

Green light for e-prescribing

Electronic Transmission of Prescriptions (ETP) Update

DH PILOT ANNOUNCEMENT

The following Press Release was issued by the Department of Health on Thursday 29 March 2001.

Another step has been taken towards the goal of transmitting prescriptions electronically, as Health Minister Lord Philip Hunt today approved three pilots to test benefits, costs and risks.

The electronic transfer of prescriptions (ETP) between GPs, community pharmacies and the Prescription Pricing Authority is one of the key elements of 'Pharmacy in the Future', the programme for pharmacy announced by Lord Hunt earlier this year.

The programme pledged that by 2004 electronic prescriptions will be introduced in the community. Significant benefits for patients are expected, including a safer, more convenient and secure supply of medicine.

Lord Hunt said: "In December we announced a short list of seven pilot proposals. I am pleased to announce today that three of these have now been approved".

ETP has huge potential to bring real benefits to patients, and will make a real contribution to the modernisation of primary care in the NHS."

The approved proposals are from the TransScript consortium, a consortium led by Pharmacy2U, and a consortium led by Sema.

Lord Hunt added: "Pilot approval has been an open and fair process which has been supported by the GP and pharmacy professions."

Pilots will start later this year and run for at least six months. An independent evaluation of the pilots will test benefits, risks and costs of ETP, and will inform the business case on how best to roll out ETP across the NHS."

The ETP Pilots

The PPA has been actively involved in the selection of the pilot consortia and approval of their proposals. The proposals were judged against a set of published criteria (These can be found at www.doh.gov.uk/pharmacy/etp.htm).

The initial aim of the pilots is to replicate the existing prescription system in an electronic form. Each consortium will be implementing a different model for ETP. In all models, the PPA will receive the prescribed message from the GP and the dispensed message from the Pharmacy.

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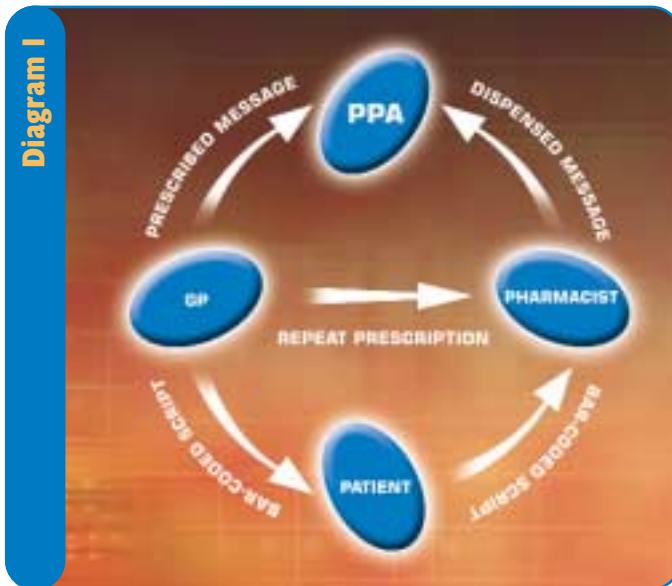


Diagram 2



Diagram 3



GREEN LIGHT FOR E-PRESCRIBING cont...

The consortia

- 1 The 'TransScript' consortium comprises:**
- British Telecommunications plc
 - Gehe UK plc (AAH/LloydsPharmacy/PharMed)
 - Phoenix Medical Supplies Ltd
 - UniChem Ltd

This model uses direct messaging from the GP to the nominated Pharmacy for repeat prescriptions. Bar-coded prescriptions containing the prescription data and digital signature will be utilised for acute prescribing.

- 2 The Pharmacy2U consortium comprises:**
- Pharmacy2U
 - North West Co-operative
 - Health Global Worldwide
 - RSA Security
 - Hadley Healthcare

This model uses direct messaging from the GP to the nominated pharmacy for repeat and acute prescribing.

- 3 The Sema consortium comprises:**
- Sema
 - Boots the Chemist
 - National Cooperative Chemists
 - Cable & Wireless
 - Microsoft

This model uses a relay approach. The prescription messages, both acute and repeat, will be sent from the GP to a central holding area. The pharmacist will retrieve these records when the patients request that their items are dispensed.

Legislation Amendments to the POM Order and NHS Regulations have been drafted to allow:

- NHS prescribers to transmit and sign prescription messages using approved cryptology software
 - Prescription "forms" to be redefined
 - Patient declarations to be made not on the prescription form but on a separate piece of paper linked in some way to the electronic prescription
 - New provisions to apply to pilot sites approved by the DH
- XML Standard Messages Specifications for messages used in electronic transmissions have been issued to the consortia and have been published on the DH website (www.doh.uk/pharmacy/etp.htm) as "open standards".

