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Working with GP practices to roll out eRD and optimise its use

This factsheet contains a range of content to support community pharmacy and general practice teams in planning the roll out and use of eRD, in order to optimise its benefits for patients, pharmacies and practices.

We start by considering the benefits of holding an eRD business change workshop with local practices, to learn how to better collaborate and utilise eRD. These can be remote or face-to-face meetings.

eRD business change workshops

Why is communication between GP practices and pharmacies so important?

Business change workshops provide an opportunity for GP practice staff and pharmacy teams to collectively discuss how eRD processes will work well for them and their patients.

Ongoing communication between the GP practice and pharmacies is important – particularly at the start of a plan to boost use of eRD. Regular and ad hoc communication can help to smooth out the processes and ensure any problems are dealt with effectively, so that the patient experience of eRD is a positive one.

When should the workshops be held?

Ideally, business change workshops will take place immediately prior to a planned expansion of eRD use. This approach ensures that decisions can be made in advance and processes are fresh in people's minds. Any more than three weeks in advance and some of the key messages may be forgotten.

Local pharmacy teams should be invited to the workshops. Events may be supported or hosted by the NHS, **Local Pharmaceutical Committees (LPCs)**, GP practices' **Local Medical Committees (LMCs)**, or other local stakeholders.

What could be covered?

Examples of action points identified at previous eRD business change workshops

Identifying named contact points at the GP practice and pharmacy for queries and to ensure regular two-way communication.

Booking a series of weekly 10-minute catch-up meetings to review the previous seven days, e.g. scheduled phone calls or Microsoft Teams meetings.

Arranging dates for reciprocal visits to walk through the new processes at the pharmacy and practice, to improve the understanding of all involved.

Agreeing how to proactively alert patients to the introduction of the new ways of working and ask for their support and patience during early implementation (e.g. using posters in practice reception areas and pharmacies).

Agreeing how to review progress after the go-live date. Find some time to consider if the agreed processes work or how they could be adjusted to work better.

The meetings can help brief participants on eRD, so everybody has a common understanding, raise awareness of the benefits of eRD and allow discussion amongst practice and pharmacy staff on the processes which will need to be followed.

Some workshops may involve a review of prescribing and dispensing processes, with an opportunity for agreeing how those can be adjusted to facilitate more use of eRD. This could involve:

- Discussing the plan for communications with patients, including literature/leaflets/posters that can be used;
- Raising any potential issues before the GP practice goes live with eRD and discussing how the practice and pharmacy teams will work together to address issues that arise after going live; and
- Agreeing the approach including formally 'signing off' the action plan for agreed processes.

Attendees, duration and action plans

Anyone who will work with eRD in the GP practice or pharmacy should attend. This includes practice managers, GPs, reception staff, prescription clerks, practice IT leads and practice pharmacists. Within the community pharmacy team, it could include pharmacists, pharmacy technicians, dispensers and counter staff. Attendees should report back to those within their teams that missed the meeting.

The event duration will vary but is frequently 60-120 minutes.

An action plan should be agreed at the meeting; a **template to collate a list of actions** agreed at the meeting can be downloaded from the PSNC website.

Topics to discuss at business change workshops

At business change workshops, it is generally useful for pharmacy teams and GP practice staff to discuss how the eRD process will work and consequently how processes will need to be amended to incorporate eRD or to help it function more smoothly.

Discussions on the eRD process can be fed into the drafting of the standard operating procedures (SOP) of pharmacies and practices. eRD leads at the GP practice and the pharmacy can look for opportunities to refine SOPs based on the experience of rolling-out eRD over time.

If your SOP templates are managed by another person or department (e.g. head office), you could provide feedback to them on potential changes to SOPs that they could consider. Where this is case, local adaptations to SOPs should not be made without approval from the appropriate person or department.

Topics for consideration at a workshop include:

1) Synchronising prescriptions

eRD works more efficiently where patient's regular medicines have their quantities synchronised so that they run out at the same time and further medicines are then all requested at the same time.

Without synchronising prescriptions, patients may have to contact pharmacy teams and GP practices more frequently and may try to order different medicines at different times. Synching saves time for the patient, the GP practice team and the pharmacy team. Medicines are less likely to be wasted and patient adherence to regimens could be improved, e.g. through avoiding gaps in the availability of medicines, when re-ordering of medicines becomes disorganised.

Some contractors and local prescribers have successfully worked together to synchronise those patients who are about to start receiving eRD batch issues. This requires set-up time but provides long-term benefits.

How does it work?

GP practice staff and pharmacy teams can jointly work to synchronise the medicines of those patients who are about to be moved onto eRD, taking either an approximate or more precise approach.

It needs an agreed process to be put in place and it could be done as part of the patient's annual review at the GP practice.

