

Electronic Repeat Dispensing (eRD)

Thomas Bisset

Secretary Barnsley LPC and Pharmacy BEST Lead


Faheem Ismail

Implementation & Business Change

Electronic Prescription Service

NHS Digital

BEST event
18th July 2018



I'M PUTTING YOU IN
CHARGE OF PROJECT
"BIFF."

DILBERT

E-Mail: SCOTTADAMSG@AOL.COM

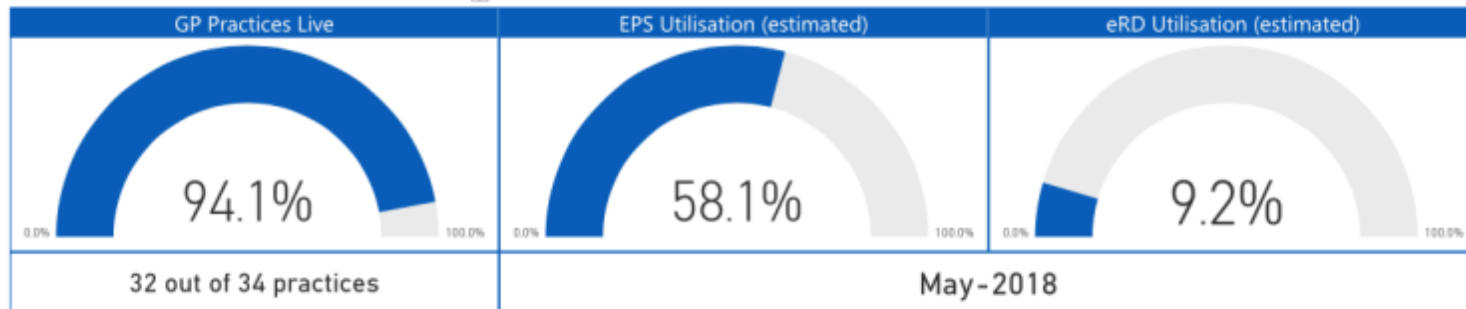
E-Mail: SCOTTADAMS@aol.com





CCG Details

Select Commissioning Region	Select Higher Health Authority	Select CCG
All	All	NHS Barnsley CCG
Select Dispensing Doctors Status	Select GP Practice Code	Select GP Practice Name
All	All	All



Number of Registered Patients	Nominations (% of GP registered patients)
258,867	42.2%
Snapshot date: 22-Jun-2018	

eRD and the New GMS wording for EPS



- An increased uptake of electronic repeat prescriptions with reference to co-ordination with community pharmacy. (last year 80% repeats)
- Continued uptake of electronic repeat dispensing with reference to CCG use of medicines management and co-ordination with community pharmacy.

eRD fundamentals



- Prescriber issues batch of EPS prescriptions in one go for suitable patients with repeat medication, *for up to 12 months*.
- Pharmacy responsible for carrying out checks with patient before dispensing each issue.
- Patient reviewed regularly by pharmacy and has flexibility throughout the regime.

Benefits for the GP practice



- Reduction in workload in re-signing requested repeat prescriptions.
- Reduction in the amount of requests/queries coming into the practice.
- Cancellation at any point during the regime at item or at prescription level.
- New medication can be added to the regime.
- Reduction in medicines waste.

Benefits for the GP practice



Practices save an average of **43 minutes per day** by not having to locate FP10 prescriptions within the practice.

Practices save an average of **31 minutes every day** by not having to re-print lost FP10 prescriptions.

Practice staff save an average of **39 minutes every day** by not having to wait for GPs to sign urgent FP10 prescriptions.

Benefits for the GP practice



Practices save an average of **22 minutes every day** by not having to deal with FP10 prescriptions which left the practice unsigned.

Practice staff save an average of **73 minutes each day** by producing electronic Repeat Dispensing prescriptions rather than paper repeats.

Practices save an average of **27 minutes every day** by cancelling p prescriptions electronically versus paper.

