

Electronic Repeat Dispensing (eRD)

Guideline for eRD implementation



A practical guide for helping GP Practices and Community Pharmacies get started with electronic Repeat Dispensing (eRD) in Fylde and Wyre CCG

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Background

The Repeat Dispensing Service has been in use for some time and following Electronic Prescription Service implementation it has been possible to use electronic Repeat Dispensing (eRD). eRD allows a patient to obtain repeat supplies of their medication or appliances without the prescriber having to sign repeat prescriptions each time. The prescriber can authorise and issue a batch of repeat prescriptions for periods up to 12 months or until the patient needs to be reviewed. Once authorised the prescriptions are sent electronically to the NHS spine and are available for dispensing at the specified interval by the patient's nominated dispenser. Repeat items that have not yet been dispensed can be cancelled electronically by the GP Practice and the process allows a full end to end audit trail from prescribing to dispensing to supply to the patient.

NHS Benefits Estimator

Electronic Repeat Dispensing is an efficient way to manage repeat prescriptions. NHS digital has produced a tool to help practices work out how much time they are estimated to save by implementing eRD. This tool can be found here: [NHS Benefits Estimator](#)

Scope

The aim of this guidance is to help and support GP Practices and Community Pharmacies to start to implement eRD and ensure the operation of the service is efficient, safe and follows best practice. The management of eRD relies on building links and good communication between GP Practices and Community Pharmacies.

Please note this guide has been checked for accuracy by NHS Digital and EMIS and is correct at the time of writing (December 2017). It is advisable to check the Support Centre for any updates or changes.

Implementation

General

Practices can inform their Patient Participation Group (PPG) about repeat dispensing and put information on their practice websites to generate patient awareness.

Selecting suitable patients

It is important to select patients carefully. Practices are advised to start off slowly with the suggested planned implementation process included in this guideline. This will allow Practices to gain confidence with the system and generate good communication with patients' community pharmacies to ensure effective management of the service.

Eligibility Criteria

Suitable patients must have all of the following to be eligible for eRD:

- **Stable medication**- no significant changes in last 6 months and no anticipated changes for the duration of the suggested batch
- **Stable Condition** – no recent unplanned hospital admissions in previous 6 months
- **Up to date medication monitoring**_– medication review completed within last 6 months or as part of the transfer to eRD
- **Up to date disease monitoring** - attendance at clinical reviews and appropriate blood tests performed and satisfactory within appropriate timescales

Exclusion Criteria

The following patients **ARE NOT** suitable for eRD:

- Patients needing weekly prescriptions for blister packs as they will have been assessed as not being on stable medication
- Patients with unstable medical conditions with frequent admissions to hospital
- Patients with newly diagnosed or acute conditions
- Patients whose medication is subject to frequent changes
- Patients requiring frequent review of their condition
- Patients on Controlled Drugs including benzodiazepines
- Patients taking drugs that require additional monitoring such as anti-coagulants, lithium or Disease Modifying Anti-Rheumatic Drugs (DMARDs)
- Patients who do not wish to participate in the service
- Patients who do not understand the service eg those with dementia unless they are supported by a carer or family member
- Patients with terminal illness

**** Practices are advised to take patients off the eRD service if their medical condition/ medicines change and re-commence them on the service once they are stable again ****

Patient Consent/Coding

Both practices and pharmacies can inform patients about the service but the initiation of eRD is a clinical decision made by the practice. A national patient information leaflet and poster is available under patient communication materials:

<http://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/>

Patients have to have an electronic prescription service (EPS) Community Pharmacy nomination in place. They also need to understand the service and consent to receiving their prescriptions in this way and for sharing of their information between the dispensing and prescribing site. Formal written consent is not required.

