



**Wessex**  
Academic Health  
Science Network



# Electronic Repeat Dispensing Handbook

May 2020 Version 2

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[wessexahsn.org.uk/eRD](https://www.wessexahsn.org.uk/eRD)



Business Services Authority

*The***AHSN***Network*

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This guidance has been adapted from a number of resources, including Guidance by NHS Sunderland and NHS High Weald Lewes Havens Clinical Commissioning Groups, by the Wessex eRD Steering Group. It is a working document and will be regularly reviewed by the Wessex eRD Steering group. It has been updated in light of guidance to increase utilisation of eRD in response to the Covid 19 pandemic.

Please send comments and suggestions to [medicines.optimisation@wessexahsn.net](mailto:medicines.optimisation@wessexahsn.net)

# Electronic Repeat Dispensing Introduction

As part of the Primary Care response to Covid 19, NHS England have stated:

**“General practices have been asked to consider putting all suitable patients on electronic Repeat Dispensing 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 the GP practice and to the community pharmacy, 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

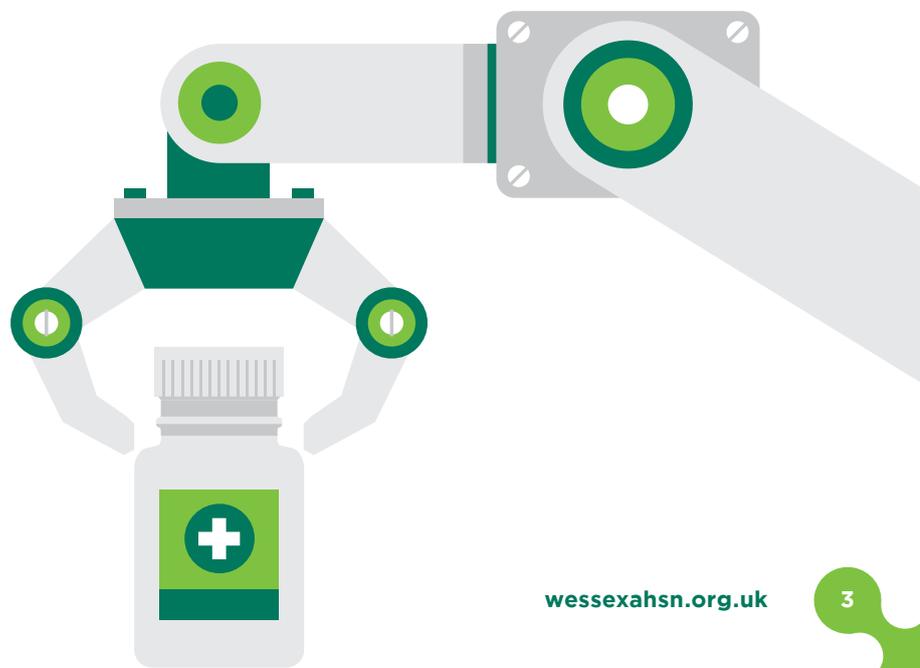
**This handbook has been designed to act as a ‘quick reference guide’ and as a point of reference for staff in GP practices and community pharmacies to help resolve common problems and make the most of the NHS electronic Repeat Dispensing (eRD) service.**

Don’t forget that your CCG Medicines Management Team, community pharmacists, Local Pharmaceutical Committee and GP IT Clinical System providers can also act as a valuable source of information and advice on eRD.

We hope you find the guide useful. If you have any feedback or suggestions for future updates, please get in touch with us at [medicines.optimisation@wessexahsn.net](mailto:medicines.optimisation@wessexahsn.net).



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# What is eRD?

In order to provide a more efficient way to manage repeat prescriptions, the government introduced Repeat Dispensing Services. Initially repeat dispensing was only available using paper based prescriptions, but since July 2009 it has been possible to use repeat dispensing via Release 2 of the Electronic Prescription Service (EPS). This is called electronic Repeat Dispensing (eRD), to differentiate it from paper based Repeat Dispensing.

eRD is not simply a natural progression of EPS. If a practice already does paper repeat dispensing, they are likely to find it reasonably straightforward to switch to an electronic format. But if repeat dispensing is a new concept to a practice, then eRD will be a whole new way of working which will require some planning, training and change management to ensure successful implementation.

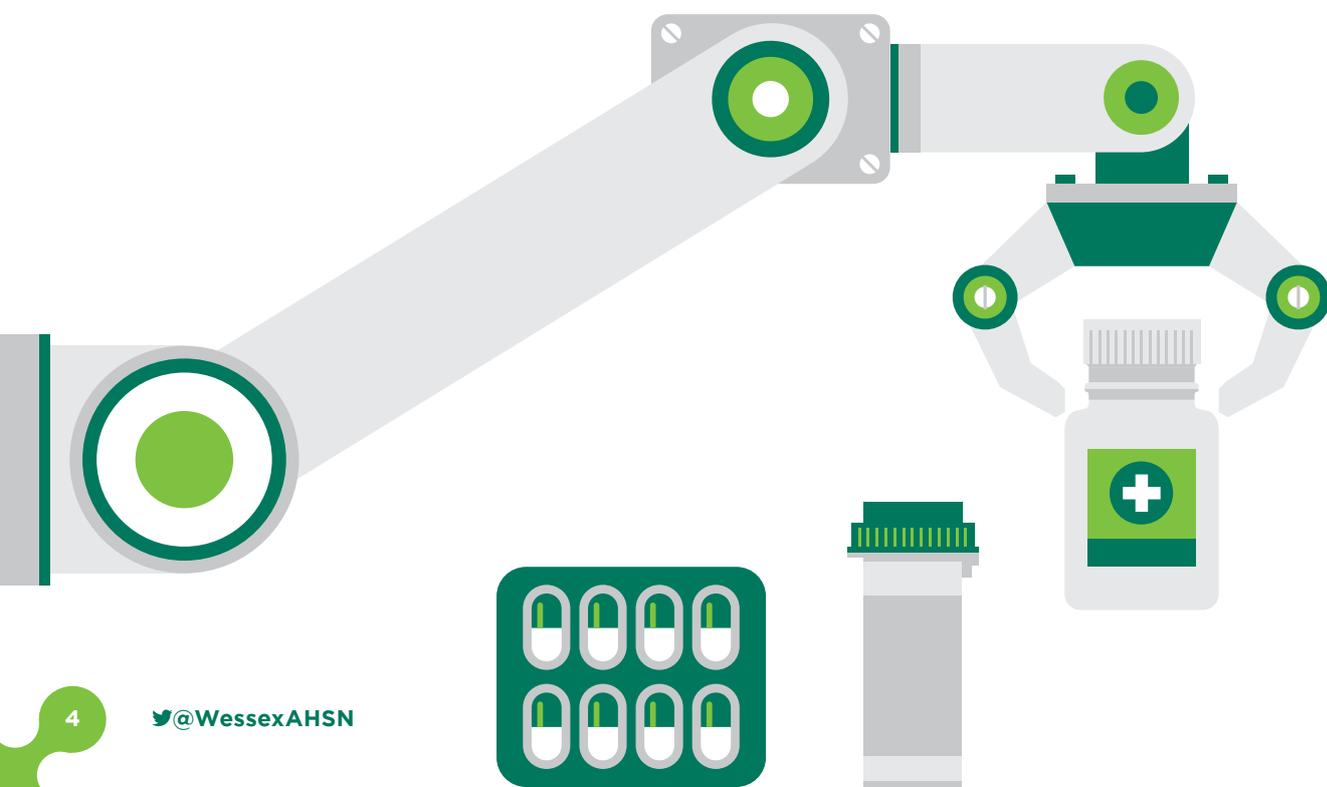
eRD is not new, it has been part of the community pharmacy contract since 2005 and from 2019 has been a GMS contract requirement.

eRD has a number of well documented benefits for primary care. However, uptake of eRD is hugely variable.

**77%** of all prescription items are repeat prescriptions.  
On average, each week, a GP issues around **375** repeat medicines

Department of Health work in 2002 showed that, if **80%** of all repeats were given as eRD, **2.7 million** GP hours would be saved

For example, in Wessex this means that if we moved **80%** of all repeats to eRD we would save **108,000** GP hours, which is roughly **61** WTE GPs.