Benefits for the GP practice



An average general practice saves an average of **80 minutes of GP time every day** from signing eRD prescriptions versus paper prescribing.

Benefits for the GP practice



<https://epsestimator.digital.nhs.uk/#!/prescriber>

Benefits for the GP practice



Prescriber Benefits Estimator

How many items are prescribed by your practice each month (acute, repeat and electronic Repeat Dispensing (eRD) EPS Release 2 + FP10)?



What percentage of items that you prescribe (acute AND repeat) are sent to the dispenser using EPS Release 2?



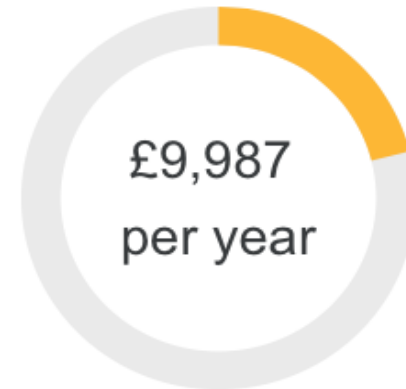
What percentage of the total items that you prescribe are electronic Repeat Dispensing (eRD)?



Benefits for the GP practice



= Based on the figures provided, we estimate that a typical prescriber (of your size and volume of EPS Release 2) should achieve the following benefits by using EPS Release 2 instead of paper FP10s. These may be efficiency benefits as well as monetary.



Benefits for the GP practice



£41,529
per year

If ALL of my practice's repeat items were sent as eRD the practice could benefit...

Benefits for the GP practice



Items per month	Maximum benefit	hours per year	hours per week
40,000	£148,000	7,577	146
35,000	£132,000	6,664	128
30,000	£113,000	5,704	110
25,000	£94,000	4,700	90
20,000	£76,000	3,822	74
15,000	£56,000	2,862	55
10,000	£38,000	1,911	37
8,000	£30,000	1,531	29
5,000	£19,000	941	18

Benefits for the patient



- Pharmacy nomination can be changed in the middle of a repeat dispensing regime.
- Reduction in unnecessary visits to the GP practice.
- Ability to request multiple issues of medication in advance after clinical assessment by pharmacist i.e. holidays.
- Potential reduction in out of hours requests for routine medication.
- Patient doesn't need to remember to order their prescription.
- Patient cannot lose their prescription.

Benefits for the Pharmacy



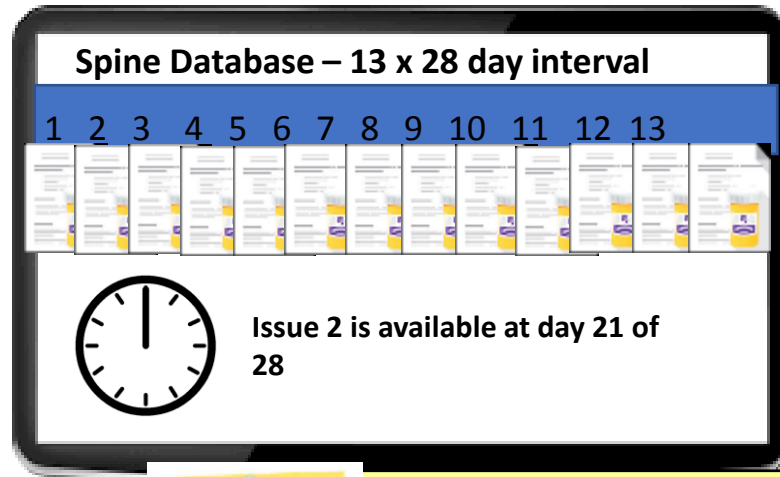
- Improved stock control.
- Increased efficiency.
- Effective time management.
- Reduction in managed repeat workload.
- Fewer trips to collect prescriptions from GP practice.

