

PHARMACY - X P R E S S

The Medication Cycle

Digitised, Demystified, and Done Right

WMCA West Midlands Care Association | Digital Health in Check

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The Medication Cycle



Every stage is a chance to catch - or create - an error.

The Medication Cycle

69.5% of residents had **one or more medication errors***

Care homes account for **42% of all medication errors** in England.

Medication management is the **most frequently breached CQC regulation.**

STAGE 01

Ordering Prescriptions from the GP

Current state, proxy access, and the visibility gap

01

How Care Homes Order Today

CURRENT STATE

- Paper repeat slips at the surgery
- Manual emails listing what's needed
- Phone calls
- Weak audit trail, slow, error-prone

Proxy Ordering

NHS PROXY ACCESS

Care home staff can order repeats digitally on behalf of residents via GP online services.

GP SYSTEM COVERAGE

EMIS ~60%

TPP ~40%

= 99% of English GPs support proxy access

Medication queries reduced by ~50% where implemented (Pharmacy-Xpress internal data)

Proxy Ordering

THE LIMITATION

- Only works for items GPs tag as 'repeat'
- Requires the GPs to understand how to activate
- Low competition currently in the space
- Pharmacy still has the visibility problem with existing solutions

The Visibility Gap



Pharmacy sees prescriptions first - but has no way of knowing what was ordered.

WHAT CAN HELP HERE



Auto-Reorder Forms

Pre-populated from previous cycles.



Client Portal

Live prescription status. Flags missing items vs previous cycles.

TIP

Check your GP system - EMIS or TPP? Proxy access is free.

STAGE 02

GP to Pharmacy

EPS, GP Connect, and secure communication

02

PHARMACY-XPRESS

EPS: The Plumbing

95%+ of primary care prescriptions
now electronic via EPS*

- Nomination issues - scripts going to wrong pharmacy
- Can't split prescriptions across pharmacies under EPS
- Items trickle through at different times
- Can be confusing when a prescription is not EPS

Closing the GP-Pharmacy Information Gap



THE TIMING GAP

GP changes or stops a medication



SCR: STILL NOT ENOUGH

Near-real-time GP records visibility

Not for routine access

TIP

Ask your care planning supplier about GP Connect integration.



STAGE 03

Pharmacy Processing, Dispensing & Delivery

MDS, scanning, eMAR integration, and audit trails

PHARMACY-XPRESS

Dispensing: MDS



Can be dispensed by a robot



~35% of medicines can't go in MDS - every home runs a parallel system.

**Source: Pharmacy-Xpress dispensing data; proportion varies by home*

Dispensing: Barcode Scanning

BARCODE SCANNING

- Right drug, right strength, right patient
- Mismatches flagged instantly
- Searchable, audit-ready dispensing record

TIP

Does your pharmacy barcode-scan during dispensing?



Dispensing: Smart Features

Direct MAR Generation

Prescription data feeds directly into MAR charts.
No double-entry, no transcription errors.

Script Copies On Demand

No waiting, no chasing.

Call Transcription

Every pharmacy-home call transcribed and stored. Full record of every conversation.

Delivery & Handover



TRACKED DELIVERY

Every bag scanned and logged before dispatch

Real-time notification or data access for full visibility



SCANNED HANDOVER

Bag scanned on arrival - right items, right home

Photo/signature - digital proof of receipt

Timestamped handover log - full chain of custody

STAGE 04

In the Care Home

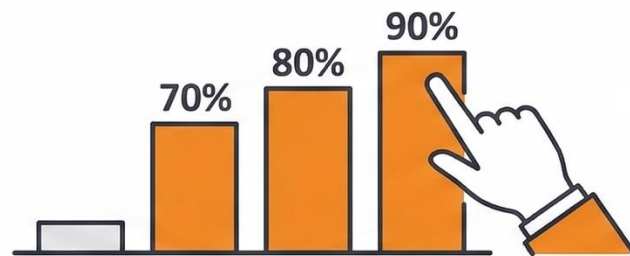
Booking in, administration, auditing, and the eMAR question

04

Paper MAR vs eMAR: The Evidence

21/23

common error types eradicated by eMAR



improvement in missing entries

65 hrs

saved per month on meds management



49%

of admin errors are omissions



- C-F ✓
- C-H ✓
- U-U ?
- M-S ☐

**Source: Invatech Health / Cardiff evaluation | CHUMS: DoH, 2009 (49%)*

Digital Records: Protection, Not Exposure

WHY DIGITAL RECORDS PROTECT YOU



PAPER MAR

- Entries added after the fact
- Signatures can be backdated
- Pages can be replaced
- Hard to detect alterations



DIGITAL eMAR

- Append-only audit trails
- Every action timestamped + user-logged
- Immutable records, even for admins

TIP

Digital records that show problems beat paper records that hide them. CQC knows this.



eMAR: Clinical Safety Features



PRN Protocols

When to give, max doses,
required observations



Controlled Drugs

Mandatory dual-sign logging,
full audit trail for every CD



Safety Alerts

Allergy alerts at point of care.
Drug interaction checks.

eMAR: Operational Efficiency



Stock Management

What's in the building, what's running low, what's expired



Medication Audits

Real-time, not end-of-month paper shuffling.



