

Electronic Repeat Dispensing (eRD)



Aims of the eRD Workshop



- This presentation is not EPS training
- Designed to support you with electronic repeat dispensing (eRD) and is a key part of the planning for eRD
- We will examine both practice and pharmacy responsibilities to look at how these will change with eRD
- Cover key points to help you think about how you can change your current processes to make the most of using eRD
- Available as a work book

Aims of the eRD Workshop



Topics covered in this session:

- eRD Why Here, Why Now?
- eRD Targets
- Why use eRD?
- Benefits of eRD
- A Patients Story
- eRD Reminder
- Workbook
- Clinical Responsibility
- Pharmacy Responsibility
- Further help and support
- Q & A Session

eRD – So Why Here, Why Now

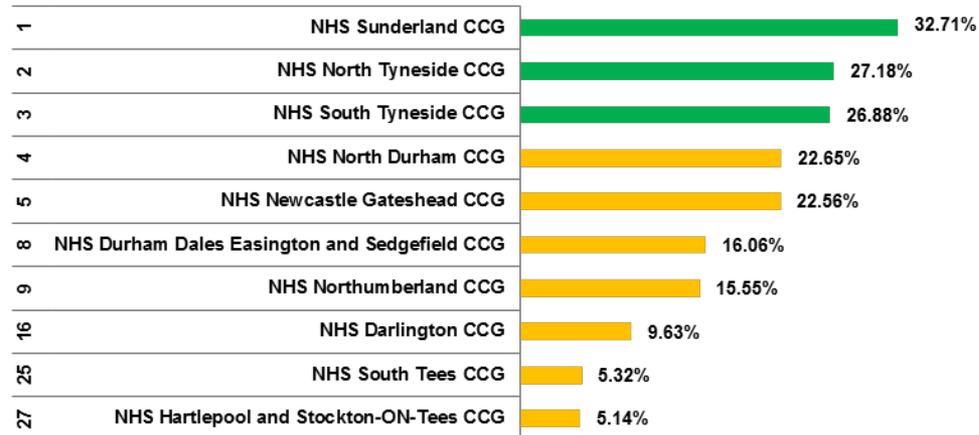


- Regional Project across North East and North Cumbria to look at eRD
- We need to reduce medicines waste regionally by implementing electronic repeat dispensing (eRD)
- We need to address the waste around ‘when required’ medicines
- Concern over managed repeats
- Recognition of the potential by CCG and many GP surgeries locally
- Identified Champion Practices
- Recognise that all practices are at different points of implementation

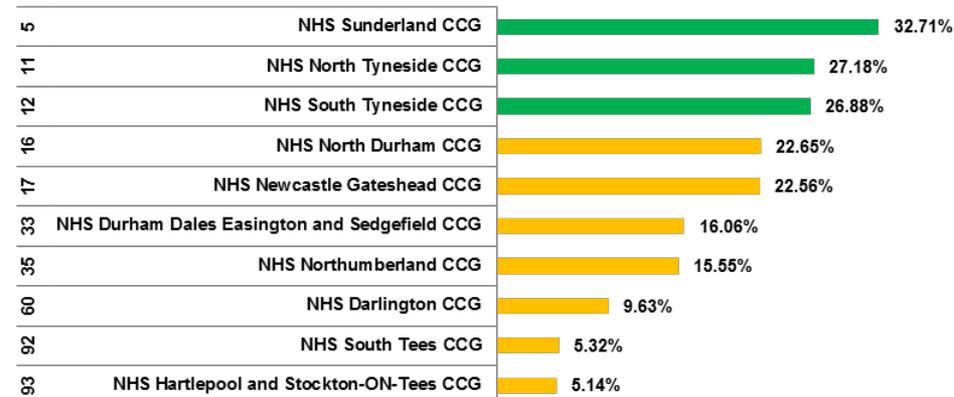
National eRD League Tables



eRD Position - NHS England North Region - Sept 2017, 64 CCG's



eRD Position - NHS England National Position- Sept 2017, 207 CCG's



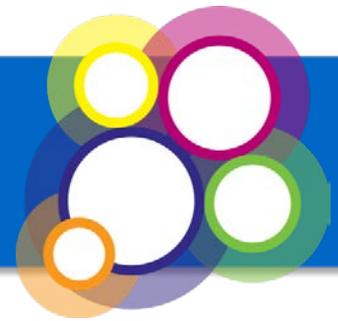
Is this your practice?



Repeat Prescriptions in piles to be signed? Harassed GPs and staff?



Why should GP Practices use eRD?



TIME

- The number of visits to the practice or telephone calls by patients requesting and collecting repeat prescriptions is reduced

TIME

- The administrative work associated with paper repeat prescribing processes is reduced
- GP doesn't have to sign them every month

TIME

- Footfall at the GP surgery from prescription collection services and patients is reduced.
- Fewer paper prescription requests are lost and time wasted looking for them



wiseGEEK

Why should GP Practices use eRD?



- Possible reduction in medicines waste
- Simplifies patient journey
- Standardises process for repeat ordering
- Part of the GMS Contract 2017/18

There is a TARGET for practices!!

Benefits of eRD



- NHS Digital Benefits Calculator available at: <https://epsestimator.digital.nhs.uk/#!/prescriber>
- ***How much could your practice save?***
- Cost savings might include: printing, equipment, staff time and security
- ***What could you do with that time and money?***

Real Benefits of eRD



Practice A:

- 15000 items per month
- 73 % EPS2
- 26% eRD

Saving per year:

- £33500 cost
- 1772 hours time



Real Benefits of eRD

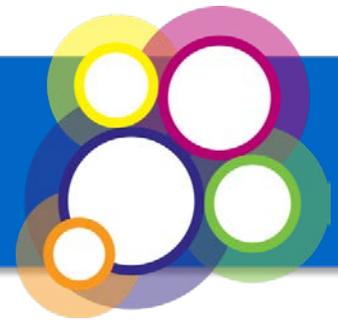


Practice B, 50% dispensing:

- 4000 non-dispensing items per month
- 15 % EPS2 of all prescribing
- 9% eRD

- Saving per year:
- £2047 cost
- 105 hours time

Raising eRD with Patients



- Many patient leaflets practices can use
- Have step by step guides
- Discuss how you can raise at your practice with patients
- Use your community pharmacy to raise it with suitable patients

