Electronic Repeat Dispensing

(eRD): Prescriber guide

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Electronic Repeat Dispensing (eRD) is a function available to prescribers that replaces paper based repeat dispensing and could replace many routine repeat prescriptions. Currently the use of eRD is very low and the NHS is only realising a small proportion of the possible benefits.

eRD allows the prescriber to authorise and issue a batch of repeatable prescriptions for up to 12 months with just one digital signature. Once the service is set up, the patient's nominated dispenser receives the issues at the intervals that the prescriber specified. eRD reduces a surgery's workload and it is more convenient for patients because unless their condition changes, they don't need to contact the surgery and reorder their prescription. The prescriber retains the ability to cancel an item or whole prescription at any time.

> **"I set a patient up on Electronic Repeat Dispensing yesterday and printed out just one prescription token. The patient asked if they needed more prescriptions, but I explained that the prescription was for three issues and would last six months. Patients like it and we still have the control over the prescription if anything changes."**
> Dr Priestman, Kirkburton Health Centre, Huddersfield

Any patient who is suitable for a repeat prescription could be suitable for eRD. This includes, but is not limited to patients:

- on stable therapy
- on short term medication e.g. until their condition is reviewed
- with long term conditions
- on multiple therapy e.g. hypertension, diabetes, asthma etc.
- who can self-manage their seasonal conditions appropriately.

Patients will still benefit from regular contact with their dispenser, who is responsible for checking that their circumstances haven't changed since the previous issue of the prescription was collected. To avoid medicines being wasted, dispensers will also ask whether the patient needs all of the items on their prescription. eRD requires the dispenser to ask the following questions each time the eRD prescription is dispensed:

- Have you seen any health professional (GP, nurse or hospital doctor) since your last repeat was supplied?
- Have you recently started taking any new medicines - either on prescription or that you have bought over the counter?
- Have you been having any problems with your medication or experiencing any side effects?
- Are there any items on your repeat prescription that you don't need this month?

Based on the patient's answers to these questions, the dispenser will make a clinical decision to either dispense the medication or refer the patient back to their prescriber. If a patient doesn't require an item, the pharmacist will mark it as "Not Dispensed".

Financial benefits of eRD

eRD simplifies the repeat dispensing process - particularly in terms of the volume of paper.

The average practice uses the Electronic Prescription Service (EPS) for 56% of its prescriptions and prescribes 10,559 items in total each month. If they reach the national average eRD usage rate of 12%, they could realise an annual benefit value of £16,877. The same practice at 50% eRD usage would achieve an annual benefit value of £22,680.

(Figures based on benefits validation activities completed or co-ordinated by the EPS Benefits Management team.)

The facts about eRD

"eRD makes it easier to alter scripts and communicate any changes to dispensers."
Dr Tim McMinn, Sackville Medical Centre, East Sussex

- Patients can **only use eRD if they have an EPS nomination**, but they can change their nomination at any time during the duration of the eRD prescription. If the original dispenser has downloaded the next issue of the prescription before the nomination has changed, they must return the script to the Spine to allow the newly nominated dispenser to retrieve it.

- If it is clinically appropriate, the next issue of a prescription can be manually downloaded from the Spine and dispensed early. **The next issue is available** once the dispense notification has been sent for the previous issue. This could be useful, for example, when patients are going on holiday.

- "**When required" medication** can be prescribed via eRD. The prescriber can set the repeat intervals based on the predicted number of uses/doses. If the patient runs out of medication, the next issue can be requested early. In some prescribing systems, a variable prescription type is available which can help in these situations, or alternatively you can prescribe 'when required' medication on a separate eRD prescription.

- The **EPS Prescription Tracker** can be used to obtain details of every prescription in England. To use the tracker, you will need the patient's NHS number or prescription ID. Searching by prescription ID will list all issues of an eRD prescription, as they share the same prescription ID number.

https://www.digital.nhs.uk/electronic-prescription-service/rx-tracker

- When the patient collects the final issue of their eRD prescription, the dispenser should **inform the patient to contact their prescriber**. Surgeries will often schedule a patient review to coincide with the end of an eRD batch.

