



# SOLO EPS Implementation Playbook

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## CLEO SYSTEMS – PLAYBOOK

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## Document Approval

Name	Signature	Title / Responsibility	Date	Version
Karen Ventura	<i>K Ventura</i>	Product Director	25.01.2025	V2.2

## Glossary of Terms

Acronym	Definition
EPS	Electronic Prescription Service
BSA	Business Services Authority

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## 1.0. Introduction to the electronic prescription service (EPS)

EPS allows prescribers to send prescriptions electronically to a community pharmacy of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. EPS can be used to replace outpatient prescribing performed on FP10 (handwritten or printed) prescriptions, dispensed by a community pharmacy.

There are currently several exclusions that are out of scope of EPS:

- Instalment prescribing/dispensing
- Homecare prescribing
- Electronic repeat dispensing (eRD)\* & regular repeat templates
- Items not mapped to the dictionary of medicines and devices (dm+d)
- Community pharmacies outside England. (99.7% of Pharmacies in England are compliant)
- Dispensing Appliance Contractors (DAC)
- Internal Hospital Pharmacy Dispensing

## 2.0. Introduction to CLEO SOLO EPS

Developed as a Covid-19 response to enable instant e-prescribing capability. CLEO SOLO EPS enables clinicians to prescribe right away (now also supports RiO system integration and EPS can be launched from within RiO) and includes seamless spine integration and works alongside an existing clinical or pharmacy system.

CLEO Systems will be responsible for setting up the organisation profile and sites associated with the organisation. The customer/end users will be responsible for:

- Maintaining/updating the config for the sites
- Adding/maintaining/updating departments associated with a site
- Creating/maintaining/amending/disabling user accounts
- Implementation of processes for scenarios outside of the applications capabilities

## 3.0. EPS Go Live Communication

Prior to beginning use of the EPS service, it is important to consider how your patients will be notified of your use of this service.

Not only patients, but other departments within the organisation will need to be made aware of this intention as they may need to refine their processes. This can include (but not limited to): Reporting (BI) teams, Clinical Leads...

## 4.0. NHS Smartcards

All user logging in the application will require smartcard use and authentication through the NHS Identity Agent.

The system now also allows authenticating, logging in and signing prescriptions using virtual smartcards, using ISOSEC Identity Agent.

### 4.1. Prescribing Users

To prescribe via EPS, all prescribers must have an NHS Smartcard, and this must contain the relevant RBAC roles and activities that permit electronic prescribing. To prescribe, the user must have one of the following currently supported roles:

#### R8000: Clinical Practitioner Access Role

Within the SOLO EPS application, this maps to the following prescriber type code: 1001 – Outpatient Community Prescriber – Medical Prescriber

#### R8001: Nurse Access Role

Within the SOLO EPS application, this maps to the following prescriber type codes:

- 1004 – Outpatient Community Prescriber – Nurse Independent/Supplementary Prescriber
- 1005 – Outpatient Community Prescriber – Community Nurse Practitioner Prescriber

#### R8003: Health Professional Access Role

Within the SOLO EPS application, this maps to the following prescriber type codes:

- 1008 – Outpatient Community Prescriber – Pharmacist Independent/Supplementary Prescriber
- 1013 – Outpatient Community Prescriber – Optometrist Independent/Supplementary Prescriber

- 1025 – Outpatient Community Prescriber – Paramedic Independent/Supplementary Prescriber
- 1014 - Outpatient Community Prescriber - Podiatrist/Chiropodist Independent/Supplementary Prescriber
- 1016 - Outpatient Community Prescriber - Radiographer Independent/Supplementary Prescriber
- 1017 - Outpatient Community Prescriber - Physiotherapist Independent/Supplementary Prescriber
- 1024 - Outpatient Community Prescriber - Dietician Supplementary Prescriber

Within any of the above roles, an independent prescribing user must have all four of the following smartcard activities:

- **B0278** - Perform Prescription Preparation
- **B0401** - View Patient Medication
- **B0420** - Independent Prescribing
- **B0468** - Cancel Prescription

If any of the above activities are missing, the prescriber will not be permitted to prescribe via EPS.