Community pharmacythe four questions



- Have you seen any health professional (GP, nurse or hospital doctor) since your last repeat was supplied?
- Have you recently started taking any new medicines either on prescription or that you have bought over the counter?
- Have you been having any problems with your medication or experiencing any side effects?
- Are there any items on your repeat prescription that you don't need this month?

eRD Step by Step Download/ Dispense



Issue 1 is **available to download immediately**

Issue 2 is available at **day 21 of 28**

Future issues are available to download **7 days prior to their due date:**
Day 21 of 28, Day 49 of 56

Top Tips

Count-down starts from the **date the eRD prescription was signed**.
Date the DN is sent doesn't affect the count-down but does need to be sent..

if the **next script becomes available immediately** – consider
treatment interval / manual scanning barcode

eRD Step by Step Patient requests more than one issue



Spine Database

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Pharmacist checks if there is any clinical risk



Patient arrives to collect Issue 2

Patient asks if she can have 2 issues as she is going on holiday

Top Tips

More than one issue at a time can be dispensed (if clinically safe to do so).

The next issue will become available only if the DN has been sent for the current issue / status on Spine updates to “awaiting release ready” (independent of the timeframe). You can then scan the barcode or enter the barcode (from the tracker) to release the prescription from Spine.

eRD and the Prescription Tracker

Find by Prescription ID * Denotes required field

* Prescription ID

Enter Prescription Details * Denotes required field

* Start Date Range to

Prescription Version Status

** One of these fields must be populated

** NHS Number

Add to Favourites

Annotations: A red circle highlights the Prescription ID input field with the label "Prescription ID search". Another red circle highlights the NHS Number input field with the label "NHS number".

<https://www.digital.nhs.uk/electronic-prescription-service/rx-tracker>



#EPSr2

All issues have the same Prescription ID

The status of the prescription changes as it passes from Spine to pharmacy to patient

EPS Prescription Tracker shows each issue individually

10 records per page Search:

<input type="checkbox"/>	Prescription ID	Status	Issue Date	Prescription Treatment Type
<input type="checkbox"/>	03EXXX-A81036-6F7200	Claimed	09-Jul-2015	Repeat Dispensing (0003) Issue 1 of 6
<input type="checkbox"/>	03EXXX-A81036-6F7200	Claimed	24-Jul-2015	Repeat Dispensing (0003) Issue 2 of 6
<input type="checkbox"/>	03EXXX-A81036-6F7200	Claimed	01-Sep-2015	Repeat Dispensing (0003) Issue 3 of 6
<input type="checkbox"/>	03EXXX-A81036-6F7200	Awaiting release ready	09-Jul-2015	Repeat Dispensing (0003) Issue 4 of 6
<input type="checkbox"/>	03EXXX-A81036-6F7200	Repeat dispense future instance	09-Jul-2015	Repeat Dispensing (0003) Issue 5 of 6
<input type="checkbox"/>	03EXXX-A81036-6F7200	Repeat dispense future instance	09-Jul-2015	Repeat Dispensing (0003) Issue 6 of 6

Showing 1 to 6 of 6 entries

← Previous 1 Next →

Patient consent



- Patients are required to give consent for repeat dispensing - formal written consent is not required.
- Currently an EPS nomination needs to be in place.
- Patient consent given for eRD can be codified in the patients' notes.

"Patient consent given for Repeat Dispensing information transfer"

- Pharmacists can gather consent and inform the surgery.

Patient nomination change



- Patients can change their nominated pharmacy before the end of the repeat dispensing period.
- No need to issue “holiday scripts” in advance.
- Any outstanding issues which have not been downloaded will be available to download by the new nominated pharmacy.