ETP Pilots - next steps

A framework agreement is being developed between DH and each consortium covering respective roles, responsibilities and liabilities.

A set of requirements is being developed in agreement with the consortia mirroring the 29 published pilot criteria including precise scope of pilot. To enable this, an Issues Resolution Group will be established including representatives from DH project manager and policy leads, PPA, evaluation team and pilot consortia.

Detailed discussions are taking place between the PPA and pilot consortia to agree business and technical interfaces and testing processes to ensure accurate prescription processing and dispensing contractor payments.

Further information will be made available on the PPA websites (www.ppa.nhs.uk and www.ppa.org.uk) as the project progresses.

THE PENALTY CHARGE

Evasion of prescription charges has for long been recognised as a serious problem by Government. In April 1996, the PPA was given national responsibility for carrying out checks on prescriptions dispensed in England and recovering unpaid charges. Additional measures to combat the problem have also been developed by the Department of Health. These include point of dispensing checks by pharmaceutical contractors and most recently, Regulations to provide for financial penalties for those who wrongly claim exemption, either on their own behalf or as a representative.

The NHS (Penalty Charge) Regulations 1999 took effect on 1 November 1999 and provide for a civil penalty to be levied on any person who fails to pay an amount that is properly due in respect of NHS charges for prescriptions, dental costs, optical charges and items such as wigs or fabric supports. These Regulations are intended to reinforce the fact that evasion of NHS charges is regarded as a serious matter. Repeated offenders may be liable for criminal prosecution.

The Prescription Pricing Authority will be the "Responsible Authority" for administering the Penalty Charge Scheme in respect of the evasion of prescription charges payable for drugs and appliances dispensed by community pharmacists, dispensing doctors or appliance contractors. Most patients claim exemption on a personal basis or on an income-related basis. Patients claim

exemption for themselves or on behalf of another person.

The Prescription Pricing Authority's Compliance Unit has a comprehensive verification process in place to check exemption entitlement. The checking process was outlined in Issue number one of "imPACT". If, once checks are completed and it is established that a charge due on a prescription has not been paid, the case is passed to the Compliance Unit's Debt Recovery Section. In the past, this has been a prelude to correspondence with the patient regarding the recovery of outstanding monies but in future, the first action at this point will be the issue of a Penalty Notice to the person (usually the patient) who signed the prescription form. If the signatory is a representative and denies responsibility, a further Notice would be issued to the patient.

At present, the Penalty Charge has been set by the Government at five times the prescription charge unpaid, *in addition to the prescription charge itself*. The penalty element is subject to a maximum of £100. The charge applies to each "dispensing occasion". This means that all items on one form are taken as one occasion, or all items on a series of forms dispensed to that patient on the same day, are taken together for the purposes of calculating the maximum penalty.

Where a penalty charge together with the unpaid NHS charges have not been paid in full within 28 days of the date of posting the Penalty

Notice or, a firm agreement to pay by instalments has not been concluded, a penalty surcharge will be levied. This additional charge is 50% of the original penalty - thus in a case where the penalty charge is £30.50, the surcharge would be £15.25 and in the case where the penalty was restricted to £100.00, the surcharge would be similarly restricted to £50.00.

Recovery of unpaid charges, including penalties, will be pursued vigorously by the PPA Compliance Unit. This will include civil process or where the failure to pay is repetitive, a reference for criminal proceedings in the Magistrates Courts. Clearly, consideration will be given to varying the arrangements

in cases where there are substantial health, welfare or public interest grounds for not pursuing recovery immediately or at all, but the extent of these easements will be limited.

Penalty charges are expected to be a considerable deterrent and should reduce considerably the sums of money being lost to the NHS through charge evasion. Patients and those who represent them will need to exercise a greater "duty of care" to ensure that the information they give and the declarations they make are true and complete. Lack of knowledge of these rules or a "mistake" are unlikely to be accepted as grounds for waiving either penalties or repayment.

NURSE PRESCRIBING

On 4 May 2001 Health Minister Lord Philip Hunt gave the green light for more nurses to prescribe a wider range of medicines.

The first nurses are likely to complete training in Spring 2002, and a total of around 10,000 nurses are expected to have undergone training by 2004. They will be able to prescribe treatments for a broader range of medical conditions, including:

- Minor injuries such as burns, cuts or sprains;
- Minor ailments such as hayfever or ear infections;
- Promoting healthier lifestyles, such as providing vitamins for women planning pregnancy;
- Palliative care.

