

Electronic Repeat Dispensing (eRD) in response to Covid 19

NOTE: This is not a training resource for eRD, it provides an outline explanation of the NHS response needed for eRD during the Covid 19 crisis and support for primary care to deliver that response.

For information on training materials see slides 12-16

April 2020

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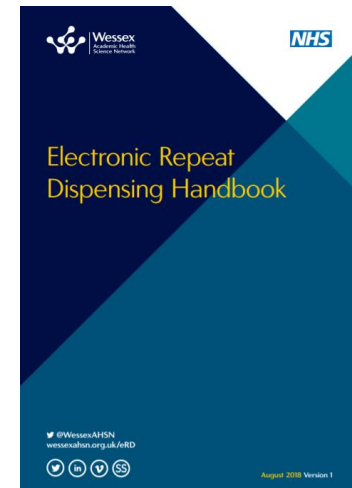
1 | Background

2 | Benefits (in response to Covid 19)

3 | eRD levels in England

4 | Support

5 | Resources



Health Warning

Switching large numbers of patient to eRD should not be done by pharmacists or prescribers completely new to eRD.

This slide set assumes that there is a basic understanding of the process

If you don't have that please see this <https://youtu.be/zzaNeAelAo>

And read this

https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf

And complete this <https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

Also eRD cannot solve all the problems of repeat prescribing systems which are currently imperfect and consist of risks and limitations.

Rolling it out in response to Covid 19 needs a pragmatic approach with common sense and patient safety foremost.

1. Background – eRD

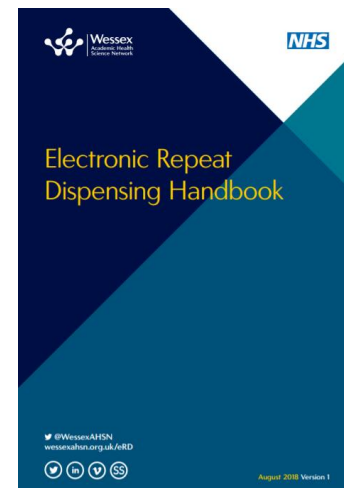
eRD is not new, it has been part of the Community Pharmacy contract since 2005 and from 2019 has been a GMS contract requirement.

eRD has a number of well documented benefits for primary care. However, uptake of eRD is hugely variable – see slides 5,6 and 7

77% of all prescription items are repeat prescriptions. On average, each week, a GP issues around 375 repeat medicines.

Department of Health work in 2002 showed that, if 80% of all repeats were given as RD, 2.7 million GP hours would be saved.

For example, in Wessex this means that if we moved 80% of all repeats to eRD we would save 108,000 GP hours, which is roughly 61 WTE GPs.



2. Benefits of eRD in response to Covid 19

As part of the Primary Care response to Covid 19, NHS England have stated:

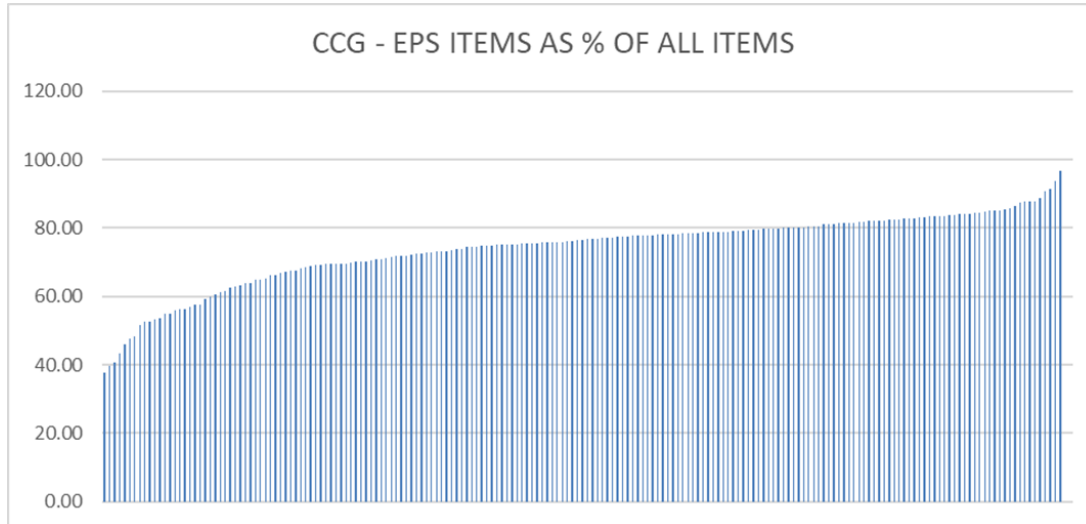
"General practices have been asked to consider putting all suitable patients on electronic repeat dispensing as their next repeat prescriptions are issued. The whole repeatable prescription can be valid for a year, but each repeat should be for no longer than the patient has now. For example, if the patient has prescriptions for a month's supply now, then the repeat dispensing should be set up as 13 x 28 days supply."

