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Easing prescribing workload:Making the most of Electronic Repeat Dispensing

Session 5 - The benefits and practicalities of eRD based on experience from practices and community pharmacy

23rd July 2020 19.00-20:00

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Session Outline

- Introduction & Setting the Scene for eRD – *David Bearman*
- What's happing in practices and why – *Aiden Laverty, Mayflower Medical Group*
- Implementing and Optimising eRD at Community Pharmacy level – *Emma Bisson Chagford Pharmacy*
- Process and pitfalls – *Roger Herbert – Avon LPC*
- The importance of working as a system – *Tom Kallis – Kernow*
- What you need to get going – *Further Resources provided by Wessex AHSN*
- Q&A – *using chat on Teams, chaired by David Bearman*
- Discussion – *How could you take the learning from this webinar and use it to enhance your own eRD service?*
  Panel :Speakers Plus Kalpesh Lloyds Wilts, Bisola Boots Wilts, Stephen Dudley LPC

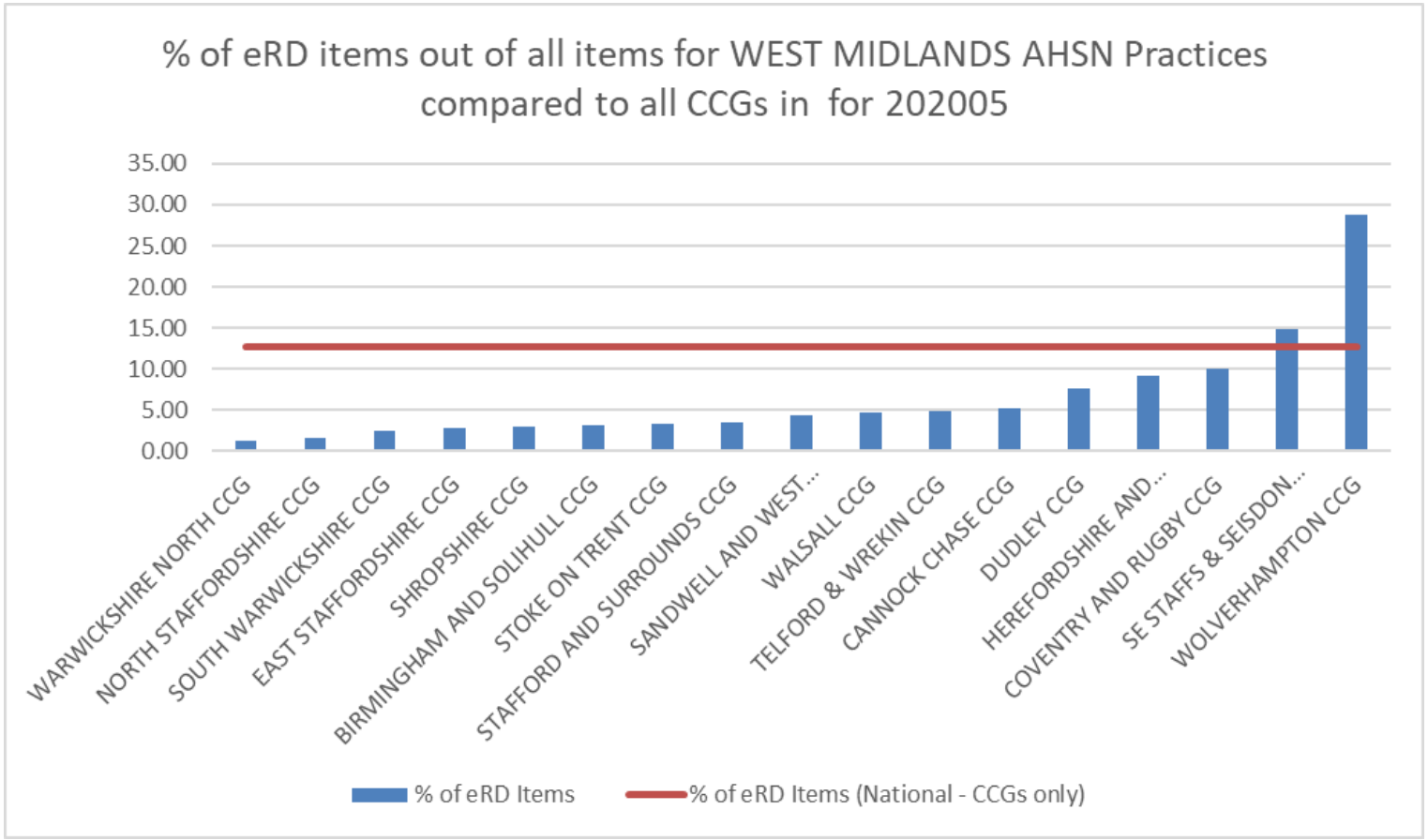
Electronic Repeat Dispensing (eRD)

