reduced waiting times
- Reduce workload
- Improved reimbursement process

The role of pharmacies in the NHS

- Pharmacies are independent businesses
- Linked to PCT’s by contracts to dispense NHS prescriptions.
- A new contract was signed in 2005 including EPS
- PCTs also offer other incentives to pharmacies to provide extra services
Pharmacies and EPS

- Computer systems used in pharmacies are independently chosen
- PCTs are responsible for the implementation of EPS
- Vendors are responsible for integrating EPS
- Pharmacies get a monthly incentive for being EPS 'ready'

Qualitative Methods

- Questionnaires
- Interviews
- Micro Ethnography
- Heuristic Evaluations
Grounded Theory

- Method of analysing qualitative results

Three stages
- Open coding
- Axial coding
- Selective coding

Open Coding

- First step
- Identify concepts in all the data
- Create a table of comments that identify concepts
- Create a diagram of concepts

<table>
<thead>
<tr>
<th>Interviewee Name</th>
<th>Comment</th>
<th>Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian</td>
<td>&quot;...it’s another step another change for the doctors...&quot;</td>
<td>Lots of changes recently for GPs</td>
</tr>
<tr>
<td>Ian</td>
<td>&quot;I think its something that is going to come...&quot;</td>
<td>EPS is the future of prescriptions</td>
</tr>
<tr>
<td>Ian</td>
<td>&quot;...more and more I think it’s necessary, due to patient’s demands on the service.&quot;</td>
<td>Higher patient demands</td>
</tr>
<tr>
<td>Ian</td>
<td>&quot;I think it’s probably is necessary...&quot;</td>
<td>EPS is necessary for current prescription services</td>
</tr>
<tr>
<td>Ian</td>
<td>&quot;...if the system is set up correctly from the start, that’s a big issue...&quot;</td>
<td>Initial set up time not done correctly</td>
</tr>
</tbody>
</table>
Axial Coding

- Identify relationships between concepts
- Find comments that show relationships between two concepts
- Create a table of relationships and use these to create a diagram

<table>
<thead>
<tr>
<th>Data ID</th>
<th>Comment</th>
<th>Category/ Subcategory</th>
<th>Relationship</th>
<th>Category/ Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazel</td>
<td>If the trials are done right it should be more accurate</td>
<td>System trials</td>
<td>Increases</td>
<td>Accuracy</td>
</tr>
<tr>
<td>Sarah</td>
<td>No I don't think it'll be more efficient things go wrong</td>
<td>Lack of trust in IT systems</td>
<td>Decreases</td>
<td>Efficiency</td>
</tr>
<tr>
<td>Sally</td>
<td>I think it'll be more efficient until the computer goes wrong</td>
<td>Lack of trust in IT systems</td>
<td>Decreases</td>
<td>Efficiency</td>
</tr>
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<td>Debi</td>
<td>Problems from the community pharmacy side is the time it takes to actually download scripts</td>
<td>Speed of the downloading prescriptions</td>
<td>Decreases</td>
<td>Speed of service</td>
</tr>
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Selective Coding

- Clean up the diagram
- Remove categories without relationships
- Make the diagram clearer and easier to understand
Results - Training

- Lack of training
- No training provided by PCT’s
- Patchy training provided by vendors
- Causing:
  - Lack of use
  - Fears of security
  - Fears of implementation

Accuracy

- Reduces checking stages
- Removes stages where errors can occur
- Only time will tell
Speed

• Slow download speeds

• N3 network

• Speed of system interfaces

Authentication

• Smart cards given only to pharmacists

• Logs required to record who uses

• Extra paperwork
### Independent vs Large Chains Pharmacies

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<td>Told which computer system to use</td>
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<td>Where EPS is installed it is more likely to be used</td>
<td>EPS is often installed but not used</td>
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<td>Training is fought for</td>
<td>‘Just in time’ training provided for PCT visits</td>
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<td>PCT incentives are a minimal compared to the cost of the system and the time spent implementing it</td>
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## Summary

- Necessary for the future of the prescription services
- Increased worries due to lack of knowledge and training
- Lack of usability in large chain systems
- EPS installed for the money and not actually used