Verbal consent must be recorded in patient's notes by using the read code:

9Nd3 - 'Patient consent given for repeat dispensing information transfer'

Practices must also use the following read code when initiating patients on eRD:

8BM1 –'On Repeat Dispensing System'

Practices are also advised to add a major alert 'Patient on Repeat Dispensing Service'- this will ensure that these patients can be highlighted to the prescriber during a consultation when medication changes are required. These alerts can also be added via batch add for a group of patients.

**** GP Practice Implementation Phase 1 ****

1. Arrange some protected 'set-up' time at the practice. This is an 'invest to save' process initially
2. Organise eRD training at the practice- ensure all staff at the practice are aware of the service and fully understand the processes involved
3. Nominate an eRD champion who can be a main point of contact for any queries, help staff use and manage the system on a practical basis each day. The nominated lead can then follow the implementation steps below with support from the CCG practice pharmacist/technician as needed
4. Arrange a meeting with local pharmacies to discuss practical implementation- maximum benefits will be gained with good working relationships
5. Run CCG initial set-up search to identify patients only taking one medication of either levothyroxine, ramipril or metformin
6. Add message on these patients' records 'Patient suitable for eRD- discuss at next review'
7. Discuss and agree how the practice would prefer to initiate eRD after identifying these suitable patients. Agree how many issues will be given to patients; this can depend on their disease review interval and their next medication review date (up to 12m allowed). Practices can send a letter to these patients or pro-actively discuss eRD at patients' chronic disease reviews
8. Check patient has an EPS pharmacy nomination. If necessary after discussion with the patient, practices can nominate the pharmacy of the patient's choice and can code 9Ndz – 'Consent given for Electronic Prescription Service' in patient's notes
9. Explain eRD service to the patient- see Supporting information
10. Obtain patient consent and add the read codes 9Nd3 - 'Patient consent given for repeat dispensing information transfer' , 8BM1 –'On Repeat Dispensing System' and also add a major alert 'Patient on Repeat Dispensing System ' on patient's record
11. Synchronise all items to be issued in the same eRD prescription to 28/56 days
12. Check the issue duration matches the dosage for each repeat medicine using the edit function and select repeat dispensing from the issue-type drop down
13. Add the number of authorised issues (up to 12m allowed)
14. Note prescribers will need to have a smart card to send the RD prescription electronically. An electronic repeat dispensing prescription can contain up to four items; the same number as on a normal electronic or paper prescription. The legal date of the prescription is the original date it was signed. It is advisable to avoid issuing some items on paper and some electronic as this increases risk of error and can be confusing
15. Add a pharmacy message when sending the electronic prescription 'Patient now initiated on eRD for x months. Please inform the patient to not re-order these medicines until the final issue has been dispensed'.
16. eRD champion to run CCG housekeeping searches weekly- see Supporting information
17. Ensure staff are confident with the process to cancel eRD prescriptions and managing medication changes- see Supporting implementation information.

Supporting Implementation information

Setting patients up in EMIS: Ensure all items are synchronised and the quantity correlates to the dosage and duration of the regime

- Highlight the Medication
- Right Click
- Edit

Quantity: 34 tablet

Duration: 28 Day(s)

Rx Types: Repeat Dispensing

Authorised Issues: 6

Descripti...	Price	Supplier
28 tablet	£0.86	Drug Tariff England/Wales
84 tablet	£4.20	Almus Pharmaceuticals Ltd
28 tablet	£1.55	Teva UK Ltd
84 tablet	£1.49	Mylan Ltd
500 tablet	£8.00	Mylan Ltd
28 tablet	£0.55	Actavis UK Ltd

Warnings:

- High Severity Warnings (2)**
 - Caution Use Metformin with caution in children under 18 years. Product licensing and dosage varies according to formulation and brand. Refer to individual product literature.
 - Similar drug: Metformin Hydrochloride Metformin 500mg modified-release tablets
- Low Severity Warnings (1)**
 - Drug to Drug Interaction Masking of warning signs of hypoglycaemia such as tremor Atenolol 100mg tablets

Patients initiated on eRD are easily identified from the medicines screen as shown in the following screen shot:

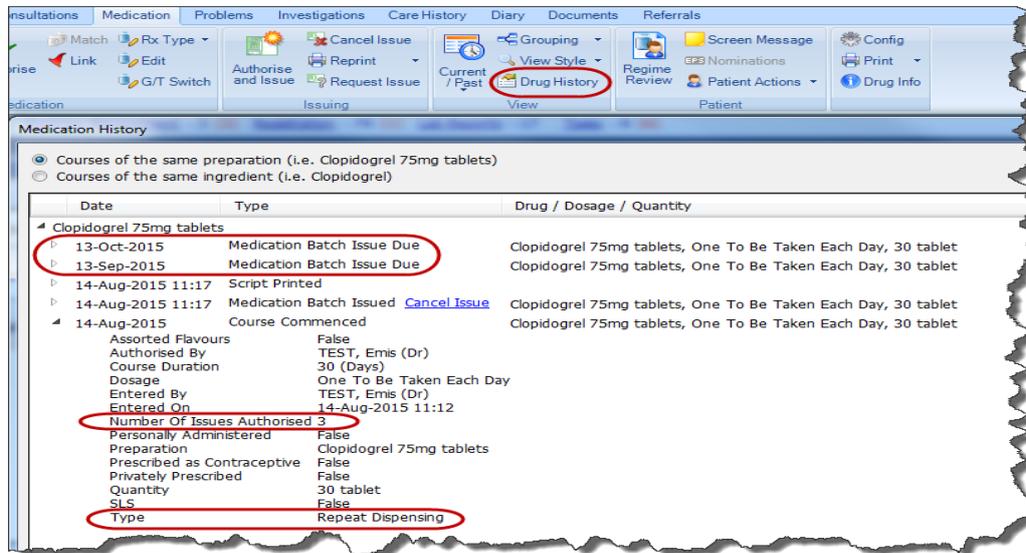
Current Medication:

Drug / Dosage / Quantity	Usage Current / Average	Last Issue Date / Authoriser	Last Issue Number / Method
Acute			
A Trimethoprim 200mg tablets One To Be Taken Twice A Day, 6 tablet		MEEHAN, Katie (Dr)	
Repeat dispensing			
B Aspirin 75mg dispersible tablets One To Be Taken Each Day, 28 tablet		MEEHAN, Katie (Dr)	0 of 6
C Atorvastatin 80mg tablets One To Be Taken Each Day, 28 tablet		MEEHAN, Katie (Dr)	0 of 6
D Bisoprolol 2.5mg tablets One To Be Taken Each Day, 28 tablet		MEEHAN, Katie (Dr)	0 of 6
E Clopidogrel 75mg tablets One To Be Taken Each Day, 28 tablet		MEEHAN, Katie (Dr)	0 of 6
Variable use repeat			
F Paracetamol 500mg tablets Two To Be Taken Every 4-6 Hours Up To Four Times A Day, 100 tablet		MEEHAN, Katie (Dr)	

Alerts:

- ACEI or ARB monitoring advised
- Seasonal Influenza Vaccination rec...
- No BP recorded in past 5 years
- Notes not Summarised
- Medication review due

All future prescribed issue dates are recorded in the drug history as batch issue items as shown in the following screen shot:



**** Note for phase 1 implementation, practices are advised to only select patients prescribed regular medicines for eRD ****

If patients are prescribed regular medicines and PRN medicines, the PRN medicine can be added as a variable dose repeat, which is a new EMIS functionality. The patient should be informed to order their PRN medicines when they need them in the usual manner.