Supplementary prescribers will require the following smartcard activities:

- **B0278** - Perform Prescription Preparation
- **B0401** - View Patient Medication
- **B0440** - Supplementary Prescribing
- **B0468** - Cancel Prescription

## 4.2. Administration Users

Admin users will require smartcard access to login into the application, authenticating with the following role:

### R8008: Admin/Clinical Support Access Role

Within the above role, if an admin user needs to cancel prescriptions on behalf of a clinician, they must also have the following smartcard activities:

- **B0468** - Cancel Prescription
- **B0401** - View Patient Medication

If the above activities are missing from the user's smartcard, they will not be permitted to cancel EPS prescriptions.

### 4.0.1 INT smartcards

**PLEASE NOTE:** To conduct UAT, Cleo Systems will provide an INT (UAT) environment and users will be able to log in using staging (INT) smartcards only, which will need to be requested to their local RA agent.

The UAT environment will be provided by CLEO Systems prior the Live environment delivery, to allow user acceptance testing.

### 4.3. EPS Tracker

To access the EPS Tracker Functionality, users must ensure that they have the following smartcard activity within one of their smartcard roles:

- **B0278** - Perform Prescription Preparation

If the user does not have the above activity on their smartcard, they will not be permitted to access the NHS Digital EPS Tracker tool. Please see the [EPS Prescription Tracker](#) for further details.

#### 4.4. Smartcard Management

If any of the above roles/activities are not present for the relevant users on their smartcard, this will need to be configured by your local RA agent. They will facilitate the management of the smartcard to ensure that these are applied. Once applied, the user will be permitted to access the CLEO SOLO EPS application once their user profile has been configured.

**IMPORTANT NOTE:** Users that have 2 identical roles for the same organisation present in their smartcard, they will not be able to log in

#### 4.5. Smartcard Linking

To allow access to the application via smartcard, the user's smartcard ID must be linked to their CLEO SOLO EPS user profile. Please refer to section [How do I Setup a User Profile](#) for a detailed guide on how to setup a user profile.

**IMPORTANT NOTE:** The application does not support the use of deprecated roles nor they can be accredited.

## 5.0. Determining cost centre codes

An important factor to consider before configuring the CLEO SOLO EPS application is the cost centre codes that need to be applied to prescriptions. This is important as this will allow for the correct attribution of prescribing costs by the Trust and the NHS Business Services Authority (BSA).

The first step is to identify which codes are currently used on paper FP10 prescription pads.

### 5.1. Code association

It is important to identify how the cost centre codes are associated with the various prescribers or sites/departments within the organisation. This is important as when sites and departments are setup within the organisation and prescribers are assigned to these accordingly, it will be the cost codes set within these sites and departments that are present on the prescription.

When a prescriber accesses the system, they are presented with a menu to select which site or department they are prescribing from for that session. The selection made here will then apply the cost centre code associated with that site/department to any prescriptions that they generate.

It will also need to be considered what process will be followed for locums or junior doctors, as these users will need to be setup with a user profile and assigned to an appropriate site/department, and this will determine the cost code that is applied to the prescriptions that they generate.

The [How Do I Setup a Site](#) and [How do I Setup a Department](#) sections within this guide, demonstrate how cost codes can be implemented to sites and departments within the system configuration.

## 6.0. Reporting Requirements

It is important to consider reporting requirements prior to configuring and accessing the application. The CLEO SOLO EPS application provides in-depth reporting capabilities via either bespoke reports, or a data feed that can be examined by your internal BI teams. The reporting capabilities cover all actions within the application and includes (but is not limited to): prescribed medications, non-formulary prescribing, high-cost items, prescription accuracy...

When considering the above, it is also important to consider what data may be required by other departments within the organisation (finance department, clinical leads etc.) as this will factor into the decision of how the reporting data is to be gathered and presented.

For multi organisations instances, the reporting will reflect any script data sent across the different organisations and there will need to be a Data Sharing agreement in place.

## 7.0. Formulary Management

An important area to consider is how the formulary will be managed within the CLEO SOLO EPS application. The application supports the inclusion of your own formulary via a csv file that can be uploaded as part of the implementation process. The formulary will be applied across the Organisation.

This will determine the baseline medications that can be searched for and selected by the prescriber. The .csv file will consist of a single column populated with the SNOMED codes' list of the drugs that will be part of your local formulary.

CLEO Systems will require the SNOMED at VMP level (if generic drugs are available) and/or AMP level (If branded drugs are included).

