**NHS Nottingham and Nottinghamshire**

**ELECTRONIC REPEAT DISPENSING (ERD) QUICK 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.

The full Electronic Repeat Dispensing (eRD) guide can be found on TeamNet, please see the resources listed at the bottom of this document.

**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**
It is important to align the number of eRD batch issues to the patient's next review date, thus ensuring that the patient receives their review on time (consider all reviews required for the patient) and/or carry out a medication review before commencing 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 eRD 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/technician and/or ICB medicines optimisation pharmacist/technician)

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

*All key staff within the practice need to understand how eRD works before starting.  Please discuss this with your PCN pharmacist/technician as they may be able to support you with training. Your medicines optimisation technician can also provide you with complete eLearning resources (see links 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  epssupport@nhsbsa.nhs.uk to request the information.*

**STEP TWO**
**Patient Consent**

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

**Patient consent can be coded in the patient notes as:**
- CTV3 code: XaKRX
- 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 the consultation
- Community pharmacies can engage patients– pharmacies could send lists of patients to prescribers for agreement

**Patient 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

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

*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.*

**When required (PRN) 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 are more competent with 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 of medication 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
- The pharmacist must ask the patient the four questions (see below) with each batch issue supplied.
- The patient collects the next batch of medication 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
- 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.*
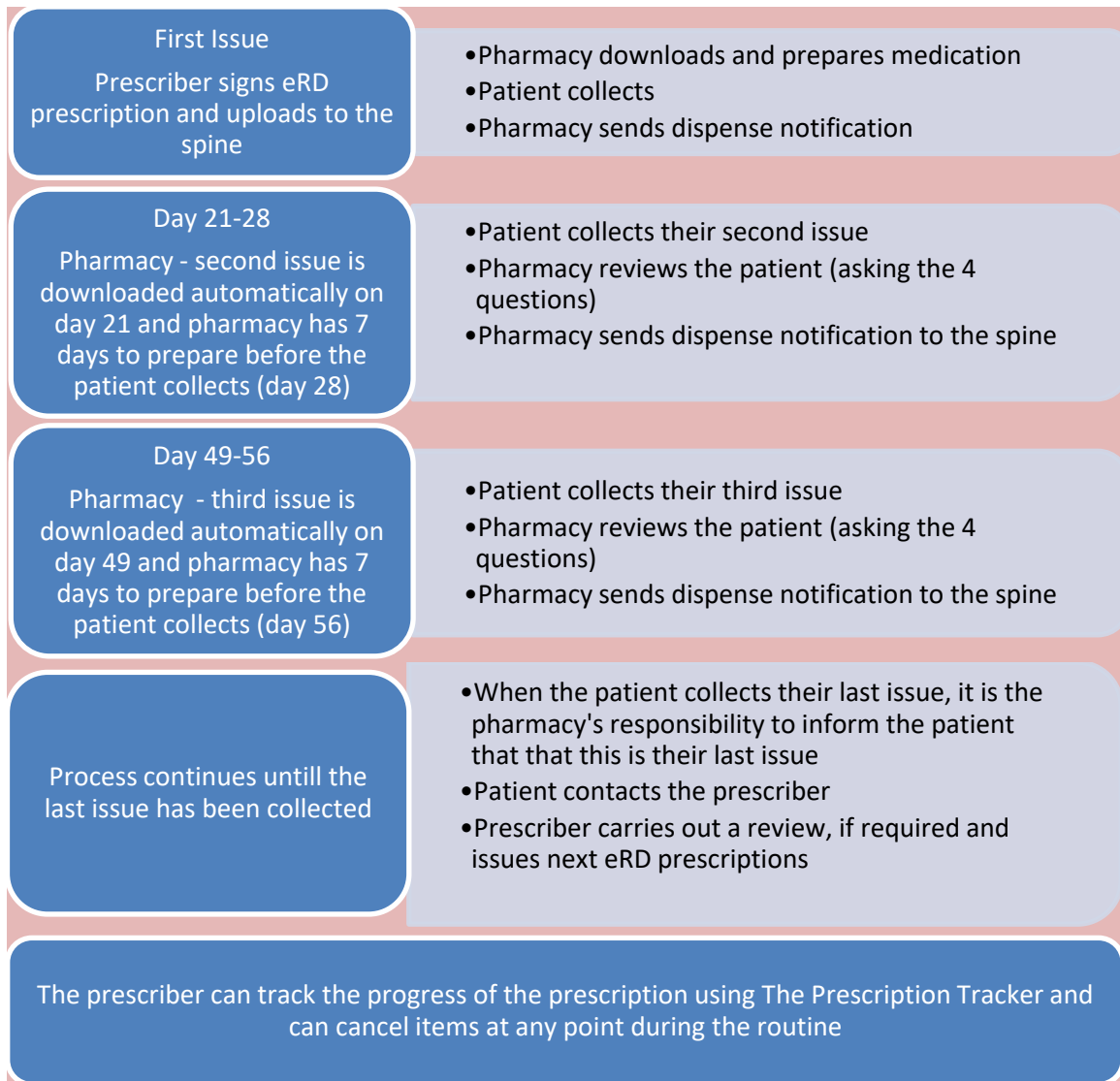
*The pharmacy can pull the prescription down early using their clinical judgment e.g., if the patient is going on holiday.*