Increasing eRD will have the following benefits in the current situation:

- ✓ Reducing footfall to the GP practice and to the community pharmacy, supporting social distancing.
- ✓ Reducing workload for prescribers allowing better prioritisation of resources
- ✓ Controlled management of the supply chain reducing the number of temporarily unavailable medicines.

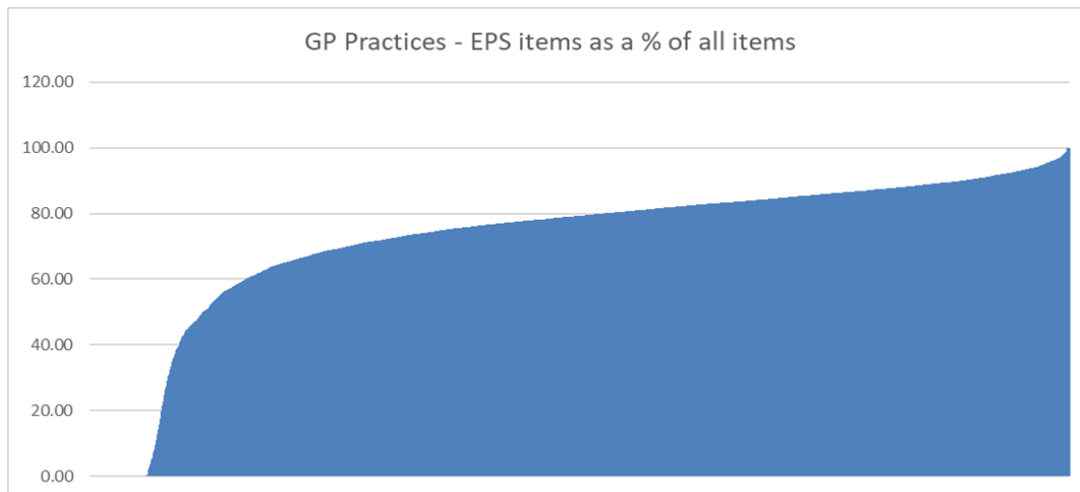
Where eRD has been championed for repeat prescribing, practices have successfully achieved over 70% of patients receiving their medications in this way. Early findings from a qualitative study in Wessex also indicate that patient experience with eRD is a good one.

3. EPS - Variation across the country



As at Dec 19
135 of 191 CCGs are below 80% EPS utilisation

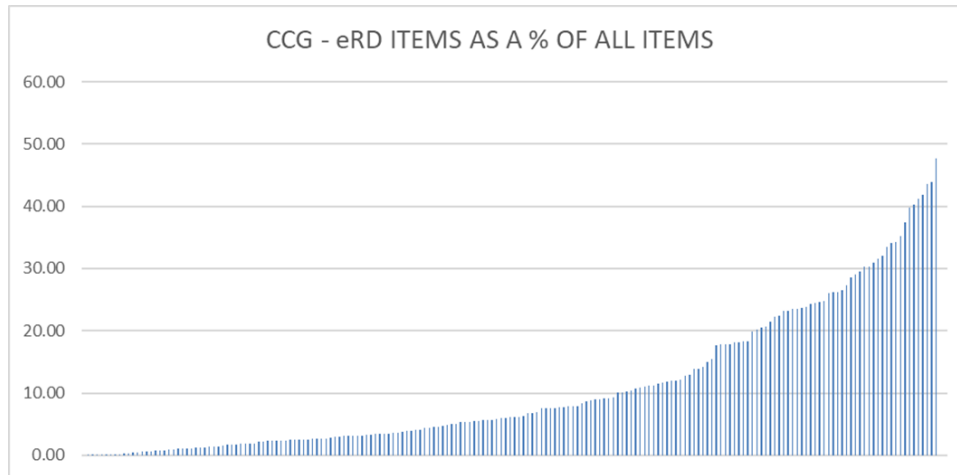
Range of EPS use across CCGs was
37.74% to 96.61%



