



**NHS**

Whittington Health

NHS Trust

# **Rolling out electronic prescribing to outpatient clinics and the Emergency Departments**

Whittington Health NHS Trust

Chandni Khanderia, Lead Electronic Prescribing Pharmacist  
Joseph Grayson, Lead Electronic Prescribing Pharmacy Technician



# Learning Objectives 1 & 3

**NHS**

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- To understand the general and specific challenges in rolling out an EPMA system in Outpatient Clinics
- To identify the benefits realised by implementation of EPMA systems in the above area

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 Mentimeter

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# Introduction

**NHS**

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- Will be discussing our 9 month Outpatient E-prescribing deployment
- Whittington Health Implemented JAC ePMA in 2014
- System managers changed in March 2020.
  - Team size: 2.5 FTE
- Prior to March 2020
  - Inpatient Prescribing & Administering on Electronic System
  - Outpatient Prescribing (Approx. 30% Electronic)
  - A&E Prescribing (0% Electronic)

Feb

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# Introduction

**NHS**

Whittington Health  
NHS Trust

- Had always been a long term plan for the trust to roll out electronic prescribing in A&E as well as Outpatient clinics
  - Long standing issues round adopting change particularly around consultants in outpatient clinics
  - Resistance in within ED department
    - Due to perceived flexibility of paper prescriptions

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# Introduction

**NHS**

Whittington Health  
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- General benefits from ePMA would have been realised if Trust had gone live prior to March 2020
- During first wave of COVID-19, the pandemic brought to light further invaluable benefits of moving to electronic prescribing within the outpatient and A&E settings such as
  - Significantly reducing contact points with prescriptions
  - Facilitating prescribing from home/for those self isolating (e.g. telephone outpatient clinics)
  - Ability for Outpatients to call in advance of collecting their prescriptions
  - Reduction of patients / staff in waiting area

Feb

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# As is-process

**NHS**

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JG

**WHITTINGTON HOSPITAL NHS TRUST**  
**EMERGENCY DEPARTMENT PRESCRIPTION FORM**

This prescription can only be dispensed if all the details are LEGIBLE AND COMPLETE

**TO THE PRESCRIBER:** Please use a ball-point pen and press hard when completing this form. Tick one of the boxes below to indicate whether the prescription is to be dispensed by the Hospital Pharmacy or taken to the patient's General Practitioner.

**TO THE PATIENT:**  
**PLEASE MAKE AN APPOINTMENT TO SEE YOUR G.P. FOR A PRESCRIPTION**   
**TAKE THIS FORM TO THE HOSPITAL PHARMACY**

Whittington Trust policy is that a four week supply of medicines may be obtained from the hospital unless the amount required is less. Continuing supplies of medicines should be prescribed from the hospital only where it is not feasible or appropriate for the GP to assume this responsibility, or where the medicine is only available from the hospital pharmacy.

SURNAME	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	CONSULTANT (NAME OR CODE)	
FIRST NAME(S)	AGE OR D.O.B.	CLINIC	
HOSPITAL No.	<small>If identification labels are used attach to all three copies</small>	<small>Initial here if child resistant caps are NOT required</small>	Date

DIAGNOSIS: \_\_\_\_\_

INDICATION FOR TREATMENT: \_\_\_\_\_

LENGTH OF TREATMENT REQUIRED: \_\_\_\_\_

ADDITIONAL INFORMATION FOR THE GENERAL PRACTITIONER: \_\_\_\_\_

PRESCRIPTION - Use approved names and legible writing - Cross through lines not used				HOSPITAL PHARMACY USE ONLY			
DRUG	DOSE	FREQUENCY	ROUTE	NO. OF DAYS SUPPLY	QUANTITY SUPPLIED	DISPENSED BY	CHECKED BY

PRESCRIBER'S NAME (BLOCK CAPITALS)	PRESCRIBER'S SIGNATURE	CLINIC EXT. / BLEEP NO.	DATE DISPENSED
------------------------------------	------------------------	-------------------------	----------------

IF DISPENSED, TOP COPY TO BE RETAINED IN THE HOSPITAL PHARMACY.  
MIDDLE COPY TO BE TAKEN BY THE PATIENT TO THEIR GENERAL PRACTITIONER.  
BOTTOM COPY TO BE RETAINED IN THE CASE NOTES BEHIND THE LAST RED DIVIDER OR WITH ED CARD.