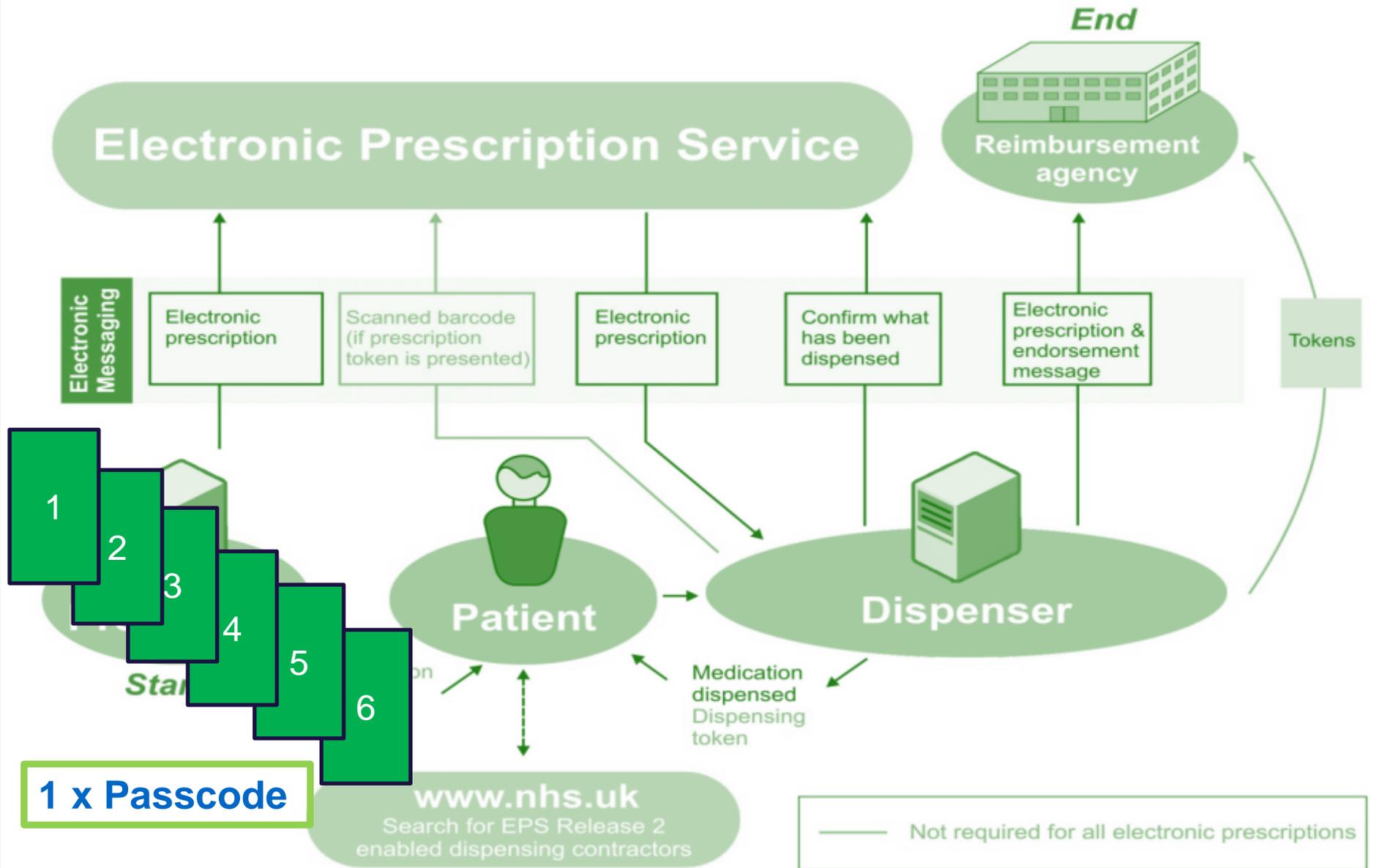


A Patient's Story.....Gordon

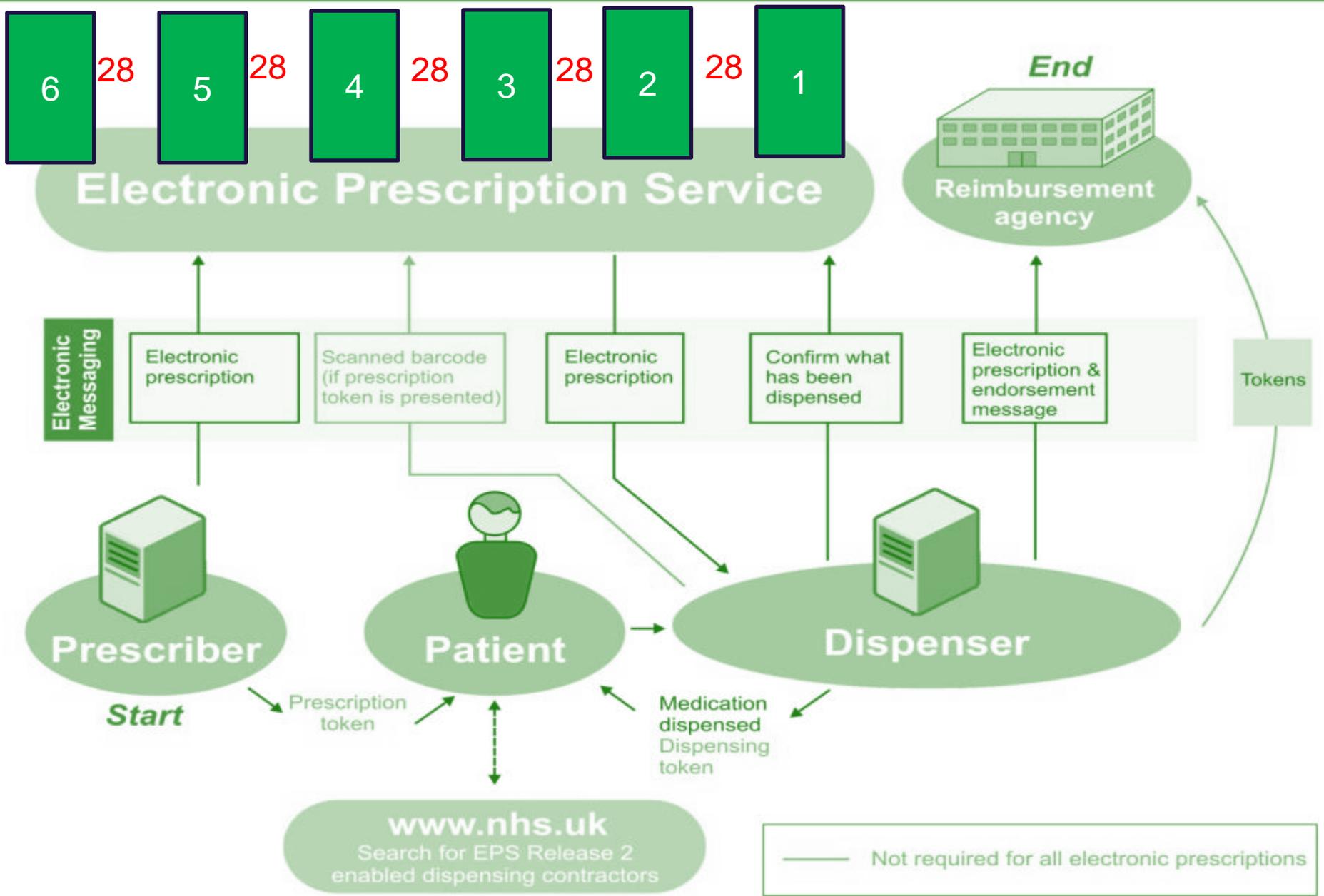


- Over the last few years, Gordon has had a number of new conditions diagnosed and started and stopped a few different medicines to help treat them.
- He is now on 6 different daily medicines, which run out at different times of the month. He checks his stock at home once a week and orders from his GP practice to send to his pharmacy.
- He sees his practice nurse once a year for his check up. He doesn't remember having a medication review, but is confident his doctor looks after his medicines.