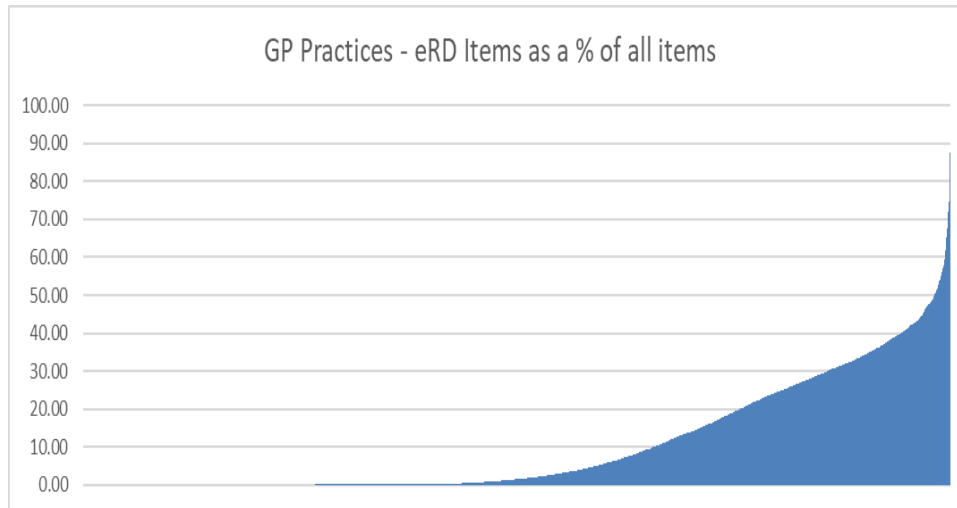
As at Dec 19
393 GP practices were not using EPS