## Benefits for Patients

- Patients can collect repeat prescriptions directly from a pharmacy without visiting their GP, or requesting a new prescription from them (for up to 12 months).
- A simple process for patients, as their prescriptions are sent to their pharmacy just once or twice a year.
- Improved safety for patients as a result of regular pharmacy-led consultations.
- Improved care for patients as a result of greater collaboration between the practice and the pharmacy.
- Patients won't have paper prescriptions to lose.
- Patients can make arrangements with their pharmacy to enable them to spend less time waiting in the pharmacy.
- The service is reliable, secure and confidential.
- If clinically appropriate, the next issue can be requested early or more than one prescription obtained, for example when going on holiday.

## Benefits for the GP Practice

- Reduced prescription workload (see below).
- Encouragement of multidisciplinary working around repeat medication.

**In 2015, NHS Digital undertook an audit of GP practices and spoke to 100 practice staff about EPS 2. Specifically related to electronic Repeat Dispensing, they found that:**

- Practice staff save an average of 73 minutes each day by producing eRD prescriptions rather than paper repeats.
- An average general practice saves an average of 80 minutes of GP time every day from signing eRD prescriptions versus paper prescribing.
- Practices save an average of 27 minutes every day by cancelling prescriptions electronically versus paper.
- The practices who participated in the audit prescribed an average of 10,920 items per month, with 53.4% of their items being sent via EPS Release 2.

## Benefits for Community Pharmacy

- eRD allows community pharmacies to plan and manage repeat prescription workload more efficiently.
- eRD encourages multidisciplinary working around repeat medication and long term condition management
- eRD reduces medication waste.
- eRD enables utilisation of pharmacists' skills in the repeat medication process.

**Therefore, all GP practices and pharmacies should be encouraged to use electronic Repeat Dispensing.**

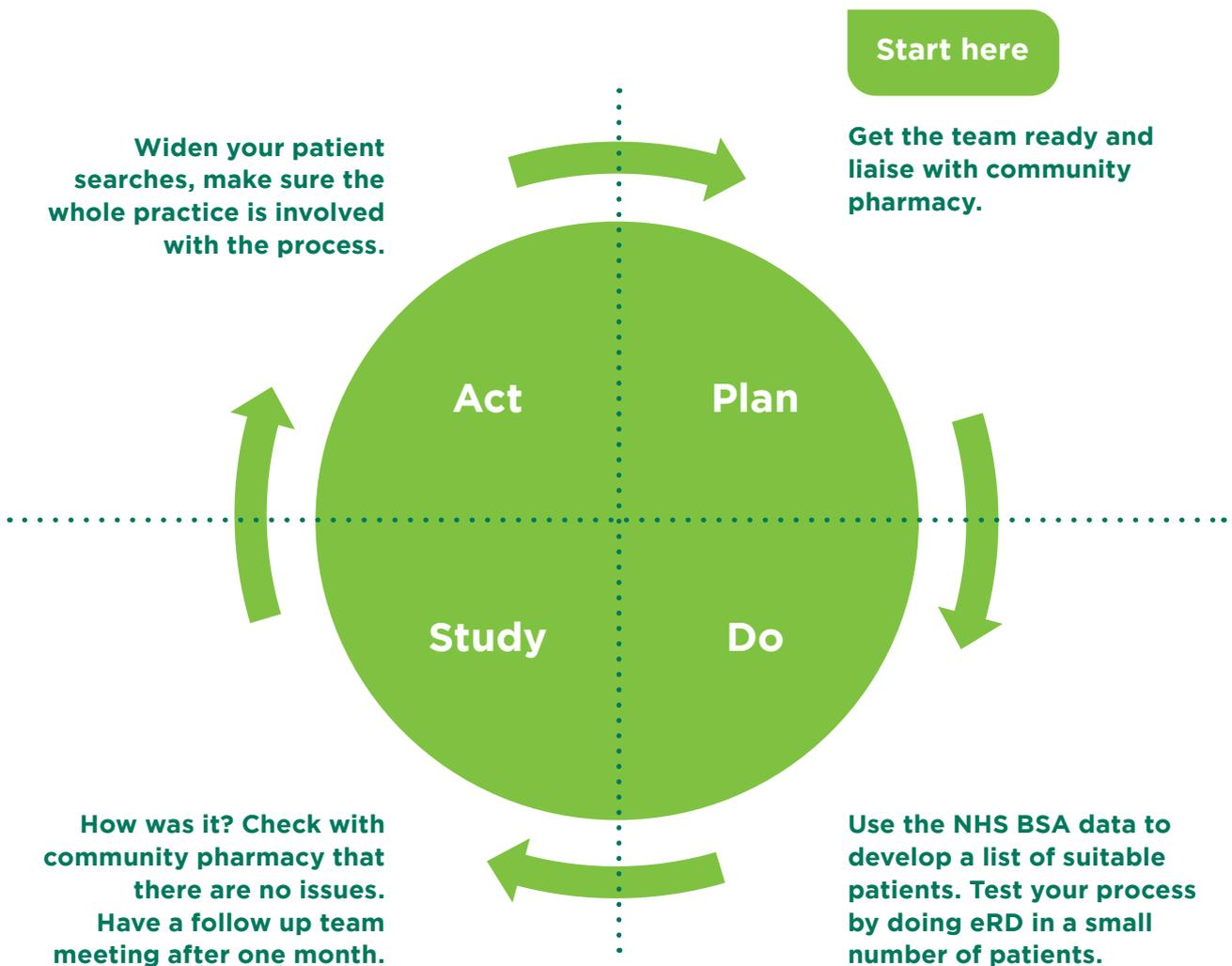
# eRD in Wessex

**Recent eRD pilots across Hampshire have provided some excellent lessons about how best to implement eRD. From these pilot sites, we have developed a simple PDSA cycle to help with eRD implementation.**

Prior to starting to set up eRD, the GP practice should ensure that it is comfortable with electronic prescribing (EPS) and has at least an average % utilisation of EPS. As at February 2020 the national EPS average utilisation is 73%.

## Are you ready to set-up eRD?

Preparing for implementation naturally falls into a PDSA cycle. Using this as a guide may help to structure your project.



**See page 33 for our eRD planning checklist.**

# eRD: Role of Champions

**A key success criterion, identified from sites who are successfully using eRD, is that each practice and each community pharmacy MUST nominate one or more electronic Repeat Dispensing champion(s).**

Whilst the role of champion is a key function, it is important that the whole practice team and the whole pharmacy team understand eRD and that it becomes part of everyday business. It should not be seen as one person's responsibility.

The eRD Champion is a member of staff who can promote the use of the scheme internally, aid liaison with their practice/community pharmacy colleagues, and maintain momentum in the drive to increase the utilisation of repeat dispensing.

**Suggested activities by the eRD champion are as follows:**

## Role of General Practice eRD Champion

- Act as the practice point of contact for eRD.
- Update practice colleagues with the current eRD levels.
- Highlight areas where eRD could be better used.
- Monitor the use of eRD locally and keep a log of any issues.
- Act as a point of contact for colleagues and patients who have queries about the system.
- Promote eRD at patient groups.
- Ensure patient information for eRD is well positioned and used within the GP practice.
- Liaise with community pharmacy colleagues.
- Provide training to other colleagues as needed.

## Role of Community Pharmacy eRD Champion

- Act as the pharmacy point of contact for eRD.
- Advertise to colleagues current eRD levels.
- Highlight areas where eRD could be delivered more effectively.
- Monitor the use of eRD locally and keep a log of any issues.
- Act as a point of contact for colleagues and patients who have queries about eRD.
- Promote eRD to patients.
- Ensure patient information for eRD is well positioned and used within the pharmacy.
- Liaise with general practice colleagues.
- Provide training to other colleagues as needed.
- Ensure that the pharmacy is meeting its contractual obligations for eRD.

See [www.psn.org.uk/services-commissioning/essential-services/repeat-dispensing/](http://www.psn.org.uk/services-commissioning/essential-services/repeat-dispensing/)

# Which patients are best suited to eRD?

Whilst electronic Repeat Dispensing will bring benefits to the patient, the practice and the pharmacy, it is important to understand that not all patients will be suitable or eligible. Those deemed to be most suitable for eRD include:

## **Those on a stable list of medicines with:**

- No significant changes in the last 6 months.
- No changes anticipated for the duration of the batch of prescriptions (usually 6 or 12 months).
- Stable dosage regimens.

## **Those with stable medical conditions. E.g.**

- No recent unplanned hospital admissions (in the previous 6 months).
- No new conditions diagnosed in the past 6 months.

## **Those who are up to date with their medication monitoring**

- Medication review completed within last 6 months prior to first eRD prescription. (If not, could be considered for a telephone review).