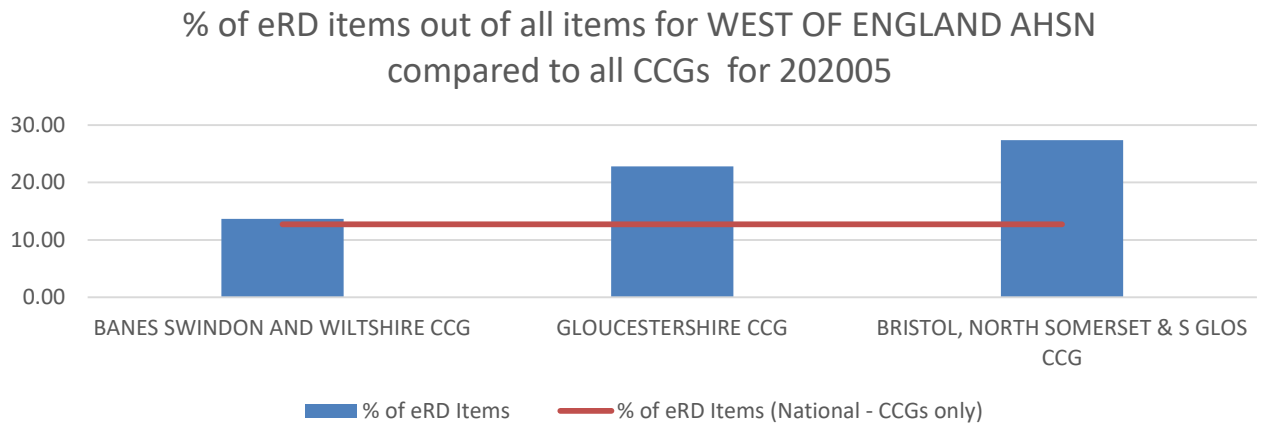
Two thirds of prescriptions issued in primary care are repeat prescriptions (80% of NHS primary care meds spend)

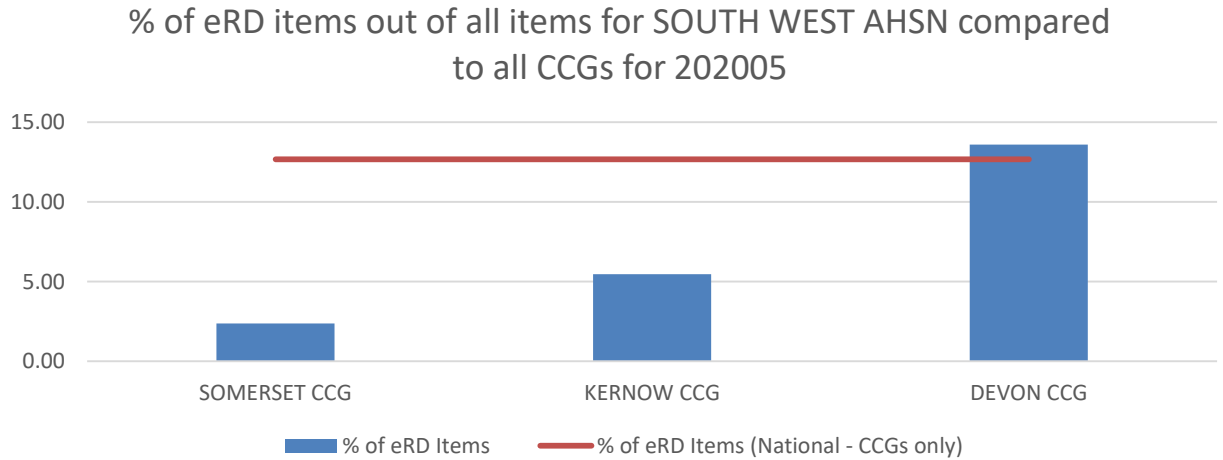
330 million prescriptions (80% of all repeat medication issues) could eventually be replaced by eRD