AMPP and VMPP level are currently not supported.

### 7.1. Medications Unsupported within EPS

When considering your formulary, it is very important to note that ONLY medications that are available within dm+d can be prescribed via EPS. To check if your medications are present within dm + d, please follow the below link. This will take you to the dm+d browser where you can search for medications to ensure they exist. If the items exist within dm+d as a VMP, they can be prescribed via EPS.

<https://applications.nhsbsa.nhs.uk/DMDBrowser/DMDBrowser.do>

If medications that you regularly prescribe are not present within dm+d, it is important that a process is defined for how these will be prescribed for patients as the application will not support the prescribing of these items. For further information, please see here: [Electronic Prescription Service \(EPS\) dm+d and prescribing systems information for prescribers - NHS Digital](#)

Some prescriber roles won't have the rights to prescribe certain drug types and endorsements via EPS (e.g., Community Nurse Practitioner Prescriber).

### 7.2. Controlled Drugs

The SOLO EPS application fully supports the prescribing of controlled drugs within schedule 2-5. The prescribing of Schedule 1 items is not permitted. The application will display the quantity of controlled drugs on the prescription in both numerical and word forms (for Schedule 2 and 3).

For further detail, please see here: [Controlled drugs and drug dependence | Medicines guidance | BNF | NICE](#)

### 7.3. High-Risk medications

The SOLO EPS application supports the prescribing of high-risk medications, such as Methotrexate. When such a medication has been selected, a prompt will be presented to the prescriber requesting them to confirm they wish to proceed with prescribing the item.

### 7.4. Unlicensed Medications

The SOLO EPS application supports the prescribing of unlicensed medications. The medication search has a selectable filter whereby a prescriber can opt to include unlicensed medications within the medication search results, and subsequently can then apply these medications to the EPS prescription if they are mapped within dm+d.

### 7.5. Branded Medications

The SOLO EPS application supports the prescribing of branded medications. The medication search has two selectable filters whereby a prescriber can opt to include branded medications within the medication search results or search for Brands Only, and subsequently can then apply these medications to the EPS prescription.

### 7.6. Prescriber Endorsements and HRT Medications

The CLEO SOLO EPS application supports the application of prescriber endorsements required by the NHS BSA.

Please see the endorsements supported within the application below, however further information can be found here: <https://digital.nhs.uk/services/electronic-prescription-service>

Process/Endorsement Description	Endorsement Code
<p><b>Prescriptions for products recommended by the Advisory Committee on Borderline Substances</b>  In certain conditions some foods and toilet preparations have characteristics of drugs, and the Advisory Committee on Borderline Substances advises as to the circumstances in which such substances may be regarded as drugs. Prescriptions issued in accordance with the Committee's advice and endorsed "ACBS" will normally not be investigated.</p>	ACBS
<p><b>Contraceptive</b>  A drug used for contraceptive purposes which is not listed in Part XVI Section 10 must be endorsed with the female symbol or equivalent (CC) by the prescriber in order not to attract a prescription charge.</p>	CC
<p><b>Selected List Scheme</b>  Drugs and appliances to be prescribed in certain circumstances under the NHS Pharmaceutical Services. The prescriber must endorse the prescription with the reference "SLS".</p>	SLS
<p><b>Assorted Flavour</b>  Prescriptions for food replacement/food supplement products are often available in a variety of flavours.  "AF" may be used to request that an assortment of flavours be supplied when prescribing the "Flavour Not Specified" option of food replacement/supplement products.</p>	AF
<p><b>Free Supply</b>  Prescriptions for sexual health treatment. This is to enable prescribers to endorse prescriptions for STIs to indicate to dispensers that the patient should not be charged</p>	FS

HRT (Hormone Replacement Therapy) Medications covered by the HRT PPC must be prescribed as a single item prescription and users will be required to split HRT drugs from any other drug that needs to be prescribed (e.g., sending the HRT item via EPS and issuing the rest of the items via FP10 or vice versa or generate two separate prescriptions IDs).

### 7.7. Latin Abbreviations

Within the SOLO EPS application, prescribers can input a range of Latin Abbreviations to support in the recording of the directions of use for medications. The application offers a “Directions for Use” field which will accept the following abbreviations:

**Important Note:** The translation will occur when the item is added to the prescription. It is important for prescribers to familiarize themselves with the below list and review all medications added to the prescription to ensure that the directions have been applied as intended, however users will have the possibility to amend this before adding the item.