Lord Hunt also announced that the Government intends to take steps to allow "supplementary" prescribing by nurses, allowing them, after initial assessment by a doctor, to treat more complex medical conditions and chronic disease, including asthma, diabetes, hypertension and coronary heart disease, as well as mental health.

The consultation on extending independent nurse prescribing began on 25 October 2000 and ended on 10 January 2001. Over 900 responses were received to the consultation - the majority expressed strong support for change.

Presently over 20,000 district nurses, health visitors and some practice nurses holding these qualifications have trained to prescribe from the current Nurse Prescribers' Formulary.

This decision will allow other types of nurses to train as prescribers and widen the range of medicines they prescribe. Current nurse prescribers will continue to be able to prescribe from the existing formulary and many will be eligible for further training.

From 1 May, the list of medicines current nurse prescribers are able to prescribe was extended to include Nicotine Replacement Therapy (NRT). They will not be required to undergo additional training to prescribe.

The Government also intends that by later this summer, nurse prescribers working in the community will be able to prescribe the same range of appliances and dressings as GPs.

Thus, a person who wrongly claims a free prescription item for which the charge is £6.10, would be required to repay the following:

One prescription item	original charge	£ 6.10
	5 x charge	£30.50
Total		£36.60

This will apply until the maximum amount applies as follows:

Four prescription items	original charge	£24.40
	5 x charge	£122.00
	penalty abatement	(£22.00)
Total		£124.40

PACT CENTRE PAGES – ANTIBACTERIAL

The PACT Centre Pages report on Antibacterial Drugs, issued to General Practitioners in February 2001, is reproduced here for readers with an interest in patterns and trends of prescribing.

The widespread use of antibiotics and the increasing prevalence of antimicrobial resistant micro-organisms have given rise to considerable international concern. In June 2000 the Government published the 'UK Antimicrobial Resistance Strategy and Action Plan'¹ in response to the House of Lords Select Committee on Science and Technology's report 'Resistance to antibiotics and other antimicrobial agents'². The UK Action Plan expands the action set out for the NHS in HSC 1999/049. This strategy includes measures ranging from developing, implementing and reviewing policies and guidelines on the management of infections and the appropriate use of antimicrobial drugs, through supporting continued professional development, to monitoring antimicrobial prescribing at health authority level and taking appropriate action to reduce inappropriate prescribing and variation.

The aims of the Government's strategy are: in the face of the ability of micro-organisms resistant to antimicrobial agents to emerge and spread, the increasing prevalence of resistant strains and the dearth of new agents likely to be available for therapeutic use in the near future,

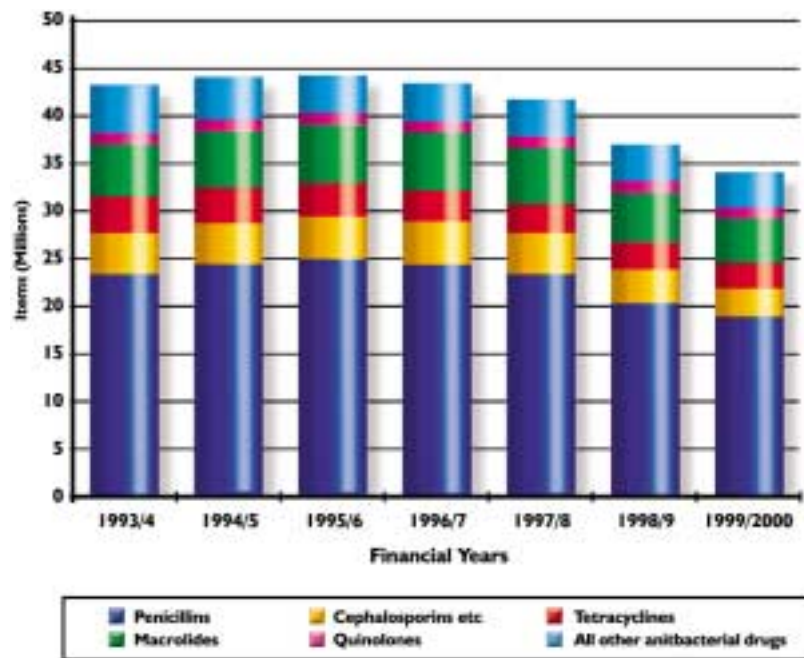
- i. to minimise the morbidity and mortality due to antimicrobial resistant infection;
- ii. to maintain the effectiveness of antimicrobial agents in the treatment and prevention of microbial infections in man and animals.

