

## Content

Department Name: H@H ePMA

Process Name: BetterMeds Prescribing Process

### Change History:

Version	Draft	Date	Author	Comments
0.1	Yes	05/02/2024	Henry Putt	Initial drawing creation
0.2	Yes	07/02/2024	Henry Putt	Maps amended and sent back out for review
1.0	Yes	19/02/2024	Henry Putt	Maps signed off as complete



**Improvement team**




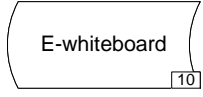
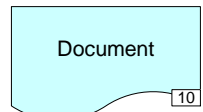
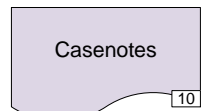
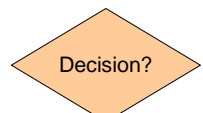



● **Improve health** ● **Better care** ● **Lower costs**


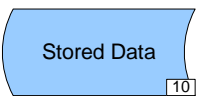




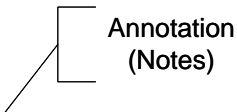
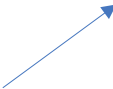


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# Legend


	Symbol used to Indicate the start or end of a process
	Symbol used to indicate an event, task or action
	Symbol used to indicate whiteboard actions
	Symbol used to indicate e-whiteboard actions
	Symbol used to indicate paper documents and proforma activity <b>excluding</b> patient Case Notes
	Symbol used to indicate Case Note activity
	Symbol used to indicate a decision point. The question is shown in the icon and there will be two options
	Symbol used to indicate a choice as to which path to take. There can be multiple outputs.
	Symbol used to indicate a point whereby all output paths should be actioned.
	Symbol used to illustrate <b>Diary/Whiteboard Updates</b> , labelled accordingly i.e Admission Diary = AD Receptionist Diary = RD Transfers Whiteboard = TW Patient Whiteboard = WB


	Symbol used to Indicate the start or end of a process
	Symbol used to indicate a system where data is captured inc. emails
	Symbol used to indicate a reporting point i.e. system generated reports or escalation points to management etc.
	Symbol used to indicate a link <b>to</b> another map
	Symbol used to indicate a link <b>from</b> another map
	Symbol used to illustrate link to <b>maps</b> within other Visio documents
	Symbol used to include a comment or additional information
	One-way arrow used to show sequence of events and what is produced by an event.
	Symbol used to illustrate multiple <b>issues</b> , numbered accordingly
	Symbol used to illustrate multiple <b>ideas</b> , numbered accordingly

