

Electronic Prescription Service

Electronic Repeat Dispensing (eRD)



Information and technology for better health and care

Electronic Repeat Dispensing (eRD)

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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.



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



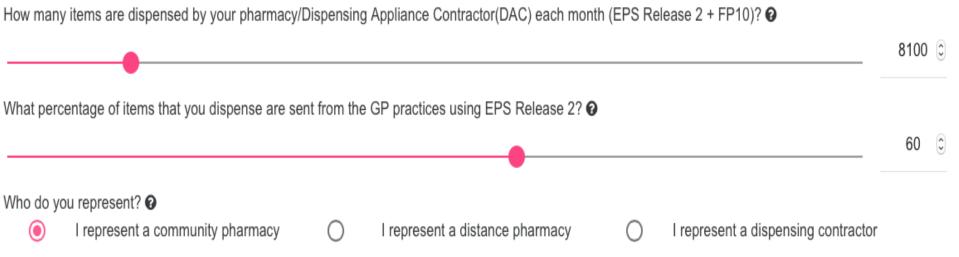
- ◆ Pharmacies save an average of 43 minutes every day as a result of fewer trips to GP practices to collect FP10s.
- Pharmacists reported that they are saving an average of 54 minutes every day as a result of faster dispensing.
- ◆ On average, each dispensing site saves 127 minutes every month from a more efficient electronic end of month submission to NHS Business Services Authority.
- Dispensing administrative staff reported that they are saving an average of 79 minutes every day as a result of faster dispensing.



https://epsestimator.digital.nhs.uk/#!/dispenser



Dispenser Benefits Estimator





Based on the figures provided, we estimate that a typical dispenser (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.

Community Pharmacy



This is the amount that we estimate you could benefit if ALL prescription items(repeat and acute) were received via EPS Release





Based on the figures provided, we estimate the above total monthly benefits that a typical dispenser (of your size and volume of EPS Release 2) should currently be seeing. These may be efficiency benefits as well as monetary.



Items per month	Maximum benefit	hours per month
21,000	£23,379	135
18,000	£20,040	116
15,000	£16,755	97
12,000	£13,415	77
10,000	£11,133	64
8,000	£8,900	51
6,000	£6,680	39
5,000	£5,567	32



...may be efficiency benefits as well as monetary.

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?

Benefits for the patient



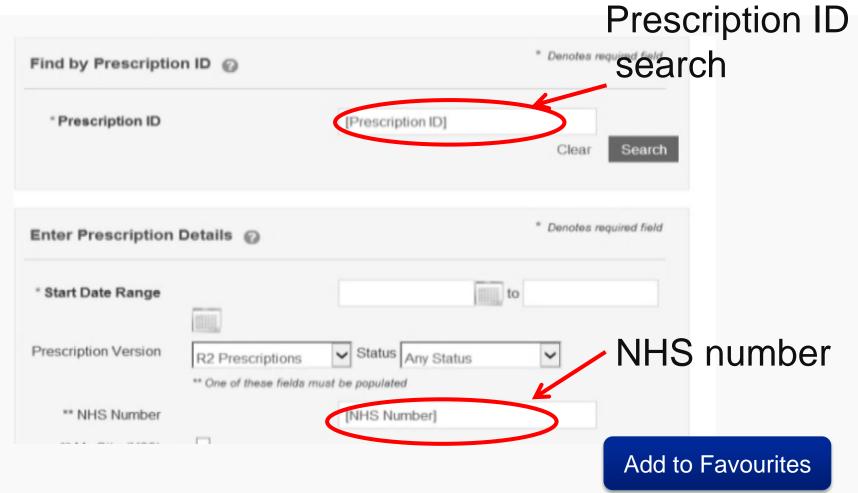
- Pharmacy nomination can be changed in the middle of a repeat dispensing regime.
- Reduction in unnecessary visits to the GP practice.
- Ability to request multiple issues of medication in advance after clinical assessment by pharmacist i.e. holidays.
- Potential reduction in out of hours requests for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

Benefits for the 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.

eRD and the Prescription Tracker



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



All issues have the same Prescription ID

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

EPS Prescription Tracker shows each issue individually

	records per page		Search:	
_	Prescription ID	Status	Issue Date	Prescription Treatment Type
	03EXXX-A81036-6F7200	Claimed	09-Jul-2015	Repeat Dispensing (0003) Issue 1 of 6
	03EXXX-A81036-6F7200	Claimed	24-Jul-2015	Repeat Dispensing (0003) Issue 2 of 6
	03EXXX-A81036-6F7200	Claimed	01-Sep-2015	Repeat Dispensing (0003) Issue 3 of 6
	03EXXXA81036-6F7200	Awaiting release ready	09-Jul-2015	Repeat Dispensing (0003) Issue 4 of 6
	03EXXX-A81036-6F7200	Repeat dispense future instance	09-Jul-2015	Repeat Dispensing (0003) Issue 5 of 6
	03EXXX-A81036-6F7200	Repeat dispense future instance	09-Jul-2015	Repeat Dispensing (0003) Issue 6 of 6