The strategy has 3 key elements to control antimicrobial resistance:

- Surveillance – monitoring and providing data
- Prudent antimicrobial use – reducing unnecessary and inappropriate exposure of micro-organisms to antimicrobial agents
- Infection control – reducing the spread of infection in general and antimicrobial resistant micro-organisms in particular.

The extent of the problem of antimicrobial resistance was reviewed in a Drug and Therapeutics Bulletin in February 1999⁴. Although the dynamics of the emergence, spread and maintenance of antibiotic resistance in populations are still unclear, the development of resistance has been linked to high consumption of antibiotics. A retrospective survey of Welsh GP practices showed that there

Trends in the Prescribing of Antibacterial Drugs in General Practice in England (Chart 1)



was a correlation between antibiotic resistance in coliform organisms in urine samples and the use of antibiotics by a GP practice⁵.

The Department of Health co-ordinates the national professional education Campaign on Antibiotic Treatment (CAT) along the lines recommended by SMAC, 'Four things you can do to make a difference':

- No prescribing of antibiotics for simple coughs and colds
- No prescribing of antibiotics for viral sore throats
- Limit prescribing for uncomplicated cystitis to 3 days in otherwise fit women
- Limit prescribing of antibiotics over the telephone to exceptional cases

To encourage realistic public expectations for antimicrobial prescribing the Department of Health will run a further publicity campaign – National Advice to the Public (NAP). They will also encourage the inclusion of antimicrobial resistance in the national curriculum.

Another initiative, which will help with this strategy, is that the Public Health Laboratory Service, in conjunction with PRODIGY have produced a draft antibiotic guidance document, which has been placed on their website (www.phls.co.uk/advice/Antibiotic%20guidance.htm). The template is designed so that the antibiotics and advice given may be changed to suit local circumstances, for example to reflect

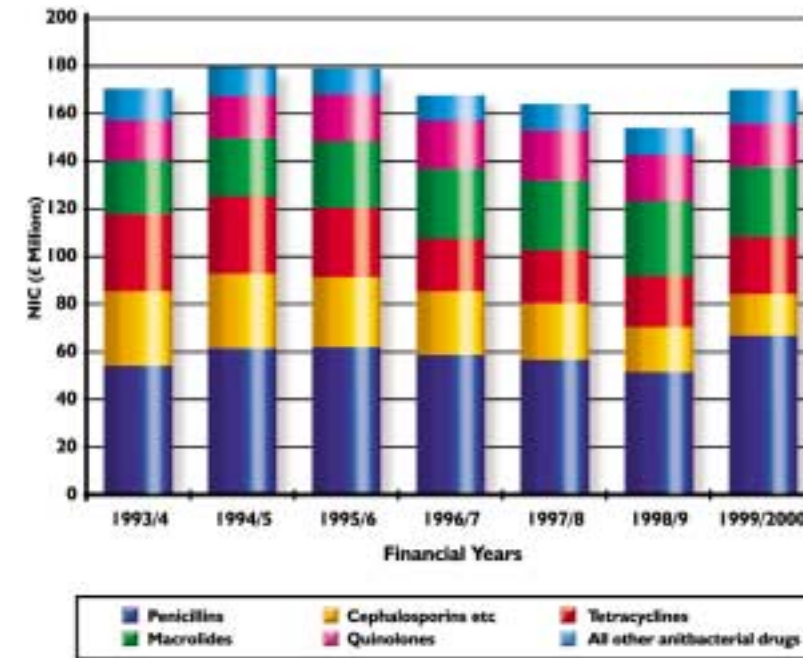
laboratory resistance data and cost.

At the peak of prescribing in 1995, antibacterial usage was 5.7 DDD/inhabitant/year, that is equivalent to the treatment of every person in England with a 5.7-day course of an antibacterial drug. By 1999 this had fallen to the equivalent of a 4.7-day course. Charts 1 and 2 show National trends in the prescribing of antibacterial drugs over the last 7 financial years. The number of prescriptions for antibacterial drugs has fallen each year from a peak of 44.5 million items in 1995/6 to 34.2 million items in 1999/2000. The proportion of prescribing for each of the different groups of antibacterials in chart 1 has not changed during this time. Spending on antibacterial drugs for the last financial year was £170.5 million.

