

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

# 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

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# 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

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# Dispensing: MDS



~35% of medicines can't go in MDS

\*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.



## Call Transcription

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



## Script Copies On Demand

No waiting, no chasing.

# 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

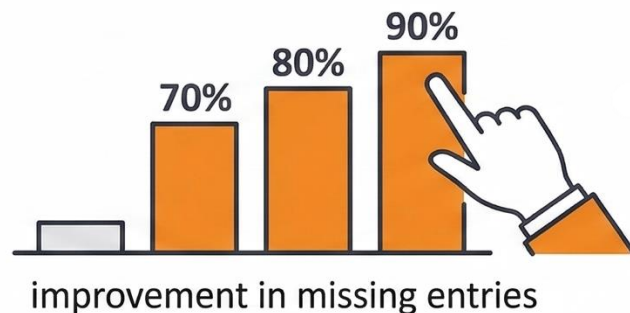
Booking in, administration, auditing, and the eMAR question

04

# Paper MAR vs eMAR: The Evidence

## 21/23

common error types eradicated by eMAR



## 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



### 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
- ✔ Secure portal communication for all staff

# What We're Already Doing

- ✔ NHSmail for NHS-to-NHS secure email
- ✔ Secure call transcription
- ✔ 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.

**P H A R M A C Y - 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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[pharmacy-xpress.co.uk](https://pharmacy-xpress.co.uk)

# Glossary

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**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