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



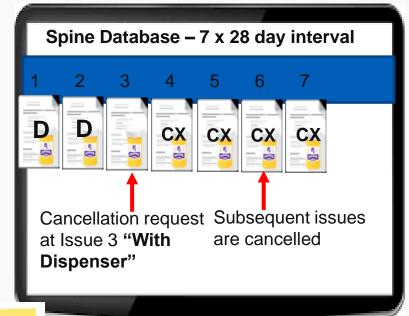
- Any outstanding repeat dispensing issues need to be cancelled.
- Make it part of the deduction process.
- When Personal Demographic Service (PDS) is notified of death - the Spine will automatically cancel outstanding prescriptions.

Medication changes



Practice can cancel Individual items or Whole batch.

Always Good to communicate changes.



If Issue 3 is "With dispenser" the pharmacist must return it to Spine

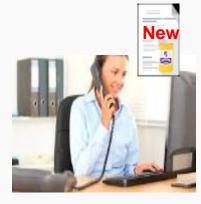
The prescriber will receive a "Cancellation rejection" to notify them the script has not been cancelled

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

(new barcode)

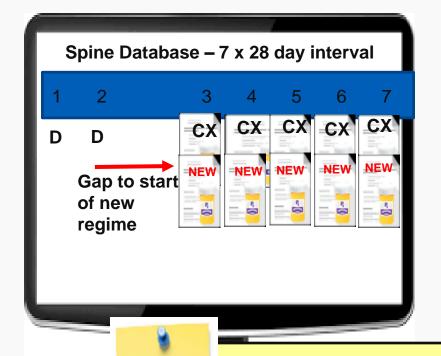
Top Tips

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.



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.

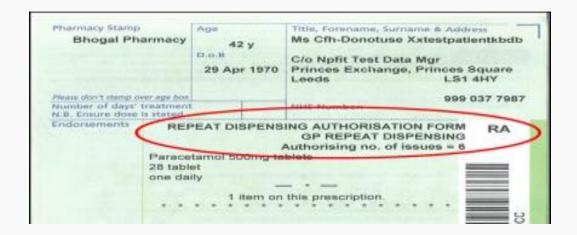
Top Tips

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.



Suitable patients



 Patient has Nominated a Pharmacy



Once a patient has nominated their chosen pharmacy, this is stored on the NHS Spine. Nomination can be changed at any time by the patient.

2. Patient is suitable for eRD



Medication is expected to **remain stable**Patient has a **Long Term Condition**

Patient's condition is unstable



Patient requires **frequent review** of their condition / medication

Patient requires frequent admissions to hospital

3. Patient has consented to eRD



Patient has consented to the sharing of information between the prescriber and dispenser.

Consent can be recorded in the patient's notes.



eRD is **not mandatory**Formal written consent
is **not** necessary



Top Tips

Pharmacy teams / Practice
Pharmacist can both signpost
suitable patients for eRD to
GP practice