EPS Prescription Tracker

The use of the EPS tracker to manage eRD at the pharmacy is important and will be also useful for practice staff to know how to access. <https://portal2.national.ncrs.nhs.uk>

Prescription ID	Status	Issue Date	Prescription Type
5CF8C8-Y90206-029A7W	Claimed (0008)	22-Aug-2014 13:08:00	Repeat Dispensing (0003) Issue 1 of 4
5CF8C8-Y90206-029A7W	To be dispensed (0001)	24-Aug-2014	Repeat Dispensing (0003) Issue 2 of 4
5CF8C8-Y90206-029A7W	Repeat dispense future instance (9000)	False	Repeat Dispensing (0003) Issue 3 of 4
5CF8C8-Y90206-029A7W	Repeat dispense future instance (9000)	False	Repeat Dispensing (0003) Issue 4 of 4

The screenshot shows a batch of four eRD prescriptions. All issues have the same barcode. The tracker shows each prescription individually and where the dispensing process is up to for each.

Making changes to eRD regime and Cancellation of eRD prescriptions

An eRD prescription or its items cannot be amended. **Do not try to 'edit' a medicine.** If any changes to the medication regime are required for example a new dose or new drug, the GP practice must cancel all outstanding eRD issues for the medication and re-issue. Practices can cancel one item or all items issued on the eRD prescription. This action will also cancel all future issues on the NHS spine.

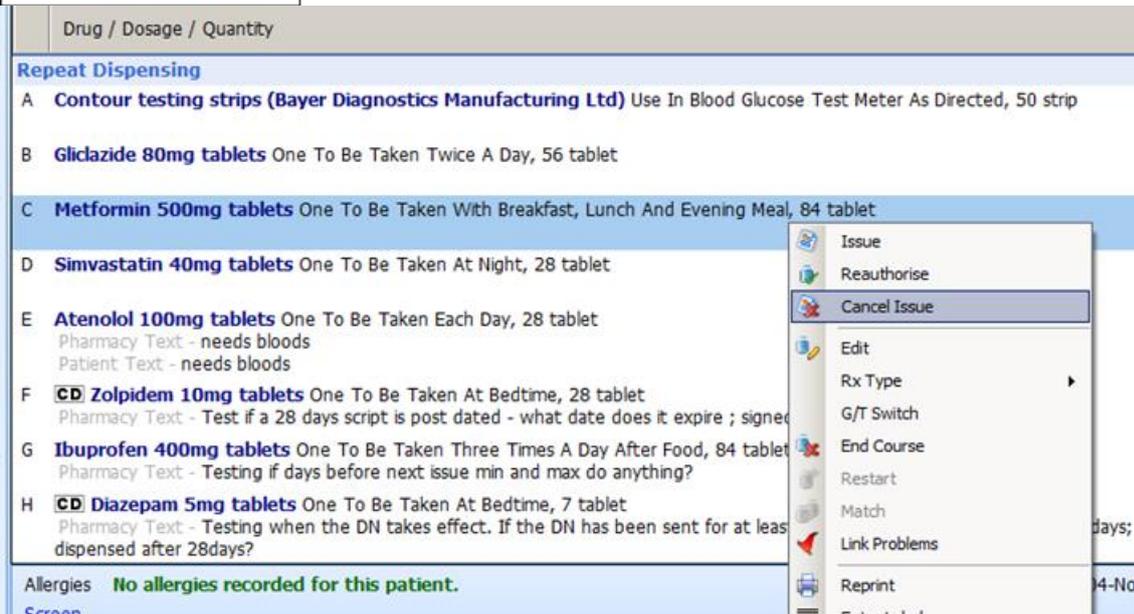
Depending on the medication change and whether the patient requires further review, it may be suitable for them to remain on the eRD service. However if the patient requires further changes to their medicines, patients must be taken off eRD until they become on a stable regime again.

