ePrescribing Masterclass

11th September 2019
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00pm</td>
<td>Welcome &amp; Introductions</td>
<td>Ann Slee, Associate CCIO, NHS X</td>
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<tr>
<td>1.05pm</td>
<td>Shortening EPMA implementation timelines, the value of buddying with a live site</td>
<td>Paul Curley, CCIO, Mid Yorkshire Hospital NHS Trust</td>
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<tr>
<td>1.30pm</td>
<td>Update from the CQC</td>
<td>Ngozi Onyele, Fiona Atkinson, CQC</td>
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<tr>
<td>1.50pm</td>
<td>Why you should apply to join cohort three of the Digital Academy</td>
<td>Sarah Thompson, Head of EPR Clinical Development Stockport NHSFT</td>
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<tr>
<td>1.55pm</td>
<td>Launch of the ePRaSE Toolkit</td>
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EPMA implementation at Mid Yorks....shortening the journey

Paul Curley CCIO
eMeds Team
Bidding for Funding

- Read information carefully
- Involve Exec Directors when possible
- Demonstrate readiness/capability/capacity
- Meet the timelines
- Invest in Admin support
The Assessment Process: High-Level Summary

**Stage 1: Application**
- Applicant completes the online application form, providing details of the proposed project, clinical involvement, benefits, costs etc. etc.
- Submits Value for Money (VfM) spreadsheet, Financial Analysis, Governance diagram and letters of support at the same time

**Stage 2: Eligibility Review**
- Programme Team checks the eligibility of each application
- Confirms the applying organisation and proposed project are eligible for funding
- Checks all required information and supporting documents provided
- Regional pharmacists and digital teams asked to provide view on eligible bids to feed into assessment

**Stage 3: Assessment**
- Panel interview to discuss eligible applications in more detail (may be via conference call)
- 3/4 panel members (digital and clinical expertise)
- Assesses project readiness and delivery capability using standard approach
- Award a score based on information provided in the application and during interview

**Stage 4: Award & Agreement**
- Recommendation to award to moderation panel (NHSE/E and DHSC) with final off by NHSE/I CIO/NHSI SRO
- Successful applicants notified. Agree a Memorandum of Understanding (MOU) before receiving awards
- Confirms the total amount of funding awarded and expected spend profile
- Details the applicant’s responsibilities in terms of progress reporting, benefits realisation and other key areas
How is it assessed?

• For each factor and dimension there are:
  – Suggested questions
  – Criteria for rating the responses to questions
    • Scale 1 (poor) to 5 (excellent)

• Possible to score up to 35 on **Delivery Capability** dimension (7 factors, scoring up to 5 on each) and similarly up to 35 on **Project Readiness** dimension

• Assessment Notes should be used to capture feedback throughout the interview
## Arriving at an Outcome

### Score range:

<table>
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<tr>
<th>Assured (27-35)</th>
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<th>B (Eligible for Funding*)</th>
<th>A (Funded)</th>
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<tr>
<td>Organisation(s) scores 17 or less under Project Readiness</td>
<td>Organisation(s) scores 18-26 under Project Readiness</td>
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<td>Organisation(s) scores 17 or less under Project Readiness</td>
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<th>Governed (18-26)</th>
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<th>C (Eligible for Funding*)</th>
<th>B (Eligible for Funding*)</th>
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<tr>
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<th>E (Not Funded)</th>
<th>D (Not Funded)</th>
<th>D (Not Funded)</th>
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### Score range:

- **Red**: 0-17
- **Amber**: 18-26
- **Green**: 27-35

**Project Readiness**
Preparing for Interview

Bring your “A” team (and you’re A game)

Project Readiness
Capability to Deliver
**Extent of Change**

**Paul Curley**

**Delivery Capability**
Does the organisation know how to successfully manage service change?

- MYQIS (Kaizen)
- Vital Pac
- Organisational mergers (PGI, DDH &PGH)
- PFI
- AHR
- Workforce innovation, ACP, Cons, NA’s
- Electronic Document Management System
- Integrated working with LTHT
  - Vascular
  - Oncology
  - Haematology
  - Interventional Cardiology

