

Implementing electronic Repeat Dispensing

Electronic Repeat Dispensing (eRD) allows the pre-authorisation of up to 12 months of repeat prescriptions.

Many patients with repeat prescription could potentially be suitable for eRD. It is designed to provide benefits for pharmacies, surgeries and patients where there are stable, repeat prescriptions. In particular the features it offers are believed to offer some resilience during the current COVID pandemic.

What is eRD and how does it work?

eRD allows the prescriber to authorise and issue a batch of repeatable prescriptions for up to 12 months with just one digital signature. eRD stores all issues of the eRD prescriptions securely on the NHS Spine and automatically downloads them to the patient's nominated community pharmacy at intervals set by the prescriber (7 days before the due date). If this nomination changes, the destination of the eRD prescriptions also changes. eRD allows the cancellation of a single item or whole prescription batch, which will cancel all subsequent issues on the Spine preventing future dispensing of incorrect medication. This is particularly important at the moment, as if a pharmacy has to close unexpectedly (e.g. due to COVID) another pharmacy can access the prescriptions and manually pull down the next, even if the current one is "stuck" in the original pharmacy. (This does not require a change in nomination, allowing patient pathways to continue once the pharmacy reopens)

eRD provides flexibility for pharmacies and patients alike by permitting early, manual 'download' of prescriptions, during 'normal practice' this can be used for holiday requests. During COVID it will allow pharmacies to better manage unforeseen closures. All community pharmacies are required to accept and manage eRD as part of their core contract. This includes a requirement at the point of 'hand out' to check treatment is still correct (no changes or updates) and that all medication is needed.

The full process can be viewed in this [video](#).

Advantages to eRD?

Surgeries:

- Authorise up to 12 months of prescriptions with one digital signature, significantly reducing workload for prescribers
- Reduction in the number of patients repeat requests managed by reception staff
- Theoretically reduction in medicines wastage
- If GP surgery unable to open (due to COVID), there is a cohort of patients who do not need repeat medication prescribing, as already authorised

Pharmacies:

- Allows 7 days to dispense medication
- Improved stock control (can order expensive medication when needed only)
- More time to access medicines in short supply
- Allows pharmacies to manually download prescriptions early (e.g. holiday requests)

- Reduction in the number of patients repeat requests
- If implemented correctly, medication is synchronised (less visits overall to the pharmacy)
- If pharmacy unable to open (e.g. due to COVID impact) it allows a cohort of patients to have their medication dispensed by another pharmacy (the prescription is not 'stuck' in one pharmacy)
- Allows some control of workload and enhances relationship between pharmacy and patient

Patients

- No need to reorder repeat medication and therefore fewer visits to the surgery/pharmacy)
- During 'normal practice' patients can obtain early prescriptions as needed
- Medication is synchronised and easier to obtain (one process)

The process

Once identified, patients are contacted by the surgery and the new process for obtaining medication is explained. At this point verbal consent is captured by the surgery and this is recorded on their records (appendix 1).

A batch of prescriptions is generated, post-dated to the patient's next due date with batches lasting until the next medication review.

The pharmacy will dispense the first prescription as normal and remind the patient at hand out that the they do not need to contact the GP surgery to order the next prescription (appendix 2).

Once the final batch prescription is dispensed, the pharmacy will refer the patient to the surgery for a review. If this is delayed for any reason the patient should remain on eRD and short lengths (e.g. 2 months) can be used to avoid confusion from the patient.