Process to make changes to medicine(s)

- Select the drug and "Cancel issue" from the right click menu or the ribbon

Single Item Cancellation

- Highlight single item
- Right click
- Cancel Issue

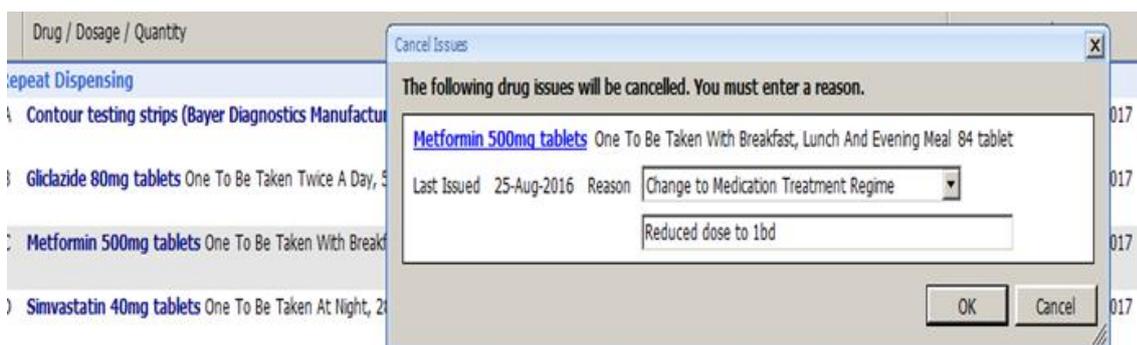


The screenshot shows a list of medications under the heading 'Repeat Dispensing'. The items are:

- A Contour testing strips (Bayer Diagnostics Manufacturing Ltd) Use In Blood Glucose Test Meter As Directed, 50 strip
- B Gliclazide 80mg tablets One To Be Taken Twice A Day, 56 tablet
- C Metformin 500mg tablets One To Be Taken With Breakfast, Lunch And Evening Meal, 84 tablet
- D Simvastatin 40mg tablets One To Be Taken At Night, 28 tablet
- E Atenolol 100mg tablets One To Be Taken Each Day, 28 tablet
Pharmacy Text - needs bloods
Patient Text - needs bloods
- F CD Zolpidem 10mg tablets One To Be Taken At Bedtime, 28 tablet
Pharmacy Text - Test if a 28 days script is post dated - what date does it expire ; signed
- G Ibuprofen 400mg tablets One To Be Taken Three Times A Day After Food, 84 tablet
Pharmacy Text - Testing if days before next issue min and max do anything?
- H CD Diazepam 5mg tablets One To Be Taken At Bedtime, 7 tablet
Pharmacy Text - Testing when the DN takes effect. If the DN has been sent for at least 28 days?

At the bottom, it says 'Allergies No allergies recorded for this patient.' A context menu is open over the Metformin 500mg tablets, with 'Cancel Issue' highlighted.

- Complete the dialog box with the reason for cancel issue



The 'Cancel Issues' dialog box is shown, with the following text:

The following drug issues will be cancelled. You must enter a reason.

Metformin 500mg tablets One To Be Taken With Breakfast, Lunch And Evening Meal 84 tablet