The publication of the House of Lords report and the SMAC guidelines occurred during the financial year 1998/9. Prescribing of antibacterial drugs had already started to fall sharply and has continued to do so. By keeping antibacterial prescribing and antimicrobial resistance as a high priority with the publication of the UK Action Plan, this positive trend should continue.

Penicillins remain the most commonly prescribed group of antibiotics with nearly 19 million prescriptions in 1999/2000 at a cost of £67 million. Since 1996/7 the prescribing of amoxicillin has fallen, but it still accounts for

Trends in Spending on Antibacterial Drugs in General Practice in England (Chart 2)



60% of all penicillin prescriptions (11.3 million items) and 36% of costs (£24 million). Prescribing of flucloxacillin continues to increase and is now 14% of items (2.7 million) and 22% of costs (£14.6 million). Penicillin V prescribing has been falling since 1994/5 and is now 13% of items (2.4 million) and 10% of costs (£6.8 million). Co-amoxiclav although only 10% of prescribing (1.9 million items) is the second highest penicillin for cost (28%, £18.4 million). Macrolides are the second most commonly prescribed group of antibiotics at 4.6 million items and a cost of £29.5 million last year. Although prescribing of erythromycin has been falling since 1994/5, it is currently 81% of macrolide prescribing (3.7 million items) but just 58% of costs (£17 million). On the other hand clarithromycin at just 17% of prescribing (768,000 items) has costs of 38% (£11.2 million). The prescribing of clarithromycin started to decrease in 1997/8.

Cephalosporins cost £16.9 million last year (3.2 million prescriptions). The most frequently prescribed cephalosporin is cephalexin at 40% of items (1.3 million) and 35% of costs (£6 million). Cefaclor is next at 25% of items (790,000) and 34% of costs (£5.8 million). The third most commonly prescribed is cephadrine at 13% of items (419,000) and 15% of costs (£2.6 million). Tetracyclines prescribing has fallen over the

last 7 years to 2.6 million items with costs of £24.4 million. The most commonly prescribed tetracycline is oxytetracycline with 46% of items (1.2 million) and just 16% of costs (£4 million). Minocycline is only 19% of tetracyclines prescribing (494,000 items) but 63% of the costs (£15.3 million). Doxycycline is 27% of the prescribing (717,000) with 17% of the costs (£4.1 million).

Quinolone prescribing began to decline 2 years ago. Nationally 80% of quinolone prescriptions are for ciprofloxacin (905,000

items and £15.3 million i.e. 84% of costs). There is a 3.5 fold variation in quinolone spending between health authorities with no particular geographical pattern. Spending per 1,000 antibacterial STAR(97)-PUs on ciprofloxacin ranges from 52% to 97% of all quinolone spending in the 99 health authorities.

All other antibacterial groups i.e. those not mentioned above accounted for 4 million items (£14.5 million) in 1999/2000. The prescribing of co-trimoxazole has fallen dramatically over the last 7 years from 1.6 million items to 52,000 items with a cost of £364,000 for the year 1999/2000. Trimethoprim prescribing has remained fairly constant over the last 5 years and is currently 2.7 million items (£2.6 million). The prescribing of trimethoprim 200mg tablets has been analysed, using National paper PACT, to determine the percentage of prescriptions that have been written for 6 x 200mg tablets i.e. a 3 day course. There has been a definite move towards 3 day courses as recommended in the SMAC guidelines; 5% in 1997/8, 11% in 1998/9 and 16% in 1999/2000.

References

- 1 UK Antimicrobial Resistance Strategy and Action Plan. www.doh.gov.uk/arbstrat.htm
- 2 House of Lords Select Committee on Science and Technology. Resistance to antibiotics and other antimicrobial agents. HMSO, 1998.
- 3 Standing Medical Advisory Committee on Antimicrobial Resistance. The Path of Least Resistance. Department of Health, 1998.
- 4 Anonymous. Drug & Therapeutics Bulletin 1999; 37:9-16.
- 5 Magee JT et al. Antibiotic prescribing and antibiotic resistance in community practice: retrospective study, 1996-98. BMJ 1999; 319:1239-40.