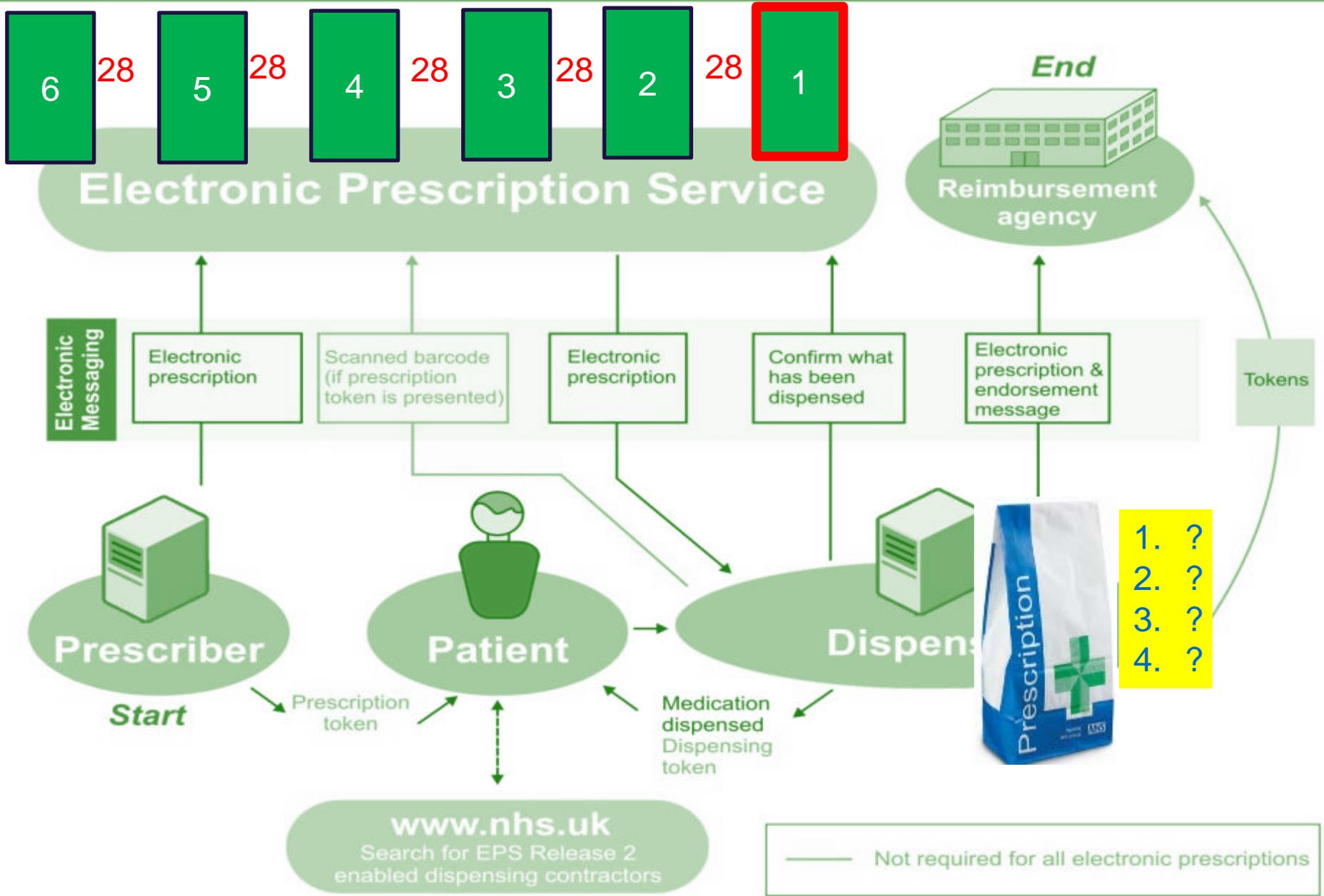




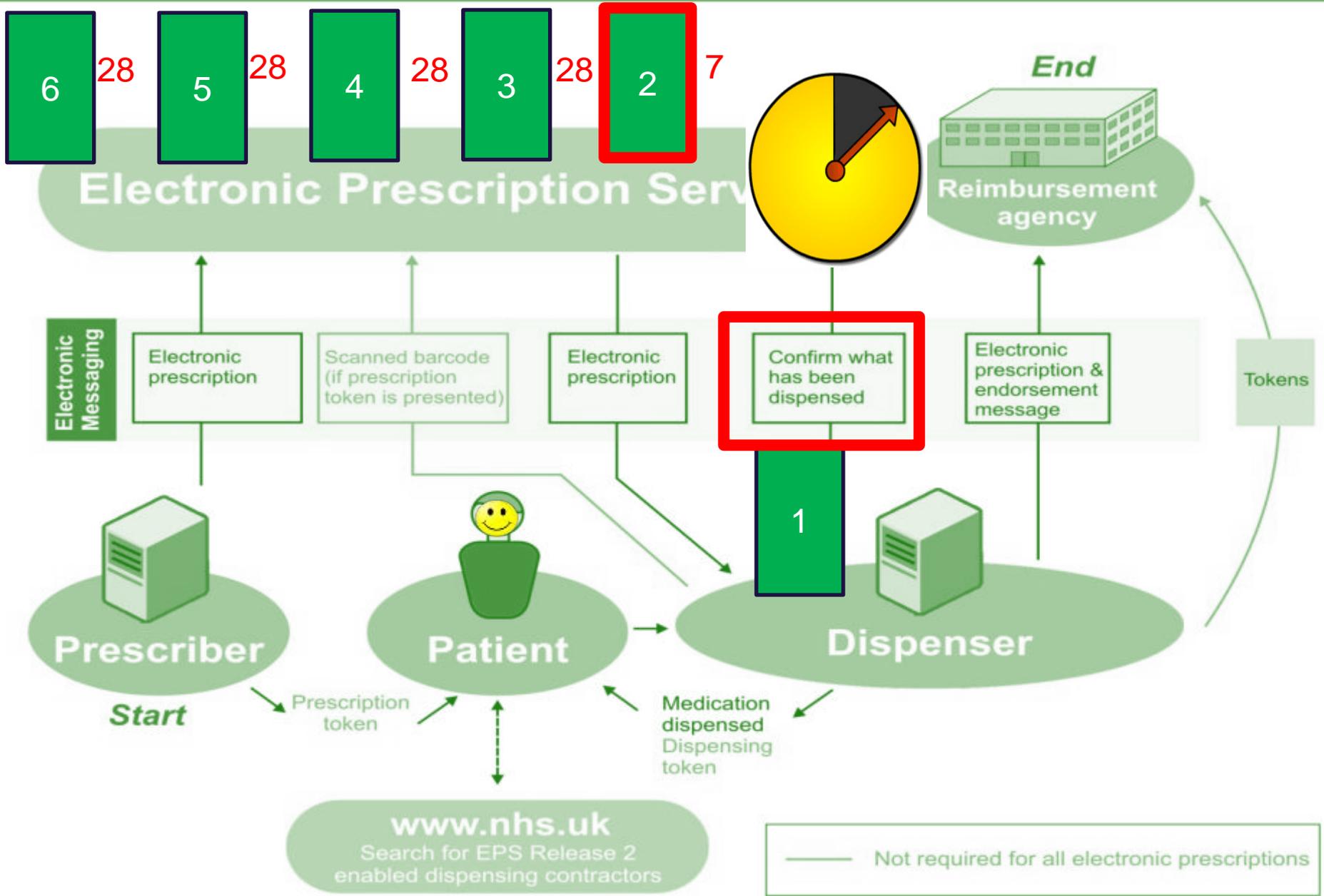
The flow of an electronic prescription in Release 2



