Electronic Repeat Dispensing (eRD) in response to Covid 19

NOTE: This is not a training resource for eRD, it provides an outline explanation of the NHS response needed for eRD during the Covid 19 crisis and support for primary care to deliver that response.

For information on training materials see later slides

May 2020
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2 | eRD in response to Covid 19
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Health Warnings

Switching large numbers of patients to eRD should not be done by pharmacists or prescribers completely new to eRD.

This slide set assumes that there is a basic understanding of the process. If you don’t have that please see this https://youtu.be/zzaNeAaelAo read this https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf and complete this https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/

Also eRD cannot solve all the problems of repeat prescribing systems which are currently imperfect and consist of risks and limitations.

Rolling it out in response to Covid 19 needs a pragmatic approach with common sense and patient safety foremost.

The list from the BSA is a “where to look“ list it requires clinical input before decision are taken to move to eRD.
1. Background – eRD

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 RD, 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.
2. eRD in response to Covid 19

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.

Where eRD has been championed for repeat prescribing, practices have successfully achieved over 70% of patients receiving their medications in this way. Early findings from a qualitative study in Wessex also indicate that patient experience with eRD is a good one.
2. eRD in response to Covid 19 – Patient Consent

**During Covid**

We are anticipating an update from NHS England

**Current position (May 13th)**

- Patient must be registered for EPS and ideally have a nomination.
- Patient needs to agree that information about their meds will be shared between their GP practice and the Pharmacy.
- Ensure the patient understands the process of eRD.
- Consent can be verbal record in the notes SNOMED code 416224003
3. EPS and eRD - Variation across the country

Still significant variation in EPS utilisation
Range 40-97%

Still significant variation in eRD utilisation at CCG level
Range 0-47%
But some of highest practices have eRD rates of well over 70%
3. EPS and eRD - Variation across Wessex AHSN
3. EPS and eRD - Variation across Oxford AHSN

**CCG comparison in AHSN**

% of eRD items out of EPS items for EAST BERKSHIRE CCG compared to all CCGs in OXFORD AHSN
% of eRD items out of all items for EAST BERKSHIRE CCG compared to all CCGs in OXFORD AHSN

For 202002

![Chart showing percentage of eRD items out of EPS items for EAST BERKSHIRE CCG compared to all CCGs in OXFORD AHSN.](chart1)

![Chart showing percentage of eRD items out of all items for EAST BERKSHIRE CCG compared to all CCGs in OXFORD AHSN.](chart2)

**Trend over time**

Trends in prescribing of eRD items out of EPS items for EAST BERKSHIRE CCG (GP Practices only) compared against OXFORD AHSN

![Chart showing trends in prescribing of eRD items out of EPS items for EAST BERKSHIRE CCG (GP Practices only).](chart3)

![Chart showing trends in prescribing of eRD items out of all items for EAST BERKSHIRE CCG (GP Practices only).](chart4)
3. EPS and eRD - Variation across Berkshire East CCG

Percentage of eRD items
Comparing all GP Practices in CCG

Please select dashboard page:-

Criteria selection

* Select Year Month
202002

* Select CCG
EAST BERKSHIRE CCG (15000)

* Select GP Practice
THE AVENUE MEDICAL CENTRE (KB1039)

GP Practice comparison in CCG

% of eRD items out of EPS items for THE AVENUE MEDICAL CENTRE compared to all GP practices in EAST BERKSHIRE CCG for 202002

Display Chart ▼

% of eRD items out of all items for THE AVENUE MEDICAL CENTRE compared to all GP practices in EAST BERKSHIRE CCG for 202002

Display Chart ▼

Trend over time
3. EPS and eRD - Variation across West Hants CCG

Percentage of eRD items
Comparing all GP Practices in CCG

Please select dashboard page:
EPS Items  EPS Opportunity Items  eRD Items  Data  Download

Criteria selection

* Select Year Month  * Select CCG
202002  WEST HAMPSHIRE CCG (11A00)

* Select GP Practice
BLACKTHORN HEALTH CENTRE (J82051)

