

## Electronic Repeat Dispensing (eRD) in response to Covid 19 Frequently Asked Questions

These questions have been taken from the NHS England webinars that we ran in early April (webinar slide deck and recording available at <https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing> )

Where the answer is covered in detail already elsewhere (e.g. in the Wessex AHSN eRD Handbook) we have included a link and, where possible, the page number.

The questions have been separated into six themes:

1. NHS BSA Data highlighting patients who may be suitable for eRD
2. Supporting GP practices to switch eligible patients
3. Patient issues and support
4. Clinical issues
5. Community Pharmacy
6. eRD – technical questions.

As part of the NHS England response to Covid 19, General Practices in England have been asked to consider putting all suitable patients on electronic repeat dispensing (eRD) as their next repeat prescriptions are issued. The whole repeatable prescription can be valid for a year, but each repeat should be for no longer than the patient has now. For example, if the patient has prescriptions for a month's supply now, then the repeat dispensing should be set up as 13 x 28 days' supply.

Increasing eRD will have the following benefits in the current situation:

- Reducing footfall to GP Practices and to community pharmacies, supporting social distancing.
- Reducing workload for prescribers allowing better prioritisation of resources
- Controlled management of the supply chain reducing the number of temporarily unavailable medicines.

Practices should first ensure that their Electronic Prescription Service (EPS) levels are high, with pharmacy nominations in place for the majority of patients receiving repeat medicines.

## 1. NHSBSA Data highlighting patients who may be suitable for eRD.

### Q1. Can CCGs have access to the NHS Number of eRD- suitable patients?

A1. Yes, for a temporary period (currently until end of September 2020).

In response to Covid-19, the Health Secretary issued a notice that temporarily sets aside patient confidentiality for a number of specific purposes. NHSBSA are complying with the Health Secretary's Covid-19 notice requirement in sharing this information with CCGs and PCNs.

The health and social care system is taking action to manage and mitigate the spread and impact of the current outbreak of Covid-19. Action to be taken will require the processing and sharing of confidential patient information amongst health organisations and other bodies engaged in disease surveillance for the purposes of research, protecting public health, providing healthcare services to the public and monitoring and managing the Covid-19 outbreak and incidents of exposure.

### Q2. How do I unzip the data file from NHSBSA?

A2. Within 48 hours of requesting the eRD Patient List information, you will receive two separate emails to the nhs.net email address used to request the information. The first will contain the password to access this data and the second will contain an attachment with the data file (a ZIP file). Some systems deliver these emails to your junk folder.

Opening the ZIP file is just like opening any other attachment on an email, double click and a file explorer folder will appear. Double-click on the file and the password dialogue box will open. Care should be taken when copying and pasting the password from the email into the dialogue box, as adding a space in front or after the digits will result in a failure to open the file.

More trouble shooting issues are addressed at [www.nhsbsa.nhs.uk/eRD](http://www.nhsbsa.nhs.uk/eRD)

### **Q3. How is the NHSBSA list made up?**

A3. The NHSBSA NHS Numbers file is made up of prescriptions that have been prescribed and dispensed via the Electronic Prescription Service (EPS). The file currently includes those patients that have had 1, 2 or 3 drugs dispensed per month for 10+ months in the last 12 months. These patients could have received other medicines for a smaller number of months too. For example, a patient receiving Atorvastatin for 12 months and Amoxicillin in one month will be included in the list.

For full details of what is included please go to [www.nhsbsa.nhs.uk/eRD](http://www.nhsbsa.nhs.uk/eRD)

NHSBSA will continually review the data supplied and, based on feedback, will enhance the information being supplied. Based on feedback to date, NHSBSA have added two additional columns:

1. Percentage of a patient's medicines that are for 10+ months of all medicines received by the patient during the 12-month period. For example,
  - Patient receives Med A in 10 months, Med B in 10 months and Med C in 2 months – the extra column would say 91% ( $20/22*100$ )
  - Patient receives Med A in 10 months, Med B in 10 months and no other meds – the extra column would say 100% ( $20/20*100$ )
  - Patient receives Med A in 10 months, Med B in 10 months, Med C in 2 months, Med D in 3 months and Med E in 6 months – the extra column would say 65% ( $20/31*100$ )

2. Total number of medicines during the period

The user can use the number of drugs and percentage of drugs columns to prioritise their efforts. Those that are 100% will be those patients that only receive that number of meds and are for 10+ months.

Those practices that received the original file format for 1, 2 and 3 meds lists will be contacted to offer the updated list with percentage column included to help with quicker filtering.

NHSBSA continue to explore how to support CCGs and GP Practices in using data to increase utilisation of eRD. If there are suggestions you would like to make, please contact [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net).

**Q4. Are all of the patients identified in the list from NHSBSA automatically suitable for eRD?**

A4. No. The list from NHSBSA is intended to be used to identify potential patients that that may be suitable. A review of the patient and their medications should be carried out to determine if eRD is appropriate for the patient. You will need to factor in a range of issues such as how experienced in eRD GP Practice and local Pharmacies are, what the medicine(s) is/are, how able the patient appears to be able to manage a new system such as eRD.