Patient leaves practice

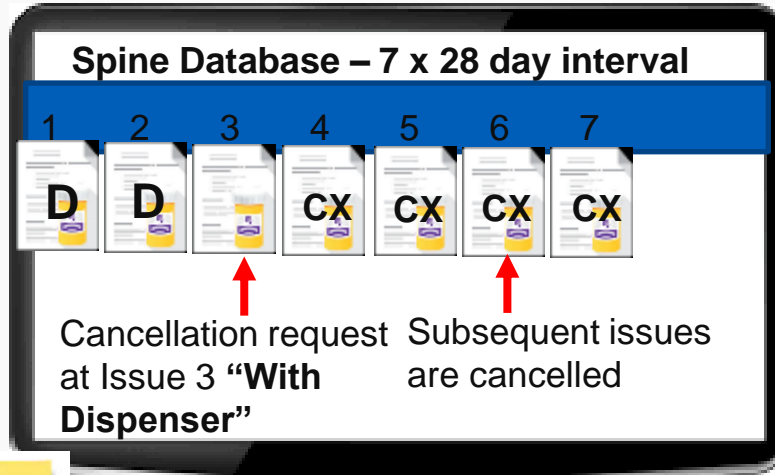


- Any outstanding repeat dispensing issues need to be cancelled.
- Make it part of the deduction process.
- When Personal Demographic Service (PDS) is notified of death - the Spine will automatically cancel outstanding prescriptions.

Medication changes

Practise can cancel Individual items or Whole batch.

Always Good to communicate changes.



Top Tips

If the **Prescriber gets a cancellation rejection message** they need to **phone or email the dispenser** to ask them to **return the script to the Spine.**

If **Issue 3 is “With dispenser”** the pharmacist must **return it to Spine**

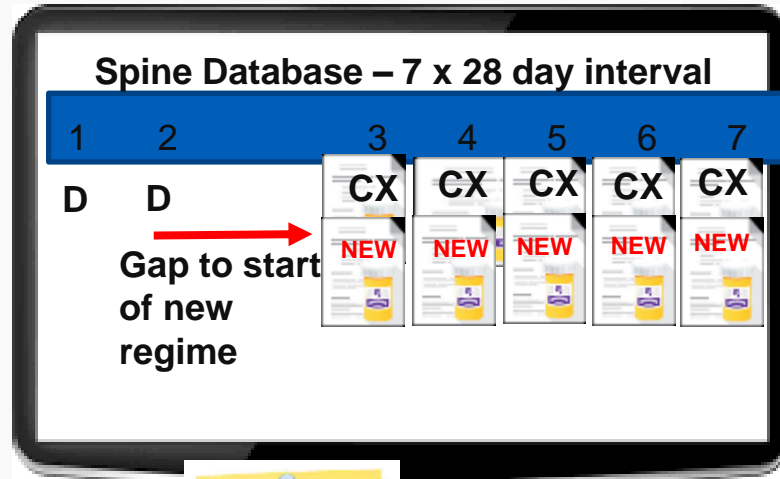
The prescriber will receive a **“Cancellation rejection”** to notify them the **script has not been cancelled**

The Prescriber needs to **phone or email the Pharmacy** to ask them to **return the script to Spine.** The script can then be cancelled and a **new eRD batch** can be set up (new barcode)



eRD Step by Step Changes to medication

Bridge the gap



To bridge the gap between the old regime ending and the new regime starting issue a “one off script” e.g. 14 days medication.

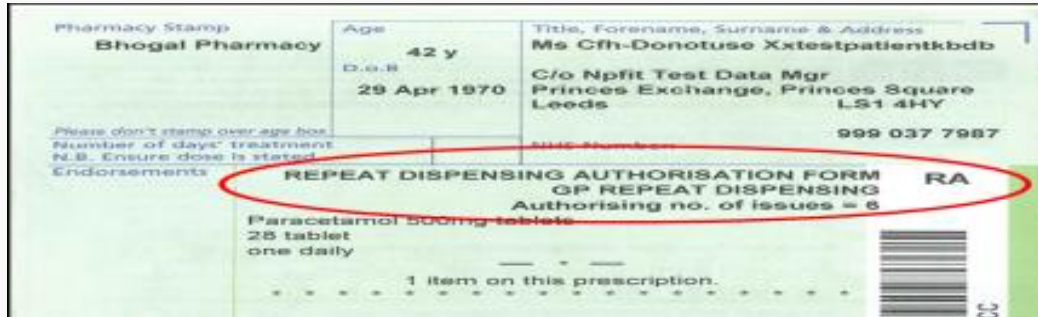
Top Tips

The new eRD regime will have a **new barcode** and can have **up to 13 issues (28 day interval)**

Let the patient know when they are **at the end of their eRD batch**. This gives them enough time to book a review / continue with the next eRD batch.