The application is now supporting a fully configurable Latin abbreviation list, whereby users can choose if keeping SOLO EPS default list or amend/substitute with one in line with their local policies/guidelines. This can be set up across the whole Organisation or also configured it for each specific Site and related Departments.

Latin Code	Description	Latin Code	Description
12Z	Allow ONE or TWO to dissolve under the tongue	12DEL	Put ONE or TWO drops into the LEFT ear
12M	Allow ONE to TWO to dissolve in the mouth	12DIL	Put ONE or TWO drops into the LEFT eye
MDU	As directed	12DN	Put ONE or TWO drops into the nostril
PRN	As Required	12DER	Put ONE or TWO drops into the RIGHT ear
12H	every twelve hours	12DIR	Put ONE or TWO drops into the RIGHT eye
QDS	Four Times Daily	1	Take ONE
12P	Inhale ONE or TWO puffs	11H	Take ONE and a HALF
12PF	Inhale ONE or TWO puffs at first	13	Take ONE to THREE
OD	Once Daily	12	Take ONE or TWO
12R	Place ONE or TWO high into the rectum	12S	Take ONE or TWO 5ml spoonful's
12RF	Place ONE or TWO high into the rectum at first	12SF	Take ONE or TWO 5ml spoonsful at first
12V	Place ONE or TWO high into the vagina	12F	Take ONE or TWO at first
12VF	Place ONE or TWO high into the vagina at first	TDS	To be taken three Times Daily
13DEA	Put ONE to THREE drops into the AFFECTED ear	BD	Twice Daily
13DE	Put ONE to THREE drops into the ear	USD	Used as directed
13DI	Put ONE to THREE drops into the eye	ASD	Take as directed
13DEL	Put ONE to THREE drops into the LEFT ear	AC	Before food
13DER	Put ONE to THREE drops into the RIGHT ear	OM	Every morning
12DIB	Put ONE or TWO drops into each eye	PC	After food
12DEA	Put ONE or TWO drops into the AFFECTED ear	QQH	Every four hours
12DIA	Put ONE or TWO drops into the AFFECTED eye	STAT	Immediately
12DE	Put ONE or TWO drops into the ear	TID	Three times daily
12DI	Put ONE or TWO drops into the eye		

## 8.0. Repeat Prescribing/Post Dated prescribing

As part of the implementation process, it is important to consider whether you frequently post-date prescriptions or conduct repeat prescribing.

The CLEO SOLO EPS application does not currently support either Post-Dated Prescribing or Repeat Prescribing. The application will support the ability for a prescriber to review what medications were previously prescribed within the application for the patient, but the user will need to launch into a new prescribing session for the patient and search for and apply the required medications and then send via EPS.

It is important to consider the above and determine if a process will need to be implemented to support this scenario.

## 9.0. Pharmacy Nomination

Prior to prescribing within the application, it is important to consider pharmacy nomination.

The CLEO SOLO EPS application will allow the prescriber to search for and select a one-off nomination for a patient. The application supports the search of patient's Nominated Pharmacy and if available, it will be selectable any time the patient needs a new prescription, however system will not automatically default to the Nominated Pharmacy, but only display it if available.

Online (distance selling) pharmacies cannot be used to send an EPS script too, however it is the patient's Nominated Pharmacy, then it can be used.

## 10.0. Managing Prescriptions requests

It is important to consider how prescribers will be aware of what patients will need a prescription generated.

The CLEO SOLO EPS application does not at present support the prescriber in determining which patients require a prescription. The prescriber must perform the patient search and then generate the prescription once the patient has been matched against the spine.

Consideration will need to be given to the process put into practice to ensure that prescribers are aware of what patients require a prescription. They will then be supported in generating these prescriptions within the CLEO SOLO EPS application.

It would also be worth evaluating whether a process will need implementing for prescribers to provide confirmation of scripts generated. This could also be supported by the reporting available within the CLEO SOLO EPS application.

## 11.0. Patients Prescriptions Notifications

Prior to prescribing within the application, it is important to consider how a patient will be notified of their prescription being sent to a pharmacy.