CP68411 08/11

CHEMO-TWO TEST

Consultant DR. D CARMICHAEL

Hospital No. W1476157

Details Allergies: \*\*\*

Recent Medications

Status	Drug Name
	MORPHINE

PATALGY - Patient Allergy Maintenance

PHM JAC

Patient

TEST  
CHEMO-TWO

W1476157



Record Status

Allergy

Search

Allergen  Reaction

Allergies

Allergy Description	Reaction
***No Known Drug Allergies***	(Not Recorded)

Allergy / Sensitivity History

Other Allergy Maintenance

Remove Allergy

Save

Close

Help

Patient Details

Lab Results

Previous Meds.

Clinical Info

Print Date

Verification

Cancel Order

Group Inquiry

Print description

CHEMO-TWO TEST JG  pell:  Episode:  PHM

Consultant

Hospital No.  Nat. No.  Date of Birth  Age  yrs Height  cm Weight  kg BSA  sq m

**Details** Allergies: \*\*\*No Known Drug Allergies\*\*\*

Recent Medications

Status	Drug Name	Dose (at Dose Rate)	Frequency	Route	Start Date/Time	BNF
	AMB CARE MED on 16-Nov-2020					
	MORPHINE [FAST-ACTING] 10 mg in 5 mL Solution	5 mg	Q-4H - Every FOUR hours	Oral		Central ner

Notes



CH. JG TWO TEST

Spell: Episode:

PHM J

Consultant DR. D CARMICHAEL

Hospital No. W1476157 Nat. No. Date of Birth 19-Jun-1980 Age 40 yrs Height cm Weight kg BSA sq m

Details Allergies: \*\*\*No Known Drug Allergies\*\*\*

Recent Medications

Status	Drug Name
	MORPHINE [FAS]

Drug Selection
?
×

Search Options

Prescribable
  Approved
  Proprietary
  Treatment Protocols

Drug(s) Route

<< ALL ROUTES >>

Prescribing Name	Treatment Protocol
RAMIPRIL 1.25 mg Capsules	
RAMIPRIL 10 mg Capsules	
RAMIPRIL 2.5 mg Capsules	
RAMIPRIL 2.5 mg in 5 mL Sugar-Free Solution	
RAMIPRIL 5 mg and FELODIPINE 5 mg Tablets	
RAMIPRIL 5 mg Capsules	



Patient Maint

Patient Allergy

Conflict Log

Notes

Sort By Clinic

Sort By Date

Add Order

Modify Order

Repeat Order

Print Prescription

Patient Details

Lab Results

Previous Meds.

Clinical Info

Verification

Cancel Order

Order Inquiry

CHEMO-TWO TEST

Spell:

Episode:

PHM

J

Consultant **DR. D CARMICHAEL**

Hospital No. **ENTRY - Outpatient Medication Order Entry for CHEMO-TWO TEST (W1476157)**

? X

Details

PHM JAC

Height  cm Weight  kg BSA  sq m Age  yrs

Drug Description **RAMIPRIL 2.5 mg Capsules**

Route **Oral**

Dose & Description  mg

is equivalent to

Alternative Dose & Description  Capsule

Frequency **-MANE - Each MORNING**

Free Form

STAT

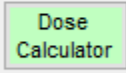
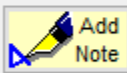
PRN  Notes

Days to Supply

Number of Packs

Start On

GP to Continue  Yes  No



Ok

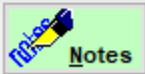
Cancel

Help

Patient Maint

Patient Allergy

Conflict Log



Sort By Clinic

Add Order

Modify Order

Repeat Order

Print Prescription

Patient Details

Lab Results

Previous Meds.

Clinical Info

Sort By Date

Verification

Cancel Order

Order Inquiry

CHEMO-TWO TEST

Spell:

Episode:








Consultant

Hospital No.