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/#!/dispenser

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

				Local Pharmaceutical Committee (LPC) – where blank	NHS England Sub	Current	Active	Change from last	
Address 2	Address 3	Address 4	Postcode v		Reigon	▼ Nominat	ions	week	4
VICTORIA ROAD	LEEDS	WEST YORKSHIRE	LS14 2LA	COMMUNITY PHARMACY WEST	NHS England North (Y	orks	74,070	1,4	158
BAKEWELL ROAD	ORTON SOUTHGAT	PETERBOROUGH	PE2 6BJ		NHS England Midlands	s and	73,154	4	105
DENTON	MANCHESTER		M34 3AG		NHS England North (G	reat	16,503		62
SOUTH BAR STREE	BANBURY	OXFORDSHIRE	OX16 9AD	THAMES VALLEY LPC	NHS England South (S	Soutl	13,554		7
LANCING BUSINESS	LANCING	WEST SUSSEX	BN15 8TA		NHS England South (S	Sout	13,242		91
NARROWCLIFF	NEWQUAY	CORNWALL	TR7 2QF	CORNWALL & ISLES OF SCILLY	NHS England South (S	Soutl	12,986		15
MANE WAY	WESTBURY	WILTSHIRE	BA13 3FQ	SWINDON & WILTSHIRE LPC	NHS England South (S	Soutl	10,632		13
BISHOPS CLEEVE	CHELTENHAM	GLOUCESTERSHIRE	GL52 8LR	GLOUCESTERSHIRE LPC	NHS England South (S	Soutl	10,032		22
93 NORTHBROOK F	SHIRLEY, SOLIHULL	WEST MIDLANDS	B90 3LX	SOLIHULL LPC	NHS England Midlands	s an	9,752	1	42
ASHTON RD WEST,	MANCHESTER		M35 0AD	GREATER MANCHESTER LPC	NHS England North (G	ireat	9,606	i	46
PULBOROUGH	WEST SUSSEX		RH20 1FG	WEST SUSSEX LPC	NHS England South (S	Soutl	9,353	1	13
BRUNSWICK BUSIN	LIVERPOOL		L3 4BH		NHS England North (C	hes	9,228	}	83
STOCKWELL GATE	MANSFIELD	NOTTINGHAMSHIRE	NG18 5GG	NOTTINGHAMSHIRE LPC	NHS England Midlands	s an	9,099		57
GLEVUM WAY SURG	GLOUCESTER		GL4 4BL	GLOUCESTERSHIRE LPC	NHS England South (S	Soutl	8,995	j	14
ET	CALNE	WILTSHIRE	SN11 0HH	SWINDON & WILTSHIRE LPC	NHS England South (S	Soutl	8,752		35
CAMPBELL STREET	NORTHAMPTON		NN1 3DS	NORTHAMPTONSHIRE & MILTO	NHS England Midlands	s an	8,693	}	-8
MYRTLE SQUARE	HARROGATE	NORTH YORKSHIRE	HG1 5AR	NORTH YORKSHIRE LPC	NHS England North (Y	orks	8,658	1	23
POSTMILL CLOSE	WYMONDHAM	NORFOLK	NR18 0RF	NORFOLK LPC	NHS England Midlands	s and	8,627	!	56
PRESTWICH	MANCHESTER		M25 1AY	GREATER MANCHESTER LPC	NHS England North (G	ireat	8,556	i	17
HUME STREET	KIDDERMINSTER	WORCESTERSHIRE	DY11 6SF	HEREFORDSHIRE & WORCEST	NHS England Midlands	s an	8,494		-4
ALGERNON, FIRTH F	HECKMONDWIKE		WF16 0HH	COMMUNITY PHARMACY WEST	NHS England North (Y	orks	8,461		76
STROUDWATER BU	STONEHOUSE	GLOUCESTERSHIRE	GL10 3GB		NHS England South (S	Soutl	8,391		-4
55 RIGBY STREET	SALFORD		M7 4NX	GREATER MANCHESTER LPC	NHS England North (G	ireat	8.313		25

ractice Name	Estimated Percent of Estimated EPSr2 EPSr2 Repeared usage*	v
HE STONEBRIDGE PRACTICE	46%	77%
JBILEE STREET PRACTICE	46%	61%
RIDGE LANE GROUP PRACTICE	46%	69%
HE HEALTH CENTRE	46%	85%
HE LECKHAMPTON SURGERY	46%	80%
R 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%

Service Specification

- Pharmacists should undertake "appropriate training"
- Educate patients (strengthened from March 2015)
- Securely store repeatable prescription
- Dispense in accordance with the directions

Service Specification

- Prior to each dispensing episode check patient:
 - IS taking the medication
 - Is not suffering from side effects
 - Has not had medication regimen changed
 - Any other changes in Health
- May refuse if appropriate
- Maintain records
- Inform the prescriber of any clinically significant issues

From March 2015

- Ensure appropriate advice about the benefits is given to any patient with a long term stable condition requiring regular medication
- Encourage patient to discuss with their GP

PSNC Recommended Actions:

- Identify and notify prescribers of suitable patients
- Seek to transfer managed repeats to eRD

Contractual Requirements

- As above!
- CPAF: Pharmacies expected to demonstrate that patients are asked the relevant questions!
- Procedure for patients collecting from pharmacy
- How are delivery patients on eRD dealt with?
- Only pull down one batch at a time
- Only claim for a batch when the patient has accepted receipt of the medication. Until then, you need to be able to send back to the spine if requested!

Resources

SEE PSNC Website:

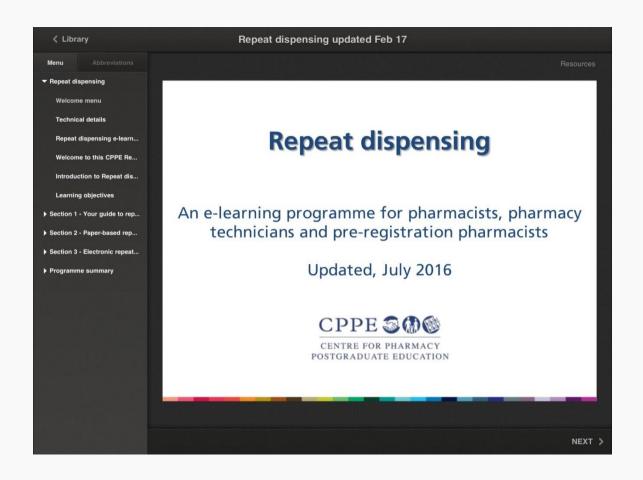
- Repeat Dispensing Referral Form
- RD1 Repeat Dispensing Consent Form
- Briefings
- eRD template poster & leaflet
- Etc.....

Consent

What is Informed Consent?

Training Materials

CPPE e-learning and e-assessment



Personal Experience

- I have my medication via eRD
- I have changed pharmacy
- I have test strips on separate batch

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

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