The CLEO SOLO EPS application features functionality whereby after the successful sending of a prescription, an SMS message can be sent to the mobile telephone number of the patients choosing. This SMS message contains the Script ID of the prescription, along with the pharmacy whereby the prescription has been sent (including a Google Maps link for directions). This functionality will only be available if this was covered within your contract.

If the SMS functionality is not contractually covered, it is important to consider the implementation of a process to inform patients of their

prescriptions.

If there are processes in place whereby third parties are informed of a prescription being available, this scenario will also need to be considered and a process implemented to handle this.

## 12.0. Copying of Prescription Information

Whilst the solution could support integration with your primary clinical system, it is important to consider how the details of any prescriptions generated within CLEO SOLO EPS can be included within your current patient management system.

The application features functionality whereby all the details of a prescription are copied to the clipboard for pasting into your current system. This manual process will support in the transfer of the notes between the two systems. It should then be identified where best to insert this data into your current system.

Alternatively, the application has a wide range of reporting functionality and the details of the prescribing sessions for patients can be captured via reports.

## 13.0. Processing Urgent Prescriptions

It is important to give consideration into the processing of urgent prescriptions and how this is to be handled.

The CLEO SOLO EPS application features a prompt to the prescriber for urgent prescribing which will prompt the prescriber to consider that they are sending the prescription to an open pharmacy of the patient's choice and ensuring that they have informed the patient how and where to collect

their medication. This is prompted to the user before they reach the script signing stage.

Whether this prompt displays can be determined within the configuration for each site or department.

## 14.0. Relaying Information to the Pharmacy

It is important to consider what processes are currently in place to provide additional information to the Pharmacy.

The CLEO SOLO EPS application will allow the prescriber to include any necessary notes for the patient/pharmacy within the “Directions for Use” field when prescribing. It is important to note that whatever is entered into this field will be sent to the pharmacy and will be printed onto the medication sticker that will be applied to the medication.

Additionally, when a prescriber is searching for a Pharmacy to send the EPS prescription, they will be presented with the telephone number of every Pharmacy displayed. This will support the prescriber if they wish to contact the pharmacy to provide any additional details.

## 15.0. Review Prior to Prescribing

It is important to consider if there are any current processes in place whereby a prescription will be generated by an administrative user and then reviewed and signed by the prescribing Clinician.

This process is not supported within the CLEO SOLO EPS application as administrative users are not permitted to generate prescriptions. The prescribing Clinician must follow the complete prescribing process: Searching for the patient, applying the medications to the prescription, and signing and sending the script.

If it is a requirement for an administrative user to prepare a prescription, a process will need to be considered for implementation that will support the capabilities offered within the application.

## 16.0. Prescription Cancellation

The CLEO SOLO EPS application supports the ability for users to cancel sent EPS prescriptions. It is firstly important to consider who will be cancelling prescriptions. This action can be completed by both Clinical and Non-Clinical users within the application. Providing their smartcard has been setup correctly, all Clinical users will be permitted to cancel EPS prescriptions.

If administration users are to be permitted to cancel EPS prescriptions, it must be ensured that their smartcard is updated with the appropriate role and activity. They must also be assigned the “Cancellation Admin” CLEO SOLO EPS role within their user profile. Please refer to section “How do I Setup a User”.

Please refer to the [NHS Smartcards](#) section in this document for all required details.

### 16.1. Unsuccessful cancellations

There can be scenarios whereby the cancellation of a script has been unsuccessful. The CLEO SOLO EPS application will inform the user if the cancellation is unsuccessful, along with the reason why the cancellation has failed. These scenarios are as follows:

### 16.2. Pharmacy has pulled down the prescription

If the pharmacy has already downloaded the prescription from the spine, the user will be informed that the cancellation was unsuccessful for this

reason. At this stage, the user will be prompted to contact the Pharmacy to discuss the cancellation. It is therefore important to determine who will be responsible for this action in this scenario and an appropriate process put into place.

### 16.3. Medication has already been dispensed

If the Pharmacy has already dispensed the prescription to the patient, the user will be informed that the cancellation was unsuccessful for this reason. At this stage, the user will be prompted to contact the patient to discuss the cancellation. It is important to determine who will be responsible for this action in this scenario, with an appropriate process put into place.