eRD is a batch of electronic prescriptions issued by a prescriber for up to 12 months at a time

Pharmacy responsible for carrying out checks and regularly reviewing


% of eRD items out of all items for WEST MIDLANDS AHSN Practices compared to all CCGs in for 202005
35.00
30.00
25.00
20.00
15.00
10.00
5.00
0.00
WARWICKSHIRE NORTH CCG
NORTH STAFFORDSHIRE CCG
SOUTH WARWICKSHIRE CCG
EAST STAFFORDSHIRE CCG
SHROPSHIRE CCG
BIRMINGHAM AND SOLIHULL CCG
STOKE ON TRENT CCG
STAFFORD AND SURROUNDS CCG
SANDWELL AND WEST...
WALSALL CCG
TELFORD & WREKIN CCG
CANNOCK CHASE CCG
DUDLEY CCG
HEREFORDSHIRE AND...
COVENTRY AND RUGBY CCG
SE STAFFS & SEISDON...
WOLVERHAMPTON CCG
% of eRD Items
% of eRD Items (National - CCGs only)


% of eRD items out of all items for WEST OF ENGLAND AHSN compared to all CCGs for 202005
30.00
20.00
10.00
0.00
BANES SWINDON AND WILTSHIRE CCG
GLOUCESTERSHIRE CCG
BRISTOL, NORTH SOMERSET & S GLOS CCG
% of eRD Items
% of eRD Items (National - CCGs only)


% of eRD items out of all items for SOUTH WEST AHSN compared to all CCGs for 202005
15.00
10.00
5.00
0.00
SOMERSET CCG
KERNOW CCG
DEVON CCG
% of eRD Items
% of eRD Items (National - CCGs only)

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eRD from Pharmacist in Practice perspective – Aidan Laverty

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Implementing eRD - The story of Access Health

Why did Access Health commence joint working arrangements with Community Pharmacy

Why did Access Health implement and scale eRD in the way that it did?

During implementation and scaling, what has been the key to success?

What could still be improved in the service

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Patient Considerations	Administration Considerations
Is the patient's condition stable?	Does the patient (or representative) understand how eRD will work for them?
Have the patient's recent medicine regimes remained stable?	Does the patient have an EPS nomination?
Is the patient likely to remain stable within the period of the eRD regime?	Does the patient consent to the sharing of information between GP and Pharmacy?
Is the medicine suitable for eRD? e.g. not a schedule 2 or 3 controlled drug	Can the eRD regime be set to coincide with any medicine related tests or reviews?

Who do we focus on

- Normal view is to focus on where there are particular conditions searching and changing a cohort and this appropriate for some LTCs type 2 diabetes, cardiovascular, asthma
- Patients like thyroxine are easy to switch but give you less benefit
- If we focus on where the most interruptions or workload benefit might be gained we might choose to prioritise differently eg focus on monitored dosage system patients, those patients on weekly or daily prescriptions
- We need to build over time building the intervention into or working process not treat this as a one off intervention

Working with Pharmacies

- Pharmacy to identify eRD eligible patients, complete **eRD Request Form** and return to Practice
- Practice to assess eligibility, if appropriate READ/SNOMED Code ‘eRD Consent’ on PMR and prescribe batches until next monitoring event trigger.
- When the last batch (eg. 12 of 12) is dispensed and patient collects, Pharmacist will complete MUR and/or will ask patient to book monitoring event as detailed in **eRD Medication Guide** (eg Blood test, BP check or annual RV if needed) and order next eRD prescription batch after.
- Any changes to eRD either at the end or during the batch, will be communicated from Practice to Pharmacy via **Medication Changes for Pharmacy** document.

eRD promotion through Community Pharmacy

Document produced for Pharmacy to discuss eRD with appropriate Repeat-Prescription-Service and Blister-Pack patients and receive consent.