- Patients are required to give **consent for repeat dispensing.** This can be verbal, as formal written consent is not required. Dispensers can highlight suitable patients and inform the surgery. This would be a local arrangement and requires a secure means of communication between the dispenser and surgery, such as NHS Mail.

- Consent can be read coded in the patient's notes if required:

    "Patient consent given for Repeat Dispensing information transfer"
    CTV3 code: XaKRX   V2 code: 9Nd3.   SNOMED CT code: 416224003

- If a **patient changes practice**, outstanding repeat dispensing batches must be cancelled. If the Personal Demographics Service (PDS) is notified of a death, the Spine will automatically cancel outstanding prescriptions.

- Where the **prescriber is the responsible party and the author and they then move to work at another practice**, any outstanding repeat dispensing batches must be cancelled and re-issued by another prescriber. If this doesn't happen, any eRD prescriptions would move with the prescriber and be charged to their new practice.

- A recent legislation change means that the **Repeat Authorisation (RA) token** is no longer required as all reimbursement claims are now electronic. However, prescribing systems may still print these by default.

Cancellation and prescription synching

eRD allows the cancellation of the whole prescription or individual items. Cancelling an item will also cancel the items from all future issues of that prescription.

If the prescription is already with the dispenser, it must be returned to the Spine for the cancellation to take place. The amended eRD prescription can then be manually downloaded by the dispenser.

Individual prescription items can't be amended. Therefore, if a dose change is required, the item needs to be cancelled and re-prescribed. There are two options for patients with multiple items on eRD:

a. cancel ALL outstanding items on the Spine and replace with a new batch including the new item

b. cancel the individual item(s) – check when the next issue of the existing eRD batch is due and generate a one-off prescription to cover until the date of the next issue. Then create a new eRD prescription, to start at the same time as the next issue of the existing eRD prescription, with enough issues so that all prescriptions end at the same time. "Synching" prescriptions in this way ensures that all the patient's prescriptions are received by the dispenser on the same day, to support interaction checking.

It's always good practice to communicate with the patient's nominated dispenser about any changes made to eRD prescriptions.

How eRD works

eRD stores all issues of the repeatable prescriptions securely on the NHS Spine and delivers them to the patient's nominated community dispenser at the regular intervals which have been set by the prescriber. The prescriber retains the ability to change or cancel the prescription at any time.