## **Those with up to date disease monitoring. E.g.**

- Attendance at any required clinics.
- Appropriate blood tests performed within appropriate timeframe and recorded in the patient notes.

## **Exclusion criteria – The following medicines are NOT suitable or eligible for eRD**

- Controlled drugs (including temazepam, tramadol, gabapentin and pregabalin).
- Benzodiazepines.
- Hypnotics.
- Drugs which require close and careful monitoring e.g. methotrexate.
- Unlicensed medicines.

**Practices and pharmacies should be aware of these suitability criteria and ensure that eligibility can be checked at the GP practice as part of the authorisation process.**

## **Support to identify suitable patients is becoming available.**

- Some CCGs have developed searches on EMIS and SystmOne clinical systems.
- The NHS BSA has developed a tool that will provide to practices a list of adult patients who have received the same medicines at the same dose for the previous 12 months. This tool will be widely available from the NHS BSA in due course. To request this information for your practice or CCG email [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net).

# eRD: Information for Patients

## Terminology

The terms Electronic Prescriptions Service (EPS), Repeat Prescriptions, Repeat Dispensing (RD) and electronic Repeat Dispensing (eRD) are understandably easily confused by patients.

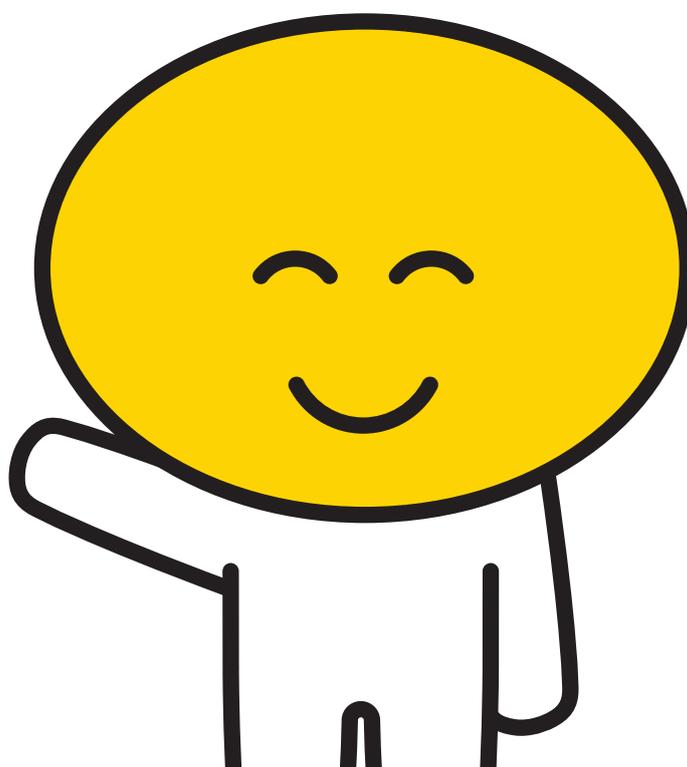
**Particularly common is confusing the term electronic prescribing (EPS) with electronic Repeat Dispensing (eRD).**

Patients are often familiar with the term '**batch prescriptions**'. When speaking to a patient about eRD, use of the word '**batch**' can be helpful for some patients.

## Patient information and useful resources

- **Patient leaflet:**  
<https://bit.ly/35XGRXb>
- **eRD COVID Response Patient Poster for Pharmacies or Practices:**  
<https://bit.ly/3c98leP>
- **Explaining eRD to patients:**  
<https://bit.ly/35CLLc3>

“Mine is a batch prescription!”



# eRD: Consent

Before a patient can be enrolled onto eRD they must first specify their nominated pharmacy. This can be done in the pharmacy or GP practice (and can be changed if necessary).

**Part of the consent process requires that they give explicit permission for the sharing of information about their medications between their GP surgery and the community pharmacy of their choice. This communication is crucial to the running of the service and patients cannot take part in the eRD service without giving this consent.**

## Information to be given to the patient when explaining the system and obtaining consent includes:

- Electronic Repeat Dispensing is an alternative way to receive their medicines.
- The patient must be registered for EPS and have a nominated pharmacy.
- They can change their specified pharmacy should they need to do so.
- It should save time, as they do not have to contact the GP practice to get a prescription each time their repeat medicines run out.
- Checks will be carried out at the pharmacy to help improve patient safety.
- How the electronic Repeat Dispensing process works.
- What happens at the end of the batch of prescriptions.
- They need to give their consent for the pharmacy and GP practice to exchange information about their treatment.
- Any information that is shared will continue to be treated confidentially by both parties.
- Patients will need to continue to declare their exemption or pay for their prescriptions as they have been doing with their current prescriptions.
- They will need to have a medication review at the end of each batch of prescriptions before the next batch can be authorised by the prescriber.

## Remind patients of the benefits of eRD

- A simple process for patients as their prescriptions are sent to their pharmacy just once or twice a year.
- Improved safety for patients as a result of regular pharmacy led consultations.
- Improved care for patients as a result of greater collaboration between the practice and the pharmacy.
- Patients can collect repeat prescriptions directly from a pharmacy without visiting their GP, or requesting a new prescription from them (for up to 12 months).
- Patients won't have paper prescriptions to lose.
- Patients can make arrangements with their pharmacy to enable them to spend less time waiting in the pharmacy.
- The service is reliable, secure and confidential.
- If clinically appropriate, the next issue can be requested early or more than one prescription obtained, for example when going on holiday.

## How should consent be obtained?

- The patient can give spoken consent as formal written consent is not required; details of this should be entered into the patients' notes.
- Consent can be coded in the patients notes:

CTV3 code: XaKRX

SNOMED CT code: 416224003

V2 code: 9Nd3

Patient consent given for Repeat Dispensing information transfer.



# eRD: Communication

Effective communication between patients and/or their carers, GP practices and community pharmacies is essential for all parties to realise the full benefits of the eRD process.

A national patient leaflet is available at: <https://bit.ly/3c4HfW1> and can be used by GP practices and Community Pharmacies.



As some communication will be via telephone, both GP practices and pharmacies should consider implementing a process to ensure all such communications are recorded and acted on effectively. **E-mail may be a great way to communicate but to be secure, pharmacies must use an @nhs.net account.**

Practices and pharmacies should agree their preferred method of communication. If this is agreed to be NHS mail, the pharmacy must ensure that it has a system in place to check and act on emails received every day.