**Kat Poole**

**Project Readiness**
Is the business change for the project well understood and planned for?

- Yes business case approved by board (**P36**):
- Training
- OOH training
- Board level approval of capital changes
- EPMA specific roles

Team – EDs/Chief Pharmacist/IT/CCIO
Documentation available
Rehearse/Prepare
Buy-in and Clinical Leadership Informatics Leadership

Paul Curley
Delivery Capability
Does the organisation actively engage clinicians in developing and implementing informatics strategy?

- IT Clinical Reference Group
- ICE Steering Group
- PACS Clinical Leadership
- Clinical Safety Officers (2x Nurses)
- eChemotherapy (pharmacy, medical & nursing)

Paul Curley
Project Readiness
Is there an active clinical lead for the project with engagement and support of stakeholders?

- Multiple Demonstrations attended by clinicians
- Medical Director
- CCIO
- Senior Pharmacy Managers
- EPMA Board and Team (p56)
- Page 69
- Clinical champions for Cardiology – fully engaged pilot area
Governance – with MD involvement

Building an engaged eco-system
EPMA Project Structure & Governance

- Trust Board
  - IT Strategy Steering group
    - Chaired by CEO
    - Quarterly
  - EPMA and EPR Project Board
    - Chaired by Medical Director
    - CCIO
    - Operations
    - Nursing
    - Medical
    - PAM
    - Pharmacy
    - IT Services
    - Clinical IT Systems
    - Finance
    - Monthly
  - IT Operational Steering group
    - Monthly

- EPR Operational Group/Project Team
  - Fortnightly

- Programme Manager
- Project Manager
- Project Support

- Project meetings
- MYHT meetings

- Weekly virtual meetings

- EPMA Operational Group/Project Team
  - Trust PMO
  - Pharmacy
  - Nursing
  - Emergency Care
  - Paediatrics
  - Acute Medicine
  - General Surgery
  - Critical Care
  - Non-medical
  - Clinical Safety
  - IT Services
  - Information Management
  - Fortnightly
**Benefits Management**

**Paul Curley**  
**Delivery Capability**  
Does the organisation understand benefits management with evidence of proven expertise?

- Vital PAC
- Digital dictation
- EDMS
- eChemo

**Kat Poole**  
**Project Readiness**  
Are there clearly identified benefits for the project and effective plans to realise these benefits?

- Clinical & safety ([Extract of Benefits](#))
- Build in KPI’s
Timeline

Outline Timeline 2018/19 funding
• Prospectus published 26 July 2018
• Review and follow up July/August 2018
• Returns by 17.00 hours on Monday 3rd September 2018
• Award details to service from late September 2018 onwards
• MOU completed no later than 30 November 2018
• Funds allocated in line with DHSC standard procedure
Requirements....

**Deliverables**

- Sites must have a clear timeline to deliver *a minimum of 80% digital inpatient prescribing within two years of receipt of funding* as well as the requirements outlined below in as short a time as possible (systems, standards and data extraction).

**Systems**

- Systems must have the ability to deliver functionality to meet the requirements outlined below and/or have a clear road map to do so in as short a timescale as possible. Local contracting must take this into account with clear penalties for non-delivery. Specifically, the following must be achievable:
  - Funding may not be used to support local system build; *preferably systems should demonstrate full implementation in at least one NHS organisation.*
  - Digital prescribing to support all inpatient, discharge and outpatient/homecare/community activity
  - Functionality to support the prescription of high risk medicines, for example warfarin, heparin, insulin etc
  - Closed loop medicines administration
  - Interface to pharmacy stock management systems as a minimum to support closed loop supply
  - Where multiple systems are being implemented – for example chemotherapy and critical care use a separate system – there must be planning/contracting for delivery of an interface and/or integrated prescribing
Tricks/tips 1

