

## Electronic Repeat Dispensing (eRD) Guide

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## INTRODUCTION

Two-thirds of prescriptions in primary care are repeat prescriptions and the time involved in managing and processing these prescriptions is significant.

In 2005 the government introduced repeat dispensing to provide a more efficient way to manage repeat prescriptions. Since then it has been launched in the Community Pharmacy Contractual Framework as an essential service. This means that all community pharmacies are required to be able to dispense a repeatable prescription if one is presented to them.

Since July 2009 it has been possible to use repeat dispensing via release 2 of the Electronic Prescription Service (EPSr2). This is called Electronic Repeat Dispensing (eRD) to differentiate it from paper-based repeat dispensing.

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### **The Benefits of eRD**

#### **Prescribers**

- Prescribers can authorise a batch of repeatable prescriptions for up to a maximum of 12 months with just one digital signature, therefore, there is no need to authorise/issue a prescription each month for individual patients
- Reduces footfall in the practice
- Reduces repeat prescription requests
- Reduction in last-minute requests
- Improved control of when required (PRN) items
- The pharmacy can manage extra requests, e.g., if the patient is going on holiday
- Can be used to prompt medication reviews and ensure that the prescriber sets eRD prescriptions in line with these reviews
- Pharmacies are mandated to ask four questions each time the patient collects their supply, ensuring better management of the patient's repeat prescription
- eRD puts the prescriber in control rather than allowing the patient or dispenser to continue re-ordering unnecessary items, which can lead to oversupply and wastage

#### **Patients**

- There will be no need to request the prescription from the GP practice each month
- No waiting time for the medication to be prepared
- Reduction in returning to the pharmacy for out-of-stock items
- They can request early or extra supplies if needed from the pharmacy, e.g. if going on holiday
- Will have the opportunity to discuss their medicines each month with the pharmacy
- Can change their nominated dispenser at any time during the duration of the eRD supply

#### **Community Pharmacy (Dispenser)**

- Reduction in time spent ordering/collecting repeat prescriptions
- Increased efficiency and more predictable workload
- Improved stock control - the issues of an eRD prescription are downloaded 7 days before they are due, allowing time to order any items that are out of stock and to prepare the prescription in advance of the patient arriving to collect it

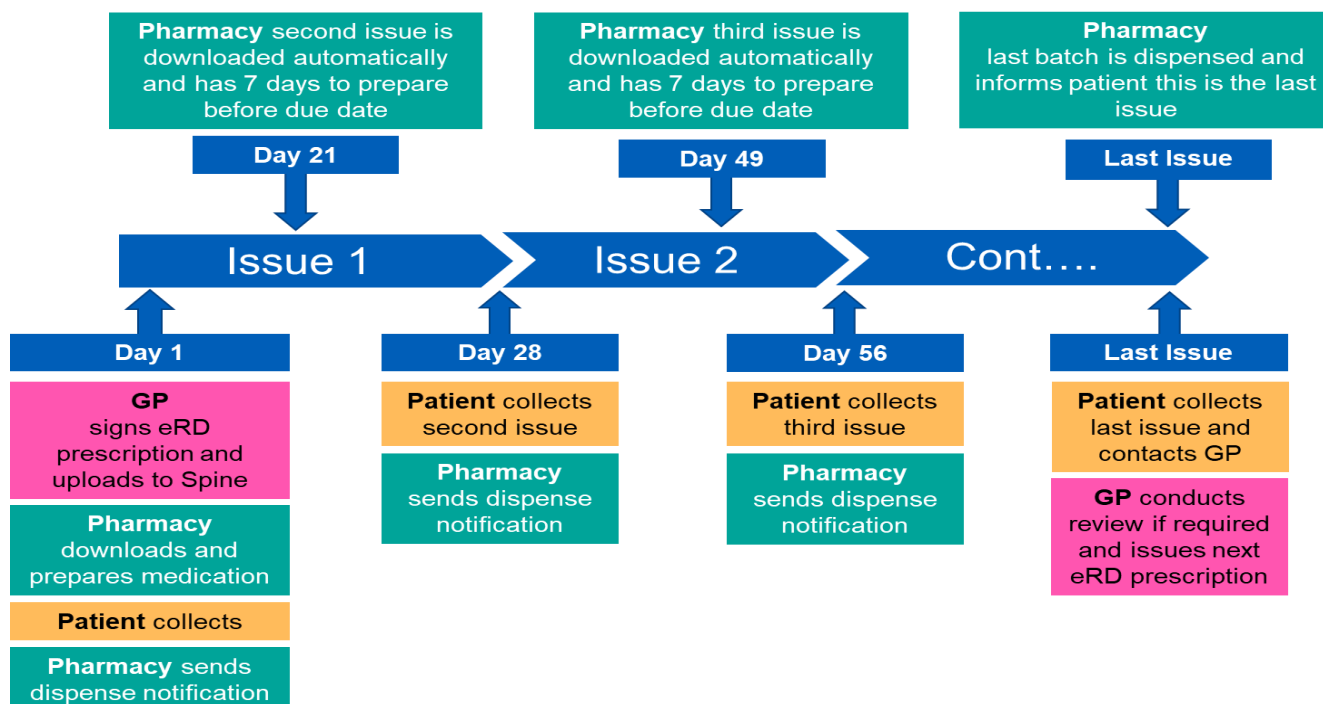
- Reduction in footfall in the pharmacy as reduced need to return for out-of-stock items and patients waiting for the item to be prepared
- Effective time management
- Community Pharmacies/Dispensers use their clinical skills to manage eRD prescriptions, which helps to enhance their professional long-term relationship with patients and prescribers
- Reduced time spent collecting paper prescriptions from prescribing sites