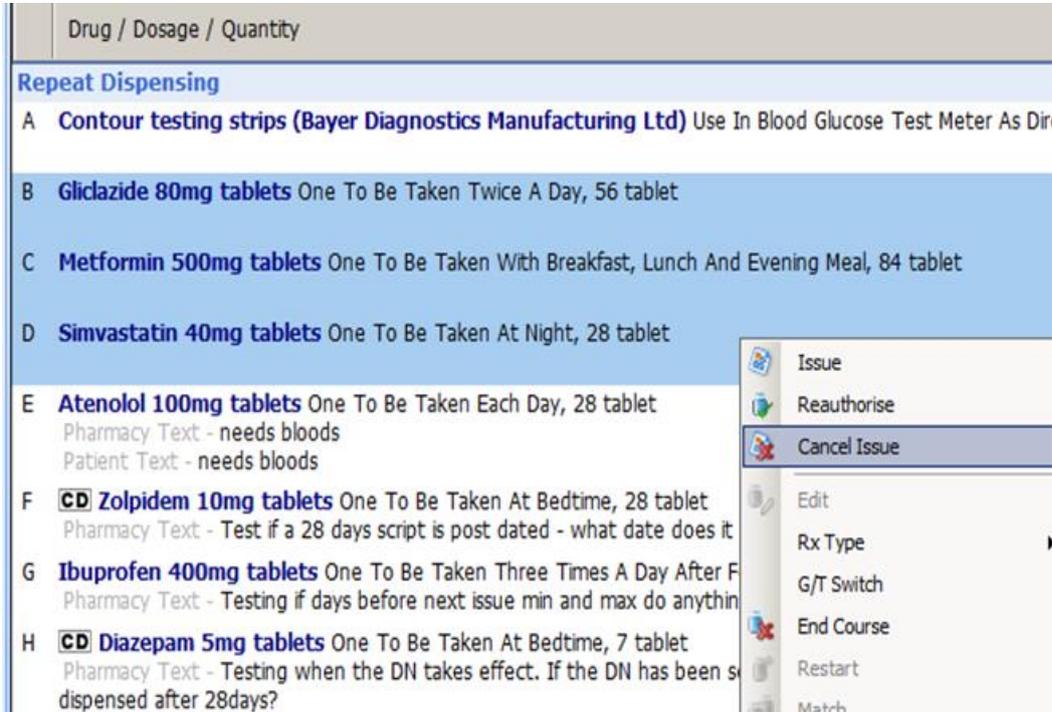
Last Issued 25-Aug-2016 Reason

Buttons: OK, Cancel

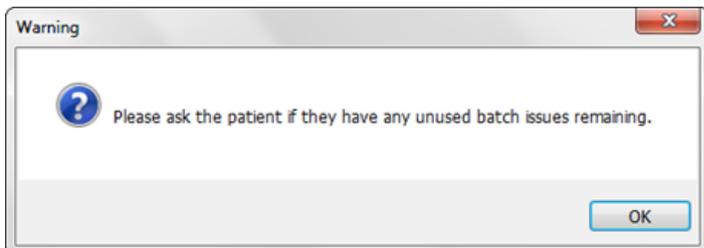
- Follow the same process to cancel multiple items:

Multiple Item Cancellation

- Highlight ALL items
- Right click
- Cancel Issue



- If the patient has any outstanding future issues, a warning message is displayed



If you select 'end course' instead of 'cancel issue' the message below will appear. You must press ok to cancel future issues.



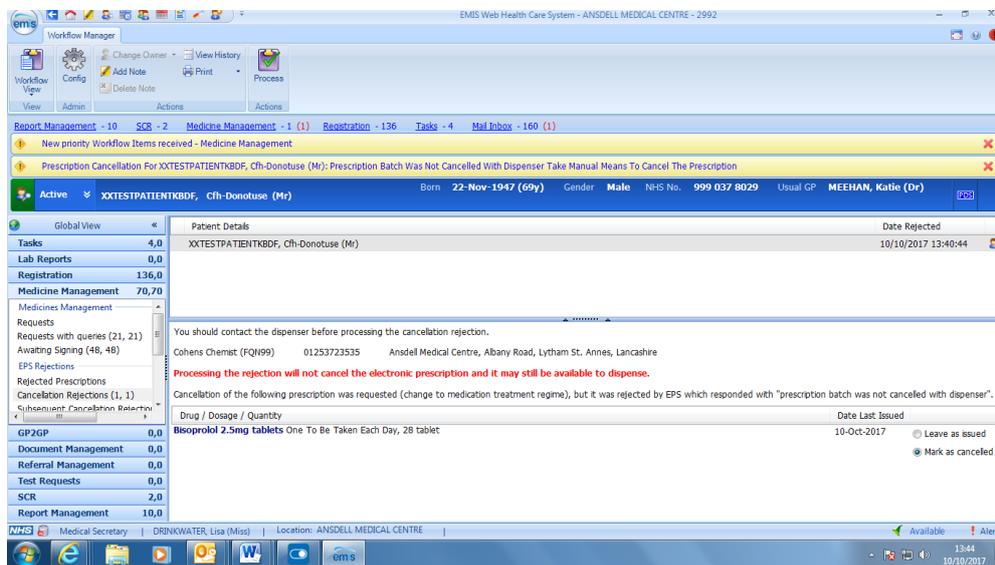
Once a cancellation message has been sent by the practice to the NHS spine, the practice will receive a response via the yellow message band at the top of the EMIS screen.