• Procure from framework
• Picked MedChart – in use in Harrogate and Leeds
• Staff training/Bank staff/Junior doctors (mutually beneficial)
• Lead Pharmacist with EPMA experience (Christie) – but not with MedChart
• Recruited 2 “Digital Nurses”
Tips/Tricks 2

• Clinical PA time (multiple specialties, range of experience)
• Lead Clinician – go live Specialty (Cardiology)
• Innovative Junior Doctor posts (50% EPMA, 50% Bank shifts)
• Be prepared for “speed bumps”:
  – Customer Safety Notice
  – Elearning (v8.3.1 vs v10.1)
  – Team dynamics
  – OD support
Working with Leeds

• Excellent support from Lead EPMA Pharmacist
• Site visits
• Access to the Leeds core drug build (~ 6 weeks off timeline)

Steal with Pride

• Challenges –
  – First to go live with v10.1
  – No access to e-learning…..why ???
  – Supplier reticence to share problems from other sites
  – Forming/Storming/Norming
Building a Team

• Varied backgrounds, extra capacity
• Trainers from Airline industry, IT
• Many members from outside the organisation
• Some colleagues from within – good mixture
• Clinical input from Consultants, “half-time” FY3 role…
Organisational development input to team

- Understand the pressures put on members
- Understand the strategic importance of the project
- Understand the timeline
- Be explicit about Forming/Storming/Norming
Explicitly recognise training elsewhere

Use elearning from elsewhere if possible

Consider a competency check for ex-users

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Prescriber eLearning

**eMeds Prescriber Role eLearning**

If you have worked at another Trust and can evidence that you have attended eMeds training, please contact us on the details below for a short competency check. This is only available to those who can provide evidence of prior eMeds training (photo of online results, PDF file, or copy paper certificate).

Doctors who have worked at Leeds will have a training record on the Leeds training platform The Training Interface (records for the past 5 years). Please log on and send to IT Training a screenshot of your eMeds training record/competency to receive the short competency check.

IT Training Team x36545 (01924 319545)
email: it.coursebookings@midyorks.nhs.uk

The eMeds Prescriber course is in two parts, learning and assessment. Both parts must be completed prior to system access being granted.

**Part one**

To start your eMeds Prescriber - v1.1 course click:

https://www.dls.nhs.uk/tracking/learn?CentreID=1068&CustomisationID=31084

Once the elearning Prescriber course has been completed take the eMeds assessment test below to evidence competency and be granted access. Click on the link, input your user id and password (generated when you registered for learning part one).

**Part two**

To start your eMeds Prescriber Assessment - 1.1 course, click

https://www.dls.nhs.uk/tracking/learn?CentreID=1068&CustomisationID=31224

Duration: Approximately 1 hour

*Click here* for instructions on how to register and use the eMeds Prescriber eLearning

Existing learners, will be able to login using their Mid Yorkshire Digital Learning Solutions log in details (Formerly IT Skills Pathway)

New users, click onto the link above for part one, click on the Register button to set up your user id and password for immediate access to eMeds eLearning, Free Microsoft courses and Knowledge Bank.

Register on Mid Yorkshire Hospitals premises for immediate access, learning can then take place at home.

First time registration at home (away from Trust premises) requires authorisation by the IT Training Team (authorisation is only available weekdays 08:30-17:00)

Course completion information will be shared with the Mid Yorkshire Hospitals NHS Trust Clinical Systems Access Team who will inform you by email to your Trust email account that you have access to the system. It is important that you use your Trust email account

*Click here* for eMeds Prescriber eLearning course objectives
Training effort

Trained Each Month

- Administration
- Prescriber
- View Only
- Pharmacy
- Cumulative Administration
- Cumulative Prescriber
- Cumulative Pharmacy
- Cumulative View Only
Govern
• Be ambitious – challenging timescales to deliver big change
• Secure Exec support

Prepare
• Prepare for your interview/presentation (external funding); Use technology for “presence”
• Bring the A team – and your A game