**Details** Allergies: \*\*\*No Known Allergies

**Patient Clinical Note: CHEMO-TWO TEST** ? X

File Edit View

Outpatient Information

Note Title:


Suppress  Suppression Date

Retain between spells

Pharmacist Please only supply once blood results have come back

Times New Roman 9

Recent Medications

Status	Drug Name
	RAMIPRIL 2.5 mg
	MORPHINE (F)

Date/Time	BNF
	Cardiovas
	Central ner

# WHITTINGTON HOSPITAL NHS TRUST

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SURNAME	MALE <input type="checkbox"/>	CONSULTANT (NAME OR CODE)	
FIRST NAME(S)	FEMALE <input type="checkbox"/>	AGE OR D.O.B.	CLINIC
HOSPITAL No.	If identification labels are used attach to all three copies.	Initial here if child resistant caps are NOT required	Date

DIAGNOSIS:	WEIGHT (kg)	ALLERGIES
INDICATION FOR TREATMENT:		
LENGTH OF TREATMENT REQUIRED:		
ADDITIONAL INFORMATION FOR THE GENERAL PRACTITIONER:		

PRESCRIPTION - Use approved names and legible writing - Cross through lines not used HOSPITAL PHARMACY USE ONLY

DRUG	DOSE	FREQUENCY	ROUTE	NO. OF DAYS SUPPLY	QUANTITY SUPPLIED	DISPENSED BY	CHECKED BY

PRESCRIBER'S NAME (BLOCK CAPITALS)	PRESCRIBER'S SIGNATURE	CLINIC EXT. / BLEEP NO.	DATE DISPENSED
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CHS0411 01/11



# Whittington Health

Magdala Avenue • London • N19 5NF

OUTPATIENT PRESCRIPTION

Page 1 of 2

Date: 18-Jan-2021 @ 16:27

**TO THE PRESCRIBER:** Tick one of the boxes below to indicate whether the prescription is to be dispensed by the Hospital Pharmacy or taken to the patient's General Practitioner

**TO THE PATIENT:**

PLEASE MAKE AN APPOINTMENT TO SEE YOUR G.P. FOR A PRESCRIPTION  Please tick

PLEASE TAKE THIS FORM TO THE HOSPITAL PHARMACY

Whittington Trust policy is that a four week supply of medicines may be obtained from the hospital unless the amount required is less. Continuing supplies of medicines should be prescribed from the hospital only where it is not feasible or appropriate for the GP to assume this responsibility, or where the medicine is only available from a hospital pharmacy.

Patient: CHEMO-TWO TEST

Hospital number: W1476157

DOB: 19/06/1980

Sex: Female

Address: 149 PASTEUR GARDENS, LONDON, N18 1AH

Clinic: A&E OUTPATIENTS

Consultant: DR. D CARMICHAEL

**Notes**

Pharmacist Please only supply once blood results have come back

Allergy status  
\*\*\*No Known Drug Allergies\*\*\*

Drug	Dose	Route	Frequency	Days Supply/Qty	GP to continue	Quantity supplied	Dispensed by	Checked by
RAMIPRIL 2.5 mg Capsules	2.5 mg	Oral	Each MORNING	14/	Yes			

Prescribed by MR JOE GRAYSON (TECHNICIAN)

Bleep



# Action

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- Limited planning
- Delivered socially-distanced training sessions as well as virtual training sessions
- Engaged with a variety of specialities – attending their team meetings
- Obtained weekly reports from outpatient pharmacy of Non-A&E Outpatient prescribers
- Provided telephone support for first prescription(s)
- Had a major benefit that system is particularly easy to understand and use
- Provided 1:1 training if required
  - Often over Teams/Zoom/Webex for those isolating

Feb

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# Action

**NHS**

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- Advertised training over multiple platforms
- Decision made to stop supplying blue paper prescriptions Outpatient Areas on the 4<sup>th</sup> of May
  - Communications & screen savers prompted large numbers to book into training sessions

## CESSATION OF BLUE PRESCRIPTIONS SUPPLY



Electronic Outpatient Prescribing has been successfully implemented across all disciplines as a result of COVID19 with virtual clinics. Consequently, the Pharmacy Department have **stopped supplying** the blue outpatient prescriptions to **all** areas of the hospital including the Emergency Department and Thalassaemia clinic.

Prescribers will need to use the Trust's Electronic Prescribing System JAC.

After you prescribe medications on JAC, **advise patients to contact Outpatients Pharmacy on 0207 288 3387** to arrange a delivery/collection.