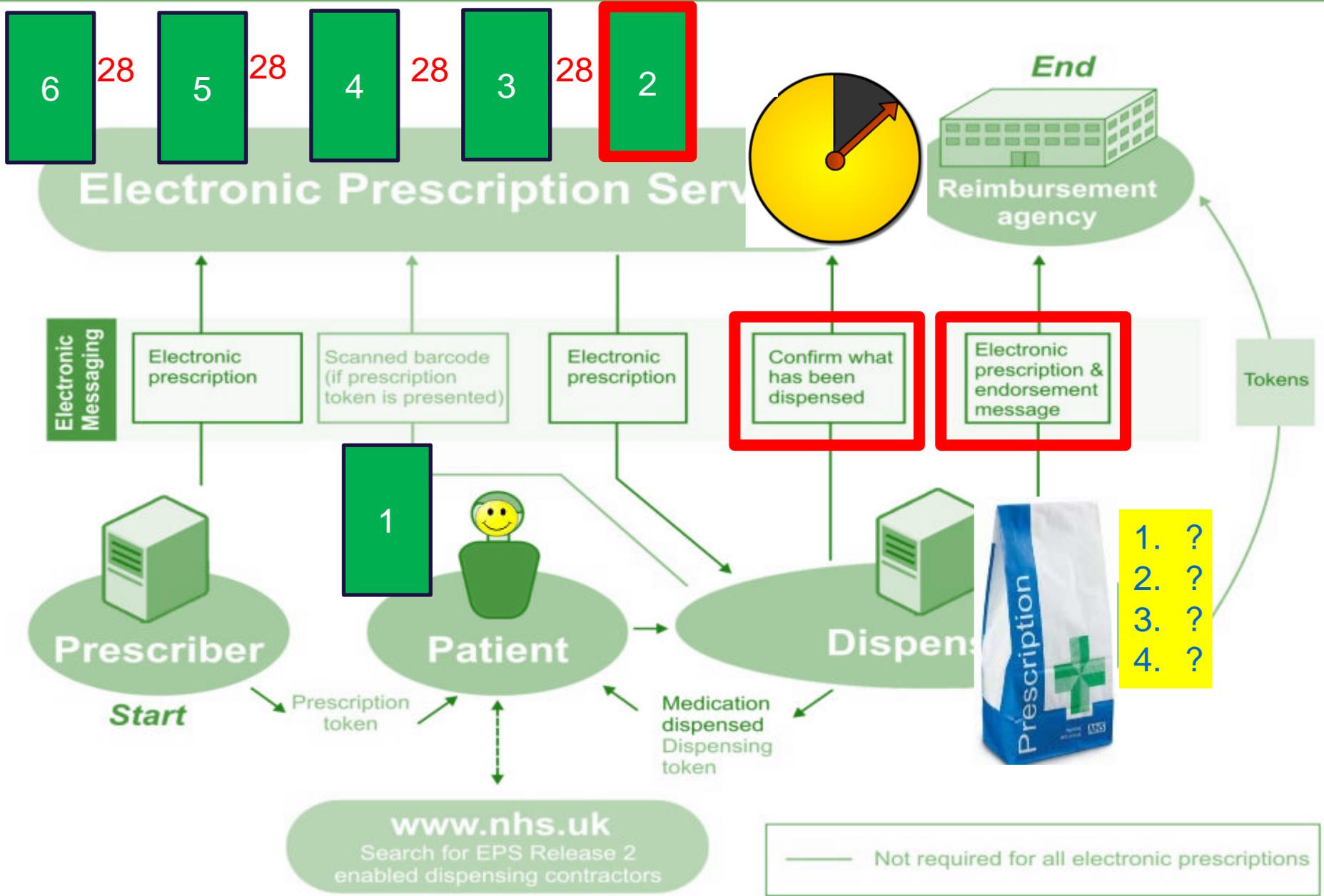
The flow of an electronic prescription in Release 2