The first issue is available on the NHS Spine as soon as it is signed and the subsequent issues are delivered to the dispenser 7 days before their due date, to allow time to order and prepare. The following diagram shows the process for a 28 day prescription.
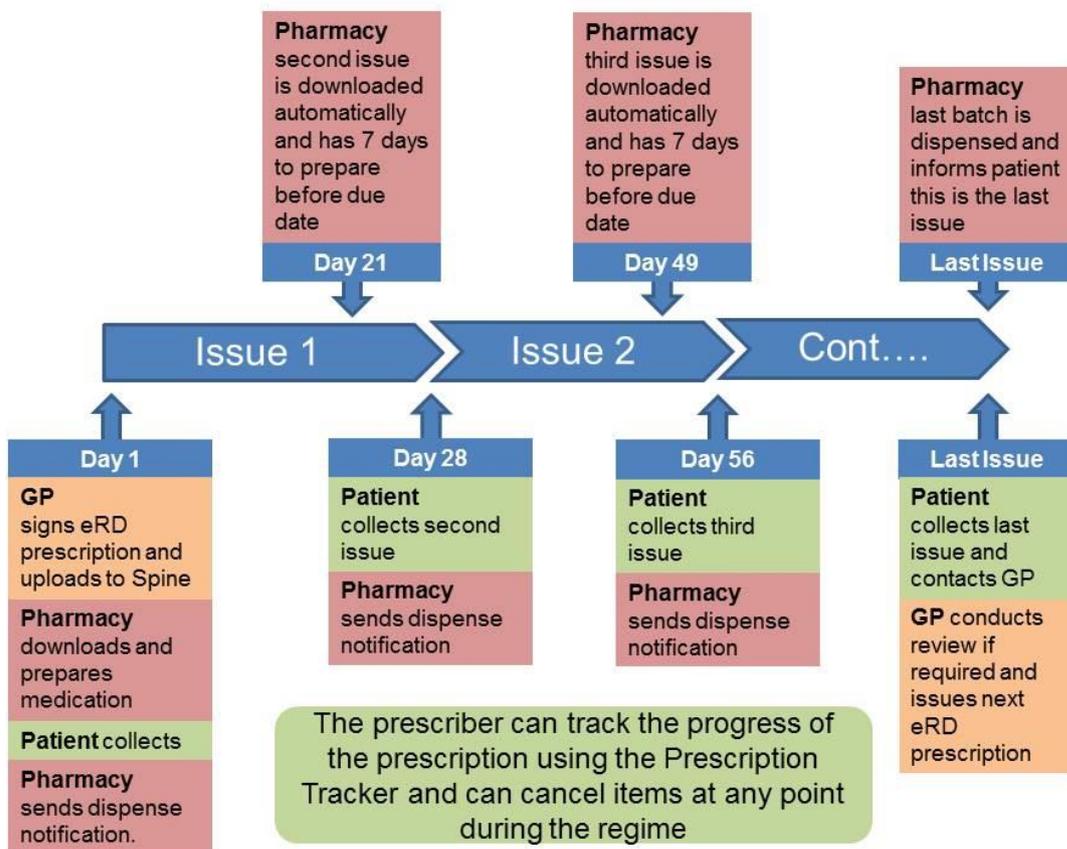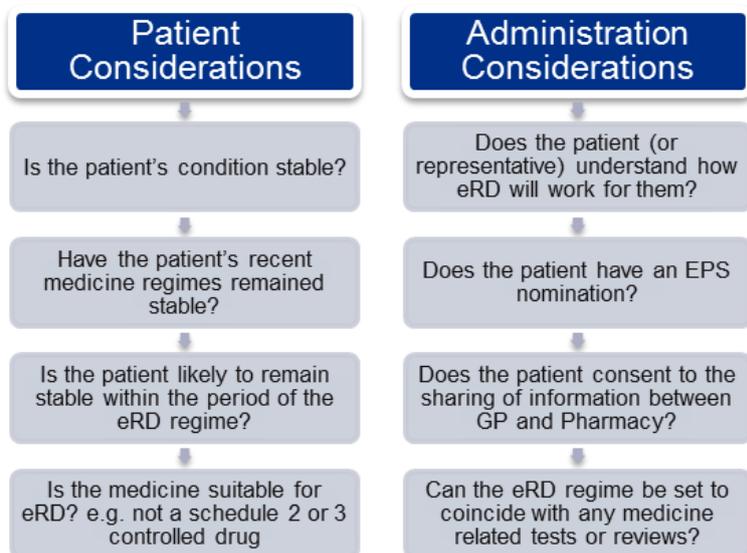

Identifying suitable patients for eRD

Successfully introducing eRD into a practice requires an agreement between prescribers and administration teams. It requires adapting ways of working and having a targeted approach to selecting patients suitable for an eRD regime. Some methods of selecting patients are:

- **including local pharmacies in highlighting suitable patients** can be advantageous for all parties, as they may already have relationships with their repeat patients. A local arrangement would be required with common patient selection criteria

- the **medication review** can be an ideal opportunity to switch patients onto eRD. Separate prescriptions could be "synched" so that all future prescriptions will arrive with the dispenser on the same day. Also, the end of the regime can be timed to coincide with the next review

- prescribers could select patients for eRD **opportunistically -** if they are prescribing a suitable regime for a suitable patient, they should choose eRD by default

- **advertise eRD in the surgery or local dispensary**. This should only be considered when a robust system for processing these requests is in place and the practice is confident in the use of eRD

- **target specific conditions** such as hypertension or diabetes. eRD should be considered at long term condition clinics

- a focused approach of contacting all patients on a **specific medication**, explaining how eRD works and asking for their consent to switch, has worked well for some practices.