Document is then sent to the practice (to be scanned onto the PMR and READ coded) with information including;

- Pharmacy details.
- Patient details.
- Medication to be prescribed as eRD.
- Dispensing Intervals (7, 28 or 56 days).
- If 7-day a specific indication is circled.
- Is ‘blister pack’ required in the scriptnotes.

Consistent communications to patients concernng eRD is a key element of success

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Erd request form

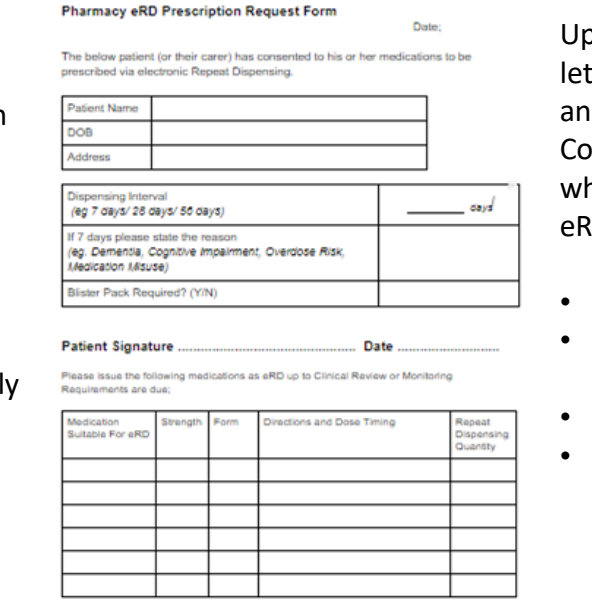
Details dispensing interval

If 7 days RD, indication is needed

Blister Pack Requests available

Patient Signs for Consent or can Verbally Agree

Practice READ/SNOMED codes consent on PMR system



Pharmacy eRD Prescription Request Form

Date:

The below patient (or their carer) has consented to his or her medications to be prescribed via electronic Repeat Dispensing.

Patient Name	
DOB	
Address	

Dispensing Interval *(eg 7 days/ 28 days/ 56 days)*	_____ days
If 7 days please state the reason *(eg. Dementia, Cognitive Impairment, Overdose Risk, Medication Misuse)*	
Blister Pack Required? (Y/N)	

Patient Signature ..... **Date** .....

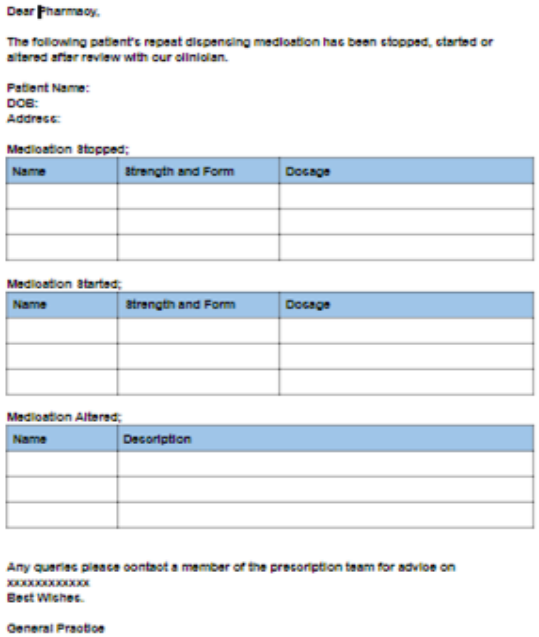
Please issue the following medications as eRD up to Clinical Review or Monitoring Requirements are due;

Medication Suitable For eRD	Strength	Form	Directions and Dose Timing	Repeat Dispensing Quantity

Communication to Pharmacy

Uploaded to Practice System, letter saved to patient's record and to be emailed to Community Pharmacy teams when changes are made to eRD.