But highest utilisation was 100%

3. eRD – Variation across the country



As at Dec 19
CCGs use of eRD ranged from 0%
to 47.7%

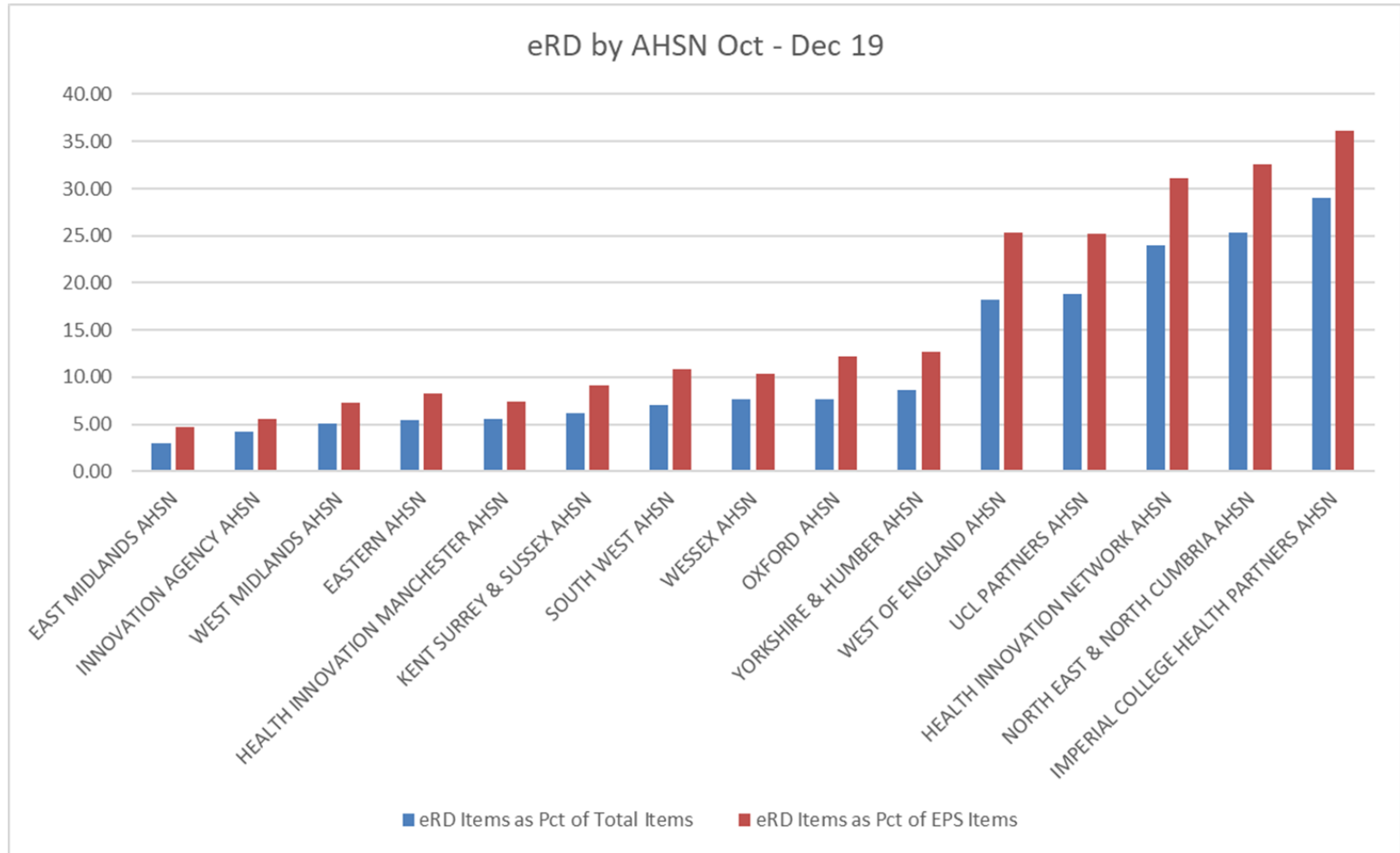


As at Dec 19
1834 GP Practices had zero eRD
utilisation

Highest utilisation was 87.5%

3. eRD by AHSN

(note within this there will be significant variation at CCG and Practice level)



4. Support for GP practices and Community Pharmacies

There are a range of resources already available to support implementation
See slide 13 . No one should need to write further guidance on eRD.

Identification of suitable patients - NHS BSA now have the ability to support GP practices by providing them with the NHS numbers of patients who have had the same medicines dispensed to them for the last 12 months.

This will be released to practices in stages and the following slides describe the process that the NHS BSA will use.

NHS BSA are able to provide further support and signposting to practices that contact them.

CCGs embarking on moving patients to eRD MUST discuss plans with their Local Pharmaceutical Committee (LPC) prior to switching.
Practices moving to eRD must discuss their plans with local community pharmacies.

4.1 Identifying suitable patients

NHSBSA Process to provide GP Practices with NHS numbers of patients suitable for electronic repeat dispensing

1. To help support the response to Covid-19, NHS Business Services Authority (NHSBSA) will introduce a new streamlined service for GP practices to receive NHS Numbers for patients who may be eligible for Electronic Repeat Dispensing (eRD).
2. NHSBSA will contact every GP practice for whom we have contact details, to confirm whether they have an active nhs.net email address. NHSBSA will only send NHS numbers to nhs.net email addresses.
3. Once confirmed, NHSBSA will send the practice an email with a file containing the following information for patients within the criteria specified on slide 12 that are potentially eligible for eRD:
 - NHS Number
 - Name of item prescribed (*dm+d, Virtual Medicinal Product and described generically*)
4. Once the practice has received the NHS Numbers, a clinician should review the patient records of those patients to ensure that they are appropriate for eRD.
5. The practice should then arrange for verified patients to be moved to eRD.
 - NHSBSA can provide materials and guidance to support moving appropriate patients to eRD.

NB This will only include EPS prescriptions

How are patients identified for eRD?