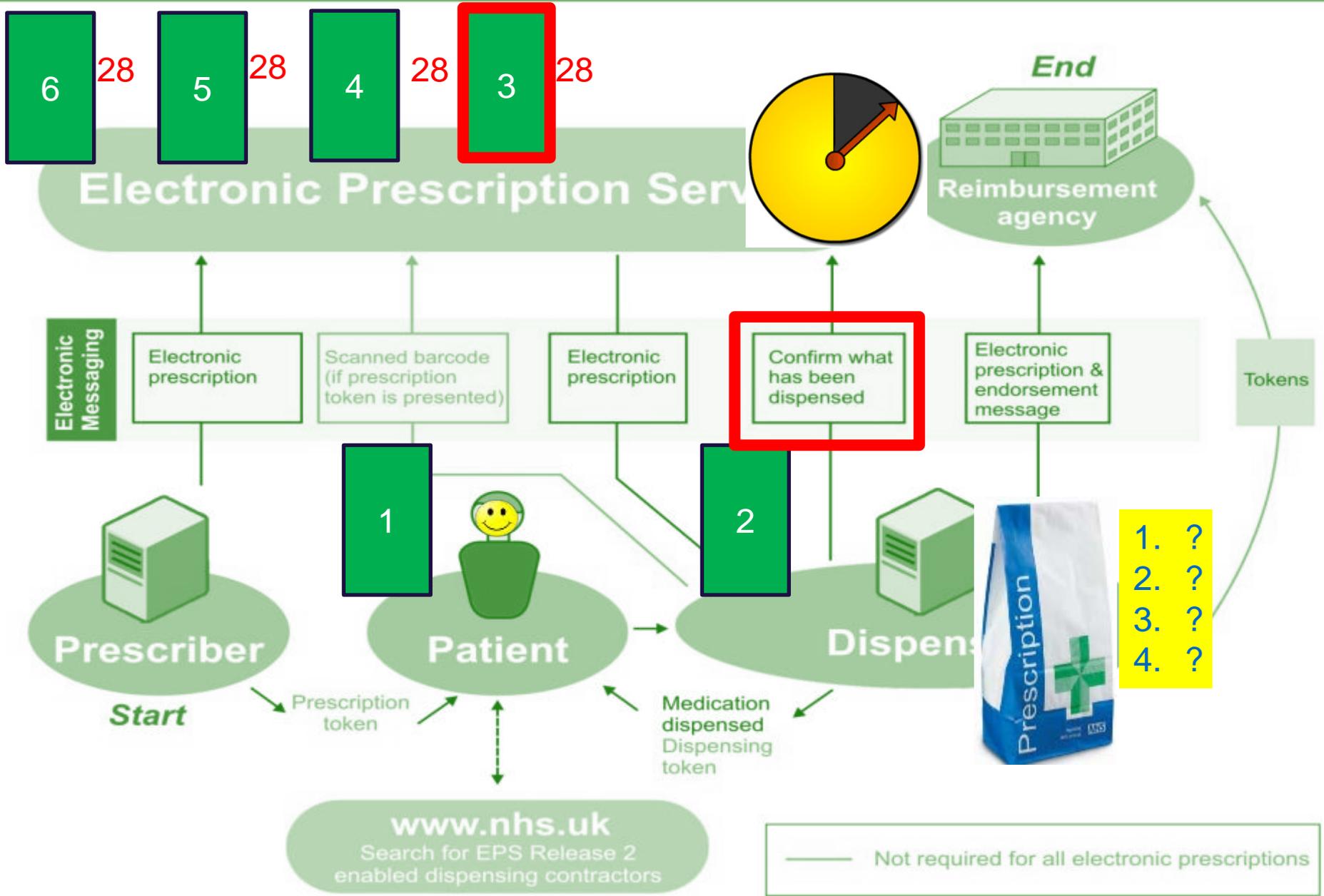
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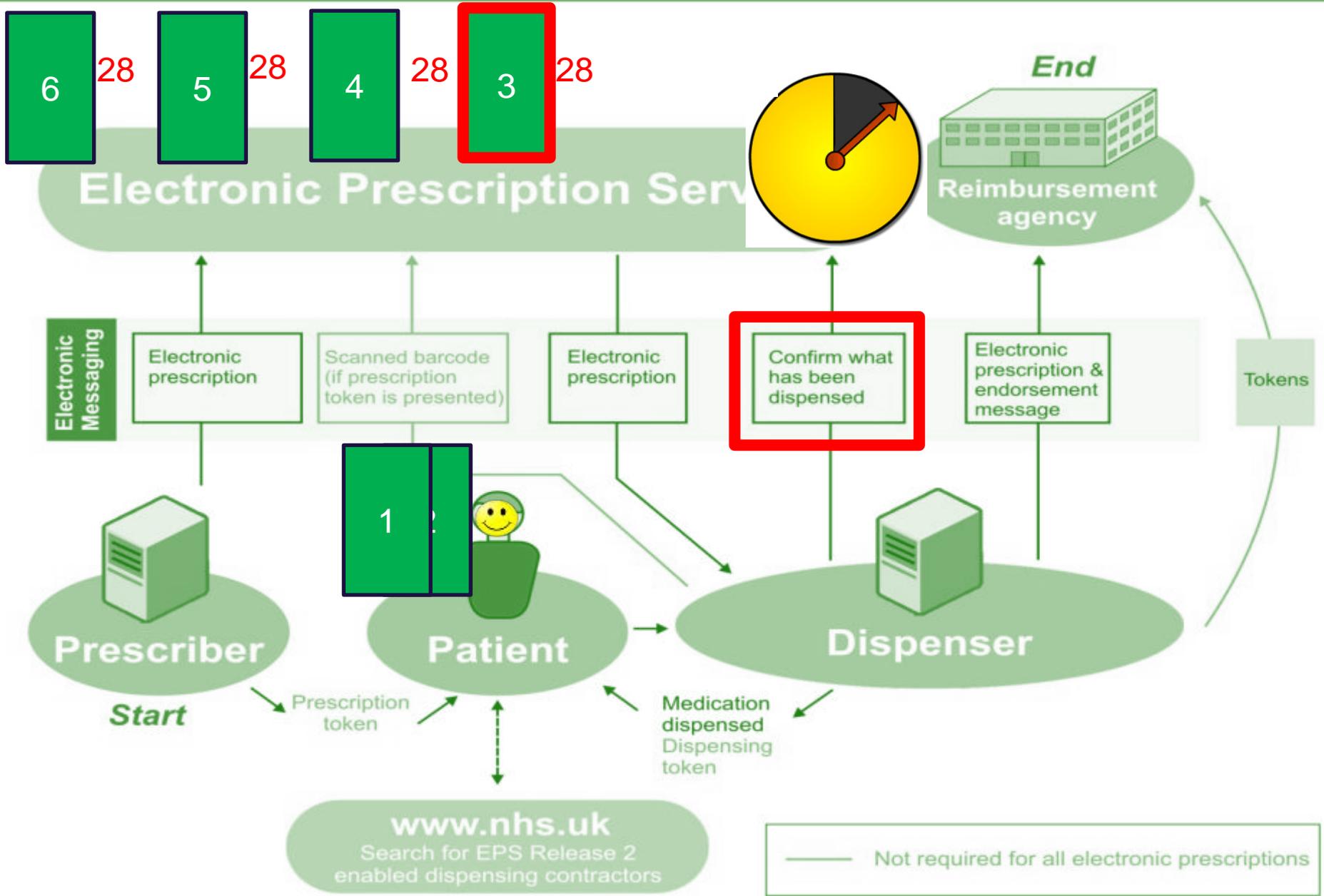
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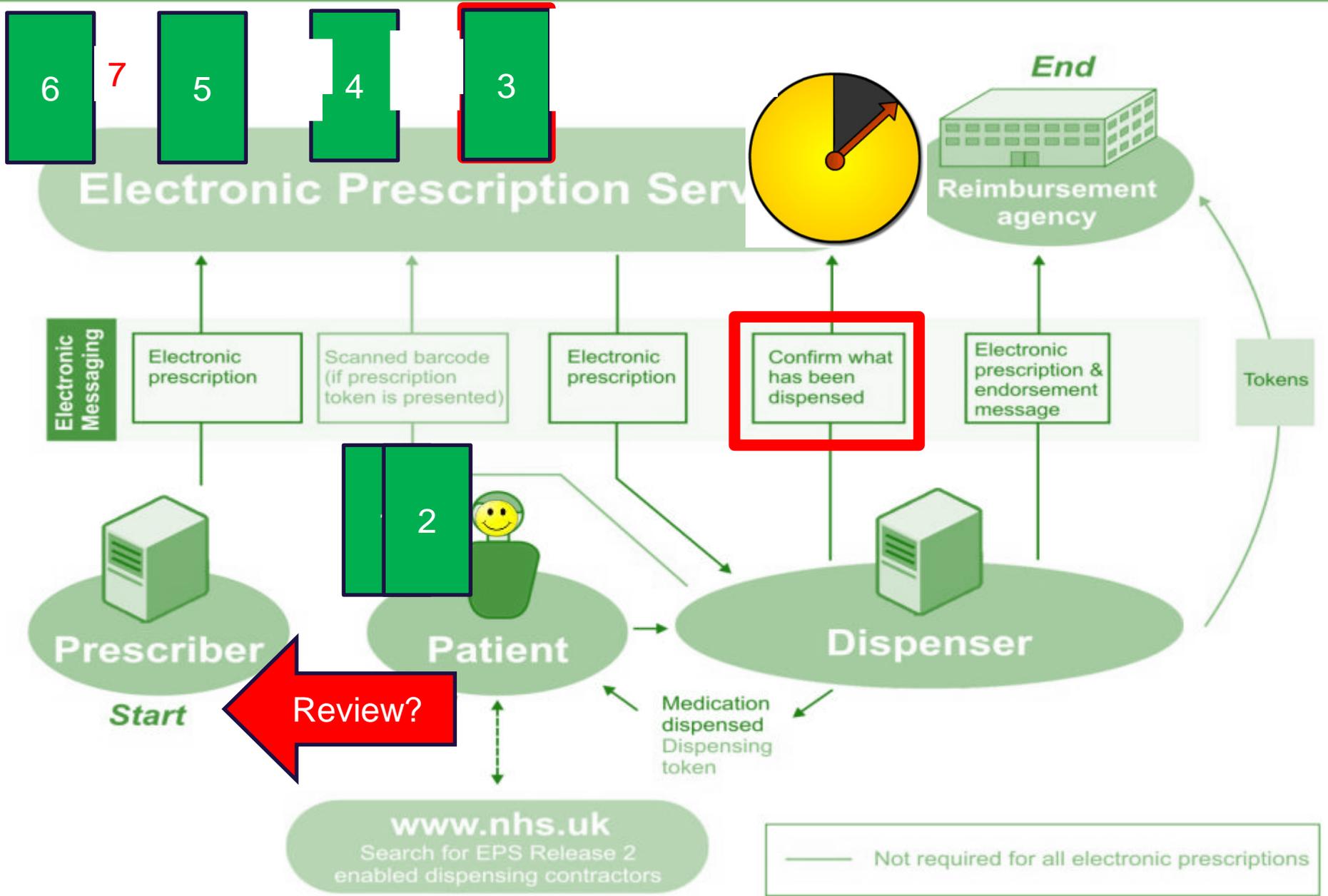