- After Practice Consultations
- After Discharge from Secondary Care
- Due to Medication Shortages
- Upon Community Pharmacist Advice



Dear Pharmacy,

The following patient's repeat dispensing medication has been stopped, started or altered after review with our clinician.

Patient Name:
DOB:
Address:

Medication Stopped;

Name	Strength and Form	Dosage

Medication Started;

Name	Strength and Form	Dosage

Medication Altered;

Name	Description

Any queries please contact a member of the prescription team for advice on xxxxxxxxxxx
Best Wishes.

General Practice

eRD Case Study

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Implementing and Operating eRD at a community Pharmacy level – Emma Bisson

Model day

- No longer receive historic bundles of green prescriptions at all, not even RAs
- Early morning download of eRD batches. Not dispensed but filed for when patients are due to collect
- Prescriptions then retrieved and dispensed SEVEN days in advance of patient collection.
- Patients are educated to know what to do and what to expect.
- Use diary system to work out when patients are due to collect
- Each patient given verbal information and written slip on collection of prescription batch.
- Final batch - still given slip, but it is coloured with clear prompt ensuring next RA is requested from surgery. Verbal advice still important.

Whats in it for us?

- No massive workload to establish if eRD an evolution of paper RD
- Significant reduced ordering admin.
- Scheduling workload – increased flexibility
- Improved stock management – know exactly what to order
- Any RD issues resolved, eg out of stocks, before patient attends
- Patient satisfaction – they love it!
- Being more involved in care planning
- Access point to future services particularly testing – patient reviews.

What went well

- Very high percentage of eRD so can structure whole workflow around it
- Daily communication to practices - strengthens surgery relationship
- Real positive opportunity for MURs and potential for NMS
- Locums all bought in and positive about its use
- Regular use of prescription tracker for visitors etc.
- Aids emergency supply requests

Help with covid 19

- Resilience if any practice failures
- Infection control: contactless
- Can take over dispensing of out of area shielded patients
- Improved stock control in times of multiple drug/appliance shortages
- Reduce patient stockpiling
- Working ahead in case of staff shortages/closure

What are the most important factors to consider

- Implement RD/eRD slowly and stagger set up.
- Speak to practice manager and work out best route of communication to the surgery
- When the first batch arrives sort out any issues ASAP to prevent future problems
- Each pharmacy is different – think about what system works for you
- PRNs can go on eRD for stable patients, but best to prescribe on separate batch.
- Pharmacists must remember smart card (and so must GP!!)
- Flexible to collect from different pharmacies, but don't change the nominated pharmacy if short term, use barcode (Rx tracker/token) to manually download.

