

16th April 2020

Useful hints on eRD and Important Points to Remember

1. Good communication with both community pharmacies and GP practices throughout this work is essential to the success of this project.
2. We would encourage each GP practice and community pharmacy to nominate an “eRD Champion”.
3. Dispensing practices can participate in eRD, but can only enrol their non-dispensing patients.
4. Take a measured approach to this work – start “low and slow” in terms of patient numbers. Start with straightforward patients who are on 1 to 3 medications only and initially avoid patients on PRN medications and warfarin.
5. If any practice has not had the list from NHSBSA of patients suitable for eRD, then please email: nhsbsa.epssupport@nhs.net
6. Remember that all patients will need a review of eRD in 12 months (unless a shorter review date is chosen) and so it is important to spread the 12 months review dates. Many practices undertake medication reviews in the month of a patients’ birthday, in which case it may be worth considering setting eRD issue dates to the patients’ next review date or consider changing patients on to eRD in the month of their birthday so that their 12-month eRD review and annual medication review coincide.
7. The first batch in eRD can be post-dated if required, e.g. if a patient has only just been issued with their repeat medication.
8. Patients on Schedule 2 and 3 controlled drugs **should not** be included. These drugs should be clearly annotated as “CD” on clinical systems.
9. Care home patients **should not** be included, as it is important that each home has a standard ordering system for all patients in the home.
10. When setting up a patient consider adding all family members within the household, if appropriate, at the same time to avoid having different ordering methods which may cause confusion within the same household.
11. Communicate with the community pharmacy to ensure they only download one prescription at a time so if any amendments are made a future date change can be made or the remaining scripts left on the spine can be withdrawn.
12. If a prescriber leaves, the remaining prescriptions left on the spine should be cancelled and another prescriber at the practice should re-authorise them.
13. If a medication is discontinued then this medicine can be cancelled in eRD. But if a dose of a medication is changed then the full list of medications must be re-issued.
14. If a pharmacy which is participating in the eRD scheme is forced to close, for example, due to staff shortages, then eRD requests that have been downloaded by the pharmacy can be sent back to the spine.