

## Electronic Repeat Dispensing – eRD

### Top tips for embedding into practice....

Like any change in your practice systems, embedding electronic repeat dispensing (eRD) in your practice, will require some time in the short-term to gain time savings in the long-term

# 1

#### Decide why you want to do this as a team- who benefits?

##### The Aims

1. Benefits to the Prescriber clinicians e.g. GPs - it will save time as they won't be signing prescriptions monthly but every 6 months (or 12 months)
2. Electronic prescribing is also quicker for GPs than paper prescriptions as there is time saved in printing the paper (it may only be a few seconds per prescription but this adds up to minutes when you have a stack of 60 to do - you could make a quick coffee in that time!)
3. Benefits to front desk reception - electronic prescriptions mean that there is less traffic at the front desk - people queuing to pick up a piece of paper
4. Benefits to prescription clerk - they don't need to prepare prescriptions for monthly items and, if patients can request through EMIS patient access, then there is no need to prepare the repeat items at all, it goes straight into the clinicians workflow
5. Benefits to patients - saves patients time as they don't need to order prescriptions from GP practice monthly but can just visit their pharmacist monthly to pick up the medications. It's also much safer for patients as the pharmacist is checking compliance and will inform the GP if there is overuse or under use and if patient is late in picking up the medication.

# 2

#### Are all your team on board?

##### Implementation

1. Who is going to start converting the repeats to repeat dispensing on the medication screen?
2. Do you want to share the work out amongst different GPs, or do you want your pharmacist to do this for the next few weeks?
3. What are your numbers of repeat prescriptions?
4. How confident do you feel having people on repeat dispensing? You could start with specific long-term condition cohorts e.g. levothyroxine for 12 months and those hypertensives on two medications

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### Evaluate

Don't forget to review how things are going at least monthly  
What are your staff saying? What are the successes? What are the problems?  
Monitor your increase in coverage rates

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### Quick Tips

Remember to keep momentum up- don't stop halfway through because its hard! The change will happen if you keep at it!  
Expect everyone to be a bit tired and grumpy by week 4-6 but keep going! -if everyone is committed and seeing benefits then by 12 weeks your coverage rate will improve greatly  
At the Project surgery we have electronic repeat dispensing rates of 78%

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### Common Fears

What will happen if the medications are changed by hospital or us e.g. diabetes medication?

Don't Panic- it's possible to cancel medications on the spine and change to new ones  
This does need good communication with your community pharmacist- you will know who they are as the name will be on the nomination on the bottom of the medication screen on EMIS.

If the medication change is halfway through the month then the pharmacist will have pulled down that month's batch from the spine.

**Do inform the pharmacist by phone or message service about any changes.**

Make a clinical judgement about whether you want to issue all items on the drug list again to keep everything in sync or whether you want to issue a month or two of the new medication on an acute prescription and then when the batches finish everything can be issued again in sync.

For example in month 4 out of 6 (a 6 month repeat dispensing batch) the patient is on 4 items and a 5<sup>th</sup> item is added: you can issue 56 tablets of the new medication on an acute prescription and write up the new medication on the repeat dispensing screen but not issue- when all the medicines finish at month 6, you will do a medication review and issue everything again including the new medication so all the batches are issued together.

## 6

**Acute medication**

Not all medications can be put on repeat dispensing- any medication you would normally keep on an acute basis should NOT be put on electronic repeat dispensing.

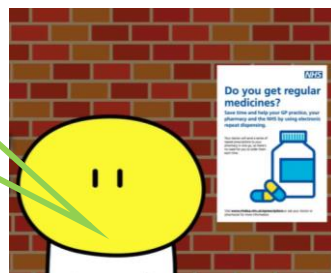
High risk medicines with regular monitoring are not ideal for eRD, especially for practices new to the process for example Methotrexate, Lithium and Warfarin.

Whilst some practices do prescribe Warfarin as eRD, this should **only** be done in practices with a good understanding of eRD across the **whole** practice, and....

- if the practice has a system to identify patients who have not had monitoring done within the recommended intervals such as PINCER
- if the patient is well organised and attends for monitoring and regularly collects their medicines
- in agreement with the local pharmacy.

Good luck!

Thank you, Dr  
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always,  
from MO



If you want further information you can email [theproject.surgery@nhs.net](mailto:theproject.surgery@nhs.net)  
 You can also watch The Project surgery video on the following: the video is on the right-hand side of the page  
<https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing>  
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