If you require training or access to the JAC E-Prescribing system please email [whh-tr.epma@nhs.net](mailto:whh-tr.epma@nhs.net)

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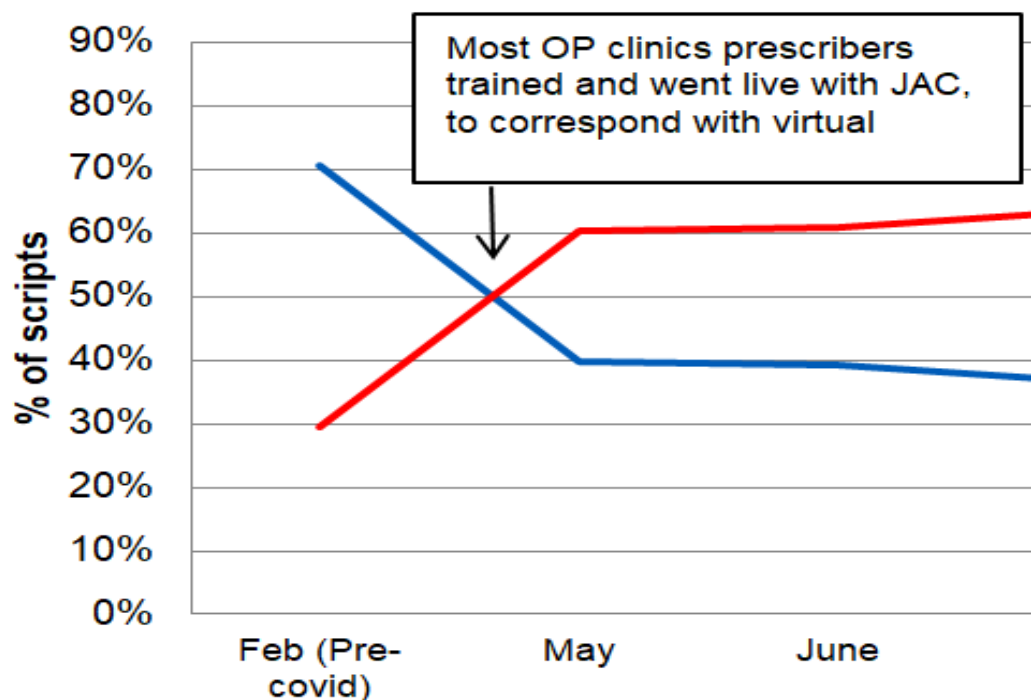
Sep

Oct



# Results

- By May 2020 around 80 Consultants has been trained and were live on JAC Outpatient prescribing
- Majority of On-Site Outpatient Clinics were now electronic





# Results

- Undertook a survey with outpatient consultants who had been trained and 74% Positive/ Neutral about the system
- Based off the negative comments, we produced a 'You said, We did' poster together with some hints and tips
- Cost saving to the Trust - reduction in ordering controlled stationary



## *You Said - We did!*

Dear colleagues,

As many of you are aware, in recent weeks a large number of Prescribers running Outpatient Clinics have made the switch from using the blue outpatient prescriptions to using the trusts electronic prescribing system (JAC) to facilitate remote working and paperless prescribing within the trust.

Recently, a questionnaire was circulated to outpatient prescribers asking about their experience with JAC and any concerns they may have. Firstly, we wanted to thank you for taking the time to feedback to us, and secondly we have created a quick Q&A guide below regarding some of the common queries/issues which were fed back to us.

We hope that this guide is useful - and do feel free to contact us if you have any further queries.

Kind Regards

The EPMA Team

Abdul, Chandani, Denise, Joe, and Priya





# Outpatient Pharmacy Adaptations to service

- Over the period of Outpatient clinics going electronic, the service of the Whittington Health Outpatient Pharmacy changed significantly;
  - Patient's were now told at the end of outpatient clinic appointment to call pharmacy to arrange collection/delivery of prescriptions
  - This reduced waiting times significantly as queries/stock issues could be resolved prior to the patient attending the hospital
  - Shielding / Vulnerable patients had medication deliveries arranged via volunteers
  - Drive through/Pick-Up services were arranged
  - Couriers for urgent medications where patients lived far away/no volunteer availability
  - Tracked postage for non-urgent medications where patients lived far away



# Outpatient Pharmacy Adaptations to service

- Outpatient Pharmacy undertook a patient survey which concluded;
  - Over 100 patients were telephoned and over 90% found the service was very good/good which meets the Trusts' target for patient experience
  - The majority of patients stated they felt very happy



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## Menti questions review

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Or use QR code



# Learning Objectives 2 & 3

- To understand the general and specific challenges in rolling out an EPMA system in Emergency Departments
- To identify the benefits realised by implementation of EPMA systems in the above area

The presenter has changed slide.