SUMMARY

Maintaining the effectiveness of antimicrobial agents in the treatment and prevention of microbial infections is vital

Unnecessary use of antibiotics is likely to lead to increased antibiotic resistance

Do not prescribe antibiotics for simple coughs and colds

Do not prescribe antibiotics for viral sore throats

Limit prescribing for uncomplicated cystitis to 3 days in otherwise fit women

Limit prescribing of antibiotics over the phone to exceptional cases

THE NHS LOW INCOME SCHEME

The PPA's Health Benefits Division (HBD) is responsible for administering the NHS Low Income Scheme for England, Scotland and Wales. The Scheme provides income-related help with health costs for people who are not exempt, nor automatically entitled to remission from NHS chargeable services, but who may still qualify for help with the following costs if they have a low income:

- NHS Prescriptions
- NHS Dental Treatment
- NHS Wigs and Fabric Supports
- sight tests
- vouchers towards the cost of glasses or contact lenses
- the cost of travel to a hospital for NHS treatment

Claims are made using form HC1. Approximately one million applications are made to the Scheme each year from all members of the community, including students, pensioners, and people in full-time work. The extent of any help available is based on a comparison between a person's income and requirements at the time the claim is made. Any help people are entitled to is extended to their partners and dependent children, if applicable.

Claimants whose income is equal to or less than their assessed weekly requirements are entitled to full help (which includes free prescriptions) and are sent a certificate, HC2. Claimants whose income is more than their requirements are entitled to limited help. They are sent a certificate, HC3 which shows how much they are expected to contribute to their health costs. An HC3 certificate does not entitle the customer to free prescriptions. For anyone who has paid charges before applying for a certificate, a refund can be claimed subject to a statutory three month time limit. A separate assessment is made based on the claimant's circumstances at the time the charges were paid.

Making a Low Income Scheme claim

The NHS Low Income Scheme is designed so that customers can apply for help in advance of receiving NHS treatment or paying health costs. Certificates are usually issued for a period of between six months to a year, depending on the customer's circumstances. For example, twelve month certificates are issued to pensioners and people on long term Incapacity Benefit, whereas if a claim is received from someone who is working, the certificate is valid for six months. Customers can normally expect to hear from the Health Benefits Division within four weeks. The service target for 2001/2002 is to assess 98% of all claims within fifteen working days of receipt.

Commitment to Continual Improvement

The PPA is committed to a policy of continual improvement. Operating in a customer-driven environment where expectations of excellent service are high, the HBD is currently embarking on a program designed to improve standards of service delivery, which in turn supports corporate PPA objectives. These initiatives include:

Benchmarking

The HBD is looking to establish mutually beneficial links with organisations that have similar customer groups. We are specifically interested in setting up a "benchmarking" program whereby, through sharing "best practice", improvement opportunities can be readily identified, with the aim of maximising customer satisfaction through increased efficiency. Once these links are established, it is envisaged that all participating organisations will be in a stronger position to see how they compare with other public sector bodies, and identify where there is scope for improvement. For further information, contact the HBD's Quality Manager, Alan Hewitt on 0191 203 5665 (or e-mail alan.hewitt@ppa.nhs.co.uk).

Customer Satisfaction surveys

A customer satisfaction survey is currently taking place to find out how effectively customers' needs are being met. The amount of help a person can get is assessed in accordance with regulations approved by Parliament, and the PPA has no influence in this respect. However, we are aiming to make sure that standards of service delivery that do fall within our influence reflect our customers' needs as far as possible. Over the coming year, the HBD will be carrying out further targeted surveys to address specific areas of service delivery where scope for improvement is identified. For further information, contact the HBD's Customer Service Manager, Terry Luck on 0191 203 5525 (or e-mail terry.luck@ppa.nhs.uk).

Improved liaison with Health Authorities/Health Boards and other external organisations

Representatives from the PPA have recently undertaken visits to a number of Health Authorities/Health Boards (HAs and HBs) across the country with the aim of developing working relationships and "networking" by sharing information that is of mutual benefit. The visits also give HAs and HBs the opportunity to speak openly about issues of concern to them and give us the insight to see how our processes impact on or influence their working arrangements.

Feedback from HAs and HBs and other external organisations is always welcome, particularly where the information can be used to focus on the causes of specific problems that may arise. It is anticipated that improved relationships with HAs and HBs and other external service users will greatly assist the HBD in meeting customer satisfaction objectives, and overcome problems that can result from fragmented processes within the NHS. For further information, contact the HBD's Liaison Officer, Michelle Slater on 0191 203 5519 (or e-mail michelle.slater@ppa.nhs.uk).

General Enquiries

For general enquiries regarding the Low Income Scheme contact the HBD Customer Enquiry Desk on 0191 203 5555.

REPORTING PATIENT EVASION AND CONTRACTOR IRREGULARITIES

The Compliance Unit is responsible for the checks on patient exemption claims, the recovery of debt, the administration of the Pharmacy Reward Scheme and enquiring into contractor irregularities.