The process is described in the following table:

💬	**1. Discussion**: The pharmacy team or GP practice staff talk to the patient about leftover medicines at home. The patient should be advised that a one-off prescription with enough of each of their required medications to add to the ones remaining at home will be request or issued. This will bring them all in to line. After that, the patient should

	run out of their medication at roughly the same time. They will then be able to order all of them together from then on.
	2. Syncing note prepared: The pharmacy team or GP practice staff prepare a **synching note** which includes the detail of the patient's remaining medicines, to allow the alignment of medicines on the next prescription.
	It can be calculated approximately, so all medicines finish within the same 28-day period or more precisely, so all medicines finish on the same day.
	Not all the patient's usual medicines may be required on the synching prescription, if the patient has stock at home to use up.
	3. Syncing prescription issued: The prescriber issues the one-off synching prescription, with the regular medication prescribed in quantities which will mean all the medicines will run out at the same time.
	4. Syncing prescription dispensed: The pharmacy team dispenses the synching prescription and may need to split packs when dispensing.
	Prescriptions should be labelled and endorsed with the amounts supplied to ensure accurate prescription pricing.
	5. eRD processed: For the following prescription, eRD batch issues are prescribed and dispensed.
	6. If changes occur, these are managed: If there is a new item that is not part of the eRD batch issues, these items would ideally be aligned to the regular eRD prescription so that at the point of renewal, the whole batch can be synchronised. Alternatively a new regular medicine could lead to the eRD batch issues being cancelled and restarted with all items.
	7. At the end of the cycle, a further eRD cycle is set-up. The patient should be advised to re-order a new batch of eRD issues once the last of the current batch has been dispensed, taking into consideration the usual processing time required at the GP practice and any additional requirements that may be needed e.g. blood pressure check or blood tests.

2) Appointing eRD champions

It is recommended that each GP practice and community pharmacy has one or more eRD champions acting as the contact points and leads for work on eRD. They would develop a good knowledge of eRD and the locally agreed processes, promote eRD usage within their organisation and facilitate communications between the local partner organisations.

The eRD champion should ideally:
- understand the repeat prescription process and the eRD processes;
- be familiar with the **eRD resources** for use by GP practices, pharmacies and patients;
- understand how to use the locally agreed patient selection process;
- be an established and confident EPS user;
- be willing and able to cascade training and learning to colleagues, influencing change and the adoption of new processes; and
- be able to engage and manage relationships with the local partner organisations (local practices or pharmacies).

Suggested activities for the eRD champion:
- act as the local expert on eRD;
- use the locally-agreed patient selection process;
- highlight areas where eRD could be used better;
- monitor the use of eRD locally, share this information with colleagues and keep a log of any issues that arise;

- promote eRD to patients, ensuring patient information on eRD is well positioned and used within the premises; and
- act as a contact point for colleagues who have any queries on eRD, providing training and advice, as needed.

3) Identifying patients suitable for eRD

eRD works best when all the staff at the GP practice and at the pharmacy understand the process for inviting suitable patients to use eRD.

The NHSBSA can support the rollout of eRD by providing lists of patients' NHS numbers to GP practices that are likely to be suitable for eRD (based on their dispensing history). The list may be requested by a clinician registered at the practice by emailing, from their NHSmail account, **nhsbsa.epssupport@nhs.net**. Further information about the process is set out on the **NHSBSA website**.

Patients suitable for repeat prescriptions may be suitable for eRD . The criteria could include those:
- on stable therapy;
- with long-term conditions;
- on multiple therapies; or
- that can appropriately self-manage seasonal conditions.

Patients may be less suitable for eRD if one or more of the items below applies:
- significant changes have occurred to their condition or medication regimen recently or are expected in the coming months;
- unplanned hospital admissions have occurred recently or within the previous six months; or
- the patient has been prescribed medicines which requires close monitoring.

The **Wessex AHSN eRD handbook** contains further guidance on selection of patients suitable for eRD.

Aside from the NHSBSA selection process, other patient selection methods include:
- **Local pharmacies using a process agreed with the GP practice, e.g. highlighting the most suitable patients** using **eRD referral forms**.
- **The medication review at the GP practice can be an opportunity to switch patients onto eRD**. The review could identify those items needed for a synchronisation prescription. The end of the regimen can be timed to coincide with the next review.
- **Prescribers selecting patients for eRD opportunistically.** If they are prescribing a suitable regimen for a suitable patient, they should choose eRD by default.
- **Advertising eRD in the GP practice or community pharmacy** e.g. with posters and leaflets. This is best done when a robust eRD system is in place and all are confident with eRD usage.
- **Targeting specific conditions to trial more eRD** (e.g. hypertension, asthma or diabetes). eRD should be considered at long-term condition clinics. Even though conditions maybe targeted, all the patient's medicines should be put onto eRD if they have more than one condition and are suitable for eRD. A focused approach of contacting all patients on a specific medication has worked well for some GP practices.

4) Communicating with patients about the new process

Effective communication with patients when they start using eRD is crucial and it can be led by the GP practice or by the community pharmacy team.

Ongoing communication is important, because the service will not work effectively if patients inadvertently keep reordering medicines from the general practice, as if they are still using repeat prescribing.