Cancel

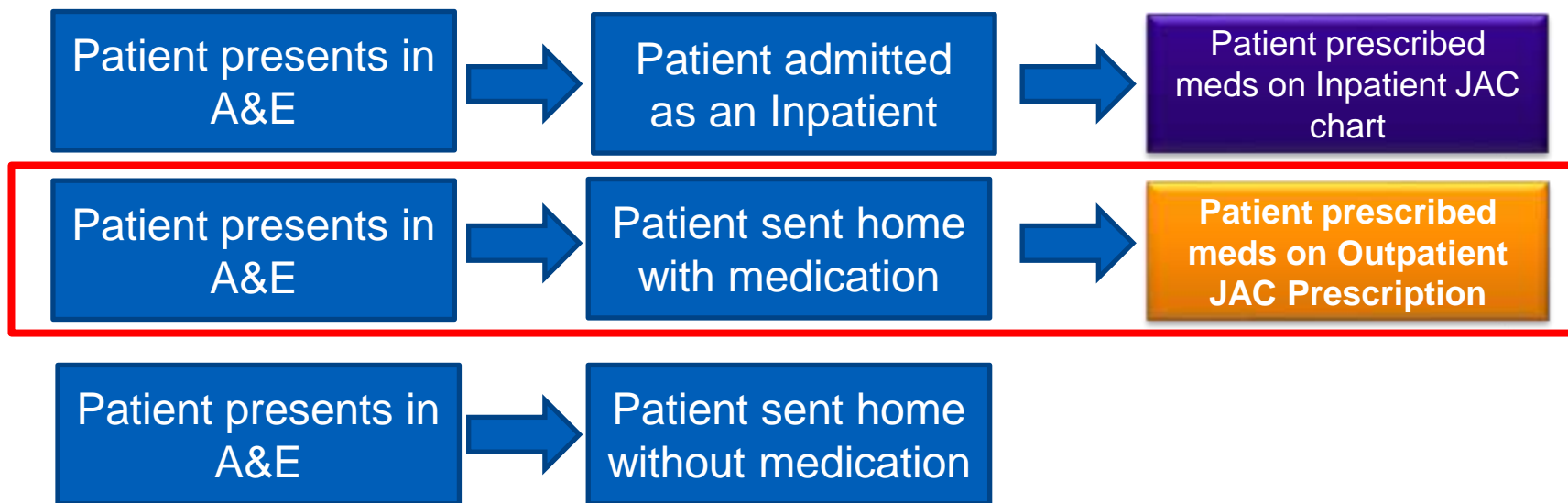
Go to slide



# Part 2

## A&E Outpatient Implementation

- Success of Outpatient Clinic prescribing gained traction with prescribers within A&E
- Initial meetings took place in May to talk about prescribing A&E outpatient prescriptions (known as TTO's) electronically





# A&E Outpatient Implementation

- Over 200 prescribers and nurses trained
  - Staff from other healthcare settings were redeployed
- Upon going live significantly reduced ability for fraudulent prescriptions being produced in A&E



# A&E Outpatient Implementation Issues

Problems encountered;

## Pre Go Live

- Space in terms of providing socially distanced training for staff prior to go live
- Lack of resources in the team as training A&E meant training significantly larger numbers (as fast as possible) and OP Clinics