GP Practice comparison in CCG
% of eRD items out of EPS items for BLACKTHORN HEALTH CENTRE compared to all GP practices in WEST HAMPSHIRE CCG for 202002

Display Chart

% of eRD Items

GP Practice Value  CCG Value (GP Practices only)

Print - Export

% of eRD items out of all items for BLACKTHORN HEALTH CENTRE compared to all GP practices in WEST HAMPSHIRE CCG for 202002

Display Chart

% of eRD Items

GP Practice Value  CCG Value (GP Practices only)

Print - Export
3. eRD by AHSN
(note within this there will be significant variation at CCG and Practice level)
4. Delivering a successful eRD roll out.

Key points for successful eRD roll out

• Practices with an EPS value significantly lower than the national average (75.03% for Feb 2020) should initially focus on increasing EPS and nominations and then commence the switch to eRD
• Before embarking on eRD, Practices must liaise with local community pharmacies to ensure they are ready for the switch
• Practices should ensure they understand the eRD process and that the whole team is engaged with eRD
• Practices should appoint an eRD champion to drive the change and act as key link for pharmacy (who should appoint their own eRD champion)
• Practices should ensure they are able to inform patients about the eRD process.
eRD Checklist –
Are you ready to set-up eRD?
Preparing for implementation of eRD naturally falls into a PDSA cycle. Using this as a guide may help to structure your project.

This is a summary slide. Use following slides for more detail.

Get the team ready, choose a champion/lead and liaise with local Community Pharmacies.

Use the NHS BSA data to develop a list of suitable patients. Test your process by doing eRD with a small number of patients.

Widen your patient searches, make sure the whole practice is involved with the process. Move more patients to eRD.

How was it? Check with Community Pharmacy that there are no issues. Then have a follow up team meeting after one month.
<table>
<thead>
<tr>
<th>Plan</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominate an eRD Lead or Champion.</td>
<td>✓</td>
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<tr>
<td>Agree as a practice team that eRD should be used to improve efficiency of repeat prescribing and give team members the opportunity to voice concerns.</td>
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<td>Agree an implementation plan between the practice manager, lead GP and the pharmacist (if practice or PCN has one)</td>
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<td>Speak to local Pharmacies to discuss how this will work. Your local pharmacy may already do eRD for other GP practices and may have some useful tips for success!</td>
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<td>Check that key members of reception staff are aware of eRD and how it works. Use the NECS e-learning tool <a href="https://learning.necsv.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/">https://learning.necsv.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/</a> which includes the SystmOne, EMIS and Vision processes</td>
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<td>Discuss with Practice Patient Participation Group (PPG), allowing them to voice their concerns.</td>
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<td>Communicate the project across the area (CCG/pharmacy/practice)</td>
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<td>Do</td>
<td>Done</td>
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<tr>
<td><strong>First</strong></td>
<td>Request and receive patient data from NHS BSA, data will include the NHS number of people who have had the same medicines for 12 months or more.</td>
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<td>Ensure listed patients can be reviewed/screened by a clinician for eRD suitability.</td>
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<td>Plan communication processes with community pharmacy and patients, referring to eRD web page, Dorset and NE Hants for ideas/examples <a href="https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing">https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing</a></td>
</tr>
<tr>
<td><strong>Then...</strong></td>
<td>Establish your process for reviewing/screening patient data from NHS BSA (which of your patients are appropriate for eRD?). <strong>At this point it is worth taking a small sample of patient to try your process with.</strong></td>
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<td></td>
<td>Establish consent (and nomination if the patient doesn’t have one) process for patients who are appropriate for eRD.</td>
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<td></td>
<td>Implement your communication process with community pharmacy and patients.</td>
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<td></td>
<td>Agree process with community pharmacy for their communication with patients.</td>
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<td></td>
<td>Make sure everyone is clear how medication reviews will fit into eRD. Who will do them and when.</td>
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<tr>
<td><strong>Finally!</strong></td>
<td>Consider your patients’ yearly medication review date and ensure a process is implemented to enable these to happen.</td>
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<td>Study</td>
<td>Done</td>
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<td>After the first 20 patients, check that all your project stakeholders are still clear on the process.</td>
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<td>Gather feedback from local pharmacies to understand how the process is working for them and how it could be improved.</td>
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<td>Discuss how issues can be dealt with.</td>
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<td>Hold a one-month review with the implementation team (using MSTEams).</td>
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<tr>
<td>Act</td>
<td>Done</td>
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<td>--------------------------------------------------------------------</td>
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<tr>
<td>Continue process for screening patient data from NHS BSA (which of your patients are appropriate for eRD). <strong>At this point review the remainder of your patients.</strong></td>
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<tr>
<td>Continue consent (and nomination if the patient doesn’t have one) process for patients who are appropriate for eRD,</td>
<td></td>
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<tr>
<td>Continue your communication process with community pharmacy and patients</td>
<td></td>
</tr>
<tr>
<td>Ensure everyone is clear how medication reviews will fit into eRD. Who will do them and when?</td>
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</table>
Measure for success

