

## Electronic Repeat Dispensing (eRD) - Guide for GP Practices

Electronic Repeat Dispensing (eRD) allows the GP to authorise up to 12 months of repeat prescriptions for patients with chronic conditions who are on stable medication with just one digital signature. The prescriptions are sent directly to a community pharmacy, who will dispense the prescriptions based on the dates specified by the prescriber.

### There are multiple benefits to implementing eRD

- The patient or pharmacy will not need to forward regular medication requests to the practice, reducing the number of contact points, and reducing workload for both community pharmacy and practice teams.
- The prescriber will not need to re-authorise and issue a repeat prescription every month.
- The patient can collect their eRD batch issue from a different pharmacy, if needed.
- The patient can request their batch issue earlier directly from their pharmacy under specific circumstances.

### Medication reviews

Identify if the patient needs a medication review prior to commencing eRD, consider arranging a review with the patient before commencing eRD or align the number of issues given in line with their next review date.

It is important to work closely with your community pharmacies. Please inform them if you intend to implement eRD.

### **STEP ONE**

#### **Identifying the patient**

##### **Inform and engage key team members to help identify patients:**

- Administration team dealing with repeat prescriptions
- Prescribers
- Community pharmacies
- PCN technicians/pharmacists

##### **Suitable patients:**

- Those on stable medications with no anticipated changes for the duration of the batch issues up to a maximum of 12 months
- Stable dosage regimes
- General practices have been asked to consider putting all suitable patients on electronic repeat dispensing as their next repeat prescriptions are issued

##### **Unsuitable patients:**

- Those on unstable medications and/or frequent admissions to hospital
- Controlled Drugs
- Z drugs e.g., Zopiclone, benzodiazepines
- Unlicensed medicines
- Drugs that require careful monitoring, e.g., DMARDS, Lithium
- Care home patients and patients on Monitored Dose Systems (discuss with PCN pharmacist and/or ICB Pharmacist)

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***All key staff within the practice need to understand how eRD works prior to starting. Please discuss this with your PCN/Medicines Optimisation pharmacist/technician as they may be able to support you with training – complete eLearning (see resources below).***

***All prescribers should understand and eventually implement eRD as default, where appropriate.***

***NHSBSA can provide practices with a list of patients that may be suitable for eRD*** - GP practices should have received an email from NHSBSA asking them to opt-in to receive NHS numbers of suitable patients. If not, please contact them at [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net) to request the information.

### **STEP TWO**

#### **Patient agreement**

**Patient consent for eRD is needed, this can be verbal consent. and the prescriber should explain the eRD system carefully to the patient.**

**Patient consent can be read coded in the patient notes as:**

- CTV3 code: XaKRX
- V2 code: 9Nd3  
SNOMED CT code: 416224003

**The following examples can be used to engage and discuss eRD with the patient:**

- Contact the patient by text, email, telephone or discuss during consultation.
- Community pharmacies can engage patients– pharmacies could send lists of patients to GPs for agreement.

GP records should be coded – on repeat dispensing system CTV3 code: XaJus SNOMED CT code: 414938004  
Include some of the resources in the links below to support patient understanding e.g., patient leaflet and guidance on how to inform the patient.

**Ensure the patient understands that they do not need to order their prescription every month and they only need to request another supply when all their eRD batch issues have been supplied.**

### **STEP THREE**

#### **Setting up batch issues**

**Setting the pharmacy nomination:**

- Where a pharmacy nomination is set, each repeatable batch issue will be available to be downloaded by the pharmacy (no token is required). The patient can collect their batch issue from another pharmacy as long as it hasn't been pulled down and dispensed by their nominated pharmacy.
- EPS phase 4 – no nomination is required; however, it is recommended that a pharmacy nomination is still added. Where a pharmacy nomination is not set a token should be given to the patient and presented to the pharmacy.

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### Synchronise repeat medications:

- Identify patients' regular medications. Synchronise all review dates using earliest date to ensure they are all in line.
- Ensure quantities equal 28 days (56 day where applicable) and prescription duration corresponds with this.
- Calculate number of prescriptions to be given before a review is due and issue a batch in line with this (13 x 28-day supply is a 12 months' supply).

**Ensure that patients with multiple co-morbidities have their disease reviews and monitoring aligned to as few appointments as possible.**

**Identify easy patients to start with e.g., those on 1 or 2 stable repeat medications.**

**Consider EPS exemption** – If a patient does not have their repeat prescription sent via EPS, check that the patient does not have one of the following exemption codes:

- **EPS exemption – dispensing GP not yet EPS compliant (Xaeax)**
- **EPS Phase 4 exception – Dispensing general practice not yet EPS compliant code 1060681000000104 to retract.**

*Note- This may have been added by another practice if the patient was previously a dispensing practice patient. To enable the patient's prescription to be sent via EPS the exemption code will need to be 'marked in error'.*

### When required medications – eRD works best if all when required (PRN) medications are put onto separate individual prescriptions:

- Identify the patients when required (PRN) medications.
- Calculate how often the PRN item is issued by checking the number of recent issues or by contacting the patient.
- Calculate the number of batches to be issued in the chosen time-period.
- GP authorises prescription.
- Prescription is dispensed by the pharmacy only when requested by the patient.