Principles for implementing eRD

1. Before implementing eRD ensure local community pharmacies are aware of this
2. Paper repeats (batch prescriptions) **MUST** be discouraged and changed to eRD if in use
3. eRD is for patients on stable medication, NHSBSA can produce a list for surgeries if requested (same medication for 12 months) (requests to nhsbsa.epssupport@nhs.net)
4. Practices and pharmacies may find it helpful to nominate an eRD 'champion'
5. Medication must be synchronised before the first issue. If there is a small misalignment, pragmatically consider the value of 'part-prescriptions'. Counsel the patient to keep any 'spare medication' at home and use up as normal.
6. Treatment lengths **MUST** not be changed, but where they differ **all medication durations must be synchronised to the shortest period** (e.g. 28 days). This is essential to smooth operation of eRD.
7. Patients taking the medicines listed below are not suitable for eRD:
 - a. Schedule 2/3 controlled drugs
 - b. High risk medicines (e.g. Warfarin/Methotrexate)
 - c. Hypnotics or benzodiazepines
 - d. Non-defined doses (PRN, as directed) *NB where possible amend non-defined doses to defined ones, allowing inclusion in eRD*
 - e. Unlicensed medicines
8. Patients who have had new conditions or unplanned hospital admissions in the last 6 months should be excluded
9. Review patients pro-actively (rather than waiting for requests) and generate eRD for *the next issue due*
 - a. Contact the patient (as per appendix 1) and inform of new process and how to obtain prescriptions. Confirm consent.
 - b. Post-date the first prescription for next issue date. Medication must be aligned, and pragmatically consider if there is value to part prescriptions (relative value of any potential wastage).
 - c. Generate enough prescriptions to last until the patients **next medication review**
10. The community pharmacy confirms the collection (i.e. not ordering) process for the patients next prescription(s) and hands out a patient message (appendix 2)
11. When dispensing the last prescription in a batch, the pharmacy must inform the patient they need a medication review. **Surgeries must have a process in place to review the medication and reissue a new set of batch prescription.**
12. If changes are made by prescribers, it is **vital** part prescriptions are issued to ensure the patient remains 'synchronised'. It is preferable to cancel all future eRD prescriptions and issue a new batch including the new/amended item. It is possible to cancel ONE item and reissue another batch for this single item. In that case **the batches must have identical dates and end at the same time.**
 - a. Any medication stopped/changed must be cancelled by the prescriber (not just ended)
 - b. This will prevent future eRD prescriptions containing both the original and updated dose/medication

Appendix 1

FOR SURGERIES

Text entered as patient consultation

Repeat dispensing discussed patient. Patient keen to commence this. Patient happy to stick with currently nominated pharmacy for electronic prescriptions. Patient aware to attend pharmacy for future supplies of medication. Patient aware to book in for a medication review prior to XXXXX to enable further repeat dispensing. Repeat dispensing batch prepared and requested for signing.

Code: Read code 9Nd3 or snomed code 416224003 if they accept repeat dispensing and 8IEF if they decline (both searchable)

We have this as quick text, suggest type "rptdisp" press enter and it all appears – then amend the XXX to the date of their next clinical review.

NB – you can't add paragraphs to quick texts so all one line which is irritating but not a showstopper

Suggested script when calling patients

Informal script to help have faster consultations and make sure nothing is missed!

"Hi , I'm XXX a pharmacist working with your Drs at the GP practice. I have noticed that your use of medicines is very stable and you get the same things each time you have a repeat. I wondered if you would like me to move you to repeat dispensing. This means that you don't need to request your repeat medicines, we release a batch of prescriptions to your usual community pharmacy and they make them up for you when they are due.

In XXX you need to book in for a medicines review. We can then release your next batch of prescriptions. If you don't have your review you would need to go back to your current way of ordering medicines from the GP Practice.

Can I confirm that the pharmacy you would like your prescriptions sending to is.....XXXX
.....610

You must let your GP practice know if anyone, for example, the hospital, changes any of your medicines or starts new ones as we will need to change your catch of prescriptions. "

Appendix 2

For community pharmacies – print and attached to the first eRD prescription

<p>Your surgery has changed your prescription to 'automated repeats'. This means you do not need to order your next prescription. Your next prescription will be automatically waiting for you at the pharmacy. You have ___ prescriptions remaining before to must have a medication review with the surgery. <i>You must inform your surgery or pharmacy if there are any changes to your medication.</i></p>	<p>Your surgery has changed your prescription to 'automated repeats'. This means you do not need to order your next prescription. Your next prescription will be automatically waiting for you at the pharmacy. You have ___ prescriptions remaining before to must have a medication review with the surgery. <i>You must inform your surgery or pharmacy if there are any changes to your medication.</i></p>
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