



# COVID-19

No. 7 April 2020

## Questions, Answers and Actions

### *Resources available to support practices in maximising Electronic repeat dispensing (eRD) during the COVID-19 pandemic response*

NHS England have requested in a [letter to GP practices dated 19<sup>th</sup> March 2020](#):

“Practices must use the Electronic Prescription Service (EPS) and should aim to move patients to electronic repeat dispensing unless there is a clinical reason not to do so. There should be no move to increase the duration of prescriptions.”

**Question:** What resources are available to support practices in maximising Electronic repeat dispensing (eRD) during the COVID-19 pandemic response?

**Answer:** Many CCGs, CSUs and other organisations have produced guides and toolkits to support the implementation of eRD in their areas, a selection of what is available has been included in this document as well as some key points for GM CCGs and practices to consider if they wish to maximise eRD uptake quickly.

In order to reduce pressure and attendance at GP practices some are looking to convert as many patients as possible to electronic repeat dispensing (eRD). This is also in some cases being promoted by community pharmacies as a way of managing workload and preventing patients from having to wait for their medication and therefore reducing the exposure of both staff and other patients to risk of COVID-19 infection.

**GMMM support the extension of electronic repeat dispensing as above but recommend the following key points are considered before beginning any work to maximise eRD uptake.**

- Practices unfamiliar with eRD should not attempt large changes in the way they work. This is likely to cause more problems in the short term and could be counterproductive.
- Prescribing intervals should be maintained at the patient’s current amount and not extended. This is to ensure continued supply to all patients: i.e. if a patient normally gets 28 days supply then this could be issued as 6 x 28 days for a 6 month period.
- Patients who are not suitable for eRD should have their prescriptions issued via EPS2 and digital ordering of prescriptions should be promoted using the NHS app (registration for which can be completed without the need to attend a GP practice), or online.
- The NHS Business Services Authority (BSA) guidance states that patient consent should be obtained before initiating eRD, however there may be justification for waiving this consent where a patient has an EPS nominated community pharmacy, implying consent for transfer of their information between GP and pharmacy.
- Practices should ensure that the support of their main community pharmacies is obtained before rapidly increasing uptake of eRD
- The NHS BSA is helping GP practices to identify patients who may be appropriate to transfer to eRD, creating individual practice lists of NHS patient numbers suitable for eRD. These will be emailed out to practices with their registered NHS.net email address.

## What are the benefits of eRD?

- eRD simplifies the repeat prescribing process and offers a range of benefits, including:
  - Reduced footfall in practices and calls to prescriptions lines from patients wanting to order medicines
  - allowing the prescriber to authorise and issue a batch of repeatable prescriptions for up to 12 months with just one digital signature.
  - dispensers must ask patients if they have had any changes to their condition, or require all items on their prescription before each issue, to avoid medicines wastage.
- eRD puts the prescriber in control rather than allowing the patient or dispenser to continue re-ordering unnecessary items - which can lead to stockpiling.

## How does eRD work?

- eRD stores all issues of the eRD prescriptions securely on the NHS Spine and automatically downloads them to the patient's nominated community pharmacy at intervals set by the prescriber.
- Patients/carers are normally required to give their consent for repeat dispensing. However, this can be verbal and formal written consent is not required. In the current pandemic situation GMMMG have agreed that this may be waived where patients have already provided consent for information sharing between GP practice and pharmacy in the form of an EPS community pharmacy nomination. This is because it is in the public interest to move as many appropriate patients to eRD as quickly as possible, to ensure continued access to medication, and to release capacity in primary care.
- eRD allows the cancellation at item or whole prescription level, which will cancel all subsequent issues on the Spine.
- eRD allows the patient to change their nominated dispenser part-way through a batch, which updates all subsequent issues on the Spine.
- 'When required' medication can be prescribed using eRD on a separate batch to their regular, daily medication, allowing flexibility and reducing waste.

## Starting off with eRD:

- NHS Digital have written a [quick guide for prescribers](#): and a [longer more detailed guide](#) if required:
- Identify what time and resources are available in your practice for training and implementation.
- Identify who in your practice is involved in production or issuing of prescriptions – what training and support will they need?
- Once the prescribing decision is made by a clinician, the mechanics of eRD can be undertaken by either clinicians or prescription clerks – choose the system that is right for your practice staff, and build training and protocols around it.
- Identify an eRD champion, who is can increase their skills in in eRD processes, who will promote it to other staff within the practice and support them with any difficulties
- As an introduction, relevant practice staff can take the [NECS and NHS Digital eRD e-learning module](#). This shows how to use eRD on all common clinical systems.
- Discuss with your local community pharmacies that you will be starting to use or increasing rates of eRD. Can they support by identifying suitable patients, providing them with advice and support with re-authorisation or resolving teething problems?
- Think about how you will discuss eRD with patients so that they understand it. What are the benefits for them and how will it work? Utilise the [NHS digital eRD toolkit](#) for ideas on how to promote to patients.