### 16.4. Scripts returned to the Spine

If a cancellation is requested by the user but is unsuccessful due to the Pharmacy having downloaded the prescription, if the pharmacy is contacted and they have returned the prescription to the spine, the CLEO SOLO EPS application will then trigger the cancellation of the script automatically. It is important to note that the application will only have visibility of prescription statuses that are initiated by the user and does not display real-time prescription statuses that have occurred outside of the application. Please see [EPS Prescription Tracker](#) section for details on accessing real-time prescription states.

In this scenario, once the script has been returned to the spine, the user can enter the EPS script again and refresh the status. This will update the status within the application to its cancelled state. It is important to consider who will be responsible for conducting this manual process and ensure a process for this scenario has been defined.

## 16.5. Informing the patient

When a script has been cancelled, it is important to consider how the patient will be notified of the cancellation. The CLEO SOLO EPS application does not support this notification and therefore a process should be considered to support this process.

## 16.6. Additional Contact with the pharmacy

If any additional contact is required with the Pharmacy, the CLEO SOLO EPS application will display the Pharmacy contact details when returned from the pharmacy search within the prescribing flow.

## 17.0. EPS Tracker

The EPS Prescription Tracker allows users to track an EPS prescription and identify the whereabouts of the digital prescription. This tool can be used to confirm receipt of prescriptions or to determine if a prescription has been collected by the patient. It is possible to track a prescription using either the unique prescription ID, or a search by the patient's NHS Number or demographics.

It is important to consider who will be accessing this tool and ensuring that the users have the correct permissions to access this tool. The user must have an NHS Smartcard to access the EPS Tracker. Given that all prescribing users will need a smartcard with valid permissions to access the CLEO SOLO EPS application, all prescribing users will be permitted to access this tool. It is administrative users that will need to be given further consideration as these users must have been issued with an NHS Smartcard and the appropriate smartcard activity. Please see [NHS Smartcards](#)

section for further detail.

To access the tool, the user must first login with their NHS Smartcard and then navigate to the following: <https://portal.national.ncrs.nhs.uk/portal/>

## 18.0. Business Continuity

### 18.1. EPS System Failure

In the event of a full solution failure and the EPS system being unavailable, the designated continuity plan should be enforced, with users reverting to paper FP10 prescribing pads until the issue has been resolved. Alongside this action:

If issues are beginning to occur, users can check the NHS England Service Management page to confirm if any issues with NHS England services have been reported: <https://digital.nhs.uk/services/spine>

If there are no reported issues when searching via the above page but Spine issues persist, this should be raised with CLEO Systems for further investigation. In addition to this, if there is an issue with the CLEO SOLO EPS application itself, this should be raised to the CLEO Systems service desk via the following link: [www.ic24serviceportal.topdesk.net](http://www.ic24serviceportal.topdesk.net)

### 18.2. Prescription not arrived at the pharmacy

If the patient's prescription has been reported as not having arrived at the pharmacy, it should be considered what process will be implemented to

support this scenario.

The EPS Prescription tracker can be used to determine the current location of the patient's prescription. Please see [EPS Prescription Tracker](#) page for further details on this tool.

Additionally, it is important to note that some pharmacies download their prescriptions at a set time each day. If this is the case, they may have not yet pulled down the prescription from the pharmacy. In this instance, the Pharmacy can pull down the prescription from the Spine to prepare and dispense this for the patient.

The CLEO SOLO EPS Application will display the contact details of pharmacies within the pharmacy search functionality. This feature can be used to support a process that is put into place for where this scenario occurs.

### 18.3. Pharmacy System Unavailability

If a pharmacy reports that their system is unavailable, it is important to consider what actions will be taken in this scenario. A process will need to be implemented to alert prescribers not to attempt to send prescriptions to the affected pharmacy.

It will also need to be considered if this will need to be communicated with any patients, and what process will be followed for this. Similarly, it may also need communication with other pharmacies.