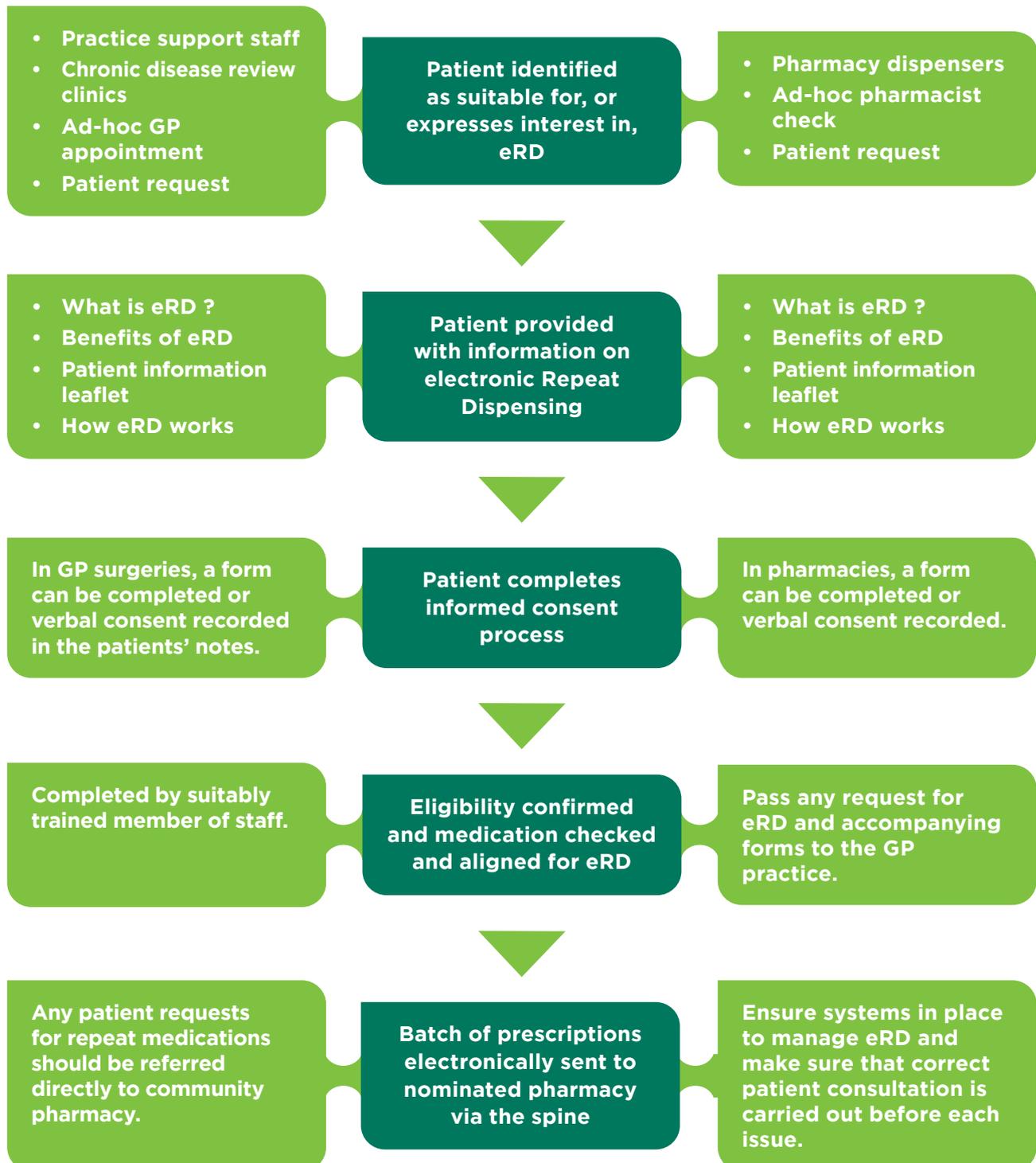
# eRD: Communication with the patient



## GP



## Pharmacy



# eRD: Setting Up A 'Batch Prescription'

1

Identify patient's regular medication(s).

2

Synchronise all review dates using earliest date to ensure they are all in line.

3

Ensure the quantity of each item equals a 28 day supply (56 days where applicable) and that the prescription duration corresponds to this.

4

Calculate the number of issues that can be given before a review is due and create a batch for that many issues (13 x 28 day supply is a 12 months supply). 56 days supply is more problematic because eRD cannot be issued for more than 365 days (7 x 56 is too many and 6 x 56 is too few to last a full year).

5

Prescription authorised by GP.

6

If the patient has any 'when required' medications, re-enter patient record and follow process for 'when required' medications.



# eRD: Guidance for dealing with 'when required' (PRN) items

Because it may be difficult to accurately predict when PRN items will be needed, eRD works best if all 'when required' items are put onto separate, individual prescriptions.

1

Identify the patient's 'when required' medications.

2

Calculate how frequently items are normally issued using the patient's medical record or by contacting the patient.

3

Ensure the quantity of each item equals roughly what the patient would be expected to use in the duration of the period of the eRD prescriptions (e.g. a year).

4

Explain the process to the patient so that they know they can request their PRN items from the pharmacy when needed.

5

The number of issues is calculated and entered so that the prescription should end at the same time as regular medication.

6

Prescriptions are authorised by the GP but dispensed by the pharmacy only when requested by the patient.

Medicines that don't fall neatly into 28 or 56 day prescribing patterns may also be treated as 'when required' items. Items that are expected to run out at the same time (i.e. fixed containers of 30 days) should be prescribed together.

# Re-authorising eRD Prescriptions

When a patient collects their final eRD prescription from their existing electronic batch (e.g. issue 6 of 6 or issue 13 of 13) they should be told that they have no more prescriptions remaining and informed of the next steps that they will need to take (usually referred back to the GP practice).

The pharmacy computer system will display, at the point of labelling, which prescription within an eRD batch is being issued. **It is the pharmacy's responsibility to inform the patient when the last eRD prescription within a batch is being supplied.**

If the patient is not present at the time of dispensing, it is helpful to clearly mark the bag or the Dispensing Token with this information so that staff giving out the prescription later are prompted to alert patients of the need to request more prescriptions.

**The patient should be encouraged to notify their GP practice promptly as they will need to be reviewed by their prescriber before the next full batch of eRD prescriptions is issued. Appropriate tests (e.g blood, BP, etc) may also need to be carried out. If an appointment is necessary this may take time to arrange.**

It may appear that patients are being referred back early but patients need to understand that they should contact their GP practice straight away, stating clearly that they need to have their eRD or 'batch' prescription renewed. This is to ensure that there is sufficient time to undertake their review and conduct any necessary tests so that a new batch of eRD prescriptions can be issued and made available before their existing medications run out.

**It is important to ensure that once they are initiated onto electronic Repeat Dispensing, patients stay on electronic Repeat Dispensing.**

Temporarily switching back to repeat prescribing, for example because a patient is due for a review, is confusing and rapidly undoes the efficiencies which are made through the use of repeat dispensing.

If it becomes necessary to prescribe medication to cover any shortfall until the patient can be reviewed, smaller numbers (1 or 2 prescriptions) of eRD prescriptions should be issued. Once the patient has been reviewed, sufficient prescriptions to last up to one year can then be issued.

In some cases, it may be possible for tests such as blood pressure measurement to be carried out at the pharmacy. As long as no further checks are required, the information can be forwarded to the GP practice with a request for a new batch, avoiding the need for an appointment. This means that, once a patient has been started on electronic Repeat Dispensing, the process should become self-perpetuating as well as encouraging regular medication reviews and testing.

Post dating of the start of a batch of eRD prescriptions is possible and should be encouraged to ensure the 'eRD batch' of prescriptions starts when they are needed, not necessarily on the date that the prescription is set up. This will require a conversation with the patient about how much medication they have at home.

# How do you prevent eRD drop off?

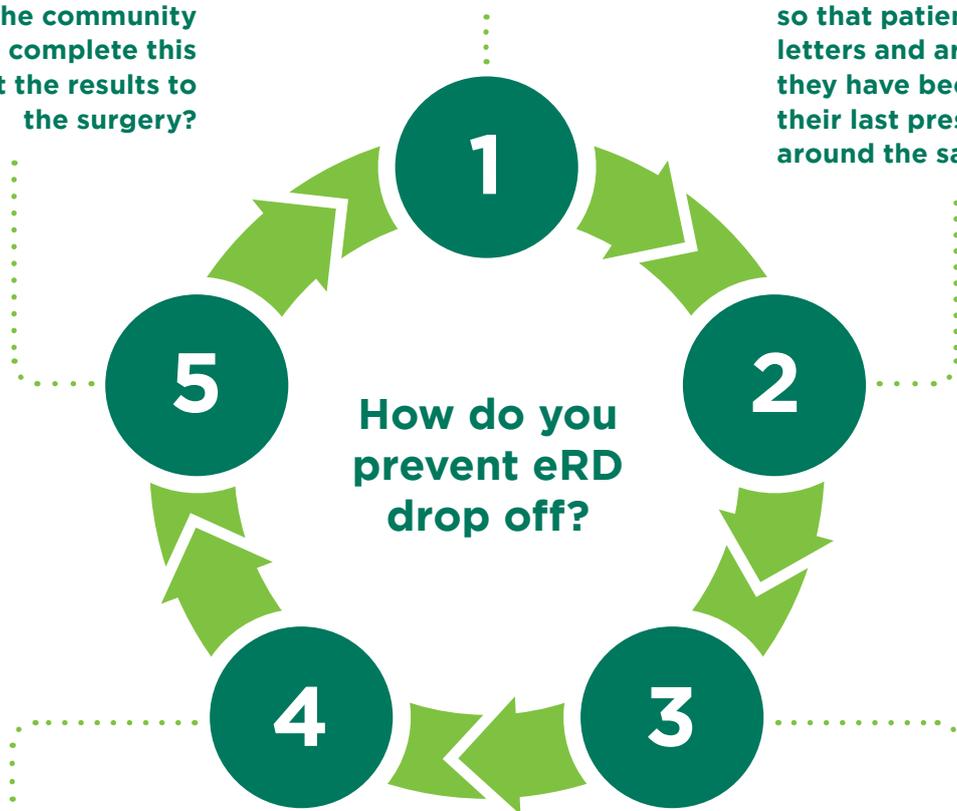
Having successfully established a patient on eRD, it is vital that practices and pharmacies have systems in place to prevent patients from inadvertently 'dropping off' the eRD system.