**Q5. If our practice doesn't receive an email can we request the data directly and what do we do if we still have not received our email from NHSBSA.**

A5. Practices can request the data directly by contacting NHSBSA directly at [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net)

If your data has not arrived at the GP practice firstly check your junk mail. If the data isn't there, then email [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net)

**Q6. What about 56-day prescriptions? Does the NHSBSA search pick up 5/6 issues in the last 12 months to identify these?**

A6. Currently the dataset does not include 56 day supply but this in one of the opportunities to enhance the data provided that is being explored.

## 2. Supporting GP practices to switch eligible patients

### Q1. If I'm not a prescriber what needs to happen by the GP to authorise the eRD prescription?

#### A1. EMIS

Click on Approve and Complete (Clinical staff)  
Click on Forward and complete non-clinical staff

To post date, elect the drop down arrow and choose 1.

#### SystemOne

SystemOne GP: Mr Nic-Donotuse Xxtestpatientjazz-TestPatient 14 Aug 1956 (59 y) M  
c/o HSCIC TEST DATA MANAGER, Solution Assurance, 1 Trevelyan Sq, Boar Lane, Leeds LS1 6AE

**Authorise Spine Prescription**

The system will sign the content displayed here on your behalf, by means of information stored on your smart card as an Advanced Electronic Signature. By entering your PIN here you affirm your intention to digitally sign and issue these prescriptions. Do you wish to proceed?

Prescription details

Mr Nic-Donotuse Xxtestpatientjazz-TestPatient (9990068518)  
Time: 10 May 2016 11:32  
Author: Mr Richard Thompson  
Nominated pharmacy: Boots Uk Limited, 19 Albion Arcade, Bond Street Centre, Leeds LS1 5ET

ETP Prescription number 1  
Aspirin 75mg dispersible tablets 28 tablet (take one daily)  
Atorvastatin 10mg tablets 28 tablet (take one daily)  
Lisinopril 10mg tablets 28 tablet (take one daily)  
**Repeat dispensing item - number of issues: 12**

PIN: ●●●●

Proceed Cancel

**Q2. Who should contact the community pharmacy?**

A2. Ideally each practice will nominate an eRD champion to liaise with the community pharmacy eRD champion. See page 8 of eRD handbook.

[https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook\\_Digital\\_WEB\\_S.pdf](https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf)

Prior to a switch to eRD, local community pharmacy should be consulted about how they would like the system to work. This could be the role of a practice manager. It is vital that the local pharmacies are brought into the discussions early.

**Q3. What is the role of the PCN Pharmacist?**

A3. PCN Pharmacists could be very helpful here in making sure local pharmacies are aware of what is happening with eRD and also sharing Pharmacists concerns, issues and ideas about how the system could work well. PCN Pharmacists can support GP practices by reviewing the NHSBSA list of NHS numbers to identify those who are clinically appropriate to move to eRD.

### 3. Patient issues and support

#### **Q1. How should we communicate with patients?**

A1. It is vital that processes are put in place to ensure that patients understand eRD. There are a range of resources to help CCGs and Practices and Pharmacist make sure patients understand the eRD process.

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/electronic/eps-resources>

Animation showing how the process can help patients

<https://vimeo.com/291921078>

Examples of texts messages that GP practices can use

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/electronic/erd-resources#jumplink7>

Scripts to help with phone calls to patients explaining eRD

[https://wessexahsn.org.uk/img/publications/eRD%20Conversation%20Crib%20Sheet%20\(NEHF%20CCG\)\\_2020\\_02\\_04\\_02\\_45\\_14.pdf](https://wessexahsn.org.uk/img/publications/eRD%20Conversation%20Crib%20Sheet%20(NEHF%20CCG)_2020_02_04_02_45_14.pdf)

[https://wessexahsn.org.uk/img/projects/Dorset%20CCG%20eRD%20Explaining%20it%20to%20a%20Patient%20v2\\_26th%20March%202020.docx](https://wessexahsn.org.uk/img/projects/Dorset%20CCG%20eRD%20Explaining%20it%20to%20a%20Patient%20v2_26th%20March%202020.docx)

#### **Q2. Do we need to gain consent with patient prior to changing to eRD? What consent is needed for those patients who do not have capacity?**

A2. Currently the regulations state that consent must be sought prior to moving any patient to EPS and eRD. See page 11 of Wessex AHSN eRD handbook and Section 4 of NHS E eRD guidance

<https://wessexahsn.org.uk/img/projects/electronic-repeat-dispensing-guidance.pdf>. The issue of patient consent for eRD is being looked into but, currently, the regulations still stand.

For further discussions on practical solutions to help CCGs, see eRD webinar.

<https://vimeo.com/406845708>

**Q3. Can we use text messaging services to send the patient the bar code and final issue dates?**

A3. This is not advised.