## 19.0. CLEO SOLO EPS System Requirements

It is important to consider the system requirements that the CLEO SOLO EPS application requires to operate as intended. The application requires

the following:

- Windows 10 (1709 Onwards)
- Dual Core 2Ghz processor or faster
- Minimum memory dedicated to SOLO EPS of 450MB (per user)
- Optimal Resolution of 1920x1080 (Lower resolutions are supported but will require the user to scroll)
- Install space availability of 450MB
- .net Framework 4.8 runtime
- NHS Digital Identity Agent v2 onwards
- HSCN Connectivity
- Microsoft Visual Studio C++ Redistributable for Visual Studio 2019
- Up to date graphics drivers
- Smart card series 8 or 9
- NHS Credential Management to v1.3.1.0 onwards – available for download
- Oberthur middleware
- The PIV mini driver is essential for users with series 9 smartcards (2)

Please ensure that the above have been reviewed by your IT department to ensure that the machines that are intended for use of SOLO EPS are setup as expected.

For full details on system requirements, please review the “CLEO SOLO EPS Technical Requirements” documentation.

## 20.0. CLEO SOLO EPS Implementation Guides

### 20.1. How do I launch the Application?

To access the application, the user must first ensure that the “Solo EPS” application has been installed by their IT department and an icon added to the Desktop.

Locate and double-click the “Solo EPS” icon on the desktop



Once this has been selected, the application will launch and require the user to login to proceed further.



## 20.2. How do I log in to the Application?

To access the application, the user must first login. Initial users' setup by CLEO Systems will have immediate access to login to the application, with further users being granted access once additional user accounts have been setup. Please refer to section [How do I Setup a User Profile](#) within this guide for setting up additional users

## 20.4. Smartcard Login

The “Login with NHS Smart Card” button should be selected.



### Important Notes:

- A user profile must have a smartcard ID present for smartcard login to be permitted.
- A user must have authenticated their smartcard with their local smartcard identity agent.

**PLEASE NOTE:** When conducting UAT (User Acceptance Testing), users will use INT smartcards and must log into an integration environment.

## 20.6. Selecting a Role

Once the login has been completed, the next step is to select the appropriate role from the menu. After login, a drop-down menu of available roles will be available. The user must select from the list of available roles that have been assigned to their user profile.

## Available Roles



A dropdown menu with the title "Available Roles" at the top. The menu contains a single item, "ConfigAdmin", which is highlighted with a blue border and a small downward arrow icon to its right, indicating it is selected.

The user must click into the “Available Roles” field to expand the list.

Once the list has been expanded, the relevant role can be selected.



A dropdown menu with the title "Available Roles" at the top. The menu contains three items: "ConfigAdmin", "ConfigAdmin" (which is highlighted with a red selection bar and a dotted line), and "UserAdmin".

It is important the correct role is chosen for the activities that need to be performed:

- If the user needs to setup and configure sites and departments, the “ConfigAdmin” role should be selected.
- If the user needs to setup and configure user profiles, the “UserAdmin” role should be selected.

## 21.0. Configuration Admin Role

All details relating to Configuration Admin role and functionality within EPS are found in the CLEOSYSTEMS\_CLEOSOLOEOSADMINUSERGUIDE, Section 4.0

## 22.0. User Management Role

All details relating to User Management within EPS are found in the CLEOSYSTEMS\_CLEOSOLOEOSADMINUSERGUIDE, Section 5.0

## 23.0. Defining Prescription details

When sending a prescription to a pharmacy, FHIR message sent to the pharmacy will contain several details pertaining to the prescription. All these details are determined by the setup of the Organisation, Site/Department and User Profiles. These details are captured from the following:

### Organisation name and code

The organisation ODS code that is sent within the FHIR message will be determined by the Organisation ODS code present within the admin module.

### Site/Department Name

The name of the Site or Department selected by the prescriber will be determined by the Site/Department name set within the Site/Department configuration.

### Site/Department Cost code

The cost code of the Site or Department selected by the prescriber will be determined by the cost code set within the site/department configuration.

### Site/Department Address

The address of the Site or Department selected by the prescriber during login will be determined by the address set within the Site/Department configuration.

### Site/Department Telephone Number

The telephone number of the Site or Department selected by the prescriber during login will be determined by the telephone number set within the Site/Department configuration

### Prescriber Name

The prescriber's name will be determined by the user's "Forename" and "Surname" defined within their user profile.

### Prescriber Professional Code

The prescriber's professional code will be determined by the "Professional Code" defined within their user profile.

### Prescriber Smartcard ID

The prescriber's smartcard ID will be determined by the "Smart Card ID" defined within their user profile.