In order to maintain patients on electronic Repeat Dispensing and to maximise time efficiencies, the following strategies could be employed:

Consider if monitoring could be done outside the surgery, e.g. if the patient requires a blood pressure measurement, could the community pharmacy complete this and submit the results to the surgery?

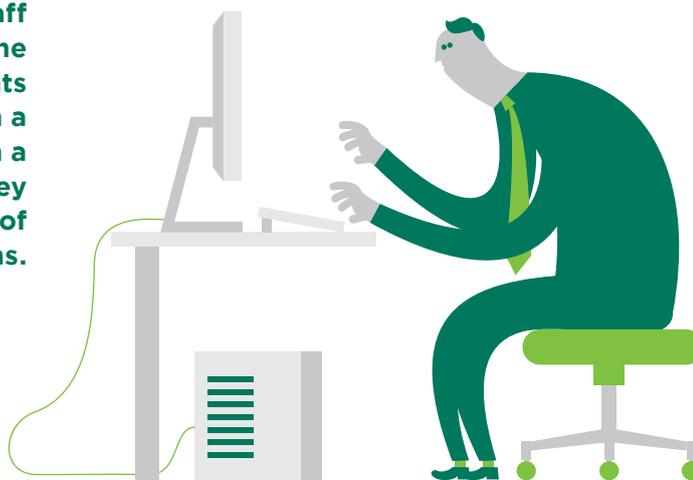
Ensure that patients with multiple co-morbidities have their disease reviews and monitoring aligned to as few appointments as possible.

Set patient recalls for reviews or monitoring to be one month prior to the end of the electronic Repeat Dispensing batch, so that patients receive letters and are told that they have been given their last prescription at around the same time.



Ensure that any reviews or monitoring that will be required at the end of a batch are clearly visible in the patient record. This will mean that administration staff will be able to book the appropriate appointments for the patient in a timely manner when a patient calls to say they require a new batch of prescriptions.

Incorporate electronic Repeat Dispensing issue into medication reviews.



# eRD: Cancelling and ‘Syncing’ Prescriptions

Even with robust processes for identifying patients suitable for electronic Repeat Dispensing with stable medication regimes, some changes to medicines and doses will inevitably occur from time to time.

**If a change is necessary, either the individual item or the whole prescription must be cancelled and the correct medicines/quantities/doses prescribed. (Please note, it is not possible to amend an existing eRD prescription. It can only be cancelled and reissued.)**

Cancelling an item on an eRD prescription will also cancel that item from all future issues of the prescription that remain on the Spine. The prescribing system will be notified that these cancellations have been successful or if not, why any cancellation has failed.

If a prescription has been downloaded by the pharmacy, but has not yet been issued to the patient, it cannot be cancelled automatically. In this case, the prescribing system will show all the prescriptions on the Spine that have had item(s) cancelled successfully and show one prescription that has not had the item(s) cancelled as being ‘With Dispenser’.

The GP practice should then contact the pharmacy and request that the prescription is returned to the Spine for the cancellation to take effect. The amended eRD prescription can then be manually downloaded again by the pharmacy.

## **There are two options for patients with multiple items on eRD:**

- Cancel ALL outstanding items on the Spine and replace with a new batch of all items including the new item.
- 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.

**‘Syncing’ prescriptions in this way aims to ensure that all the patient’s prescriptions are received by the dispenser on the same day to ensure patients receive all their medication at the same time and to support interaction checking (although it should be recognised that it is extremely difficult to achieve perfect synchronisation).**

**It is always good practice to communicate with the patient’s nominated pharmacy about any changes made to eRD prescriptions.**

“Even stopping medicines is not the issue it was thought to be... There were concerns about this at the start but now clinicians can see an auditable process around stopping medicines on eRD, which is a big improvement. Aligning medicines is a key issue to keep on top of, but this was the case before. All those involved with repeats need to make sure the eRD duration is aligned as far as possible.” - **Dr Duncan Pickup BSc MBBS**, The Vine Medical Group May 2020

# eRD: Patients on Warfarin

Warfarin is a high-risk medicine and therefore careful thought should be given BEFORE warfarin is added to eRD.

As patients who take warfarin are subject to frequent testing and dose changes, it might appear that they are not suitable to use eRD. However, with careful planning and clear agreement between the Practice and the Pharmacy, some patients, who have been on warfarin for some time, can be managed successfully using eRD.

## The following model is a suggestion:

- To accommodate possible dose changes, a separate warfarin prescription should be raised. This needs to be done in a similar way to creating a 'when required' batch by re-entering the patient record and creating a separate prescription with all the strengths that the patient might need (up to four) of warfarin listed. (Alternatively, separate, individual prescriptions for each strength can be generated.)
- The patient will need to let the pharmacy know which strengths of tablets they require after they have received their latest INR result and when they are running low on the required strength(s) of tablets.
- Patients will be required to show the result of their most recent INR test when requesting supplies of warfarin at the pharmacy. To ensure that the patient is attending for regular monitoring, the INR test presented should be no more than 3 months old.
- The pharmacist will issue the required strengths and mark the rest as 'Not Dispensed'. This will prevent stockpiles of warfarin building up at the patient's home, whilst allowing the patient and the surgery to realise the full benefits of the eRD service.

**As always, patient safety should be paramount and if there is any evidence to suggest that a patient does not manage their warfarin well or does not attend for regular blood tests they should not be initiated onto eRD or should have the service withdrawn.**



# eRD: Monitored Dosage Systems (MDS)

Electronic Repeat Dispensing can be a useful way to reduce the extra workload associated with prescriptions for monitored dosage systems (also known as blister packs, dosettes, mediboxes, trays, etc.). Here is some additional guidance for using repeat dispensing for this scenario.

## Stable condition

As a general rule, patients using MDS can have less stable medication regimes than many patients and therefore may not be suitable for eRD. Although prescriptions can be withdrawn from the Spine and re-issued, multiple changes could result in multiple different prescriptions arriving at the pharmacy increasing the risk of error. To combat this we would recommend that for MDS patients prescriptions should be raised in no more than 12 week batches which would still reduce the associated workload by 75% (more if you are preparing weekly prescriptions).

## Dosage instructions

Dispensing pharmacies will need enough information to fill the monitored dosage system for the patient. It should be clear what is to be included within the monitored dosage system and what is to be supplied outside the box. The community pharmacist will be a good source of information and advice for this.

## Hospital admission

Excellent communication is key when patients are transferred from other care settings. For patients receiving monitored dosage systems this is especially true, as patients are unable to check what medicines have been dispensed. It may be appropriate for the patient to be removed from repeat dispensing temporarily until you are confident that their medication regime has been stabilised. Supplying the dispensing pharmacy with a copy of the discharge medication list (or electronically transferring information about a patient's medicines from the hospital to community pharmacy where such schemes exist) will also help them to ensure that the medication next supplied to the patient is accurate. The provision of an MDS may be a part of discharge planning.

## When required medicines

MDS trays impose a rigid control over the timing and frequency for the administration of oral solid dosage medications. They are therefore not appropriate for PRN or other medicines of indeterminate frequency of use.

For general information on MDS see Wessex LPC Policy link:

<https://www.cpssc.org.uk/professionals/other-pharmacy-resources/dda-support>

# eRD: Care Homes

Electronic Repeat Dispensing can be a useful way to reduce workload associated with prescriptions for care homes. Here is some additional guidance for using repeat dispensing for this scenario.

## 28-Day prescribing

All care homes should receive prescriptions for 28-day durations. Seek advice from your practice pharmacist before issuing seven day prescriptions for regular medicines for patients in care homes. If a seven day prescription is appropriate, record the reason(s) for this in the patient's record for future reference.

## Dosage instructions

Dispensing pharmacies will need enough information to dispense the medication for the care home and for any care staff to administer the medication appropriately. The use of 'as directed' instructions should be avoided.

## Ordering

Before initiating any care home patients on electronic Repeat Dispensing, it is important to ensure that the procedures in place for ordering medicines at the care home are agreed with the pharmacy and GP practice. Failure to set up a clear system that all parties sign up to will result in duplication of medicines and potential failure to order some medicines which could have serious consequences for the care home resident.

## When required medicines

**Follow instructions in the 'When Required Flow Chart'.**

Some care homes may have a homely medicines policy and this should be taken into consideration when deciding if 'when required' medicines need to be issued to individual patients. All 'when required' medicines should have the reason for their use stated on the instructions to guide those administering the medication.