Recruit
• Recruit talented team members (external Lead Pharmacist with EPMA experience)
• Be prepared for forming/storming/norming

Application
3/9/18

Finance
Nov 18

Lead Nurses
start 1/4/19

Interview
3/10/18

Lead Pharmacist
starts 1/1/19


MD, Dir Nursing, CFO, Dir Pharmacy
Well prepared bid/papers, facts&figures
Interview with experienced people
Beds live with eMeds on 23\textsuperscript{th} July 2019 (8 months of receipt of funds)
Beds live with eMeds on 6th Sept 2019 (10 months from receipt of funds)
Go Live

• Mon-Tues-Wed
• Thurs-Fri – consolidation
• Very little out of hours requirement
• New patients to eMeds wards from non-eMeds wards (transcription)
• Consultant Leadership
• Pharmacy team
Summary

- Challenging the organisation to deploy at scale and speed was successful
- Exec Director engagement and Clinical Leadership are critical success factors
- Prepare at each stage of the process
- Recruit a strong team, support them and let them deliver
- Collaboration across NHS organisations is a powerful tool – and can happen outside the GDE programme
• Purpose and role of Care Quality Commission
• Regulation, enforcement and other roles
• Role of medicines optimisation team
• Medicines team and electronic records (focused on hospitals)
Our purpose and role

• We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

• Register
• Monitor and inspect
• Use legal powers
• Speak independently
• Encourage improvement

• People have a right to expect safe, good care from their health and social care services
Medicine Optimisation Team

Head of Medicine Optimisation
Regional Medicine Manager
National Controlled Drugs Manager
Pharmacist Specialist
Medicine Inspector
Medicine Team Support Officer
Controlled Drugs Officer
Clinical Fellow
Specialist Pharmacy Advisor
The Care Quality Commission has a medicines team because:

- medicines are used most often to improve health
- medicines can cause problems for some people
- medicines are used in every service we visit

We work with all inspectors in CQC to make sure that people have access to safe and effective treatment.
Health and Social Care Act 2008 (regulated Activates) regs 2014 (part 3)

Section 1 Requirements relating to persons carrying on or managing a regulated activity

Section 2 Fundamental standards

• Reg 9 Person centred care
• Reg 11 Need for consent
• Reg 12 Safe care and treatment – “proper and safe management of medicines”
• Reg 15 Premises and equipment
• Reg 17 Good governance including records
• Reg 18 Staffing
Care Quality Commission (Registration) Regulations 2009 (Part 4)

- Reg 16 notification of death of service user
- Reg 18 notification of other incidents
Records (paper and or electronic)
Thoughts on records

- Always been different records in different departments
- In NHS e-records need a smart card and sign on – but service can see where we have looked OR need staff to show you
- E vs paper records have different risks and benefits around use, fields vs free text, audit, tracking, rules, legacy access and business continuity
- Both require governance oversight in terms of version controls although easier with e-systems
- Different inspection approaches are required depending on the maturity and distance travelled towards paper light.
Thoughts on records

ePMA systems within secondary care are complex due to the range of functionality which is often required.

There may also be a heavy reliance by healthcare professionals on digital systems to do ‘the thinking for them’ and checks which may have been carried out with paper administration records may be missed due to the perception that ePMA is safer. Care is therefore needed when obtaining evidence during an inspection.
Thoughts on records

• Staff involved in the prescribing, administration and clinical checking of medicines must have had the appropriate training in the use of the system.

