

How to set-up electronic repeat dispensing (eRD)

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Purpose

To enable staff to set up eRD for appropriate patients in an effective manner.

This is a complex process and needs to be carried out or checked by an experienced staff member.

eRD prescriptions are a more automated way of safely issuing stable repeat prescriptions to patients and can decrease the Clinician workload. They also increase access to the patients repeat medication and reduce the risk of non-concordance.

It is essential to check that the patient has given verbal consent for eRD and understands the process.

Overview of eRD:

In eRD the prescriber issues in one go a batch of electronic prescription service (EPS) prescriptions for suitable patients with repeat medication. This can be for **up to 12 month's supply (e.g. 13 x 4 week issues if 12 months)**.

The community pharmacy is responsible for carrying out checks with the patient before dispensing each issue – this increases patient contact, can improve patient safety and reduce wastage. The patient is reviewed regularly by the community pharmacy and has flexibility throughout the regime e.g. for going on holiday.

Electronic repeat dispensing (eRD) is an integral part of EPS, which offers extra benefits over paper repeat dispensing and over repeat prescribing.

Before dispensing at each eRD prescription issue the dispensing site must establish that the patient is taking or using their medication appropriately and that there are no reasons why the medication in question should not be supplied.

Community Pharmacy should ask the following questions for each issue:

- 1) Have you **had any contact with a 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 had any side effects?
- 4) Are there **any items** on your repeat prescription that you **don't need this month?**

Procedure

1) Check the patient is suitable for eRD and they understand the eRD process and have given verbal **consent** for eRD (the read code must be in the consultation notes for audit).

Ideally discuss the eRD process with all patients so they understand it, especially if they are new to eRD.

Consent is coded as: *"Patient consent given for Repeat Dispensing information transfer."*

Read code: **9Nd3** (SNOMED CT code: 416224003).

2) Check the patient has a **nominated pharmacy** and the **PDS box is blue** not red (if it is red please rectify where possible any unmatched information e.g. telephone number).

3) Check a **medication review** has been completed and **is in date and at least 3 months ahead** – this should ideally start to be brought in line with **patient's month of birth** or in 3, 6 or 9 month divisions of this if clinically needed more frequently i.e. for drug monitoring.

4) Check that the patient has been stable on all medication for 6 months or more i.e. no new items on eRD

5) Check that the patient has been collecting their prescription items regularly and is compliant with all regular medication

6) Check that all repeat medication **durations and quantities are appropriate** (ideally 28 days). Use variable eRD as appropriate (see checklist point 10).

7) Check all medications are DM+D mapped – if they are not please map if trained or discuss with a pharmacy team member.

8) Check for the tick in the **DAC** (dispensing appliance contractors) **box** – ensure only appliances to be sent electronically to DAC have this tick in the box for appropriate items such as catheters and not for example emollients or sharps bins. When ticking the DAC box ensure that the personally administered box is not ticked by mistake

9) Check that all drug monitoring is up to date and not due during eRD period e.g. TSH for levothyroxine, if unsure check with the drug monitoring document or a SIPS team member

10) Check that any long term condition reviews are not due within the eRD period e.g. hypertension, asthma etc.

11) Ensure all eRD prescriptions issued are **synchronised** with each other i.e. they will all run out at the same time e.g. medications issued Jan 2019 with 28 days duration each – 6 issues will last approx. 6 months until June 2019

NB 1 year = 13 issues. If 6 month eRD is being issued consider if the patient needs 6 or 7 issues to synchronise with the medication review date which should be in the patient's month of birth

12) Ensure information about eRD is written on the **patient info** – i.e. **the next batch of prescriptions is due Dec 2019. You may need a medication review before your next batch of prescriptions** (as appropriate)

13) Ensure the next due to order eRD date is on the **pharmacy info** – i.e. **The next batch of prescriptions is due Dec 2019** (as appropriate)

14) If **unsure about the duration or number of issues of when required (PRN)** medications please **check** with another SIPS team member NB It may be possible to use the patients' usage history to calculate PRN intervals e.g. 4 issues in 12 months = 84 days between issues.

15) Issue up to 12 months (NB 13 x 4 week issues) eRD in line with when the medication review is next due (consideration should have been given to long term condition management). If changes have been made to a patient's medications in the last 3 months (sometimes 6 months) the patient should not be issued 12 months eRD. In appendix A (attached) is a list of medications that should not be issued for 12 months. If unsure about the duration discuss with a SIPS team member

16) Ensure a pharmacy note is added to the prescription if there are any FP10s (paper prescriptions) to collect from the GP surgery i.e. items not able to DM+D map

Example 1 eRD process of dispensing:

Looking at an eRD prescription with an interval of 28 days and 6 issues:

If the first issue is marked fully dispensed and the dispense notification sent on 1st June, then issue two of the eRD prescription will be automatically downloaded to the NHS spine on 21st June.

This is calculated as follows: 1st June (plus **interval** of 28 days **minus seven days**) = 21st June

This means that in order to get the next issue of an eRD prescription the dispenser must mark every item on the previous issue as either 'dispensed' or 'not dispensed'.

The 'dispense notification' must then be sent to the NHS Spine according to the pharmacy's dispensing system instructions. This should be done after items are handed to the patient or at least on the same day in order that the next issue will automatically download on time.

The **next automatic download** is not based on the original prescribing date but is **based on the date the previous dispense notification is sent** to the NHS Spine.

If an eRD prescription has any item 'owing' the next issue will not be available until all previous items are set to either 'dispensed' or 'not dispensed' and the dispense notification sent.

Example 2:

*2 tablets per day x 28 day **duration** = quantity of 56 13 **issues** = 1 year's supply*

In order to improve the management of eRD, it is recommended that when required (**PRN**) medication is prescribed on a **separate eRD prescription** from regular eRD medication.

It is **not possible to amend an eRD prescription**. The item or prescription must be cancelled and a new prescription created.

If the nominated dispenser is removed and not replaced, then the un-dispensed eRD prescriptions will remain on the NHS Spine until the expiry date of the prescription

Prescription only medicines (POMs) and Schedule 5 CDs must be dispensed for the first time in 6 months of the effective date and continue to be valid in accordance with the directions on the prescription for a maximum period of up to 12 months.

For all Schedule 4 CDs the first issue must be dispensed within 28 days of the effective date.

Medications not suitable for eRD: Controlled drugs schedule 2 and 3, Medications requiring frequent review such as methotrexate, lithium and unlicensed medicines

Please add this EPS prescription tracker link to your internet favourite bar:

<https://www.digital.nhs.uk/electronic-prescription-service/rx-tracker>

(NB you must be logged in with your SMART card to access the tracker)

Appendix A

Medications not to be issued for 12 months on eRD – these can be issued for a 3 to 6 month supply as per practice policy/procedures

- Medications for the central nervous system: antidepressants, antipsychotics
- Benzodiazepines
- Zopiclone, Zolpidem and Zaleplon ('Z' drugs)
- Warfarin
- DOACS e.g. apixaban, rivaroxaban, dabigatran
- Unstable medications, subject to change i.e. if they have been amended in last 3 months (sometimes 6 months)
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