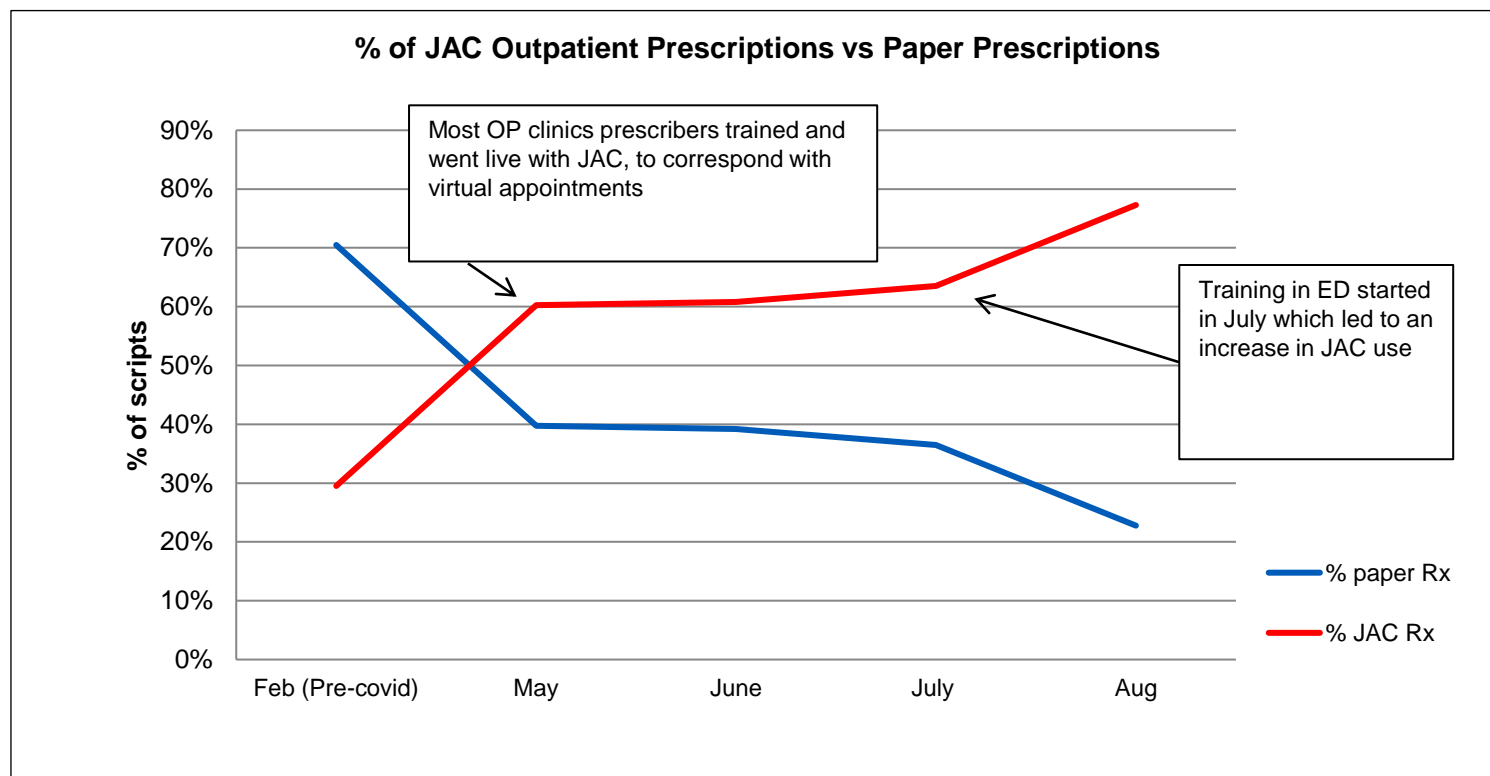
## Post Go Live

- Did not train staff to enter Indication & Bleep number electronically
- Out of hours training / creation and supply of usernames and password



# Outpatient Clinic + A&E Outpatient Implementation Outcomes

- Over the 6 month course of rolling out electronic prescribing to Outpatient clinics and A&E – up to 77%