NHSBSA will apply the following criteria to identify which patients may be eligible for eRD

Patient identifier	Description
Patients on single medication for last 12 months	Patients on a single unchanged medication for last 12 months on EPS
Patients on two medications for the last 12 months	Patients have been included on the basis that they have received at least 12 prescriptions for the same two medications, in the 12 month period specified. Patients may have received more than one prescription in any given month, so there may be gaps in any individual patient's prescribing history.
Patients on three medications for the last 12 months	Patients have been included on the basis that they have received at least 12 prescriptions for the same three medications, in the 12 month period specified. Patients may have received more than one prescription in any given month, so there may be gaps in any individual patient's prescribing history.

Data currently excludes:

- patients aged 18 or under

- Appliances

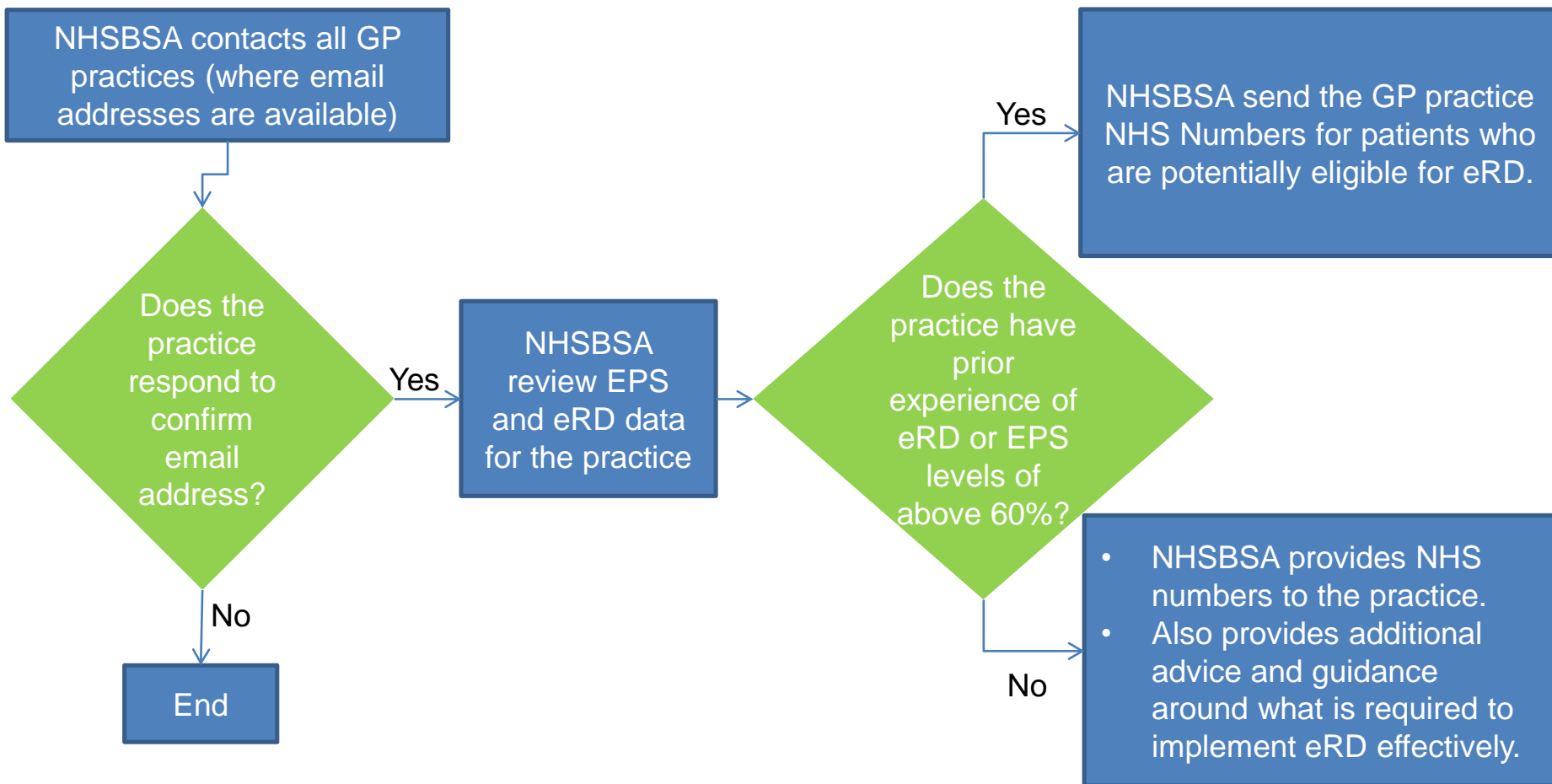
- Personally administered drugs and medicines (PADMs)