**eRD will reduce the workload of GP practices, by lowering the time spent re-authorising regular repeat prescriptions and allowing better prioritisation of their workload**

## **ELECTRONIC REPEAT DISPENSING OVERVIEW**

### **How does eRD work?**

eRD stores the batch issues of repeatable prescriptions securely on the NHS Spine and delivers them to the patient's nominated community pharmacy at the regular intervals that have been set by the prescriber. The prescriber retains the ability to change or cancel the prescription at any time. The first issue is available on the NHS Spine as soon as it is signed and the subsequent issues are delivered to the dispenser 7 days before their due date, to allow time to order and prepare. The following diagram shows the process for a 28-day prescription.



## Starting patients on eRD

The final decision as to the suitability of repeat dispensing for a patient lies with the prescriber.

It is recommended that all repeat prescription clerks and prescribers understand the process of eRD and how to use it in their clinical systems.

Practices can contact and engage community pharmacies that dispense for them to support them in identifying patients. It is important to work closely with community pharmacy, this will help in resolving any problems, especially at the onset. GP practices may want to invite community pharmacies to their practice meetings so that they can discuss any problems that may arise at the onset of eRD.

## Identifying Suitable Patients

Identify simple, easy patients to start with. More complex patients can be included once all involved become more comfortable with the process.

### **Patient searches**

- Patients on 1, 2 or 3 regular repeat medications e.g., levothyroxine and hypertensive medicines
- The NHSBSA can provide GP practices with a list of patients, potentially suitable for eRD.
  - Access to these lists (supplied by NHSBSA, see link below) is directly available for the practice, these patients will still need to be reviewed to see if they are appropriate for eRD

### **Suitable patients**

- Relatively simple and stable medication regime with no significant changes in the last 3- 6 months and/or no anticipated changes for the rest of the batch supply
- Stable long-term medical condition with no recent unplanned hospital admissions in the last 6 months
- All relevant blood tests, monitoring and review of medication are up to date

The pharmacy will need to contact the patient prior to delivery or collection of each batch supply, presenting an opportunity to ask the four questions. If for any reason the community pharmacy are unable to carry out these mandatory questions with the patient, then the patient may not be suitable for eRD

### **Exclusions**

eRD should **NOT** be used for the following patient groups:

- Those requiring **frequent changes** to drug therapy
- Those on **complex** medication regimes
- Those with an **unstable** medical condition e.g., drug misusers.
- Those requiring terminal/palliative care
- Controlled drugs (Schedule 1-3) e.g., morphine, fentanyl, oxycodone, buprenorphine, temazepam, phenobarbital, gabapentin, pregabalin
- Unlicensed medicines
- Other drugs of abuse
- Pregnancy

### **Careful planning**

- Those requiring regular review (3 monthly or more frequent)
- Those in residential institutions i.e. care homes
- Patients on Monitored Dose Systems (MDS)
- Patients with when required (PRN) medications (see information below – when required ‘PRN’ issued medication)

Non DM+D mapped medication – These medicines will need to be mapped on the clinical system before they are able to be sent electronically.