**E.g. Senna 7.5mg tablets, Take two tablets at night when needed to relieve constipation**



# eRD: Pharmacy Checks

The NHS Community Pharmacy Contractual Framework requires community pharmacists to ensure a Repeat Dispensing prescription is still appropriate prior to dispensing.

**This is ascertained by checking patient adherence and other relevant clinical factors, such as whether the patient has recently been in hospital or had changes to their medication regimen.**

**It is required that patient or carer collecting medicines are asked the following questions.**

1

## Appointments / Conditions

Have you seen any healthcare professionals (GP, Nurse or Hospital doctor) since your last repeat was supplied?

2

## Medication Changes

Have you recently started taking any new medication on prescription or bought over the counter?

3

## Medication Effectiveness

Have you been having any problems with your medication or experiencing any side effects?

4

## Usage

Are there any items on your repeat prescription that you don't need this month?

## Housebound patients

Housebound patients should be encouraged to personally request their next issues, presenting an opportunity to ask the above questions, via telephone. If this is not done they must be contacted by the pharmacy.

## Problems

Any significant problems or concerns that arise from the consultation must be passed to the GP practice, in some situations the pharmacist may need to make the clinical decision not to supply a certain medication due to the outcome of a consultation. In the case of urgent problems or where an immediate reply is required, the pharmacist should phone the GP practice.

## Items Not Dispensed

Items not required on each issue must be clearly marked as not dispensed before the prescription claim is submitted.

# eRD: A Move Away from Managed Repeats

The use of the NHS electronic Repeat Dispensing Service is the NHS preferred system for ordering repeat medicines.

**This is due to the robust systems that are in place and the formalised information sharing as part of the multidisciplinary team that comes as part of the service.**

Patients who are enrolled on managed repeat systems are likely to be good candidates for electronic Repeat Dispensing. Conversion of these patients from managed repeat systems to electronic Repeat Dispensing would demonstrate community pharmacists' skills in reviewing medication for long term conditions and working as part of the multidisciplinary team.

Use of electronic Repeat Dispensing should reduce the need for emergency supplies of medication and allow better workload management by pharmacies.

Patients accessing services to supply urgent repeat medicines should have electronic Repeat Dispensing explained to them in order to reduce urgent requests for medicines happening again.



# eRD: Examples for practice (1 of 2)

## Asthma Patient

Unfortunately asthma is commonly suboptimally controlled and treated. Regular review and regular inhaler technique checks are at the heart of good asthma care. Repeat prescribing systems often do not align with regular reviews. A thorough asthma review should be the first step before any patient with asthma is considered for a move to eRD for their inhalers.

### Reliever Inhalers:

- Should be used only when a patient gets symptoms of asthma. These are usually blue (e.g. Ventolin, salamol)
- Reliever inhalers are potentially life-saving. Patients should not be restricted from access to them. However the importance of good asthma control should be explained. Clinical assessment of people requiring regular doses of their reliever inhaler is essential to maintain patient safety.
- Any patient that uses 3 or more doses of their reliever in a week is poorly controlled. You should consider adding instructions to your patient's inhaler prescription considered that they should speak with the healthcare professional who looks after their asthma.
- Any patient needing more than 1 reliever inhaler per month needs an urgent review of their asthma.
- It is recommended that patients should be reviewed if they exceed using 4 reliever inhalers in a 12 month period. <https://bit.ly/3ftiGUH>
- If you need to have a discussion with your patient about their reliever inhaler use, this slide rule can be useful. <https://bit.ly/3cavy05>

### Preventer Inhalers:

- Should be used regularly to help control the asthma. ICS dampens down the inflammation that causes symptoms and therefore reduces the risk of asthma attacks.
- There are many types of drugs to manage asthma. On top of this there are different doses and devices. Each version may have a different number of doses per inhaler. Some inhalers are once daily and others twice daily.
- Make sure that you calculate how long each inhaler should last if the patient is prescribed it using regular dosing. E.g. a 200 dose clenil inhaler will last 50 days if using 2 doses twice daily, but would last 100 days if using 1 dose twice daily.
- Some inhalers are prescribed for maintenance and reliever therapy (MART). This allows flexible dosing, and means that the patient will not need a separate inhaler. However, this means that each inhaler may last for a different length of time depending on how many extra doses the patient is needing. Patients using MART inhalers will need to be reviewed if they are regularly using additional doses (3 or more times per week).

eRD and inhalers:

## Preventers

An example for one year - 365 divided by (number of doses in that inhaler / number of doses prescribed per day) = number of issues needed per year (may vary for MART patients)

## Relievers

Think carefully about how eRD can be used for relievers. The number of inhalers being used should be carefully monitored to maintain patient safety – every request should trigger a clinical review of the patient’s asthma control and asthma management.

**This is a guide only. Please use your clinical judgement. Some patients may not fit within these guidelines because of the severity of their asthma and may require greater numbers of certain inhalers on a regular basis. If this is the case make sure they have been referred and assessed by an asthma specialist and their written asthma action plan reflects this.**

**The Pharmacist would be expected to alert the prescriber if the patient is repeatedly asking for their inhaler(s) prescriptions more frequently than anticipated. The patient should be questioned about why they are using more than anticipated and the patient counselled and the GP informed as necessary.**



# eRD: Examples for practice (2 of 2)

## Patient with Angina

**Patient with angina, who takes medication regularly and whose condition is well-controlled. They had their annual review 3 months ago, so won't be seen for another 9 months.**

### What to issue:

One batch for all regular medication at one month intervals for nine months.

- Lisinopril 20mg tablets, Take one daily x 28 tablets
- Isosorbide mononitrate 10mg tablets, Take one twice a day in the morning and at lunchtime x 56 tablets
- Atorvastatin 40mg tablets, Take one at night x 28 tablets
- Aspirin 75mg dispersible tablets, Take one in the morning x 28 tablets

The patient's GTN spray had not been used for over a year but could be issued as a separate, one off prescription in line with the 'when required' algorithm and only to be dispensed if the patient requests it.

## Patient with Arthritis

**Patient has multiple medications for pain relief associated with arthritis. If patients have long term pain, they will usually have pain relief they use every day and some that they use when pain is worse.**

### What to issue:

- Paracetamol 500mg tablets, Take two four times a day x 224 tablets
- Calcium carbonate 1.5g/10mcg chewable tablets, Take one twice a day x 56 tablets
- Alendronic acid 70mg tablets, Take one weekly x 4 tablets

This patient uses their codeine phosphate for a couple of days a couple of times per month: Codeine phosphate 30mg tablets, Take one when required up to four times a day x 28 tablets. All of these as part of single batch (6 issues).

**Rarely, the patient will use an anti-inflammatory gel, she usually needs a new tube once every couple of months.**

- Piroxicam 0.5% gel x 112g (Separate batch of 3 issues)

## Eye drops

**Regardless of the quantity on the bottle, all eye drops need to be discarded after 28 days to prevent the eye drops becoming contaminated.**

### What to issue:

- Latanoprost 0.05% eye drops x 2.5ml, One drop in both eyes at night (12 issues)

# eRD Pathway

Patient requests to be switched to eRD or is identified as suitable by GP or pharmacy

Patient given information about eRD

Patient consents to eRD and nominates pharmacy (if not already done)

Patient's suitability checked and medication templates adjusted to ensure all quantities/durations/review dates aligned

Batch of prescriptions issued for 6-12 months

Prescriptions arrive at spine and are automatically sent to nominated pharmacy at designated interval or can be manually "pulled down" by pharmacy