Practices can see their EPS and eRD rates


And track your progress monthly............
Good luck!!!
Setting up eRD in EMIS

3. Setting up eRD
See NECS e learning tool
Or https://wessexahsn.org.uk/img/projects/eRD%20setup%20EMIS%20vid.mp4

Setting up eRD in EMIS

1. EPS Tracker -
   The EPS tracker

2. Nomination -
   Setting a nominated pharmacy

3. Setting up eRD
   Setting up repeat dispensing

4. Cancellation -
   Cancelling all repeat dispensing
5. Support for GP practices and Community Pharmacies

There are a range of resources already available to support implementation. See later slides. No one should need to write further guidance on eRD.

Identification of suitable patients - NHS BSA now have the ability to support GP practices by providing them with the NHS numbers of patients who have had the same medicines dispensed to them for the last 12 months.

This will be released to practices in stages and the following slides describe the process that the NHS BSA will use.

NHS BSA are able to provide further support and signposting to practices that contact them.

CCGs embarking on moving patients to eRD MUST discuss plans with their Local Pharmaceutical Committee (LPC) prior to switching. Practices moving to eRD must discuss their plans with local community pharmacies.
5.1 Identifying suitable patients

NHS BSA Process to provide GP Practices with NHS numbers of patients suitable for electronic repeat dispensing

1. To help support the response to Covid-19, NHS Business Services Authority (NHSBSA) will introduce a new streamlined service for GP practices to receive NHS Numbers for patients who may be eligible for Electronic Repeat Dispensing (eRD).

2. NHSBSA will contact every GP practice for whom we have contact details, to confirm whether they have an active nhs.net email address. NHSBSA will only send NHS numbers to nhs.net email addresses.

3. Once confirmed, NHSBSA will send the practice an email with a file containing the following information for patients within the criteria specified on slide 12 that are potentially eligible for eRD:
   - NHS Number
   - Name of item prescribed (*dm+d, Virtual Medicinal Product and described generically*)

4. Once the practice has received the NHS Numbers, a clinician should review the patient records of those patients to ensure that they are appropriate for eRD.

5. The practice should then arrange for verified patients to be moved to eRD.
   - NHSBSA can provide materials and guidance to support moving appropriate patients to eRD.

NB This will only include EPS prescriptions
How are patients identified by NHS BSA as being potentially suitable for eRD?

NHS BSA will apply the following criteria to identify patients who are potentially suitable for eRD:

Data includes patients from your GP Practice that have a minimum of 1, 2 or 3 drugs dispensed 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.

Data currently excludes:

- patients aged 18 or under
- Appliances
- Personally administered drugs and medicines (PADMs)
- Dispensing Doctors
- Controlled Drugs
- FP10 MDA
NHSBSA contacts all GP practices (where email addresses are available)

Does the practice respond to confirm email address?
- Yes: NHSBSA review EPS and eRD data for the practice
- No: End

NHSBSA review EPS and eRD data for the practice

Does the practice have prior experience of eRD or EPS levels of above 60%?
- Yes: NHSBSA send the GP practice NHS Numbers for patients who are potentially eligible for eRD.
- No: NHSBSA provides NHS numbers to the practice.
  - Also provides additional advice and guidance around what is required to implement eRD effectively.