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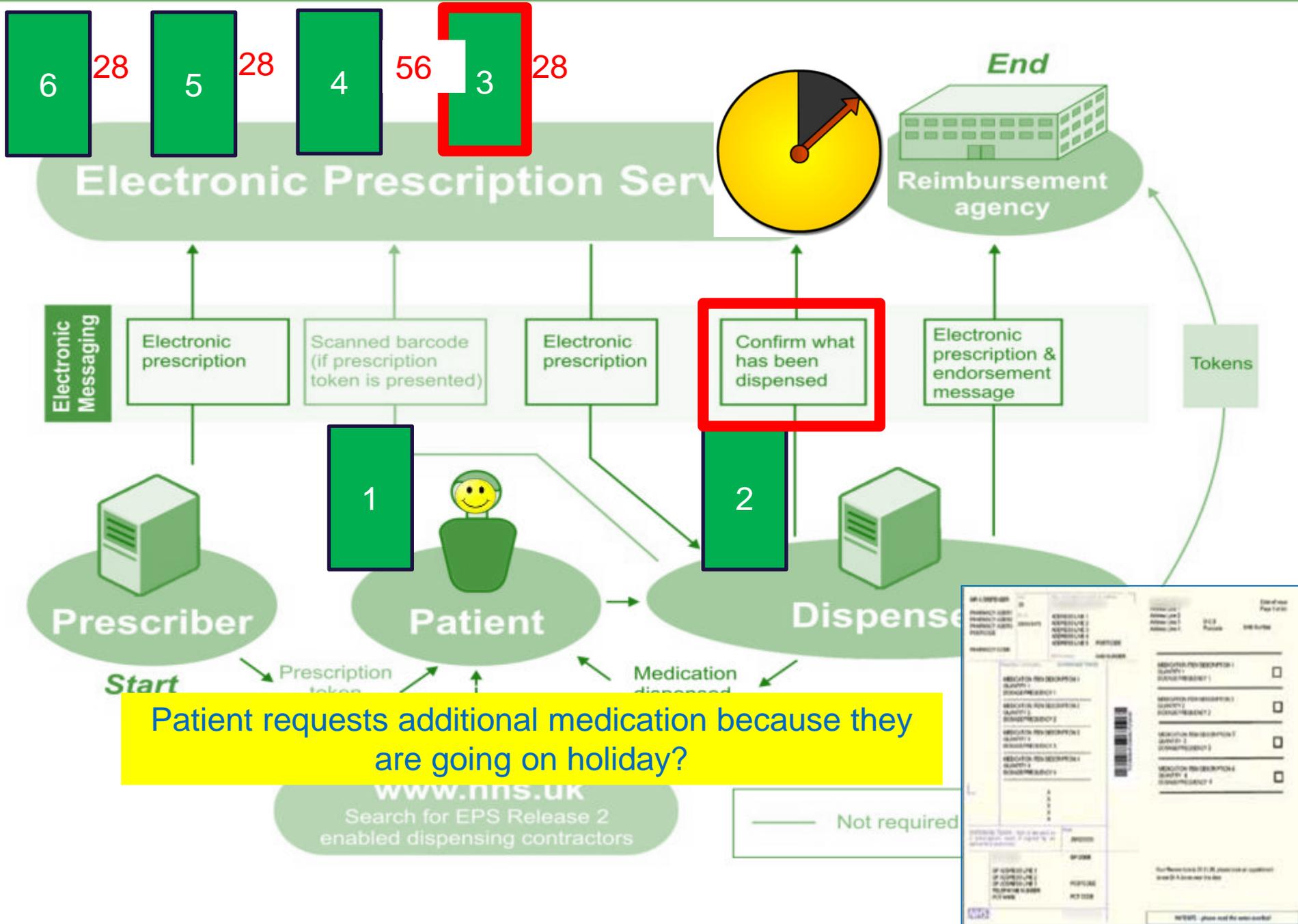
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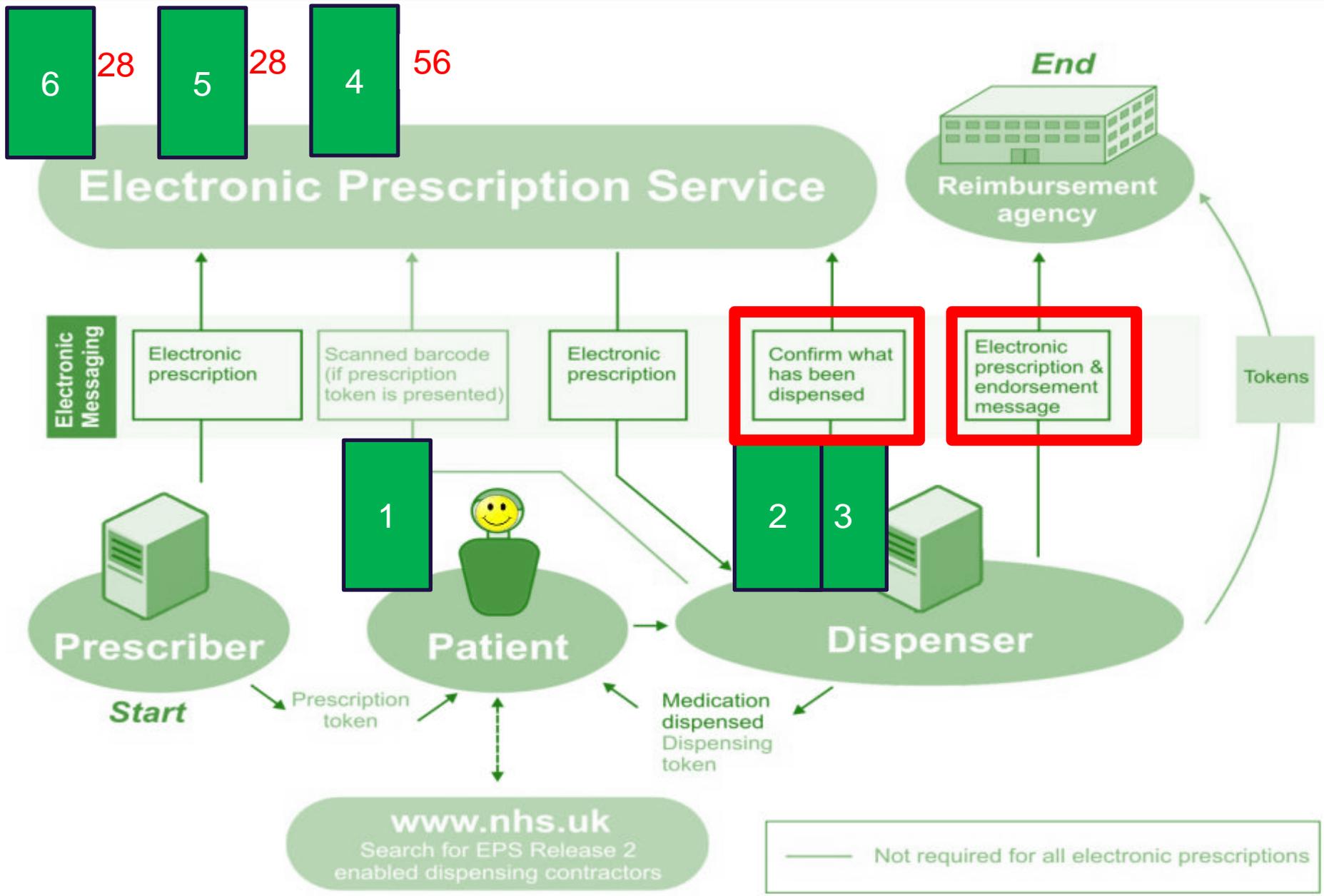
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The flow of an electronic prescription in Release 2