If you wish to contact the Unit about any of these issues, our telephone numbers are outlined below.

PATIENT VERIFICATION CHECKS HELPDESK

0191 203 5669 0191 203 5676

DEBT RECOVERY ANSWERPHONE

0191 203 5678

CONTRACTOR IRREGULARITIES

0191 203 5693

PHARMACY REWARD SCHEME

0191 203 5740

EXHIBITIONS / CONFERENCES

As part of our aim to improve awareness of the PPA and its business functions we regularly attend exhibitions to enable our stakeholders to visit the stand and discuss any queries they may have.

We will be attending several conferences this year, do take the opportunity to visit our stand. We look forward to meeting you.

NHS Confederation Conference

4th – 6th July 2001 • G-Mex Centre, Manchester

The NHS Confederation represents the interests of all NHS bodies across the UK. The conference will help those at the leading edge of modernisation and implementation and is aimed at senior managers from NHS Trusts, Health Authorities and Health Boards. More information on this event can be found at www.nhsconfed.net

NPC PCG/T Advisers Conference

26th – 27th July 2001 • Warwick

This is the annual conference for PCG and PCT professional advisers. The PPA will be exhibiting and providing information about the movement from paper information systems to electronic delivery.

In March 2001 we exhibited at the HC2001 and the National Association of Primary Care conferences and you may have seen us at Primary Care 2001. The new PPA exhibition stand was launched, presentations were given on ETP and the Health Informatics Programme for Coronary Heart Disease (HIP for CHD), these attracted a great deal of interest. Details of the HIP for CHD programme can be found on the PPA web-sites.

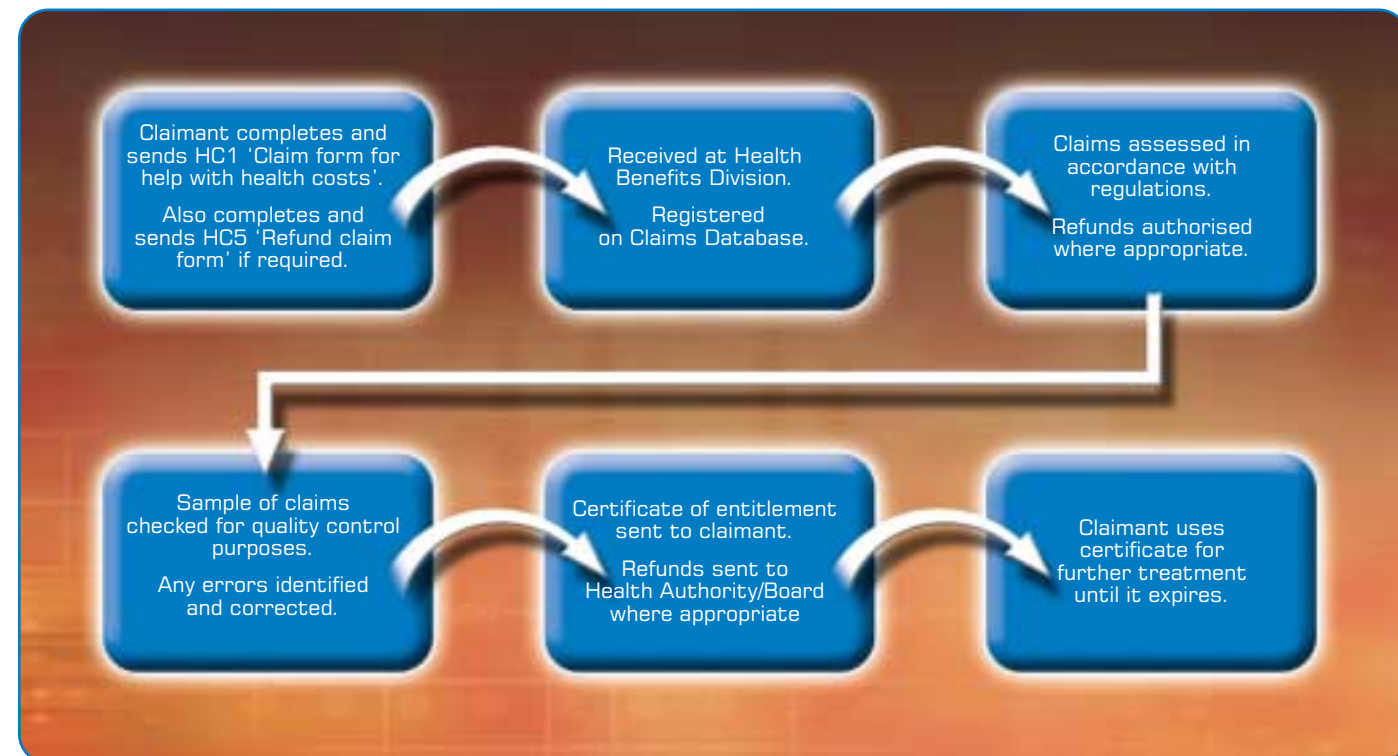
Visitors to the stand included representatives from Health Authorities, Primary Care Trusts, Primary Care Groups, Dispensing Contractors, General Practitioners, Nurses and Practice Managers.