 Symbol used to Indicate Happy

 Symbol used to Indicate Indifferent


 Symbol used to Indicate Unhappy

 Symbol used to Indicate Worried

 Symbol used to Indicate Angry

 Defects

 Over Production

 Waiting

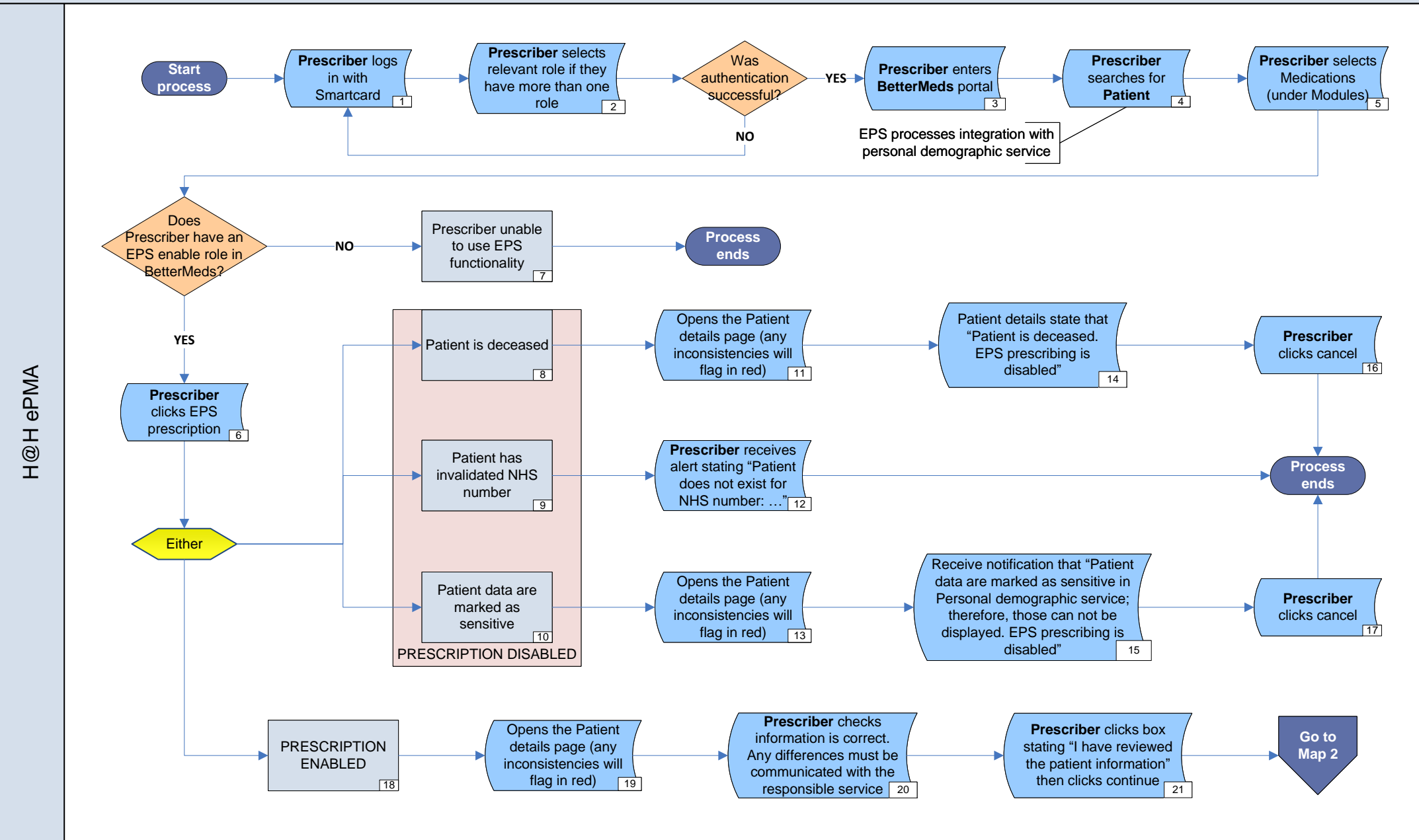
 Un-utilised Skills

 Transportation

 Inventory

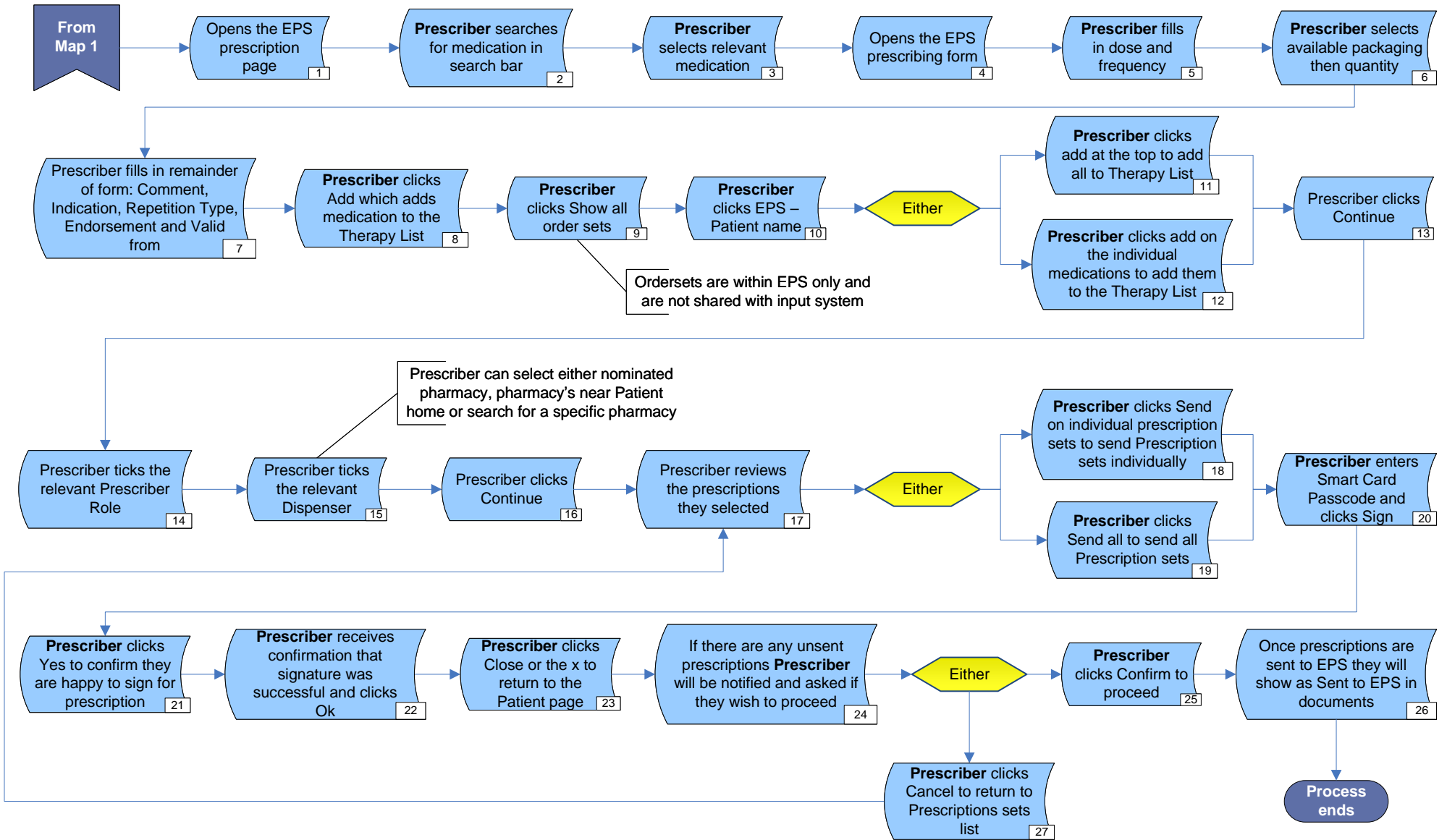
 Motion

 Extra Processing

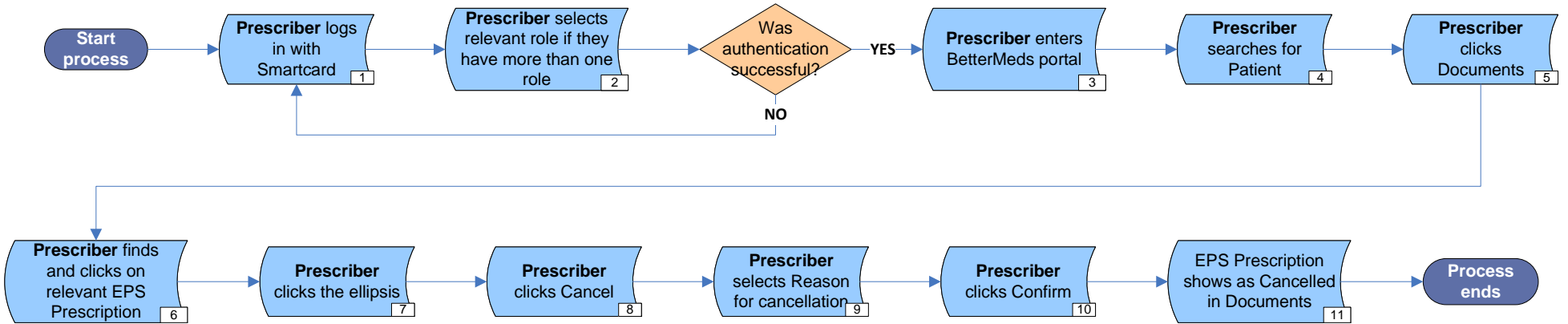


H@H ePMA

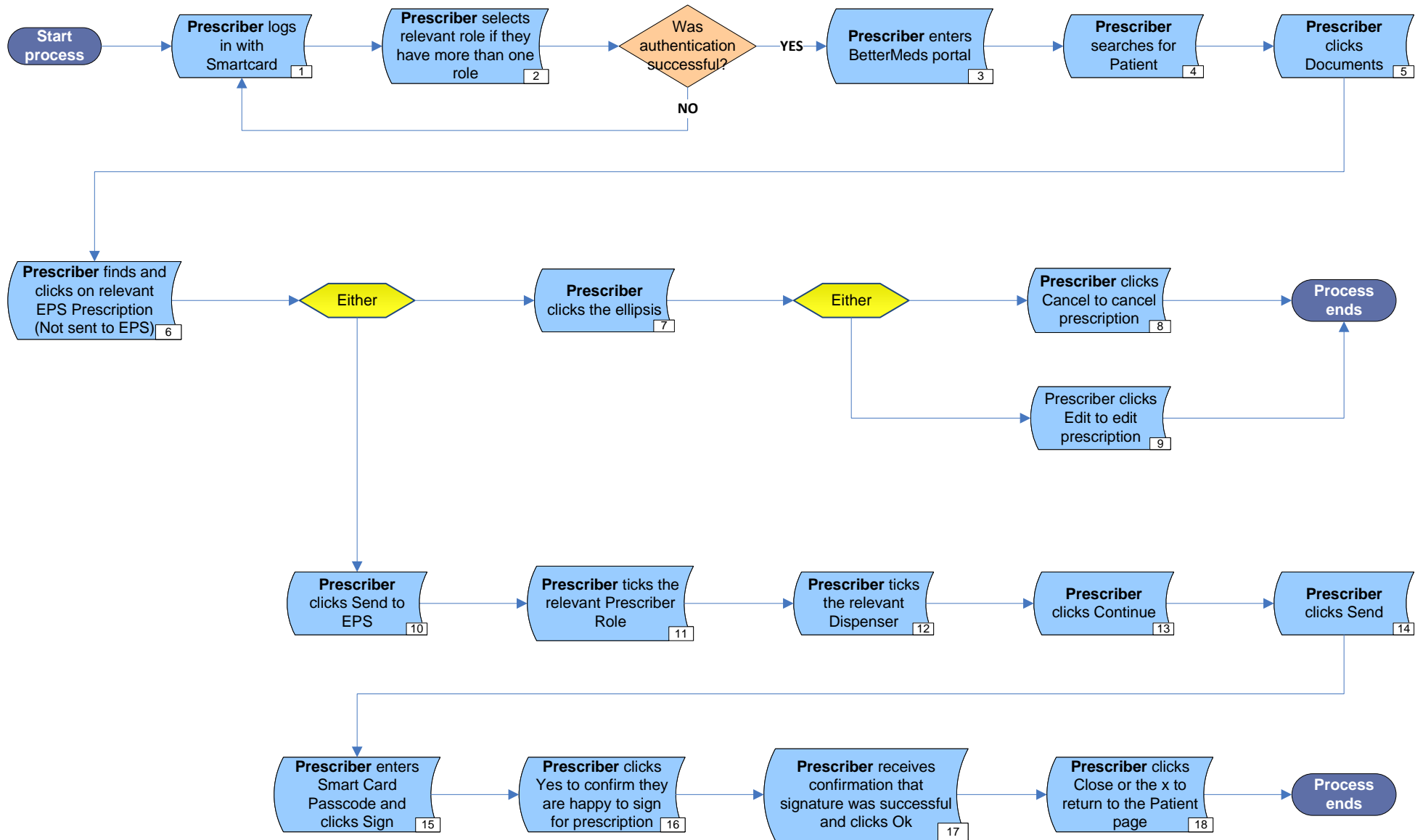
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**Rules for System**

- Requires a login to BetterMeds
- SmartCard is required for prescribing signature
- Connectivity requires VPN connection

**Patient Demographics (PID)**

- The EPS is linked to the Personal Demographic Service (PDS)
- Any difference between PID info drawn from the PDS and main hospital is highlighted in red – clinicians may need to check the local system being utilised for corrections
- Any corrections made in the EPS will not be reflected back into the PDS

**Dependencies**

- V315.1 needs regression testing and the Trust need it to go into UAT ASAP, this patch will include EPS in UAT