The flow of an electronic prescription in Release 2



The flow of an electronic prescription in Release 2

A Patient's Story.....Gordon



- Gordon has been for a medication review with his GP and agreed that his medicines are working well for him
- eRD has been set up so that he can go to his pharmacy once a month to collect his all his medicines together
- Next year, he will come back for his usual check-up with the practice nurse
- Otherwise, he will only need to visit if he's poorly

Housekeeping



Effective communication with the patient is paramount. The service will fail if patients continue to reorder their prescriptions as before or become confused.

Done	Action
<input checked="" type="checkbox"/>	Ensure all PDS mis-matches are dealt with as these prevent the patient from having any prescriptions sent electronically
<input checked="" type="checkbox"/>	Deal with, and convert all non- dm+d drugs and quantities to ensure the maximum number of items can be sent via EPS

Getting Started



Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	Familiarise yourself with the contents of the eRD practice support pack	https://digital.nhs.uk/media/651/eRD-toolkit/pdf/eRD-toolkit1
<input checked="" type="checkbox"/>	Review your surgery's eRD strategy and amend/update this frequently (include admin team and clinical team)	<ul style="list-style-type: none">• Review current eRD performance• Involve local pharmacies• Be prepared to invest some 'set-up' time in the practice
<input checked="" type="checkbox"/>	Set realistic eRD targets for the practice as a whole	<ul style="list-style-type: none">• Start small – slowly increase numbers as the confidence of the practice grows

Consent



Consent

Patients are required to give **explicit consent for repeat dispensing**. This can be verbal, as formal written consent is not required.

- “Patient consent given for Repeat Dispensing information transfer”
- CTV3 code: XaKRX
- V2 code: 9Nd3.
- Snomed CT code: 416224003
- Pharmacists can highlight suitable patients and inform the surgery

Advertise eRD in the surgery. This should only be done once the surgery has a robust system in place for processing these requests and the practice is confident in the use of eRD

Nominations & Tokens



Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	Currently an EPS nomination must be in place to use eRD	<ul style="list-style-type: none"> In the future patients may not be required to have a set nomination
<input checked="" type="checkbox"/>	Pharmacy nominations can be changed at any time during the repeat dispensing regime	<ul style="list-style-type: none"> Any outstanding issues, which have not been downloaded, will be available by the new nominated pharmacy

Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	The patient no longer requires a copy of the eRD prescription	<ul style="list-style-type: none"> A token can still be printed if requested by the patient Your clinical system may still default to print tokens
<input checked="" type="checkbox"/>	Issuing an RA token to the pharmacy is no longer necessary when starting a repeat dispensing prescription regime	

Identifying Suitable Patients



Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	Use wider teams to help practices to support and promote eRD	<ul style="list-style-type: none">• Medicines optimisation teams• Practice pharmacists• Local pharmacists
<input checked="" type="checkbox"/>	Consider any patients whose medication is expected to remain stable between reviews	<ul style="list-style-type: none">• Please refer to NHS Digital Guidance
<input checked="" type="checkbox"/>	Consider any patient, who's repeat medication is due, for eRD	<ul style="list-style-type: none">• If they are prescribing a suitable regime for a suitable patient, they should choose eRD by default

Help with identifying patients



- The NHS BSA can help with identifying patients
- Champion practices have found this very useful
- In order for the practice to inform patients of this use of their data, which is provided to the NHS BSA as part of payment information, the NHS BSA recommends the practice provide information to patients which outlines this. (***Information on website***)
- The NHS BSA also requires each practice to gain approval for this approach from their Caldicott Guardian
- The information will only be provided to an individual within the practice who is responsible for the patients care and will not be sent elsewhere

Identifying Unsuitable items



There are some prescription items that cannot be transmitted electronically. For other products with a dm+d error, replace the item with another description of the same product that is dm+d mapped and can be sent through EPS.

Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	Medication unsuitable for eRD	<ul style="list-style-type: none">• Controlled drugs schedule 2 and 3• Medication reviews requiring frequent reviews e.g. methotrexate and lithium• Unlicensed medicines

Preparing Repeats for eRD



Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	For patients already receiving repeat medication a “stop gap” prescription of some medication may be required to ensure all medications are due again at the same time in the future	<ul style="list-style-type: none">• ‘bridge the gap’ with a one-off script – if other medications are running out e.g. next week, generate a one-off script until ready to start a new eRD batch for all items
<input checked="" type="checkbox"/>	Consider issuing items in separate batches – e.g. CD 4 or 5, or when required (PRN) items (irregular use duration)	<ul style="list-style-type: none">• Use the patients usage history to calculate PRN intervals e.g. 4 issues in 12 months = 84 days between issues.• If the patient runs out of medication the next issue can be requested and dispensed early• Any item issued with a ‘variable use’ duration will need to be managed separately

Preparing Repeats for eRD



Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	Synchronise all items to be issues in the same eRD batch	<ul style="list-style-type: none">• This assists the patients to collect all of their medication at the same time from their chosen pharmacy
<input checked="" type="checkbox"/>	Any schedule 5 or prescription only medication issues on eRD MUST be dispensed, for the first time, within 6 months of the effective date of the prescription	
<input checked="" type="checkbox"/>	For schedule 4 Controlled Drugs, the first issue must be dispensed within 28 days of the effective date	

Preparing Repeats for eRD



Regular medication review and housekeeping of a patient's repeat medication keeps records up-to-date and accurate, and helps to reduce prescribing errors and prescription waste.