- Suggested criteria for patient selection
    - Stable long-term medical condition with no unplanned hospital admissions in last 6 months
    - Relatively simple and stable medication regime with no significant changes in the last 6 months and no anticipated changes for the rest of the batch. e.g. initially oral repeat medication only could be set up as eRD.
    - Monitoring of medication is up to date – all relevant blood tests, monitoring and review of medication has been completed within the last 6 months.
    - Disease monitoring is up to date – attendance at chronic disease clinic within last 6 months.
  - Suggested groups for whom greater caution is required when considering initiating eRD
    - Repeat dispensing for the following patient groups is not normally recommended :
      - Those on complex medication regimens
      - Those in residential institutions i.e. care homes
    - eRD is not recommended for those where drug therapies will change or where easier access may cause harm
      - Those with an unstable medical condition and/or recent history of frequent admissions to hospital
      - Those requiring regular review (3 monthly or more frequent)
      - Drug misusers
      - Those requiring terminal/palliative care
      - Those in residential institutions i.e. care homes
- OR for the following drugs, unless patient and disease are known to be very stable:
- Controlled drugs in Schedules 1-3 (e.g. morphine, fentanyl, oxycodone, buprenorphine, temazepam, phenobarbital)
  - Cytotoxic drugs (including methotrexate)
  - Unlicensed Medicines
  - Other drugs of abuse
- The NHS BSA will be contacting all GP practices in April 2020 via their NHS.net email addresses to provide the NHS numbers of potentially suitable patients. Where GP practices have an active nhs.net email address, they will be sent a file containing details of patients within specified criteria. A clinician should review the practice's records of those patients to ensure that they are indeed appropriate for eRD before moving them onto the system
  - A letter template can also be used to inform patients of the planned move to eRD which may be adapted to use as a text message if required. This is included as appendix 1 of this document.
  - A practice protocol can support relevant staff with the re-authorisation process at the end of their eRD batch, ensuring reviews take place and the new eRD batch issued.

#### **Problem solving for eRD:**

- Ensure your prescribers are set-up correctly on your clinical system – the responsible party for all eRD should always be a senior, permanent clinician e.g. a senior partner; this ensures the prescription is allocated correctly when a prescriber moves between practices.
- Each patient must have a community pharmacy set up as their EPS nomination.
- Use the [NHS Digital EPS DM+D factsheet](#) below to understand how to set up complex prescription items e.g. inhaler doses and sip feeds.
- When an EPS2 prescription does not arrive with the dispenser as expected, dispensers or practices can use the [NHS Digital prescription tracker factsheet](#) to follow it up.
- Explore successes and issues regularly with your local community pharmacies. Do they have good practice to share?

- Review your repeat prescribing system and eRD workbook regularly to support problem solving and ensure your system is robust.
- Ensure that medication quantities and duration of each issue are aligned before issuing prescriptions as eRD, this is particularly important where clinical systems default to a different original pack size e.g. nicorandil.
- It is considered good practice to issue all eRD items up until the patient's next medication review date. This will prevent all patients requiring reauthorisation at the same time and allows the medication review to be linked to a long-term condition review or monitoring.

#### **Other resources**

- NEL CSU have produced a comprehensive document which is useful resource for those with limited experience using eRD. This can be found [here](#)
- Wessex AHSN have produced a range of resources to support the implementation of eRD which can be found [here](#)
- The corresponding NHS digital eRD guides for dispensers can be found on the [NHS digital website](#)
- Other community pharmacy resources are available on the [PSNC website](#)

## Appendix 1: Letter template.

Dear .....

### A new way of getting your regular repeat medication

We are writing to you because we have changed the way you will order your regular medication. From [INSERT DATE], your doctor or nurse will give you a **repeat dispensing prescription**.

This means you will be able to go to your pharmacy each month to collect your regular medication, without having to order it from your GP or pharmacist.

**You do not need to do anything.** Your GP will set this up for you using your current preferred pharmacy.

If you would like to change your preferred pharmacy you can speak to your pharmacist and ask them to do this for you.

You will need to renew your repeat dispensing prescription regularly. Your pharmacist will tell you when to do so. You will then have to contact your GP practice to ask for a new electronic repeat prescription.

Let your pharmacist know if you are taking any other medicines, or if your medical condition has changed recently. Your doctor or practice nurse may want you to make an appointment to see them before they give you a new repeat dispensing prescription.

If you have any questions about your medicines, ask at the pharmacy; they will be happy to help you.

If you have any questions about this letter, please contact ..... on the following days and times:

Medicines optimisation patient phone line – opening times:

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Yours sincerely

## References

<http://gmmmg.nhs.uk/docs/LPC-LMC-Covid-19-letter-FNL.pdf>



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**Prepared by:** Daniel Newsome. Regional Drug and Therapeutics Centre.

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**Regional Drug and Therapeutics Centre**  
16/17 Framlington Place, Newcastle upon Tyne, NE2 4AB

**Tel:** 0191 213 7855 **Fax:** 0191 261 8839

**E-mail:** [nuth.nyrdtc.rxsupp@nhs.net](mailto:nuth.nyrdtc.rxsupp@nhs.net) **Website:** [www.rdtc.nhs.uk](http://www.rdtc.nhs.uk)



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