- Dispensing Doctors

- Controlled Drugs

- FP10 MDA

NHSBSA process to provide GP practices with NHS Numbers of patients suitable for electronic repeat dispensing email nhsbsa.epssupport@nhs.net



Key Points

- All NHS Numbers must be clinically reviewed to ensure that it is clinically appropriate for that patient to move to eRD.
- **It is vital for the medicines supply chain that the duration of each eRD prescription remains the same as prior to moving to eRD (e.g. 28 or 56 days supply maximum)**
- NHSBSA will provide any GP practice with NHS numbers for patients who may be eligible for eRD.
- Additional support and guidance is available from NHSBSA to GP practices with low EPS utilisation or no experience of eRD.

4.2 Implementing the change Communication is Key

https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf

Effective communication between patients and/or their carers, GP practices and community pharmacies is essential for all parties to realise the full benefits of the eRD process.

NHS BSA have developed a suite of text messages which are available to Wessex practices. A national patient leaflet is available at: <https://www.nhsbsa.nhs.uk/sites>



Some communication will be via telephone and therefore be spoken, both GP practices and pharmacies should consider implementing a process to ensure all such communications are recorded and acted on effectively. E-mail may be a great way to communicate but to be secure, pharmacies must use an @nhs.net account.

Practices and pharmacies should agree their preferred method of communication. If this is agreed to be NHS mail, the pharmacy must ensure that it has a system in place to check and act on emails received every day.

- eRD is not simply a natural progression of EPS.
- If a Practice already does paper repeat dispensing they are likely to find it reasonably straight forward to switch to electronic format.
- If eRD is a whole new way of working it will require some planning, training and change management to ensure successful implementation.
- **Plan the switch with your local pharmacies. It can be a great solution if implemented collaboratively.**

4.1 e learning NECS Training Module *TheAHSNNetwork*

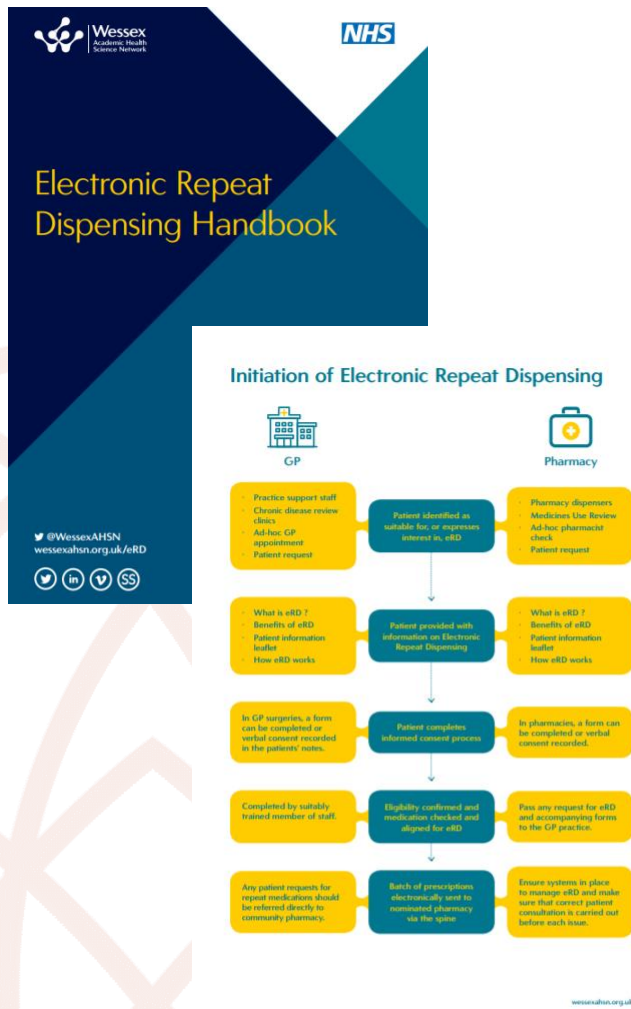
<https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>



- This slick and quick learning module covers all elements of eRD including process of implementation and benefits to practice and pharmacy.
- Takes you through step by step guides in SystmOne, EMIS and Vision, to switching patients onto eRD.
- For Pharmacies there is also a straightforward guide to dispensing medicines using eRD.