Consider how to effectively communicate the following points to patients:

- Discussing the benefits of eRD and how the process works, including not having to re-order their medicines from the practice on a regular basis.
- Managing patient expectations about the timescales for:
    - the creation and signing of routine eRD prescriptions (including at the end of a cycle of repeats);
    - the preparation and dispensing of routine eRD prescriptions; and
    - the time the GP practice team needs to respond to repeat prescription requests.
- Making their pharmacy nominations - ensure all staff are familiar with the **four nomination principles**.

5) How will the four eRD questions for patients be asked prior to a supply being made?

eRD requires the active management of patient medication needs rather than just dispensing what is listed on a prescription. eRD prescriptions should not be dispensed until it has been confirmed with the patient or their representative what items are required.

Consider how the questions will be posed for patients that may receive deliveries or where medicines are collected by representatives.

6) Consider when the eRD Dispense Notifications (DN) are sent, recognising the impact on eRD schedules

The download of subsequent batch issues early can be partly controlled by the processing of the DN. Subsequent eRD prescriptions can only be downloaded early if the DN for the previous prescription within the same batch has been submitted.

Claim notifications can only be sent to the Spine relating to prescriptions that have had a DN sent to the Spine. DNs can be sent in accordance with a contractor's chosen processes and system settings. PSNC recommends sending EPS messages frequently.

7) Dealing with prescriptions which arrive early

Pharmacy teams will need to consider how to manage eRD prescription batch issues that are received much earlier than when the patient needs the items.

8) Dealing with 'missing' prescriptions which have not yet arrived

Pharmacy teams will need to consider how to manage situations where the patient calls to collect eRD items before the next batch has arrived. See **tracking EPS/eRD prescriptions** for information on how to track electronic prescriptions.

9) Dealing with changes to eRD prescriptions

eRD is most suitable for patients that are not expected to have medicine changes, however, there will be occasions when changes to the regimen have to be made.

Patients may also wish to change their pharmacy part way through an eRD cycle. GP practice and pharmacy teams should consider how to deal with these scenarios and how to manage patient's expectations.

Cancellation or changes to medication mid-way through a cycle

This should not be a regular occurrence as where patients are anticipated to need regular changes to their regimen, they are unlikely to be deemed to be suitable for eRD. However, if the cancellation of an item is required, then the individual item can be cancelled for the remaining issues in a batch or the whole prescription (i.e. all items and all remaining batches) can be cancelled and a new batch of issues can be generated. If at the time of cancellation, the next issue has already downloaded to the pharmacy's dispensing system, the cancellation will not apply to the downloaded items. In that circumstance, the cancellation will need to be communicated to the pharmacy (e.g. by phone or email) to prevent the potential dispensing of the medication. Similarly, a newly added item could be given its own eRD cycle aligning with the remaining duration of the other eRD items or the existing eRD batch issues could be cancelled, and a new batch of issues could be generated, including the newly added item.

Changes to pharmacy mid-way through cycle

eRD will function best for those patients who regularly use the same pharmacy. If patients are expected to frequently change from one pharmacy to another, they may not be suitable for eRD.

If a patient wishes to change from one pharmacy to another mid-way through their eRD cycle, they should be assisted to change their EPS **nomination** and the following issues may need to be considered:

- The new pharmacy may need to review the patient's medication history using the NHS Summary Care Record or a local Shared Care Record;
- The original pharmacy may need to be asked to return any undispensed eRD prescriptions to the Spine. This could be confirmed using the **EPS tracker**;
- If the nomination is changed before the prescription is returned to the Spine, the new pharmacy will have to manually download the returned prescription; and
- If the prescription is returned to the Spine and the nomination is changed later, the returned prescription may download automatically to the new pharmacy. Prescriptions can also be pulled down from the Spine using the EPS prescription reference (seen as the barcode number on the EPS token and seen within the EPS Tracker).

Transitioning from the first to the second eRD cycle

Considerations for pharmacy and GP practice teams include:

- A patient started on eRD should generally remain on eRD unless it is found to be clinically inappropriate or the patient wishes to withdraw from using the service;
- How will patients be reminded of the need to re-order a new batch of eRD prescriptions when the last batch is being issued?
- Will all patients need a review appointment at the practice before a new batch of eRD prescriptions can be issued or will that only apply to certain patients?
- Does the patient review need to be completed before issuing the next batch? Will the review need to be timed so that it occurs before the eRD cycle runs out? and
- What needs to happen to make sure that the patient stays on eRD and is not reverted to "normal" repeat prescribing at the end of the batch?

10) Could prescribers use eRD for scenarios where normally post-dated prescriptions would be used?

When post-dated EPS prescriptions are issued, these cannot be seen or prepared in advance by the pharmacy team. Some GP practices avoid post-dating EPS prescriptions and use eRD instead, with a set, delayed, start date.

Read more about eRD at **psnc.org.uk/eRD**