Key Points
- All NHS Numbers must be clinically reviewed to ensure that it is clinically appropriate for that patient to move to eRD.
- It is vital for the medicines supply chain that the duration of each eRD prescription remains the same as prior to moving to eRD (e.g. 28 or 56 days supply maximum)
- NHSBSA will provide any GP practice with NHS numbers for patients who may be eligible for eRD.
- Additional support and guidance is available from NHSBSA to GP practices with low EPS utilisation or no experience of eRD.
5.2 Implementing the change

Communication is Key


• 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 electronic format.

• If eRD is a whole new way of working it will require some planning, training and change management to ensure successful implementation.

• Plan the switch with your local pharmacies. It can be a great solution if implemented collaboratively.
5.2 e learning NECS Training Module


- This slick and quick learning module covers all elements of eRD including process of implementation and benefits to practice and pharmacy.

  Takes you through step by step guides in SystmOne, EMIS and Vision, to switching patients onto eRD.

- For Pharmacies there is also a straightforward guide to dispensing medicines using eRD.
5.2 The eRD Handbook

The Wessex AHSN eRD handbook has been created to offer all the information that is required to implement this process.

- The Handbook covers all areas that need to be considered including:
  - Patient eligibility
  - Guidance for dealing with PRN prescriptions
  - Patients on warfarin
  - Care Homes

Among other information......

- Please take time to read through
5.3 Patient Resources (a)


- It is important that your patients understand the move to eRD.
- Take some time to look at the patient information included on the NHS BSA website (link above).
- Communications can be sent directly to patients or displayed in the form of posters in GP Practices or Pharmacies.
You may need to make a call to your patient group to explain that they are moving to eRD.

A handy call script has been developed by North East Hants and Farnham CCG. You can access a copy using the link above.

Other examples there too Dorset CCG.
6. 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 years 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!!)
6. Resources
All resources included in these slides can be found at:

https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing
6. Summary of Key Resources

https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing

1. Technical resources
   
   • eRD Handbook
   
   • NHS BSA Resources
   
   • NECS eRD e learning tool

2. Patient communications

   • Meet Mo video
     https://wessexahsn.org.uk/videos/show/255
   
   • eRD information leaflets
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<th>Essential to getting started with eRD</th>
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<tbody>
<tr>
<td>1</td>
<td>Wessex eRD Handbook</td>
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<td>NECS e-learning tool</td>
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<td>eRD Readiness checklist/ PDSA cycle</td>
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<td>What is eRD? - an Overview</td>
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<td></td>
<td><strong>2 Official Guidance</strong></td>
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<td>NHS England electronic repeat dispensing guidance</td>
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<td>NHS Digital Electronic repeat dispensing for prescribers</td>
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<td><strong>3 Support to encourage GP Practices</strong></td>
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<td></td>
<td>Case studies from GP practices that have already successfully moved to eRD</td>
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<td>The Project Surgery Case Study</td>
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<td><strong>4 Guidance for GP practices</strong></td>
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<td>Online eRD toolkits for prescribers (at bottom of web page)</td>
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<td></td>
<td>Video of a GP describing electronic repeat dispensing</td>
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5 Guidance and support for Community Pharmacists

Pharmaceutical Services Negotiating Committee Repeat Dispensing/electronic Repeat Dispensing (eRD)
NHS England electronic repeat dispensing guidance to community pharmacy
A standard operating procedure for repeat dispensing has been produced by the National Pharmacy Association (NPA) and is available from (login required)
The Centre for Postgraduate Pharmacy Education (CPPE) open learning pack on repeat dispensing
Dispenser Quick Guide - bottom of page

6 Tools to help communication with Patients

Template email for patients

Patient poster

Patient text message template

Social media content

Short animation

Template letter for patients

Patient flyer

7 Webinars

Electronic Repeat Dispensing Webinar Jon Hayhurst
ERD toolkit presentation
Electronic Repeat Dispensing (eRD)  
Medicines Optimisation