4.1 The eRD Handbook

https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf



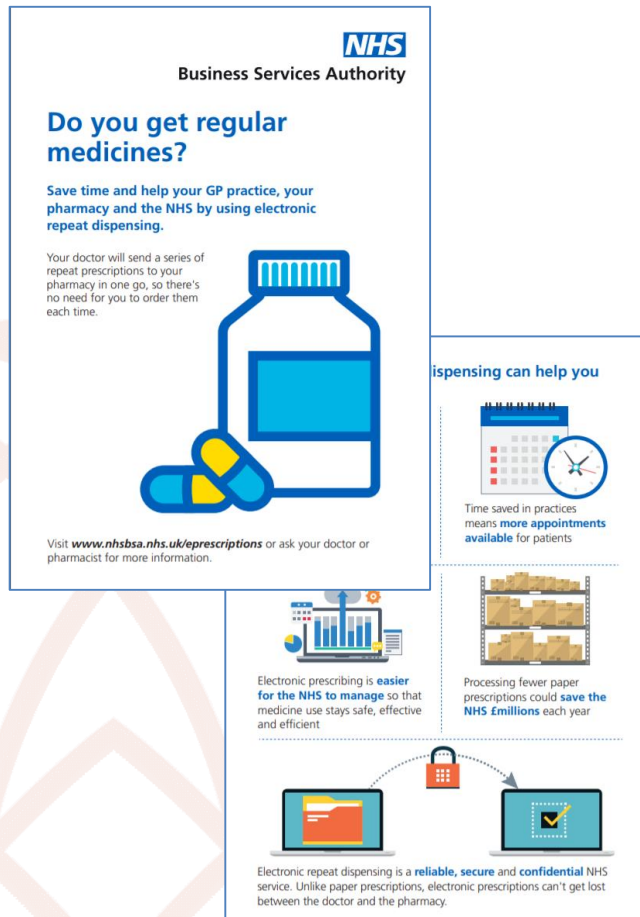
- The Wessex AHSN eRD handbook has been created to offer all the information that is required to implement this process.
- The Handbook covers all areas that need to be considered including:
 - Patient eligibility
 - Guidance for dealing with PRN prescriptions
 - Patients on warfarin
 - Care Homes

Among other information.....

- Please take time to read through

4.2 Patient Resources (a)

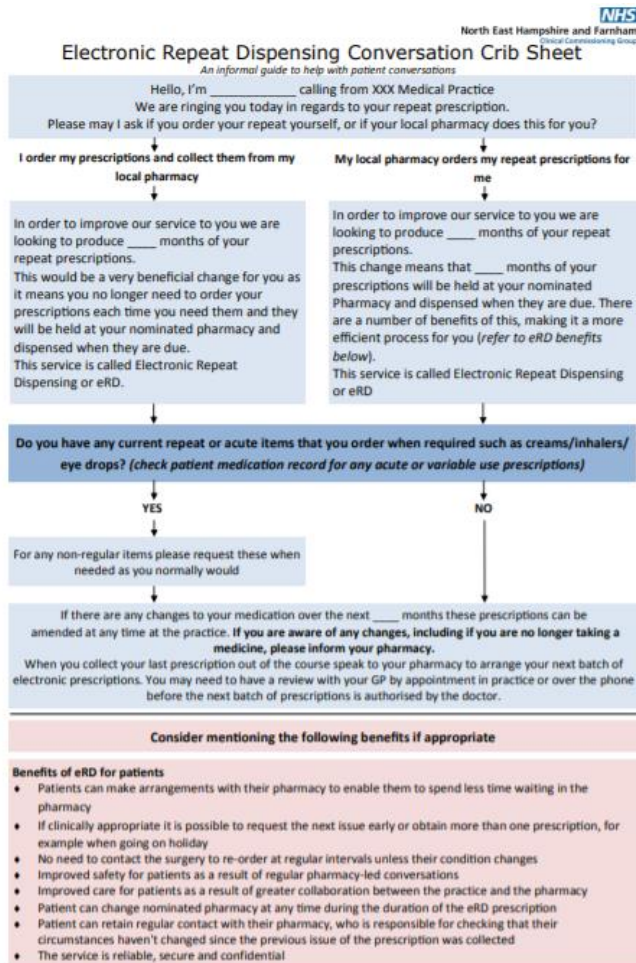
<https://www.nhsbsa.nhs.uk/sites/default/files/2019-11/eRD%20leaflet%20A5%20%28V3%29%20%28Local%29%2012.2018.pdf>