Booking In

Scan items against expected deliveries, flag discrepancies

KEY: Ideally the pharmacy feeds meds data into eMAR to reduce human error.

Real-Time Alerts

Missed dose alerts

Escalate up the chain depending on severity

Refusal patterns

System flags trends, not just individual entries

Staff performance

Late administration rates, missed signatures

Custom thresholds

Set what matters to your home. Get notified when anything falls outside your parameters

CQC-Ready Reporting



COMPLIANCE AT A GLANCE

- Administration rates + compliance dashboards
- Error trends by resident, staff, or medication
- Audit-ready reports generated in seconds

eMAR: The Honest Downsides



Internet Dependency



Most need a connection. Ask about offline mode. Have a contingency plan.



Vendor Reliance



Your data lives in their system. Ask about data portability upfront.



Device Management



Charging, breakage, loss – operational overhead paper doesn't have.



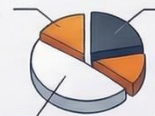
Transition Costs



Training, learning-curve errors, and switching systems later is costly.



Cost: £3-15/bed/month



Wide range. Some bundle with care plans. Understand what you're paying for.



Staff Training



Often overlooked. Real issue: underinvestment in training.

Choose carefully - switching eMAR systems later means retraining staff, migrating data, and rebuilding workflows.

Domiciliary Care: The Same Cycle, Higher Stakes



Beyond the care home - the same medication cycle applies, but with a thinner safety net.

- Medication is in the person's home
- Carers visit at scheduled time
- Manager oversight?

TIP

Dom Care ≠ care homes.

Use a specialised app.



The Bigger Picture

80% of care providers now using digital social care records - up from 41% in Dec 2021

£25M invested by NHS England over 3 years to support the transition from paper to digital records

WM West Midlands investing in 5G remote monitoring, sensor-based falls detection, Mayor's Tech-Led Care initiative.

What We're Already Doing

- ✔ Client portal with live prescription visibility
- ✔ Assumed missing items flagged proactively
- ✔ Auto-reorder missing meds forms
- ✔ Direct MAR generation from prescription data

What We're Already Doing

✔ Secure portal communication for all staff

✔ NHSmail for NHS-to-NHS secure email

✔ Secure call transcription

What We're Already Doing

- and Where We're Going

- ✔ Digital training on medication management
- ✔ Script copies on demand
- ✔ Digital service requests with tracking

Practical Tips to Take Away

- 1 Check your GP system - EMIS or TPP? Set up proxy access. It's free.
- 2 Ask your pharmacy what their audit trail looks like from prescription receipt to your doorstep.
- 3 If on paper MAR - look at eMAR. Ask: what happens offline? Exit clause? Who owns your data?
- 4 If on eMAR - is your pharmacy feeding data directly in, or is someone re-typing?
- 5 Review communication channels - patient data over regular email GDPR risk?
- 6 Don't fear transparency - digital records that show problems beats paper that hides them.
- 7 Budget for transition, not just subscription - training, devices, and switching costs are real.
- 8 Train staff on the systems, not just the medications.

PHARMACY - X P R E S S

Thank You

The medication cycle is only as strong as its weakest link.
Your pharmacy should be a partner, not just a supplier of boxes.

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Glossary

EPS Electronic Prescription Service: the NHS system that sends prescriptions electronically from GPs to pharmacies

MDS Monitored Dosage System: pre-packed blister trays of medication organised by day and time

MAR Medication Administration Record: a chart logging every dose given to a resident

eMAR Electronic MAR: a digital version of the paper MAR, with real-time tracking and alerts

CQC Care Quality Commission: the independent regulator of health and social care in England

GP General Practitioner: a primary care doctor based in the community

NHSmail The secure email service provided by the NHS for health and care organisations

GDPR General Data Protection Regulation: the UK/EU framework governing personal data handling

EMIS / TPP The two dominant GP clinical system suppliers in England, together covering c. 99% of practices

DHSC Department of Health and Social Care: the government department responsible for health policy