Once an approach is chosen, the following aspects should be considered when assessing the suitability of individual patients:

Patient Considerations	Administration Considerations
Is the patient's condition stable?	Does the patient (or representative) understand how eRD will work for them?
Have the patient's recent medicine regimes remained stable?	Does the patient have an EPS nomination?
Is the patient likely to remain stable within the period of the eRD regime?	Does the patient consent to the sharing of information between GP and Pharmacy?
Is the medicine suitable for eRD? e.g. not a schedule 2 or 3 controlled drug	Can the eRD regime be set to coincide with any medicine related tests or reviews?

Developing a local eRD strategy

 "We put too many patients on eRD to begin with, including patients who weren't sufficiently stable. Many were requested to go on repeat dispensing by the pharmacies and in hindsight we should have had a tougher and more rigid policy."
Dr John Hampson - Greenmount Medical Centre, Bury

Top ten tips

Repeat dispensing has been successfully implemented in a number of GP practices. Here are the top ten tips gathered from GPs, practice managers and dispensers:

1. Be prepared to invest some 'set–up' time at the practice. This is an 'invest to save' process.

2. Start small – increase numbers and expand the selection criteria as the confidence of the prescriber and practice increases.

3. Improve communication between the practice and dispenser – maximum benefits will be gained with good working relationships.

4. Identify a named lead in both the practice and dispensary to take implementation forward and ensure regular two–way communication. Practices and dispensers must be responsive to changes in a patient's medication requirements and have the appropriate communication channels in place to notify each other of changes, cancellations or make referrals back to a GP.

5. When introducing eRD into the practice - work with non –medical prescribers who are involved in long term condition clinics, to help identify patients who will be suitable and will benefit from eRD.

6. Set patient selection criteria, which will make it easy to identify suitable patients and run the service smoothly. In many successful cases, patients have been identified by the dispenser and then referred to the practice.

7. Set the total duration of the repeatable prescription to coincide with reviews and any functions that have Quality and Outcomes Framework (QOF) points attached. eRD can be used to reinforce patient compliance with periodic reviews.

8. Ensure all staff at the practice and dispensary are aware of the service and fully understand the processes involved.

9. Since clinical information will be shared between the dispenser and the prescriber, explicit patient consent will be required. This consent may be written or verbal, but practices could record when and how consent was granted. Pharmacies can be involved in highlighting suitable patients.

10. Effective communication with the patient is paramount. The service will fail if patients continue to reorder their prescriptions as before or become confused.

eRD action plan

- Review current eRD performance – check EPS website statistics.
- Set a realistic target to aim for.
- Rate the general awareness and understanding of eRD within the team.
- Check prescriber and admin team system knowledge.
- Hold a meeting with key stakeholders from local pharmacies and patient groups, including representatives from the clinical and administrative teams to agree the following points:
  - How can eRD become the default choice for suitable prescriptions?
  - How will you switch existing suitable patients to eRD?

- Do any admin processes need to change?
- Does the team need any additional training?
- Do you know where to find system specific training?
- How can local pharmacies be involved?

eLearning for prescribers and dispensers

NHS Digital has commissioned an eLearning module for prescribers. This includes system specific training on all aspects of eRD.

Useful contacts

NHS England Electronic Repeat Dispensing Guidance

NHS Digital information about the Electronic Prescription Service

Electronic prescription tracker

PSNC information on electronic repeat dispensing