*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.

## Electronic Repeat Dispensing (eRD) Process (based on 28 day prescribing)

| | |
|---|---|
| **First Issue**<br>Prescriber signs eRD prescription and uploads to the spine | •Pharmacy downloads and prepares medication<br>•Patient collects<br>•Pharmacy sends dispense notification |
| **Day 21-28**<br>Pharmacy - second issue is downloaded automatically on day 21 and pharmacy has 7 days to prepare before the patient collects (day 28) | •Patient collects their second issue<br>•Pharmacy reviews the patient (asking the 4 questions)<br>•Pharmacy sends dispense notification to the spine |
| **Day 49-56**<br>Pharmacy - third issue is downloaded automatically on day 49 and pharmacy has 7 days to prepare before the patient collects (day 56) | •Patient collects their third issue<br>•Pharmacy reviews the patient (asking the 4 questions)<br>•Pharmacy sends dispense notification to the spine |
| Process continues untill the last issue has been collected | •When the patient collects their last issue, it is the pharmacy's responsibility to inform the patient that that this is their last issue<br>•Patient contacts the prescriber<br>•Prescriber carries out a review, if required and issues next eRD prescriptions |
| The prescriber can track the progress of the prescription using The Prescription Tracker and can cancel items at any point during the routine | |

**Resources**

**Team Net**
- https://teamnet.clarity.co.uk/qt1-52r/Search?searchText=eRD

**Wessex Academic Health Science Network**
- https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf
- Welcome to Health Innovation Wessex  eRD Making It Work
- Meet Mo (healthinnovationwessex.org.uk) Video for patients

**NHSBSA NHS Digital**
- eRD resources for GP practices | NHSBSA
- https://www.england.nhs.uk/publication/electronic-repeat-dispensing-guidance/
- Electronic repeat dispensing for prescribers - NHS England Digital
- https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/

**Prescription Tracker**
- EPS clinical prescription tracker - NHS England Digital

| Version control | | | |
|---|---|---|---|
| **Version** | **Author** | **Date** | **Changes** |
| 1.0 | Tracey Galt | May 2021 | |
| 1.1 | Tracey Galt | March 2022 | Consent change to verbal |
| 1.2 | Tracey Galt | May 2023 | Correct Logo added |
| 1.3 | Tracey Galt | Sept 2024 | • General formatting changes<br>• Meds Op team removed to help with training. Resources help added supplied by team.<br>• Patient agreement changed to patient consent.<br>• Resource links updated.<br>• Review date (changed from 1 year to 2 years)<br>• MOGG actions – Table removed<br>• Ensure all links are working<br>• General formatting changes<br>• Flow chart amended to a more readable version |
| | | | |