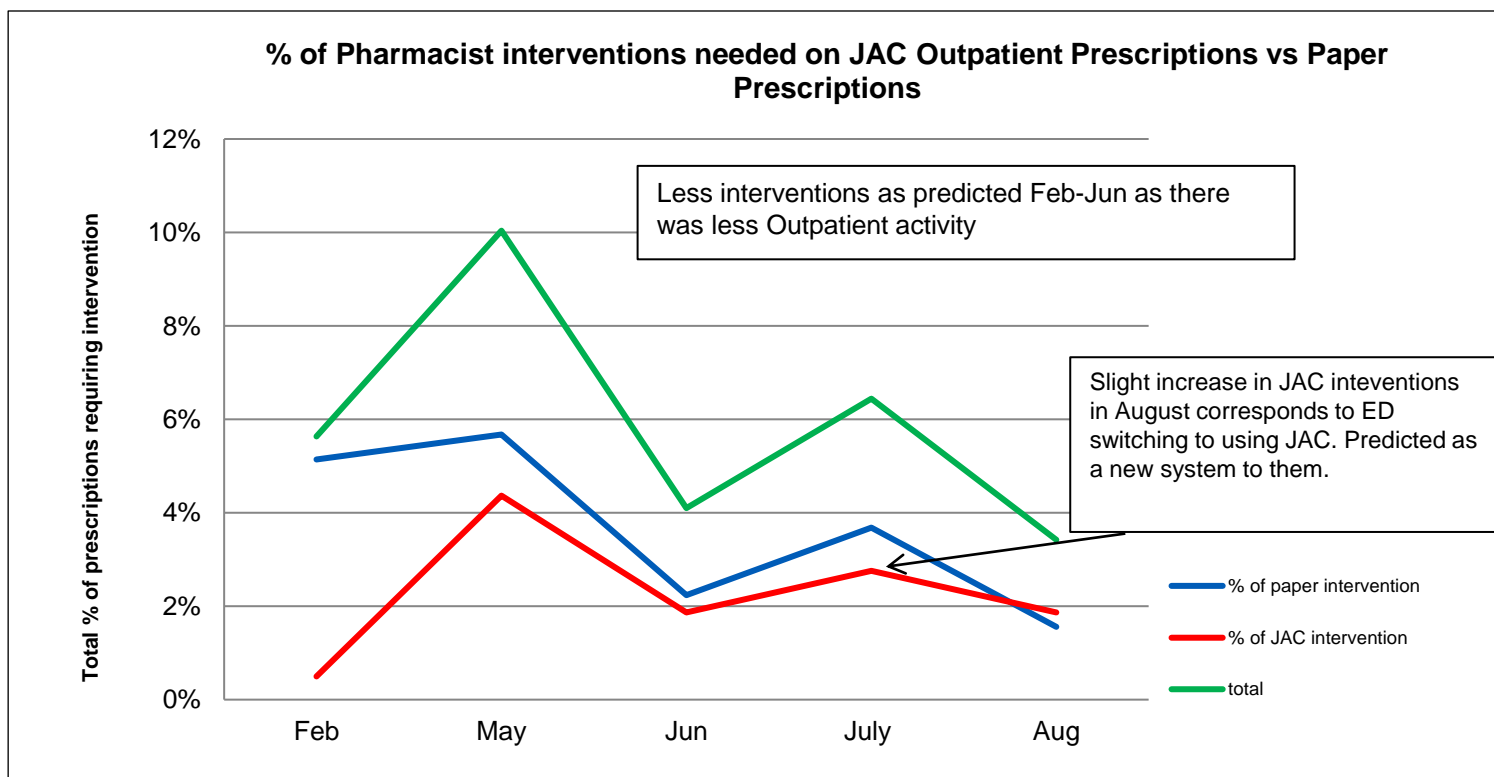






# Outpatient Clinic + A&E Outpatient Implementation Outcomes

- In addition to this we completed audits which showed the reduction in prescriptions needing clinical interventions from pharmacy moved from 5.6% to 3.4% post role out





# Feedback from A&E staff

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I can't believe we didn't do this earlier. It's the best thing we've ever done.

This has allowed me to work from home which is brilliant as I feel I can help my colleagues on-site from a distance.