The response will either say:

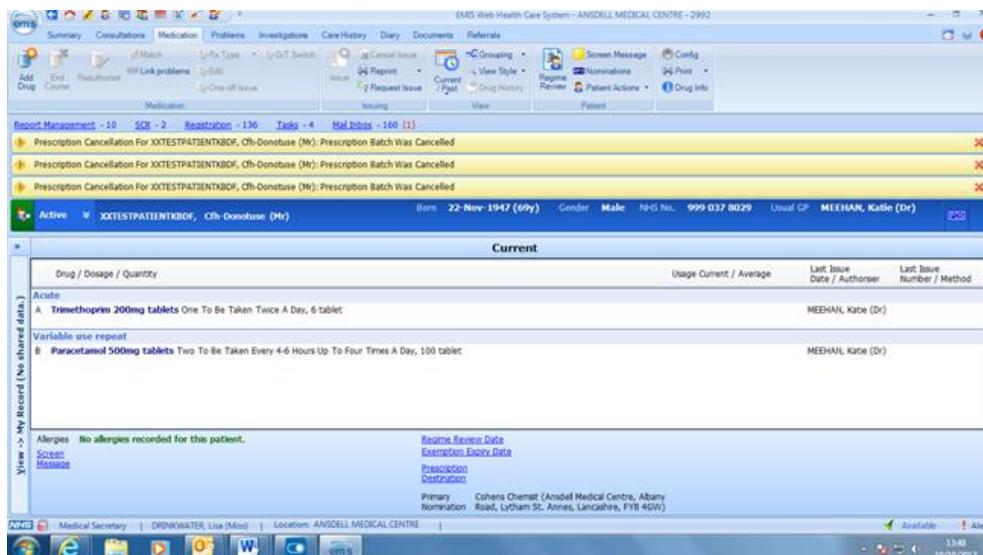
- 1) *Cancellation successful – no further action required*
 - 2) *Cancellation unsuccessful, take manual means to cancel the prescription*
- For example:



It is essential to communicate with pharmacy about changes when the practice gets a 'cancellation unsuccessful' message and in some situations the patient if the issue has already been supplied. Often cancellation messages can be avoided by speaking to the pharmacy first to ensure they have claimed for any issues already dispensed and so the issues on the spine will cancel without a problem. Practices will need to process the rejection in the workflow manager as below.



The screen shot below shows in this example the eRD prescription was cancelled successfully as the pharmacy had already returned outstanding issues to the spine



Other supporting information

Summary of what to tell the patient

Effective communication with the patient is paramount. Ensure patients are given a patient information leaflet and they understand that they do not need to order any regular prescriptions from the practice until they come to the end of their eRD prescription. Inform patients that they still need to request any medication not prescribed as eRD for example, controlled drugs or variable use medicines in their usual manner. Ensure the patient understands that the pharmacy will review each repeat supply to ensure there have been no changes for the patient and if necessary will refer the patient back to the practice if for example their medicines have changed from being in hospital.

If a patient decides part way through a course that they wish to use a different pharmacy they can simply make a new nomination. They can also get an issue early eg if going on holiday depending on the professional judgement of the pharmacist. Patients may also require a review at the practice before the next batch of eRD prescriptions are issued.

Audit

The eRD champion should run the CCG eRD housekeeping searches weekly. This will identify any patients who have been set up on eRD to ensure correct initiation by the practice and the list can also be given to local pharmacies for their information. The searches will also identify anyone who has been prescribed new medicines in the past week. This will support practices to manage eRD service effectively particularly during implementation and act as a safety net for any patients who should be taken off eRD.