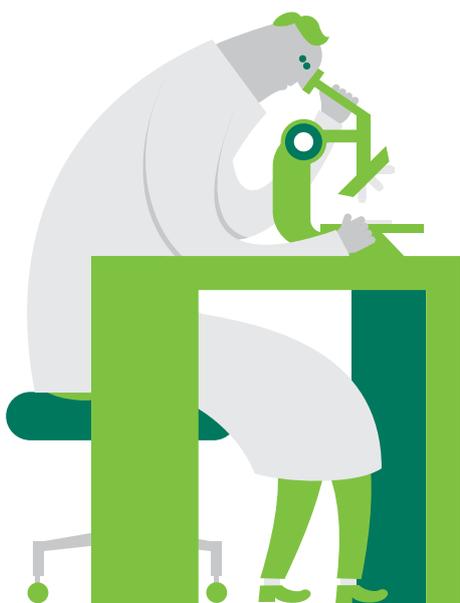
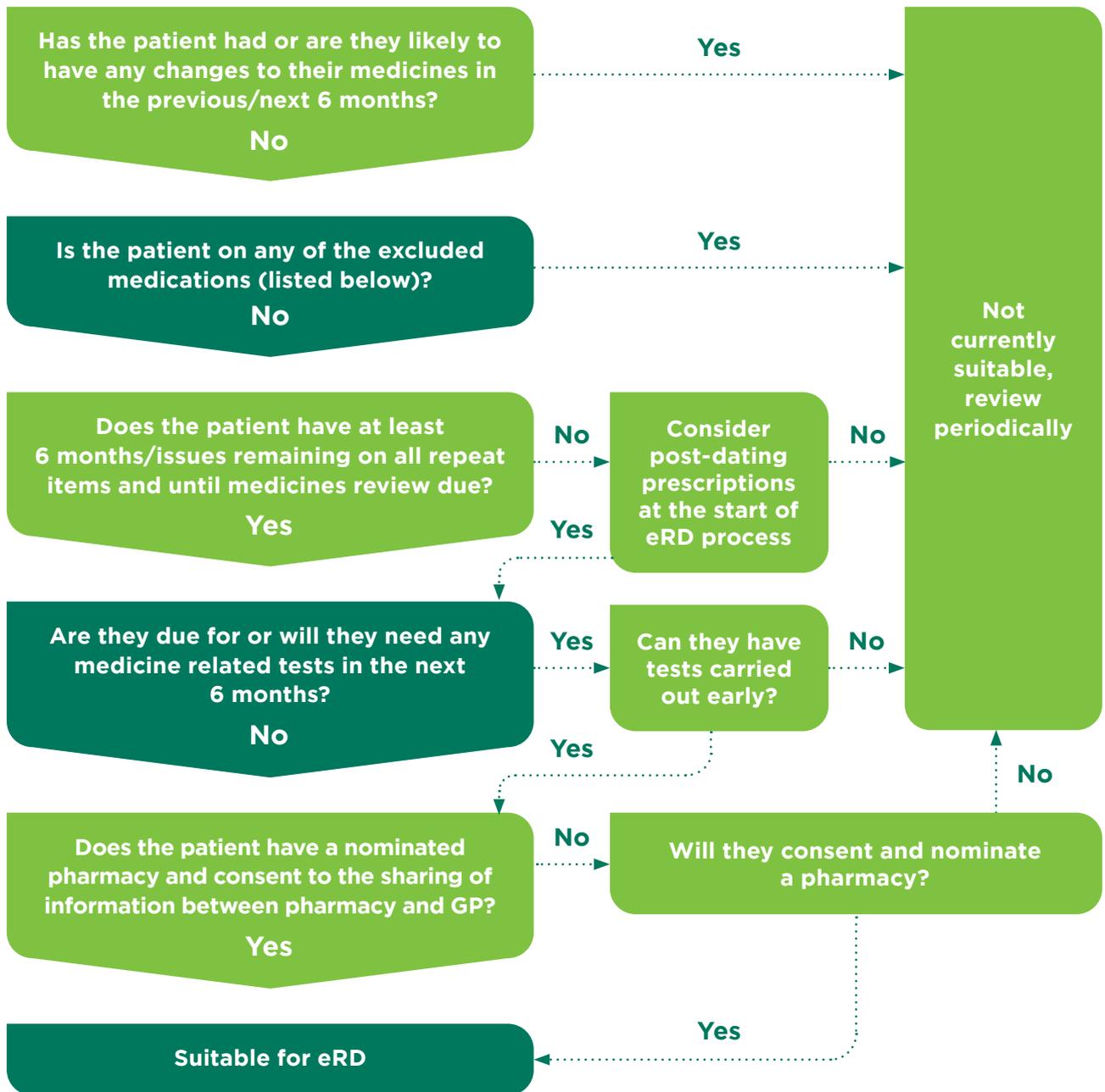
Patient collects medicines and has short consultation with pharmacist to ensure safe effective use of medicines (repeat 6 - 12 times)

Patient collects last prescription and is advised by pharmacist to request new batch from GP practice (possibly book tests etc.)

Patient contacts GP practice to book relevant appointments or make request for new batch of prescriptions

Patient attends for tests or appointments and GP conducts medication review

# eRD Suitability Pathway



**Medicines NOT suitable for eRD:**

- Controlled drugs
- Benzodiazepines
- Hypnotics
- Medications requiring frequent review such as methotrexate and lithium
- Unlicensed medicines

# Frequently Asked Questions

## What happens if a patient goes on holiday and leaves medication behind?

A patient can nominate a different pharmacy where the next batch issue can be drawn down and dispensed.

How this is achieved will depend upon whether the next prescription has already been drawn down by the regular, nominated pharmacy.

- **If the next due prescription in the batch HAS NOT already been drawn down** and is still held on the Spine, (status of 'to be dispensed') and can be located on the EPS prescription tracker, then the temporary pharmacy can manually download the next batch issue by using the prescription ID, this will leave the patient nomination for future batch issues at their regular pharmacy.
- **If, however, the next due prescription in the batch HAS already been drawn down** by the patient's regular (nominated) pharmacy, this will prevent any further prescriptions from being released. In this case the 'holiday' pharmacy should contact the nominated pharmacy and agree a process for transferring the prescription(s).

Ideally, the prescription that has already been drawn down should be returned to the Spine from where it can be drawn down again by any pharmacy and without needing to change the patient's nomination. The temporary pharmacy will need to know either the Prescription ID (GUID) number or the patient's NHS number to be able to do so.

If the usual (nominated) pharmacy is unwilling to return the prescription to the Spine, the patient's nomination will need to be temporarily changed to the 'holiday' pharmacy and a Dispense Notification (DN) sent by the original pharmacy for the existing prescription. Sending the DN unlocks the next prescription in the series, enabling the 'holiday' pharmacy to search for and download the next prescription.

## Do I need the Repeat Authorisation (RA) token for patient?

No. the RA token is a legacy of the paper Repeat dispensing.

With electronic RD, each issue is a legal prescription and therefore **does not** require the authorisation token. However, local experience has shown that some areas use the RA token to help the patient to see what they have on eRD. This should be discussed and agreed between the pharmacy and the GP practice so that a clear process is established.

## Can more than one issue be downloaded at a time? (also see holiday scenario)

Yes. As long as it is clinically appropriate to do so, by completing the previous issue (sending Dispense Notifications) the next issue can be manually drawn down from the Spine.

## Do I have to issue 6 or 12 month batches?

No. Although maximum benefits will may be realised with longer durations of regimes, the prescriber may define any period up to 12 calendar months.

## **What if the pack quantity is different from the prescribed quantity i.e. 28 day supply, pack size is 30?**

The prescriber should prescribe the appropriate quantity for the patient clinical care. If a pack size does not match the prescribed quantity then the pharmacy will endorse the prescription claim with the supplied number.

Alternatively, if a medication needs to be supplied in quantities other than 28 or 56 day amounts, they should be prescribed on separate prescriptions, with the total quantity adjusted so that all regular medications last the same amount of time (i.e. 13 x 28, 12 x 30, 6 x 60)

## **What if the prescriber leaves the practice?**

If a prescriber leaves a practice and has 'authored' eRD regimes, then these should be identified, cancelled and re-issued by a new prescriber (see NHS England guidance).

Note this can be problematic if the prescriber leaves the practice suddenly and we are currently developing more detailed guidance to support practices and CCGs. In the first instance, please contact your CCG Medicines team for guidance.

## **What if the patient leaves the GP practice?**

When a patient changes GP practice, then any outstanding future eRD regimes should be cancelled (see NHS England guidance).

## **What if the patient dies?**

If a patient unfortunately dies, once the Patient Demographic Service (PDS) is notified, then all outstanding eRD future issue will be automatically cancelled.

Be aware any issues already 'with dispenser' will not be cancelled and manual notification to the nominated pharmacy is required.

## **Does the pharmacy need to record the patient responses to the pharmacy consultation questions?**

No. But it would be good practice to record against the patient record any communication with the prescriber regarding concerns following the patient responses.

## **Does the patient still need to declare exemptions for each eRD issue?**

Yes. Each eRD issue should be processed the same as an individual EPS prescription.

## **What if an item is out of stock?**

If an item is out of stock, then the pharmacy should follow the same processes as per an EPS prescription.