### **Patient Consent and Pharmacy Nomination**

#### **Patient consent**

- Verbal consent from the patient is required for the two-way sharing of information between the GP practice and the nominated pharmacy
- When consent is captured by the pharmacy it should be shared with the patient’s GP practice

#### **Pharmacy nomination**

- It is recommended that a nominated pharmacy is in place for eRD, this will ensure continuity of patient care at the same pharmacy. However, in some cases, it may be appropriate for the patient not to have a nominated pharmacy as it will suit them to collect their medicines from various pharmacies. EPSr4 will need to be activated to allow eRD to be processed without a nominated pharmacy
- Where a pharmacy nomination is in place the patient can still choose to collect a batch supply from a different pharmacy

### **Implementing eRD on Clinical Systems**

#### **Review of patient's repeat prescribing**

- Ensure that doses are complete and reflect those being taken
- Standardise quantities, where appropriate provide a 28 day supply (in some cases a greater supply may be agreed upon with the prescriber, if necessary)
- Ensure issue duration corresponds to the dose and quantity
- Check medication reviews and any other clinical reviews have been completed
- Consider removing/reviewing any items that are no longer required or have not been recently issued

#### **Code the patient records**

- **Patient consent given for Repeat Dispensing information transfer**
  - Snomed CT 416224003
  - SystmOne XaKRX
- **On repeat dispensing system**
  - Snomed CT 414938004
  - SystmOne XaJus
- **Repeat dispensing service declined**
  - Snomed CT 783871000000107
  - SystmOne XaXoR

### Re-authorisation of eRD

When the patient collects their last batch issue from the pharmacy they will be asked to contact their GP practice for:

- Any relevant monitoring or tests
- Medication review

Once the prescriber is satisfied that all monitoring is up to date and there are no anticipated changes for the duration of the eRD supply, the patient's eRD medicines can then be re-authorised.

### Post-dating eRD prescriptions

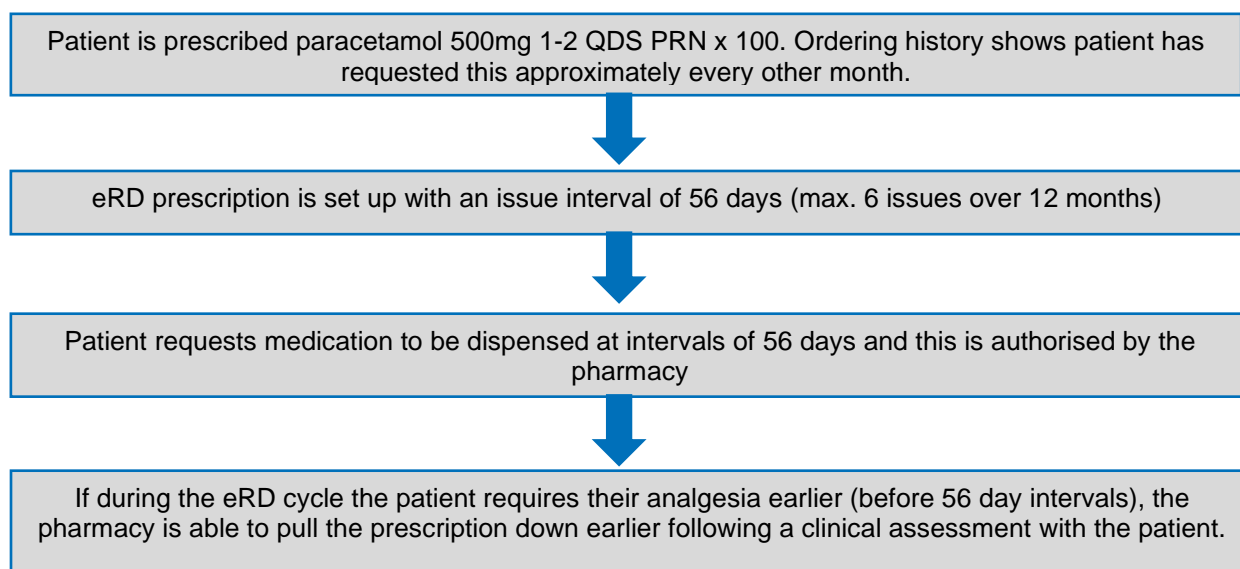
- eRD prescriptions can be post-dated to start at a forward date. This can be useful if the patient's repeat medications have recently been issued and you would like their eRD supply to be issued when their next repeat supply is due.