**Consider avoiding when required (PRN) medications when first starting eRD, this can be built in once you become more used to the new eRD system**

**eRD allows the cancellation at item level or whole prescription level**

**More detailed information can be found on NHS Digital/eRD prescriber guide (see resources below)**

**You can track an EPS or eRD prescription at any point on prescription tracker (see resources below)**

### What happens next?

- The patient collects their first batch prescription from the community pharmacy.
- Each batch issue is automatically uploaded onto the spine 7 days prior to requirement.
- The community pharmacist pulls down the prescription and prepares medication for the patient.

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- The pharmacist must ask the patient the four questions (see below) with each batch issue that is given.
- The patient collects their next batch prescription from the community pharmacy.
- When the last issue is given the pharmacy will inform the patient that they need to return to the GP practice for a review before they can collect their next issue.
- Consider adding the final issue date to the counterfoil message to support community pharmacy to identify the last issue.
- The patient is reviewed, and the process is repeated if appropriate.

***It is the pharmacy's responsibility to inform the patient when the last eRD prescription within a batch is being supplied***

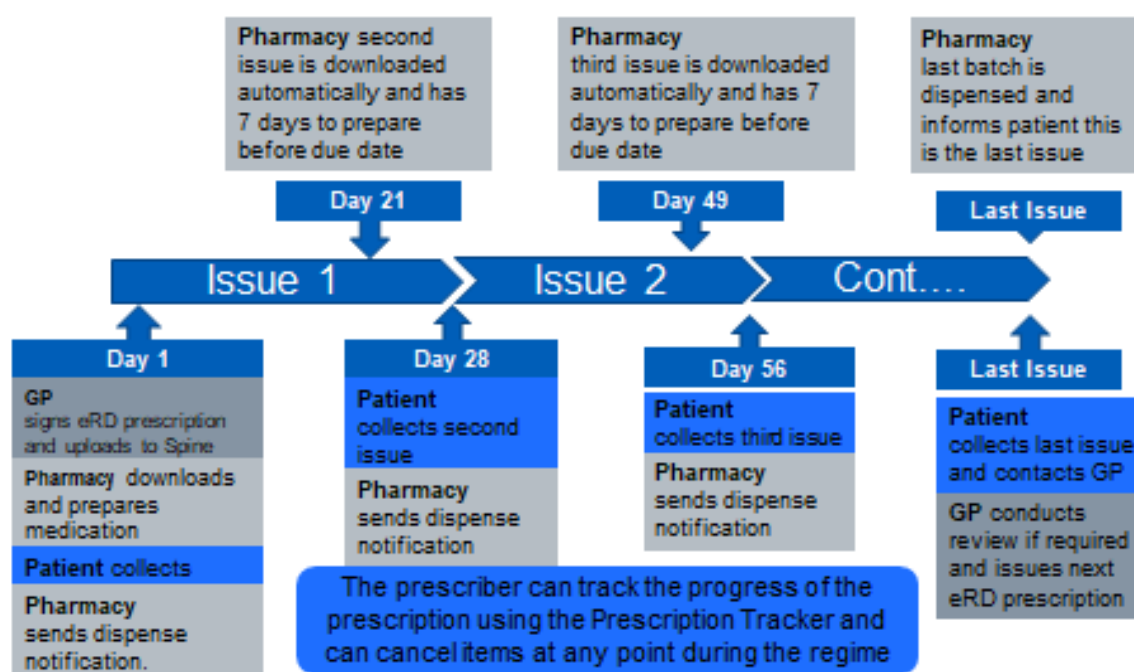
***The pharmacy can pull the prescription down early using their clinical judgement e.g., if the patient is going on holiday***

***Housebound patients should be encouraged to personally request their next issues from the pharmacy, presenting an opportunity to ask the four questions, via telephone. If this is not done, they must be contacted by the pharmacy.***

### What are the four questions asked by community pharmacy?

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

### Flow chart



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If you have any questions or you would like further support. Please contact your PCN Pharmacist or your medicines optimisation pharmacist/technician

### Resources

#### **Wessex Academic Health Science Network:**

- [https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook\\_Digital\\_WEB\\_S.pdf](https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf)
- <https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing> -contains information on how to use on SystmOne and Emis Web

#### **NHSBSA**

- <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/electronic/erd-resources>

#### **NHS Digital**

- <https://www.england.nhs.uk/publication/electronic-repeat-dispensing-guidance/>
- <https://www.digital.nhs.uk/article/913/Electronic-repeat-dispensing-for-prescribers>
- <https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

#### **Prescription Tracker**

- <https://portal2.national.ncrs.nhs.uk/prescriptionsadmin/prescriptionsearch>

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