Tokens

It is no longer mandatory to issue a Repeat Authorisation (RA) token at the start of a repeat dispensing prescription. System suppliers are in the process of updating their systems to stop this printing. A token can be issued, by selecting reprint for eRD prescription if specifically requested by the patient and this may be a useful reminder for the patient or the pharmacy.

Patients who leave the practice

If a patient leaves the practice the practice must electronically cancel all outstanding issues of eRD prescriptions and notify the patient that the eRD prescription is no longer available from their nominated dispenser. Practices should ensure this check is part of their de-listing processes.

Deceased patients

If a patient dies, the death notification recorded at the practice will cancel any outstanding batches from the NHS spine.

Prescribers who leave the practice

If a prescriber leaves the GP practice before expiry of all issues, the practice must cancel all outstanding issues of eRD via their prescribing system. Practices should ensure this check is part of their prescriber management processes.

Managing eRD at the pharmacy

Repeat dispensing is an essential service and is part of the NHS Community Pharmacy Contractual Framework. Before dispensing eRD prescription the dispensing site must establish that the patient is taking or using their medication appropriately and there are no reasons why the medication in question should not be supplied. **The following questions should be asked:**

- Have you seen any HCP 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 medication that you don't need this month?

Ensure all staff at the pharmacy are aware of the service and fully understand the processes involved. Pharmacies should nominate an eRD champion who can be a main point of contact for any queries and help staff use and manage the system on a practical basis each day.

Process at the pharmacy:

- Once the eRD prescription is signed; the first RD prescription will be available immediately for download by the nominated dispenser (unless post-dated). A non-nominated dispenser will need the prescription barcode number/token to be able to access the prescriptions
- All other prescriptions will remain on the spine until the previous issue has been completed i.e. 'Dispensed' or 'Not Dispensed' and a Dispense Notification (DN) sent to the spine. Note If an item is not dispensed, it does not come off the practice prescribing budget
- Each RD issue aligns with the frequency the prescriber originally intended and the automatic countdown commences with the download of 1st issue. The pharmacy can manually pull down next issue once previous has been dispensed. Issues should only be marked as dispensed or not dispensed when patient has collected
- Subsequent prescriptions will automatically download into the pharmacy system 7 days in advance of its due date, provided dispensing notification has been sent

- Where clinically appropriate, a prescription can be downloaded early as long as a DN has been sent for the previous issue. A pharmacist can manually request future issues based on clinical judgement (for example: patient going on holiday)
- Printing off the first RD dispensing token will help highlight that the patient is on the eRD service and also how many issues have been prescribed. This will assist the pharmacy's overall management of the eRD service and also many pharmacies make extra records on patients' PMR or separate written cardex systems
- Pharmacies must ensure that each repeat item supply is required and ascertain that there is no reason why the patient should be referred back to their GP. If an item is not required it must be marked as 'not dispensed' and the practice should be informed if clinically significant

Patients who wish to change pharmacies

Patients can change their nominated pharmacy before the end of the repeat dispensing period. All outstanding issues which have not been downloaded will be available to download at the new nominated pharmacy. If the nomination is removed and not replaced the eRD prescriptions will remain on the NHS spine until the expiry date of the prescription.

References and resources

1. Refer to **EMIS Support Centre** available via the home page
2. **EMIS Training videos** are available to assist practices:
<https://www.emisnug.org.uk/using-repeat-dispensing-epsr2-and-emis-web>
3. **NHS England Guidance**
<https://www.england.nhs.uk/digitaltechnology/info-revolution/erd-guidance/>
4. **eRD Toolkit**
<https://digital.nhs.uk/media/651/eRD-toolkit/pdf/eRD-toolkit>
5. **E-learning Module**
<https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning>
6. **PSNC**
<http://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/>