- Portal upgrade 5.2 will be taken after EPS

**Safety**

What happens with the following:

- How do the trust know if a prescription generated is successful?
- How do the trust know if a prescription has failed and what is the follow up process?
- If a prescription fails to be sent can a report be generated to show why and failed prescriptions?
- Review of drugs lists in the system needs to be completed by trust to review manufactured and expensive medications to ensure teams do not prescribe something unfamiliar

**Questions and Answers from Demo?**

- The trust asked if a report of failed prescriptions can be made available? – BR to check limitation of reporting
- Can you prescribe for a different user? – No but you can prepare the prescription
- Controlled drugs – the ability to prescribe controlled drugs can be locked and the team can limit prescriptions based on role
- Is there decisions support available e.g., Allergy checks, can you cross reference against active drug chart – BR checking functionality
- Can you complete a medicines reconciliation? – Can you see EPS and add to patient drug history – BR not all will be in first phase of deployment
- Who can see the EPS prescriptions? – As system Admin you can see them but there is no overview in place yet

**Better Progress Update**

- Team are testing 200 prescriptions for NHSE – they need to work through and provide feedback
- There will be similar examples put into UAT
- The team are defining which devices are included in prescriptions, do the trust have the devices available to prescribe etc?
- This process should be finished by 16/01/2024

**Phase 2**

Phase 2 will need to be developed with the trust so we need a scope of phase 1 and 2 from the EPS team

Likely to include:

- Limiting supply packages
- Repeat dispensing

**Pilot Actions:**

- Need to create ordersets with clinical teams
- Prescribe professional competencies
- Ensure clinicians know which products are available to prescribe and which are not
- BR to speak to EPS team to define in more detail steps requires to complete a pilot by the trust
- If possible for the trust to have early site of costs centre, prescribers, smartcard process