**Q4. Some of the community pharmacies have access to the next issue as soon as they claim the current issue, leading to difficulties when trying to make amendments or where patients end up being supplied with multiple issues more frequently than the allocated duration.**

A4. eRD does indeed enable Community pharmacies to pull down a prescription ahead of the time it is actually due to be dispensed. This functionality was introduced to enable patients and pharmacists the flexibility to manage supply for example when the patient is due to go on holiday. During the Covid 19 pandemic, that scenario is unlikely and therefore pharmacy teams and GP Practices should ensure that patients are not receiving medicines too far in advance of their due date to ensure that we protect the medicines supply chain for all patients.

## 4. Clinical issues

### **Q1. What about drugs that need monitoring?**

A1. This is difficult during the pandemic, but patient monitoring of high-risk medicines will need to be thought about carefully based on local arrangements. It is possible to produce an eRD prescription for 3 months - up to the point that the patient's routine blood test was due.

Further guidance on the management of drugs requiring monitoring during COVID-19 can be found on the SPS website

<https://www.sps.nhs.uk/articles/drug-monitoring-in-primary-care-for-stable-patients-during-covid-19/>

### **Q2. How are PRN meds like salbutamol and analgesics dealt with?**

A2. Because it may be difficult to accurately predict when "PRN" will be needed, eRD works best if all "when required" items are put onto separate individual prescriptions. See Page 15 of the eRD Handbook Link

[https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook\\_Digital\\_WEB\\_S.pdf](https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf)

### **Q3. Can you clarify the process of stopping a medicine, or changing the dose? Are all items with the same EPS cancelled?**

A3. Even with robust processes for identifying patients suitable for eRD, some changes to medicine and doses will inevitably occur from time to time. If changes are needed, either the individual item or the whole prescription must be cancelled and the new (amended) items / prescription reissued. See page 19 of eRD handbook

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and

<https://wessexahsn.org.uk/img/projects/eRD%20useful%20slides%20for%20Post%20dating,%20cancelling%20and%20tracker.pdf>

**Q4. Can you advise as to whether patients on inhalers and insulin can be put on eRD or not. If patients are on a stable dose of insulin?**

A4. Schedule 2 and 3 Controlled Drugs are ineligible for eRD. However, there are very few other drugs that cannot in any circumstance be managed via eRD. The key factors in deciding if a medicine is appropriate are around how stable the prescription has been historically and how likely changes are to happen in the period of the eRD prescriptions. The ability of the patient to manage their medicine via eRD is an important factor and should include how compliant they have been historically with routine reviews and checks.

See page 25 of the eRD handbook for examples of practice

[https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook\\_Digital\\_WEB\\_S.pdf](https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf)

## 5. Community Pharmacy

### **Q1. I understand that eRD reduced footfall for GP practices but how does it help community pharmacies?**

A1. eRD, when rolled out properly, allows community pharmacy to plan and manage repeat prescription workload more efficiently. It encourages multi-disciplinary working, reduces medication waste and enables utilisation of pharmacists' skills in managing the repeat medication process.

### **Q2. Can we assume that all community pharmacies know about eRD?**

A2. Yes it has been part of the community pharmacy contractual framework since 2005 **but**, if local GPs have not issued any eRD prescriptions, local pharmacists may not be familiar with it. Calls to local pharmacies to plan the set up are essential.

### **Q3. There are currently many supply issues, could this be a burden on community pharmacies and GP practice teams?**

A3. There have been supply issues for a while now and general practice and community pharmacy have unfortunately become used to managing them. eRD is no different, plans will need to be in place to manage shortages.

### **Q4. Is there any way a community pharmacist can report back to a GP practice electronically if any clinical issues arise part way through a medication course?**

A4. NHS Mail would be a useful mechanism for this

## 6. eRD – technical questions

### Q1. Can dispensing practices start to utilise eRD?

A1. Yes, for their “non-dispensing” patients only.

### Q2. Can the prescription be given out before the 28 days in the pharmacy?

A2. Yes. After the first issue has been dispensed and the dispensed notification sent, the next issues are ready to download from the spine 21 days after the DN notice has been sent. Subsequent issues are then available to download when the patient is ready for them (and bearing in mind the supply chain issues we are trying to manage)

### Q3. Can eRD be used for weekly dosette prescriptions?

A3. Yes. eRD was not designed for 7-day prescriptions but technically can be used for this.

### Q4. Can you explain what needs to happen if an item is stopped mid-regime?

A4. Contact the pharmacy and then cancel the item. See Page 10 of the Wessex AHSN eRD handbook

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and

<https://wessexahsn.org.uk/img/projects/eRD%20useful%20slides%20for%20Post%20dating,%20cancelling%20and%20tracker.pdf>

#### **Q6. How long is an eRD prescription legally valid for?**

A6. An eRD prescription has to be dispensed for the first time within 6 months of the “appropriate date” with subsequent issues valid for **12 months** from the signed date.

(The appropriate date is the later of either the date the prescription was signed or the date indicated as the start date)

These answers have been developed to the best of our ability and knowledge. Issues are moving rapidly and there is a risk that new information changes these answers. We will endeavour to update the FAQs as soon as we are able but CCG, Practices and Pharmacies have a responsibility to stay up to date and have knowledge of the regulations and service specification for eRD.

We are developing a national eRD network to share best practice and contribute to resource development. Anyone wishing to join should notify the NHS BSA at [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net).

16 April 2020