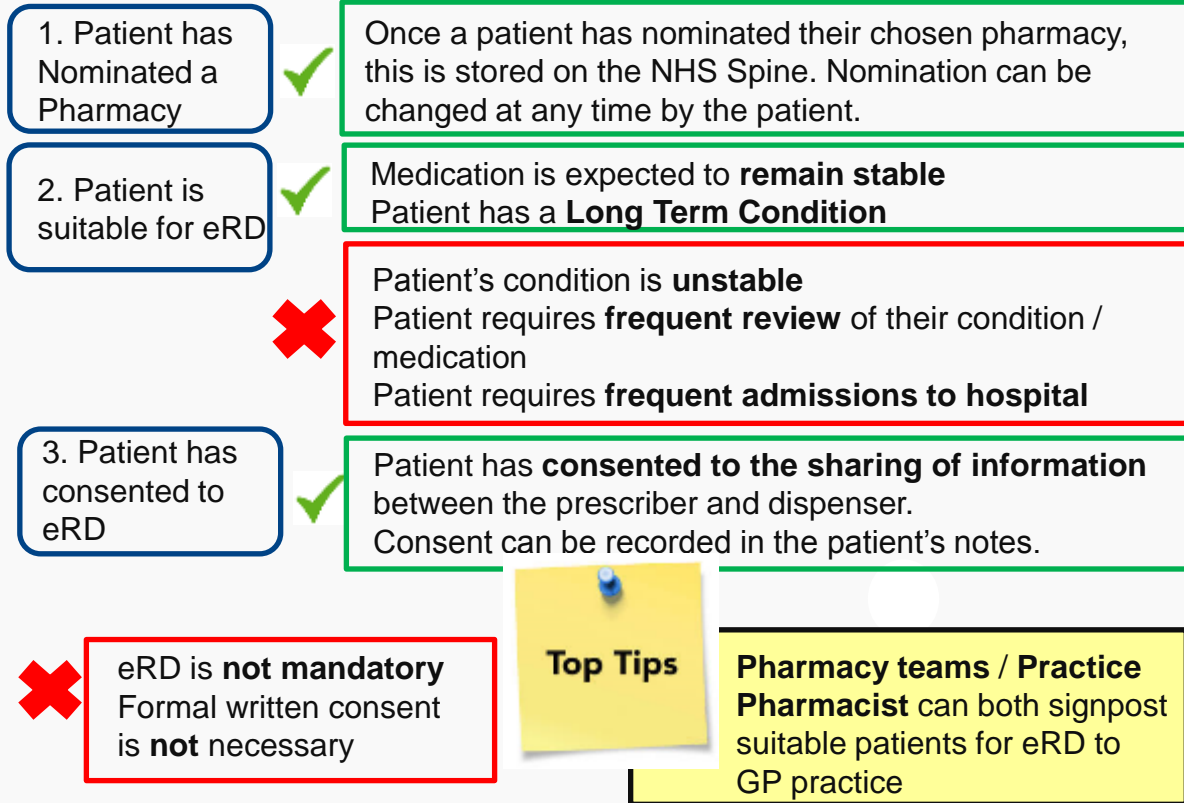
RA token

- Issuing an RA token to the pharmacy is NO longer necessary when starting a repeat dispensing prescription.