The key requirement is that the previous issue must be completed (i.e. dispensed or not dispensed) before the next issue can be downloaded.

More FAQs can be found at: <https://bit.ly/35ZIOUO>

# eRD: Training and Information

There are now a range of resources to help practices not familiar with eRD.

## Essential to getting started with eRD

- **Wessex eRD Handbook**  
<https://bit.ly/2L5VKgv>
- **NECS e-learning tool**  
<https://bit.ly/35CTve3>
- **eRD Readiness checklist/ PDSA cycle**  
<https://bit.ly/2Z1B41e>
- **What is eRD? - an Overview**  
<https://bit.ly/35LSUqn>

## Official Guidance

- **NHS England electronic Repeat Dispensing guidance**  
<https://bit.ly/2WdahOg>
- **NHS Digital Electronic Repeat Dispensing for prescribers**  
<https://bit.ly/2YK6jOS>

## Support to encourage GP Practices

- **Case studies from GP practices that have already successfully moved to eRD**  
<https://bit.ly/2YK6v06>
- **The Project Surgery Case Study**  
<https://bit.ly/3ft9zUa>

## Guidance for GP practices

- **Online eRD toolkits for prescribers (at bottom of web page)**  
<https://bit.ly/2Lb03Ha>
- **Video of a GP describing electronic Repeat Dispensing**  
[https://youtu.be/\\_IROOYEDRG4](https://youtu.be/_IROOYEDRG4)

## Guidance and support for Community Pharmacists

- **Pharmaceutical Services Negotiating Committee Repeat Dispensing/electronic Repeat Dispensing (eRD)**  
<https://bit.ly/3ftvLxy>
- **NHS England electronic Repeat Dispensing guidance to community pharmacy**  
<https://bit.ly/3cfpGT4>
- **A standard operating procedure for repeat dispensing has been produced by the National Pharmacy Association (NPA) and is available from (login required)**  
<https://bit.ly/2zgRRm8>
- **The Centre for Postgraduate Pharmacy Education (CPPE) open learning pack on repeat dispensing**  
<https://bit.ly/35Eysl1>
- **Dispenser Quick Guide (at bottom of web page)**  
<https://bit.ly/2Lah3h2>

## Tools to help communication with Patients

- **Template email for patients**  
<https://bit.ly/35Yhwwd>
- **Patient poster**  
<https://bit.ly/2WylfOy>
- **Patient text message template**  
<https://bit.ly/2AsZZk8>
- **Social media content**  
[https://bit.ly/2T5zxU7\\_](https://bit.ly/2T5zxU7_)
- **Short animation**  
[https://vimeo.com/291921078\\_](https://vimeo.com/291921078_)
- **Template letter for patients**  
<https://bit.ly/3dTRHAa>
- **Patient flyer**  
<https://bit.ly/35ZTaIG>

## Webinars

- **Electronic Repeat Dispensing Webinar Jon Hayhurst**  
<https://vimeo.com/406845708>
- **ERD toolkit presentation**  
<https://youtu.be/jzDkpaYibws>

# eRD Planning Checklist

## Plan

Done 

### First... the Team!

- Have you agreed as a practice team that eRD should be used to improve efficiency of repeat prescribing?
- Are the practice manager, a lead GP and the pharmacist (if you have one) agreed on a plan? Have you nominated an eRD Lead/Champion?
- Have you spoken to pharmacies to discuss with them how this will work (your local pharmacy may already do eRD for other GP practices and may have some useful tips for success).
- Are all the key members of reception staff aware of eRD and how it works? Use the NECs e-learning tool (<https://bit.ly/2y6yKLu>) which includes the SystemOne, EMIS and Vision process

## Do

### First

- Have you requested and received patient data from NHS BSA? (The number of people who have had the same medicines for 12 months or more) **Listed patients still need to be reviewed by clinician**
- Have you planned your communication process? 
  - How will you communicate with community pharmacy?
  - How will you communicate with patients?

### Next

- Establish your process for screening patient data from NHS BSA (which of your patients are appropriate for eRD). **At this point it is worth taking a small sample of patients to try your process with**
- Establish consent (and nomination if the patient doesn't have one) process for patients who are appropriate for eRD
- Implement your communication process with community pharmacy and patients
- Agree process with community pharmacy for their communication with patients
- Make sure everyone is clear how medication reviews will fit into eRD. Who will do them and when?

### Finally

- Have you communicated project across your area (CCG/pharmacy/practice)?
- Have you factored in patient yearly review date and followed the process to ensure minimal 'drop-off' (p.17)?
- Have you displayed patient comms?



## Study

Done

### Follow up!

- After the first 20 patients check that everyone is still clear on the process
- Speak to your local pharmacies – has it worked for them?
- Agree how any issues will be dealt with
- Have a follow up review with everyone (via Microsoft Teams) after the first month

### Act

- Continue process for screening patient data from NHS BSA (which of your patients are appropriate for eRD). **At this point review the remainder of your patients**
- Continue consent (and nomination if the patient doesn't have one) process for patients who are appropriate for eRD
- Continue your communication process with community pharmacy and patients
- Continue your agreed process with community pharmacy for their communication with patients
- Make sure everyone is clear how medication reviews will fit into eRD. Who will do them and when?



# eRD Dos and Don'ts



## Do

**Make sure you have looked at training resources and agreed a plan that the whole team understands.**

**Use the NECS e-learning and Wessex AHSN eRD handbook to develop your plan.**

**Speak to your local Pharmacy/LPC and discuss how to make the switch**

**Make sure you have a way to communicate the change to patients**

**Start slowly and make sure it's working well before moving to patients with more items**

**Use all the NHS BSA and Wessex AHSN resources**

**Review how it's going after a day or two with local Pharmacies**

**Remember that if you set everyone up for 12 months you will have a lot of people to review in a year's time**

**Name an eRD lead/champion in both the pharmacy and the GP practice to ensure one point of contact/expertise**



## Don't

**Switch large numbers of people over quickly without a plan or discussing with patients**

**Start with patients taking a large number of repeats**

**Delegate this to a junior member of staff without support and supervision**

**Start with people on lots of PRN medicines**

**Forget if you put everyone on 12 months, in a year's time they will all need a medication review.**

**Forget to make a plan to ensure when the review period is due patient don't 'fall off' eRD back to normal repeats (or paper!)**

# With thanks to Wessex eRD Steering Group

## Contributors

### Wessex eRD Steering Group

**Ian Bell**, GP and Clinical IT Lead, Fareham and Gosport CCG

**Julia Booth**, Acting Head of Primary Care, South Region (Wessex), NHS England

**Heather Bowles**, Programme Manager, Wessex AHSN

**Julia Carthew**, National Medicines Optimisation Programme Manager, AHSN Network

**Nicola Chapman**, EPS Project Lead, NHS Digital

**Simon Cooper**, Deputy Director Medicines Optimisation, Portsmouth CCG

**Debby Crockford**, Chief Officer, Community Pharmacy South Central

**Tracey Day**, Lead Medicines Management Technician, North Hants CCG

**Jonathon Durand**, Head of Medicines Management, Fareham and Gosport CCG

**Jennifer Fynn**, Head of Medicines Management, North East Hampshire and Farnham CCG

**Ruth George**, Programme Support Manager, Wessex AHSN

**Neil Hardy**, Associate Director – Medicines Optimisation, NHS West Hampshire CCG

**Clare Howard** Clinical Lead, Medicines Optimisation Programme, Wessex AHSN

**Alma Kilgarrif**, Head of Medicines Management, North Hampshire CCG

**Sue Lawton**, Locality Lead Pharmacist for West/Community Pharmacy Development Manager, NHS Southampton CCG

**Patrick Leppard**, EPS Lead, Community Pharmacy South Central

**Sean McCulloch**, NHS Business Services Authority

**Graham Mitchell**, Information Services Manager, NHS Business Service Authority

**Gary Mortimer**, Senior Implementation Manager for EPS, NHS Digital

**Steve Ogley**, EPS Utilisation/Provider Assurance, NHSBSA Prescription Services

**Jason Peett**, Head of Medicines Management, South East Hampshire CCG

**Debra Purdy**, Project Manager EPS/eRD, SE Hampshire CCG and Fareham & Gosport CCG

**Liz Williams**, Senior Medicines Management Technician Repeat Dispensing, NHS Southampton City CCG

**Andy Whittamore**, Clinical Lead, Asthma UK





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[wessexahsn.org.uk/eRD](https://www.wessexahsn.org.uk/eRD)



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