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### When Required (PRN) Medication

Once the practice has successfully started to implement eRD they may want to increase their patients to include those taking when required medication. It is recommended that these are prescribed on a separate eRD prescription from their regular medication. The prescriber is required to **set the appropriate repeat intervals based on the predicted usage** and the nominated pharmacy has the ability to retain the PRN eRD until the patient requires it. Subsequent issues are dispensed as and when they are required by the patient.

### Example:



If the patient runs out of a PRN medication, the next issue can be requested early. The nominated pharmacy **must** ascertain the need for a repeat supply of PRN medication with **each** eRD supply and use their professional discretion regarding the appropriateness of early requests. **Any concerns must be fed back to the prescriber to review the patient.**

**Example:**

Salbutamol is set up on an eRD prescription as a PRN medication. As this patient is asthmatic, an approximate dosage interval would be 1x200 dose inhaler every 3 months (max. 3 issues in 12 months)



The first inhaler prescription is dispensed but 28 days later patient requests another supply. The pharmacist discusses the need for the early supply with the patient and establishes an increased usage of the salbutamol inhaler.



The pharmacist supplies the salbutamol inhaler early but informs the prescriber of possible worsening control of asthma and discusses with the patient the need to attend the surgery for an asthma review.

When setting up a PRN eRD supply prescription, the patient ordering history should be checked and if possible, the frequency of use discussed with the patient in order to establish the appropriate repeat quantity and issue interval

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**Cancellation of eRD**

Sometimes a whole eRD supply may need to be cancelled or individual items may need to be cancelled, the reasons for this may be as follows:

- The patient's medication regime is no longer stable due to recent changes
- The patient is in hospital
- The patient has recently been discharged from the hospital and medicines may change
- The patient's clinical condition has become unstable
- An item may need to be cancelled when there are changes to a cost-effective alternative

eRD allows the cancellation of the whole prescription or individual items. If the prescription is already with the nominated pharmacy, it must be returned to the spine for the cancellation to take place. This cancels future issues of the item or the whole prescription. Cancellation can be performed by prescribers and other authorised staff at the GP practice.

Individual prescription items can't be amended; therefore, if a dose change is required the item needs to be cancelled and re-prescribed.

There are two options for patients with multiple items on eRD where an item requires cancellation

- 1) Cancel ALL outstanding items within the prescription form and replace with a new eRD supply, including the new item/amended dosage change.
- 2) Cancel the individual item(s)
  - a. Check when the next issue of the existing eRD prescription is due and generate a one-off prescription to cover until the date of the next issue of the original eRD.
  - b. Create a new eRD prescription to start at the same time as the next issue of the existing eRD prescription with enough issues so that all prescriptions end at the same time. Synchronising prescriptions in this way ensures that all the patient's prescriptions are received by the dispenser on the same day and supports interaction checking.
  - c. If you are changing an eRD medication to a cost-effective alternative, simply cancelling the item and adding in the agreed alternative in line with the remaining eRD supplies would be sufficient. You may need to post-date the eRD supply in line with the next batch supply. Ensuring that the patient and the community pharmacy are informed of the change.

It is always good practice to communicate with the patient's nominated pharmacy about any changes made to eRD prescriptions.

The cancellation request sends a message to the NHS Spine which generates three potential responses:

- **Successful cancellation** – The prescription has been removed from the NHS spine and is no longer able to be downloaded by the pharmacy.
- **Unsuccessful cancellation, 'with dispenser' – the prescriber will need to contact the nominated pharmacy** to request the prescription is returned to the NHS Spine. Once the prescription is returned to the NHS Spine the prescriber will receive a successful cancellation response.
- **Unsuccessful cancellation – 'dispensed to patient' – the GP practice must contact the patient directly** to inform them that the medication(s) should not be administered. The GP practice should then update the patient record manually to reflect the cancellation status.

If no response is received it cannot be assumed that the prescription or item has been cancelled and the nominated pharmacy must be contacted to clarify.

### **Prescription Tracker**

The Electronic Prescription Service (EPS) allows staff working at prescribing and dispensing sites to check the status of a prescription. This includes eRD prescriptions.

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## **Further 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)

NHS

- <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/electronic/erd-resources>
- <https://www.england.nhs.uk/publication/electronic-repeat-dispensing-guidance/>
- <https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

Prescription Tracker

- [About the EPS Prescription Tracker - NHS Digital](#)