This has meant less running around back and forth between A&E and pharmacy as the prescriptions are sent electronically



# Post Go Live

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- Team spent time mopping up final area(s) in hospital which were still using paper. This included:
  - Off site clinics
  - Smaller clinics which are run by off site consultants (e.g. Ophthalmology)
  - Final few clinics which were generally nurse led

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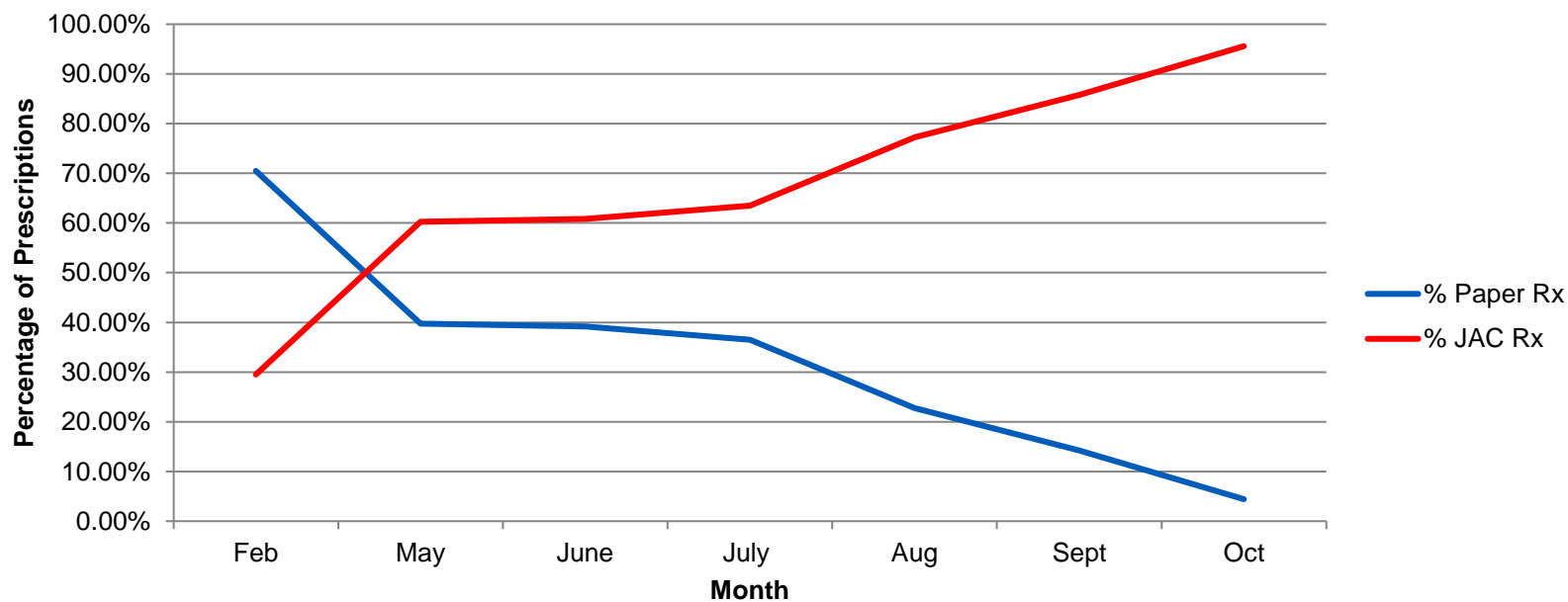


# Post Go Live



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- This is where we are now
  - 96% of prescriptions are completed electronically



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# Lessons Learnt

**NHS**

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- E-Learning will significantly help any role out effort (Particularly considering social distancing issues in training rooms and off site workers)
- Create an end point for old process
  - Stopping supply of paper prescriptions was a hard decision but in the end was the main reason that prescribers booked in for training
- Obtain baseline data for current process



# Lessons Learnt

**NHS**

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- Contact other Trusts' for advice and lessons learnt
- Use change culture of COVID-19 to enhance the digital agenda of the Trust



# Lessons Learnt

**NHS**

Whittington Health  
NHS Trust

- Before rolling out, undertake a like for like map with your current process
  - If we had mapped all /indication issue
  - fields (on paper) to JAC we would have noticed bleep number
- Be aware of nurse led clinics (practice of pre-writing prescriptions)
- Support for initial prescriptions if possible



**NHS**

**Whittington Health**  
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# Contact Details

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NHS Trust

- Chandni Khanderia – [chandni.khanderia@nhs.net](mailto:chandni.khanderia@nhs.net)
- Joseph Grayson – [joseph.grayson@nhs.net](mailto:joseph.grayson@nhs.net)