- It is important that your patients understand the move to eRD.
- Take some time to look at the patient information included on the NHSBSA website (link above).
- Communications can be sent directly to patients or displayed in the form of posters in GP Practices or Pharmacies.

4.2 Patient Resources (b)

[https://wessexahsn.org.uk/img/publications/eRD%20Conversation%20Crib%20Sheet%20\(NEHF%20CCG\)_2020_02_04_02_45_14.pdf](https://wessexahsn.org.uk/img/publications/eRD%20Conversation%20Crib%20Sheet%20(NEHF%20CCG)_2020_02_04_02_45_14.pdf)



- You may need to make a call to your patient group to explain that they are moving to eRD
- A handy call script has been developed by North East Hants and Farnham CCG. You can access a copy using the link above.

All resources included in these slides *TheAHSNNetwork*
can be found at:

<https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing>



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Electronic Repeat Dispensing

Programme(s):
Medicines Optimisation

In response to COVID-19, we are supporting the wider deployment of eRD across GP practices. This builds on work we have been doing to increase the utilisation of eRD in Wessex over a number of years.

The information below describes the benefits of eRD as well as covering details of implementation in GP practices and pharmacies.

Training and Implementation Essentials:

- Outline - [explanation of the NHS response needed for eRD during the Covid-19 crisis](#) and support for primary care to deliver that response.
- Short video - [training module from NECS](#) provides the complete 'How to' guide including SystmOne, EMIS and Vision.
- Link to the eRD handbook, a comprehensive guide to eRD set-up - [Electronic Repeat Dispensing Handbook](#)



5. eRD Dos and Don'ts

Do

- ✓ Make sure you have looked at training resources and agreed a plan that the whole team understands
- ✓ Use the NECS e learning and Wessex AHSN eRD handbook to develop you plan.
- ✓ Speak to your local Pharmacy/ LPC and discuss how to make the switch
- ✓ Make sure you have a way to communicate the change to patients
- ✓ Start slowly and make sure It's working well before moving to patients with more items
- ✓ Use all the NHS BSA and Wessex AHSN resources
- ✓ Review how its going after a day or two with local Pharmacies
- ✓ Remember that if you set everyone up for 12 months you will have a lot of people to review in a years time
- ✓ Name an eRD lead/ champion in both the pharmacy and the practice to ensure one point of contact/expertise

Don't

- ✗ Switch large numbers of people over quickly without a plan or discussing with patients
- ✗ Start with patients taking a large number of repeats
- ✗ Delegate this to a junior member of staff without support and supervision
- ✗ Start with people on lots of "prn" medicines
- ✗ Forget if you put everyone on 12 months, in a year's time they will all need a medication review.

6. Summary of Key Resources

<https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing>)

1. Technical resources

- eRD Handbook

https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf

- NHS BSA Resources

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

- NECS eRD e learning tool

<https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

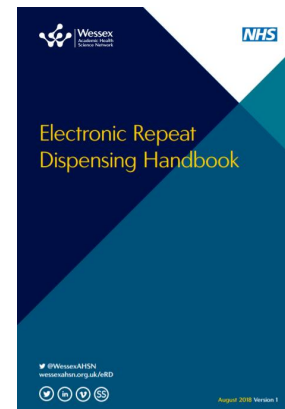
2. Patient communications

- Meet Mo video

<https://wessexahsn.org.uk/videos/show/255>

- eRD information leaflets

<https://www.nhsbsa.nhs.uk/sites/default/files/2019-11/eRD%20leaflet%20A5%20%28V3%29%20%28Local%29%2012.2018.pdf>





Business Services Authority



Wessex
Academic Health
Science Network

*The***AHSN***Network*

Electronic Repeat Dispensing (eRD)

Medicines Optimisation



**Centre for
Implementation
Science**