The most frequently asked questions include queries on the PPA's Category D recovery strategy and Electronic Transmission of Prescriptions (ETP). A presentation on ETP was held on the stand at HC2001. The slides for this presentation can be found on the PPA websites: www.ppa.nhs.uk and www.ppa.org.uk

PPA OPEN MEETING

The PPA Open Meeting will be held in London on Tuesday 30 October 2001.

The venue is yet to be confirmed. Further details will be published on our Web-site www.ppa.org.uk in the future.



PPA EPACT AND ePACT.net TRAINING COURSES

In the previous edition, we described the training courses that the PPA provides at its offices in Newcastle in the use of its ePACT.net system. Feedback on this range of courses has been most encouraging. Examples include:

- Helpful administrative staff.
- Good training room and associated facilities.
- Knowledgeable tutors and course delivered at the correct pace.
- Welcome the opportunity to save and take away the customised tags, graphs and reports of own data.
- Discovered new facts within own data to follow up.

The PPA will continue to provide training in the EPACT product.

In recognition that there may now be a diminished need to provide very regular courses in EPACT we intend to set up a waiting list of potential delegates and provide a course when there is a viable number.

The training for EPACT is currently delivered in Chester at both introductory and advanced levels. Each course is of two days' duration, specifically designed for Health Authority analysts/advisors wishing to make

It is designed for:

- Newly appointed Health Authority prescribing analysts/advisors, IT or finance staff who are required to use the EPACT system.
- Advisors and analysts who may have previously undertaken basic training and would like a refresher course to familiarise themselves with new EPACT features.

The introductory EPACT course content includes:

- Explanation of prescribing terminology and introduction to prescribing measures.
- Submitting and downloading requests.
- Basic navigation - selecting & applying data.
- Tagging.
- Graphing.
- Report Expert.
- Top 'n' Expert.
- Using EPACT to analyse prescribing performance.
- Tracking the prescribing of new or expensive drugs.
- Monitoring abnormal prescribing.
- Basic export of EPACT data into third-party applications.
- System maintenance.

TRAINING COURSE DATES:

ePACT.net Basic

5 JUNE, 28 JUNE, 3 JULY, 4 SEPTEMBER, 18 SEPTEMBER

ePACT.net Intermediate

6 JUNE, 20 JUNE, 29 JUNE, 4 JULY, 5 SEPTEMBER, 19 SEPTEMBER

ePACT.net for Community Units

19 JUNE, 11 SEPTEMBER, 12 SEPTEMBER

best use of the current version of the EPACT prescribing information system. A maximum of ten delegates can be accommodated per course, with each delegate receiving full hands-on training using realistic prescribing information.

For the introductory course previous experience with the EPACT system is not necessary, but delegates should have a basic working knowledge of Windows applications.

On completion of the basic training you should be able to:

- Create and download mainframe requests.
- Select and apply data.
- Perform routine prescribing analysis.

The latest information can be found at our website, www.ppa.nhs.uk or contact Training@ppa.nhs.uk or telephone 0191 203 5040

HINTS AND TIPS

Dispensing & Reimbursement

- Many Broken Bulk claims that are received by the PPA have been generated using a computerised endorsement programme on the pharmacy labelling system. These endorsement programmes are sometimes set to default a claim on every prescription. However, when contacted by the PPA for clarification Pharmacists have indicated that the endorsement was unintended and they did not know how to remove the default endorsement. It would be helpful to the PPA that all Broken Bulk claims are intended and endorsed after the dispensing and not by default.
- Please ensure that endorsements are unambiguous. e.g. a number in the endorsement column on the prescription form might be a quantity supplied or a pack size. A clear indication e.g. 7 supplied or ex 7 pack would be very helpful.

FEEDBACK

We are designing a questionnaire that will be available on our website from September.

Details will be published in the next edition of "imPACT".



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