• ePMA records must only be accessed by staff caring for the patient

• Patient records must not be visible on computers/handheld devices if unattended by a member of staff.
Thoughts on records

- There must be a clear audit trail to identify the prescriber, administrator and clinical checker involved in the patient care.
- Appropriate individualised access should be given to system users i.e. prescribing rights to prescribers only (a good system may also further restrict prescribing access to certain drugs) and medication administration rights to registered nurses only.
- A robust system must be in place to ensure that healthcare professionals are signposted to any other paper prescriptions (e.g. insulin charts, fluid charts) that may still be in use for a patient.
Thoughts on records

- If there are multiple ePMA systems in place within a hospital (e.g. for chemotherapy and intensive care unit), steps should be taken to ensure avoidance of duplication, continuity of care on transfer to other wards and discharge.
- Is there a facility to record medicines reconciliation within the ePMA system? How are pharmacist clinical checks recorded and issues communicated within the multidisciplinary team?
Any questions?
NHS Digital Academy

Sarah Thompson
Head of Clinical Digital Optimisation
Stockport NHS Foundation Trust
Applications Open for Cohort 3

www.england.nhs.uk/digitaltechnology/nhs-digital-academy/

Deadline for applications 4th Oct 2019

Successful applicants notified November 2019

Programme commences with 3 day residential 1st April 2020
**PROGRAMME OVERVIEW**

**MODULE 1**
Essentials of health systems
- Module dates: 23 Apr - 10 Jun 2020

**MODULE 2**
Implementing strategy and transformational change
- Module dates: 10 Jun - 26 Aug 2020

**MODULE 3**
Health information systems and technologies
- Module dates: 27 Aug - 4 Nov 2020

**MODULE 4**
User-centred design and citizen-driven informatics
- Module dates: 12 Nov 2020 - 03 Feb 2021

**MODULE 5**
Decision support, knowledge management and actionable analytics
- Module dates: 10 Feb - 20 Apr 2021

**MODULE 6**
Leadership and transformational change
Module 6 is delivered via the four Residentials and underpins the learning of Modules 1 - 5.
Why Pharmacy professionals need to get involved in applying for Cohort 3 of the NHS Digital Academy

August 2019

Sarah Thompson – Pharmacist & Head of Clinical Digital Optimisation Programmes at Stockport NHS Foundation Trust. Graduate of Cohort 1 of the NHS Digital Academy

Why did I choose clinical informatics?

I am one of the 4 Pharmacists from Cohort 1 of the NHS Digital Academy and am currently studying for the Masters level qualification in Digital Health Leadership at Imperial College.

My initial interest in specialising in informatics was sparked by a secondment opportunity to roll out inpatient electronic prescribing in Stockport back in 2011. Following a successful implementation I left the NHS and moved to the supplier side as a ePMA specialist. It was during this time working with a number of inspiring and ambitious Pharmacy teams across the country that I realised I had found my specialist area. I returned to the NHS with a wider informatics role, responsible for clinical IT system deployment and safety at Stockport NHS Foundation Trust.

With digitally enabled care delivery one of the main focuses in the recently published NHS Long Term Plan, the opportunities for Pharmacists in this area will need to expand and the profession needs to be ready.

What has been my experience as part of the NHS Digital Academy?

I started the NHS Digital Academy in April 2018 with the first residential in London. I’ve never been so nervous walking into the room. It turns out I wasn’t alone, and along with the other 3 Pharmacists, my Peer Support Group and other cohort 1 students, I’ve made many friends and an incredibly well-connected professional network. The Academy has also linked me with an industry mentor who has helped me make significant steps forward in my self-confidence and how I approach my work. I’ve been able to take the learning experience and academic content back to my workplace and apply to my day-to-day role seamlessly. Don’t get me wrong, it’s been hard going at times, adjusting back to academic study alongside a demanding full-time job (as well as getting married, buying our first home and running the London Marathon during the academic year) but it’s been absolutely worthwhile. I can’t describe in words how much of a positive difference it’s made for me.

How can the NHS Digital Academy help me in my career?

I have another 9 months of my Masters level study to complete, my research is focused on effective clinical engagement in digital programmes. Following this, I aspire to be a CDO (Chief Clinical Information Officer) as I’ve been inspired by those I’ve met as part of the course and by the influence and impact they are having in their organisations. There are no rules stating CDO positions are restricted to Nursing and Medical professionals, and a number of Pharmacists are in this post nationally already. I’m pleased to now be able to say confidently that this is my ambition and I will get there one day.