How does your practice:

- Fit housekeeping with monitoring, medication reviews and reauthorisation?
- Encourage patient participation?
- Work with community pharmacy eg. Medicines Use Reviews?

Prescriber Notes



Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	All issues of the eRD prescriptions are stored securely on the NHS Spine and automatically downloaded at the patient's nominated dispenser at the intervals set by the prescriber	<ul style="list-style-type: none">• If the patient runs out of medication the next issue can be requested early. The dispenser can assess the situation, using their clinical judgement, to decide whether the medication should be dispensed early
<input checked="" type="checkbox"/>	eRD allows the prescriber to authorize and issue a batch of repeatable prescriptions for up to 12 months with one digital signature	
<input checked="" type="checkbox"/>	It is always good practice to communicate with the patient's nominated pharmacy about any changes made to the eRD prescription	<ul style="list-style-type: none">• Consider sending an electronic note to the dispenser with the new eRD prescription
<input checked="" type="checkbox"/>	eRD puts the prescriber in control, rather than allowing the patient or dispenser to continue re-ordering unnecessary items	<ul style="list-style-type: none">• Encourage the patient to only re-order what they need. Failing to do this can lead to oversupply and stockpiling

Clinical Responsibility



- The ***clinician*** authorising the batch is responsible for checking the patient has had suitable review, monitoring and advice for the length of time of the batch.
- The ***pharmacist*** dispensing each issue is responsible for checking that nothing has changed since last time and they are satisfied it is safe to issue. There are 4 recommended questions to support them with this (see Dispenser Notes).

Cancellations



Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	eRD allows the cancellation of the whole prescription or individual item	<ul style="list-style-type: none">• Cancelling an item will also cancel the item from all future issues of that prescription
<input checked="" type="checkbox"/>	If any cancellations are made and new drugs added, ensure that the new medication end date is aligned to the original batch end date	<ul style="list-style-type: none">• Cancel ALL outstanding item on the Spine and replace with a new batch including the new item• Consider generating a one-off script – if other medications are running out next week generate a one-off script until ready to start a new eRD batch
<input checked="" type="checkbox"/>	If the prescription is already with the dispenser, it must be returned to the Spine for the cancellation to take place. The amended eRD prescription can then be manually downloaded by the dispenser	<ul style="list-style-type: none">• It's always good practice to communicate with the patient's nominated dispenser about any changes made to eRD prescriptions

Cancellations



Done	Action/Consideration	Notes
<input checked="" type="checkbox"/>	If a patient changes practice any outstanding repeat dispensing issues must be cancelled	<ul style="list-style-type: none">• Consider making cancellation of eRD part of patient deduction checks
<input checked="" type="checkbox"/>	Where the prescriber is the responsible party and the author and they then move to work at another practice, any outstanding repeat dispensing batches must be cancelled and re-issued by another prescriber	<ul style="list-style-type: none">• The cost centre is transferred with the prescriber; therefore eRD prescriptions would move with the prescriber and be charged to their new practice• Consider your leaver process for prescribers and make this part of the leaver checklist• Adopt a starter process which ensures that the prescriber is made aware of the requirement to cancel all eRD batches from previous practice

Managed Repeats by Community Pharmacy



- Misunderstanding of processes – **THIS IS NOT eRD**
- Non-contractual
- Patients ordering everything “just in case”
- Variations of process, checks and balances etc.
- Time between ordering and need – can be around one month
- Concern this has lead to over ordering and medicines waste
- “Bans” in some areas of the country

Dispenser Notes



Done	Actions/Considerations	Notes
<input checked="" type="checkbox"/>	Patients will still benefit from regular contact with their dispenser, who is responsible for checking that their circumstances haven't changed since the previous issue of the prescription was collected.	<ul style="list-style-type: none">• 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?
<input checked="" type="checkbox"/>	Improved stock control	<ul style="list-style-type: none">• The issues of an eRD prescription are downloaded 7 days before they are due, allowing time to order in any out of stock items and to prepare the prescription in advance of the patient arriving

Dispenser Notes



Done	Actions/Considerations	Notes
<input checked="" type="checkbox"/>	The patient has the ability to request multiple issues of medication in advance after clinical assessment by pharmacist. This could be useful, for example, when patients are going on holiday	<ul style="list-style-type: none">• If it is clinically appropriate, the subsequent issues of the prescription can be manually downloaded from the Spine and dispensed in advance of the due date. The next issue is available once the dispense notification has been sent for the previous issue
<input checked="" type="checkbox"/>	When the patient collects the final issue of their eRD prescription, the pharmacist should inform the patient to contact their prescriber.	<ul style="list-style-type: none">• Consider working with your local pharmacies to ensure a robust process for medication reviews

Summary of GP Practice Benefits



- 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
- Possible reduction in medicines waste



Summary of Patient Benefits



- Reduction in unnecessary visits to the GP practice
- Ability to request multiple issues of medication when necessary e.g. holidays, Christmas, Easter
- 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
- Pharmacy nomination can be changed in the dispensing regime



Summary of Pharmacy Benefits



- Improved stock control
- Increased efficiency
- Effective time management
- Reduction in managed repeat workload
- Less “Emergency Supply” at peak periods



Practice Feedback



“Didn’t cause any extra work to transfer the patients – just a couple of extra buttons”



HAPPY GP PRACTICES!

“That was two years ago and we have never looked back. Changing the way we worked was initially a bit more work (the month before and the month after the change date), but the benefits for all concerned have been enormous”

“320 patients were transferred to eRD which resulted in a total of 400 less prescription requests per month”

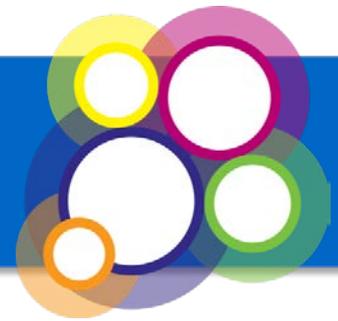
Further help and support



- NECS Prescribing Systems and Processes Resources:
<http://medicines.necsu.nhs.uk/category/resources/systems-processes/>
- NHS Digital eRD for prescribers: <https://digital.nhs.uk/Electronic-Prescription-Service/Electronic-repeat-dispensing-for-prescribers>
- NECS/ NHS Digital e-learning, including system specific advice:
<https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>
- NHS Digital EPS prescription tracker:
<https://portal2.national.ncrs.nhs.uk/prescriptionsadmin/>



Further help and support



- NECS Model Repeat Prescribing System:
<http://medicines.necsu.nhs.uk/download/model-repeat-prescribing-system/>
- NHS Digital dm+d EPS factsheet:
https://digital.nhs.uk/media/786/dmanddfact1/pdf/EPS_dm_d_and_prescribing_systems_combined_factsheet_Feb_17_v0-13
- NHS Digital EPS benefits estimator:
<https://epsestimator.digital.nhs.uk/#!/prescriber>
- NHS Digital Toolkit:
<https://digital.nhs.uk/media/651/eRD-toolkit/pdf/eRD-toolkit1>



Questions and Answers

