

## Electronic Repeat Dispensing – eRD

### Case Study - Vine Medical Group, Dr Duncan Pickup - April 2020

As of February 2020 (latest available data), Vine Medical Group prescribed nearly 60% of all items as eRD.....

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#### Context

Vine Medical Group serves 27,000 patients over four sites in South Eastern Hampshire. It was an early adopter of the extended primary care team model. The clinical team is made up of a number of GP partners, salaried GPs, GP registrars, Nurse Practitioners, Paramedics, Pharmacists and Health Care Assistants.

Importantly, with such a large and multidisciplinary team, the practice made the transition from seeing the notes as the “GP notes” to seeing them as the “Patient’s notes”.

**eRD** - The practice saw eRD as an opportunity. Initially two GPs adopted the process and, as understanding grew, the newer, salaried, GPs saw eRD as “the way repeats should be done”.

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#### Clear Benefits....

**For GPs** - Like elsewhere, The Vine Medical Group has been under considerable pressure for the last 4 to 5 years. This has put a strain on processes like repeat prescribing. Moving a significant number of patients to eRD can take a number of months and the release of practice time is incremental rather than immediate. **However**, once the Practice reached an eRD rate of around 30%, compared to 6 months previously, the practice could really see that there is a lot more time released to prescribe and monitor medicines properly. eRD enables GPs to provide a much better-quality medication review. This move to eRD has meant GPs are not looking at repeat requests at the weekend and they described “a relief at not having to worry about repeats”. eRD has improved the quality of prescribing AND monitoring. One of the GPs described that, prior to eRD, the ‘clinical check’ for repeat medicines was being performed in a hurry and was not always appropriately in depth. As the move to eRD progressed, time was released to enable GPs to carry out medication reviews with more thought and attention. A further benefit is that the cycle of eRD itself prompts a twelve-monthly medication review.

**For Patients** - The practice described the burden placed on patients to organise their medicines before moving to eRD. eRD has improved patient confidence in the system of repeat medicines being set up properly. There is a realisation that they do not need to stockpile their medicines. Whilst recognising that starting with simple regimes is wise, the practice said that in their view some of the biggest benefits have been around variable repeats such as patients on insulin with test strips. Now that eRD can be used for variable repeats, the patients have confidence in the system.

**For Care Homes** - eRD can work in different ways with different care homes. At the Vine Medical Group, GPs are allocated to care homes. Homes that are looked after by the salaried GPs moved to eRD early on. More recently, an 88-bed home was taking a considerable resource with a GP, the care home and the receptionist spending hours sorting out medicines every month. In order to move to eRD, the process had to be explained to and understood by the care home staff. Then, as new patients moved into the care home, they were reviewed and moved to eRD. This is now working well and is releasing resource. The practice also looks after a step down/reablement service. eRD has worked really well here because there often isn't much notice given before a resident is moved back home or elsewhere. If they are on eRD, there is no stress around the prescriptions on discharge because they are there on the spine and can be dispensed by the patient's usual or new pharmacy.

**3****Embedding eRD into practice....**

eRD has been built into the whole practice system. So, whilst they must continually make sure all is working well, receptionists, Pharmacists and GPs are all now using eRD as the default. The Practice Pharmacists drive the process but having a GP lead who is seen as an **eRD Champion** helps keep things improving. They also highlight the importance of emphasising the benefits to patients. Just one negative stakeholder can undermine patient and clinician confidence in the system, so it is important that **ALL stakeholders** get behind the move and act as champions.

**...and working with Community Pharmacy.**

The Vine Medical Group links with 12 community pharmacies. They have three meetings a year with their local pharmacies. Communication is a big issue, and, through these regular meetings, they have resolved how best to communicate issues related to repeats. Because the Vine Medical Group is on multiple sites, community pharmacies were making multiple trips to multiple sites to arrange repeats. Over the transition to eRD, repeats are now managed on one site and working with community pharmacy things have improved for all.

**4****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.

**5****Has eRD contributed to an improvement in practice?**

The practice described trialling many things over recent years but eRD is definitely an improvement to keep and they would not go back to doing repeats as before. Although technology such as the NHS App does help with ordering prescriptions, it does not have all the other benefits of the move to eRD. Even with the NHS App, the patient and the GP have to complete unnecessary activity each month (or two months) whereas eRD has removed the need for repeats to be ordered and authorised every month or two. If linked properly to the medication review, eRD can improve efficiency and create time for GPs to spend on thinking more carefully about prescribing and increase the quality of prescribing.