## Prescriber Type Code

The prescriber type code will be determined by the role the user has logged into the application with, as defined within their user profile.

Role(s)
Medical Prescriber
Community Practitioner Nurse Prescriber
Nurse independent/supplementary Prescriber
Pharmacist independent/supplementary Prescriber

For users logging in under the “**Medical Prescriber**” role, the Prescriber Type Code will be set as: 1001 – Outpatient Community Prescriber – Medical Prescriber.

For users logging in under the “**Pharmacist independent/supplementary Prescriber**” role, the Prescriber Type Code will be set as: 1008 – Outpatient Community Prescriber – Pharmacist Independent/Supplementary Prescriber.

For users logging in under the “**Nurse independent/supplementary Prescriber**” role, the Prescriber Type Code will be set as: 1004 – Outpatient Community Prescriber – Nurse Independent/Supplementary Prescriber.

For users logging in under the “**Community Practitioner Nurse Prescriber**” role, the Prescriber Type Code will be set as: 1005 – Outpatient Community Prescriber – Community Practitioner Nurse Prescriber.

For users logging in under the “**Optometrist Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as 1013 – Outpatient Community Prescriber – Optometrist Independent/Supplementary Prescriber

For users logging in under the “**Paramedic Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as 1025 – Outpatient Community Prescriber – Paramedic Independent/Supplementary Prescriber

For users logging in under the “**Podiatrist/Chiropodist Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as 1014 - Outpatient Community Prescriber - Podiatrist/Chiropodist Independent/Supplementary Prescriber

For users logging in under the “**Radiographer Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as 1016 - Outpatient Community Prescriber - Radiographer Independent/Supplementary Prescriber

For users logging in under the “**Physiotherapist Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as 1017 - Outpatient Community Prescriber - Physiotherapist Independent/Supplementary Prescriber

For users logging in under the “**Dietician Supplementary Prescriber**” role, the Prescriber Type Code will be set as 1024 - Outpatient Community Prescriber - Dietician Supplementary Prescriber

**Within the 01nn Cost Centre Model (Primary Care) if users log in under a 6-Digits cost centre, these translate to:**

“**Medical Prescriber**” role, the Prescriber Type Code will be set as: 0101 – Primary Care – Medical Prescriber.

“**Pharmacist independent/supplementary Prescriber**” role, the Prescriber Type Code will be set as: 0108 – Primary Care – Pharmacist Independent/Supplementary Prescriber.

“**Nurse independent/supplementary Prescriber**” role, the Prescriber Type Code will be set as: 0104 – Primary Care – Nurse Independent/Supplementary Prescriber

“**Community Practitioner Nurse Prescriber**” role, the Prescriber Type Code will be set as: 0105 – Primary Care – Community Practitioner Nurse Prescriber.

“**Optometrist Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as: 0113 – Primary Care – Optometrist Independent/Supplementary Prescriber

“**Paramedic Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as: 0125 – Primary Care – Paramedic Independent/Supplementary Prescriber

“**Podiatrist/Chiropodist Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as: 0114 – Primary Care – Podiatrist/Chiropodist Independent/Supplementary Prescriber

“**Radiographer Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as: 0116 – Primary Care – Radiographer Independent/Supplementary Prescriber

“**Physiotherapist Independent/Supplementary Prescriber**” role, the Prescriber Type Code will be set as: 0117 – Primary Care – Physiotherapist Independent/Supplementary Prescriber

“**Dietician Supplementary Prescriber**” role, the Prescriber Type Code will be set as: 0124 – Primary Care – Dietician Supplementary Prescriber

## 24.0 GP Connect interface data access

The GP Connect HTML interface is available to prescribers if they need to access patient's information from their GP practice records.

In order to view data in GP Connect for the LIVE environment, customers will need to firstly agree to the National Data Sharing Arrangement (NDSA) following this link [National Data Sharing Arrangement for GP Connect - NHS Digital](#) : once the NDSA has been approved, end users can then feedback to CLEO to request a dedicated ASID to the DIR team: [dir@nhs.net](mailto:dir@nhs.net). This will be used when sending a request to the GP Connect API in order to return data. Customers can use a single ASID for the whole organisation across all Sites and Departments.

The GP Connect interface is in read-only format and details cannot be updated.

For other organisation types, each Site may use an individual ASID, depending on the requirements and needs.