Pharmacy Stamp Bhogal Pharmacy	Age 42 y <small>D.o.B</small> 29 Apr 1970	Title, Forename, Surname & Address Ms Cfh-Donotuse Xxtestpatientkbbdb C/o Npfit Test Data Mgr Princes Exchange, Princes Square Leeds LS1 4HY 999 037 7987
<small>Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated</small>	RA	REPEAT DISPENSING AUTHORISATION FORM GP REPEAT DISPENSING Authorising no. of issues = 8
Endorsements	Paracetamol 500mg tablets 25 tablet one daily	1 item on this prescription.

Suitable patients



eRD- Step by Step – Prescriber

2. Prescribe an eRD Batch

1. Re-authorise /
synchronise
repeat meds



Prescriber checks the dose, quantity and number of issues are **synchronised**
Patient's medication is available to **collect all at the same time**



Number of issues, intervals and quantities **don't match up**
Patient's medication becomes available at **different times**


2. Clinician
signs the eRD
batch(es)



Example:
13 issues x 28 day interval = One year's supply
7 issues x 28 day interval = 6 month's supply



12 issues x 28 days / 6 issues x 28 days



Top Tips

Prescribers can issue **more than one eRD batch**
e.g. if the patient has a **PRN with irregular issue duration**.
The interval can be calculated by checking the patient's
history. **CD Sched 4 or 5 – 28 day expiry**

Medications UNSuitable for eRD



- Controlled drugs schedule 2 and 3
- Medications requiring frequent blood tests such as for DMARDs, lithium, warfarin
- Patients requiring more regular reviews
- ? Unlicensed medicines ?
 - as they should only be used when a licensed prep is not available but one may become available
 - costly and suitable licensed prep should be considered

Getting started



- Identify suitable patients, pharmacy and GP practice
- Start with straightforward patient groups e.g. Levothyroxine
- Start small
- Review
- Identify more patients...



Maximise eRD



Starting point

- current eRD performance
- eRD guides / e-learning
- regular meetings / deepen understanding with prescribers
- eRD champion (Dispenser and Prescriber)

EPS Benefits calculator:

<https://epsestimator.digital.nhs.uk/#!/prescriber>

Tracking eRD progress

You can check your progress at the NHS Digital website:

<https://digital.nhs.uk/eps/stats>

Address 2	Address 3	Address 4	Postcode	Local Pharmaceutical Committee (LPC) – where blank NHS England Sub awaiting update or DAC	Region	Current Active Nominations	Change from last week
VICTORIA ROAD	LEEDS	WEST YORKSHIRE	LS14 2LA	COMMUNITY PHARMACY WEST	NHS England North (Yorks)	74,070	1,458
BAKEWELL ROAD	ORTON SOUTHGATE	PETERBOROUGH	PE2 8BJ		NHS England Midlands (an)	73,154	405
DENTON	MANCHESTER		M34 3AG		NHS England North (Great)	16,503	62
SOUTH BAR STREET	BANBURY	OXFORDSHIRE	OX16 9AD	THAMES VALLEY LPC	NHS England South (Soutl)	13,554	7
LANCING BUSINESS	LANCING	WEST SUSSEX	BN15 8TA		NHS England South (Soutl)	13,242	91
NARROWCLIFF	NEWQUAY	CORNWALL	TR7 2QF	CORNWALL & ISLES OF SCILLY	NHS England South (Soutl)	12,986	15
MANE WAY	WESTBURY	WILTSHIRE	BA13 3FQ	SWINDON & WILTSHIRE LPC	NHS England South (Soutl)	10,632	13
BISHOPS CLEEVE	CHELTENHAM	GLOUCESTERSHIRE	GL52 8LR	GLOUCESTERSHIRE LPC	NHS England South (Soutl)	10,032	22
93 NORTHBROOK	RSHIRLEY	SOLI HULL	WEST MIDLANDS	SOLI HULL LPC	NHS England Midlands (an)	9,752	42
ASHTON RD WEST	MANCHESTER		M35 0AD	GREAT MANCHESTER LPC	NHS England North (Great)	9,606	46
PULBOROUGH	WEST SUSSEX		RH20 1FG	WEST SUSSEX LPC	NHS England South (Soutl)	9,353	13
BRUNSWICK BUSIN	LIVERPOOL		L3 4BH		NHS England North (Ches)	9,228	83
STOCKWELL GATE	MANSFIELD	NOTTINGHAMSHIRE	NG18 5GG	NOTTINGHAMSHIRE LPC	NHS England Midlands (an)	9,099	57
GLEVUM WAY SURG	GLOUCESTER		GL4 4BL	GLOUCESTERSHIRE LPC	NHS England South (Soutl)	8,995	14
ET	CALNE	WILTSHIRE	SN11 0HH	SWINDON & WILTSHIRE LPC	NHS England South (Soutl)	8,752	35
CAMPBELL STREET	NORTHAMPTON		NN1 3DS	NORTHAMPTONSHIRE & MILTON	NHS England Midlands (an)	8,693	-8
MYRTLE SQUARE	HARROGATE	NORTH YORKSHIRE	HG1 5AR	NORTH YORKSHIRE LPC	NHS England North (Yorks)	8,658	23
POSTMILL CLOSE	WYMONDHAM	NORFOLK	NR18 0RF	NORFOLK LPC	NHS England Midlands (an)	8,627	56
PRESTWICH	MANCHESTER		M25 1AY	GREAT MANCHESTER LPC	NHS England North (Great)	8,556	17
HUME STREET	KIDDERMINSTER	WORCESTERSHIRE	DY11 6SF	HEREFORDSHIRE & WORCEST	NHS England Midlands (an)	8,494	-4
ALGERNON, FIRTH	HECKMOND WKE		WF16 0HH	COMMUNITY PHARMACY WEST	NHS England North (Yorks)	8,461	76
STROUDWATER	BUSTONEHOUSE	GLOUCESTERSHIRE	GL10 3GB		NHS England South (Soutl)	8,391	-4
55 RIGBY STREET	SALFORD		M7 4NX	GREAT MANCHESTER LPC	NHS England North (Great)	8,313	25

Practice Name	Estimated Percent of EPsR2 Repea	Estimated EPsR2 usage*
HE STONEBRIDGE PRACTICE	46%	77%
UBILEE STREET PRACTICE	46%	61%
RIDGE LANE GROUP PRACTICE	46%	69%
HE HEALTH CENTRE	46%	85%
HE LECKHAMPTON SURGERY	46%	80%
IR VIJE'S SURGERY	46%	88%
OPLARS MEDICAL CENTRE	46%	97%
LOAN MEDICAL CENTRE	45%	62%
LBANY PRACTICE	45%	70%
ROSVENOR HOUSE SURGERY	45%	83%
T. BARTHOLOMEWS SURGERY	45%	58%
ATHOM ROAD MEDICAL CENTRE	45%	85%
IR JOHN KIRK CLOSE SURGERY	45%	88%
ECKETT HOUSE PRACTICE	45%	75%

Questions and further information



NHS Digital EPS website <http://systems.digital.nhs.uk/eps>

Have you signed up for the NHS Digital GP or Pharmacy bulletins?

Contacts

Faheem Ismail

(EPS Implementation Support Manager)

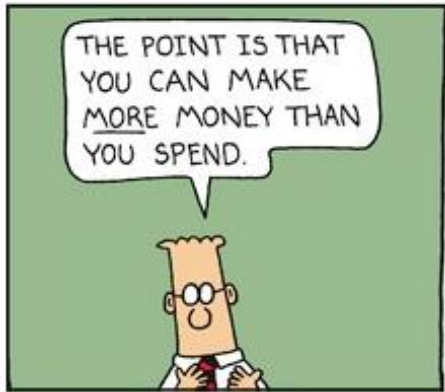
07917 592 318

faheemismail@nhs.net





E-Mail: SCOTTADAMS@XL.COM



© 1995 United Feature Syndicate, Inc. 5-28