I will always remain a hands-on Clinical Pharmacist, and have continued to practice clinically throughout my career.

Perspective from another Cohort 1 Pharmacist

Glen Tsang – Digital Lead Pharmacist and ePMA Systems Manager at Royal Wolverhampton NHS Trust

My current responsibilities is to maintain and develop my Trust’s ePMA system. I am also responsible for the other various IT Pharmacy systems in the department. I lead on the developments of MyDigital systems within pharmacy. I am one of the clinical champions to sit on the Trust’s Digital Healthcare Steering Group.

I also chair the West Midlands Pharmacy IT subgroup.

How the NHS Digital Academy has helped me:

To be able to partake in such a unique course and at a time where digital healthcare innovation is in the limelight has raised my profile as a Digital Leader within my Trust and region. It’s certainly made my Trust realise there is a need for more clinical involvement when implementing digital technology.

From my personal development point of view, the course helped me reflect on my leadership style and reinforced my thinking from other leadership programmes such as the Mary Seacole Programme.

Words of Wisdom: When it comes to technology and innovation, don’t be afraid to challenge the norm. Just because something has historically been done one way, doesn’t mean you can’t look at new ways of doing it!

Who should apply?

I would urge any Pharmacist or Pharmacy Technician who works in an informatics related role with an interest in developing their digital career to apply. You could be a Pharmacist managing an e-prescribing system or a Pharmacy Technician managing a stock control system or have been involved in digital system deployments and implementing change to clinical areas. This is a unique opportunity for a funded postgraduate qualification and a chance to be part of the next generation of leaders driving digital transformation in the NHS.

What do I need to commit?

Residential – there are 10 days of residential over the year. Attendance is mandatory at these; the dates are available in the application booklet.

Self-directed study – This averages around 5-8 hours per week, and could be up to 10-15 hours on busy weeks. Do not underestimate this, as commitment is needed to achieve this alongside your day job. If you can, try to get some protected study time to support you.

Workplace project – This will be a project core to your day job and will need to be detailed in your application. You will use this project as a way of reflecting on your development and also applying lessons from the taught content.

What are the application requirements?

Please refer to the full application booklet via the website below for details on expected academic background, experience and suitability. Remember the applications are open to ‘aspiring digital leaders’ and not only those already in CDO and CDO positions.

You will also need an executive sponsor from your organisation to commit to supporting you through your study. If you don’t know who this is/does could be, speak to your line manager. Arrange to meet them and prepare a brief summary as to why you want to apply and explaining how you see the course bringing benefits to your role and the organisation. Remember this also gives you access to executive level support throughout the Programme and can help you build a senior level relationship to help mentor you through the course and beyond.

How can I find out more?

More information is available via the NHS Digital Academy website:


Applications for Cohort 3 are open now and will close on 4th October 2019 – Get applying!
Questions?

Sarah Thompson
Sarah.thompson2@stockport.nhs.uk
@sar_cam
Summary and Next Steps

Followed by Q&A
Octobers Masterclass – 9/10/2019

1pm  
*Introduction*
Ann Slee, NHS England

1.05pm  
*Improving the Safety of Gentamicin Use in ePrescribing Systems*
Hannah Heales, ePrescribing Lead, Royal Free NHS Foundation Trust

1.35pm  
*A shared medication record - what you can achieve if you adopt standards*
Paul Johnston, Salford Royal NHS Foundation Trust

1.55pm  
*Summary, next steps and close*
Ann Slee
ePRaSE Version 2019

“Helping us optimise our systems”

...is launched

Visit eprase.nhs.uk to assess your electronic prescribing systems for adult inpatients

Target completion date: 30th September 2019
Save the date!

Join us at the fourth
ePMA Symposium

Cerner Collaboration Centre
19 November 2019

#EPMA19

All presentations are on the ePMA NHS Futures Website and the toolkit – [www.eprescribingtoolkit.com](http://www.eprescribingtoolkit.com)

www.england.nhs.uk