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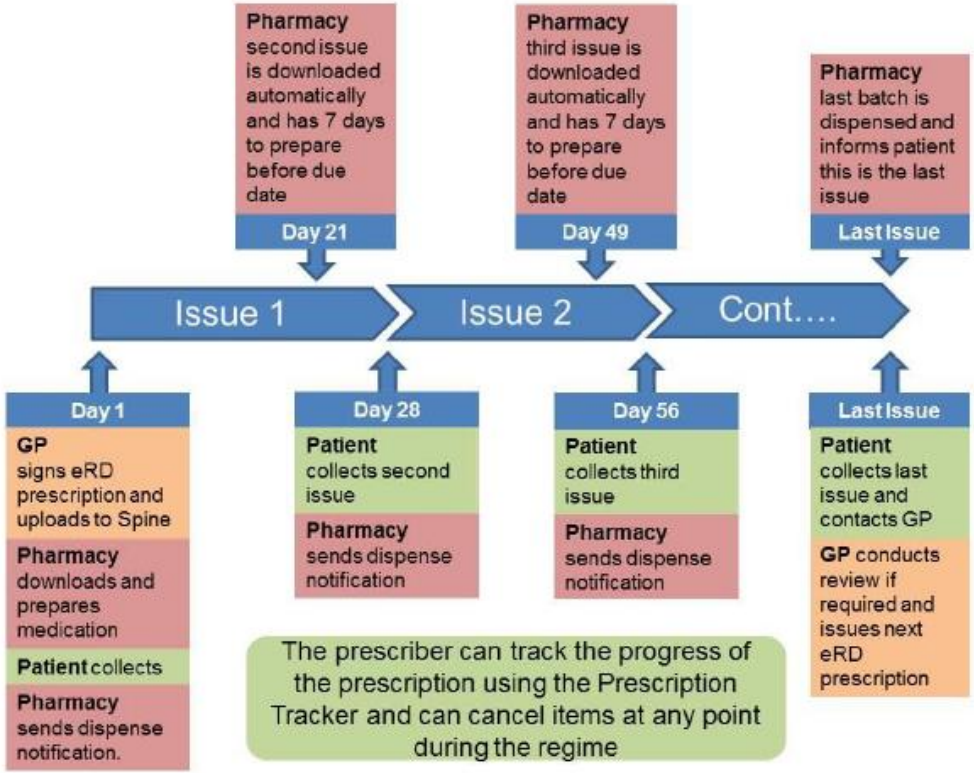
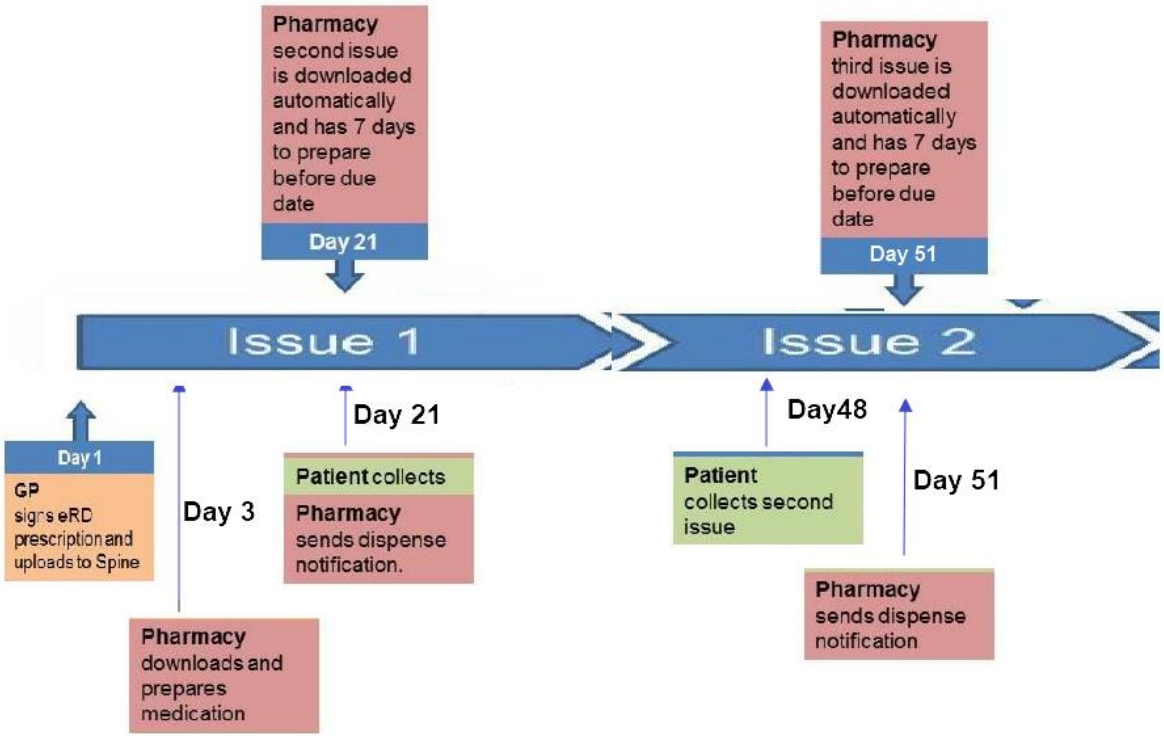
Process and pitfalls – Roger Herbert Avon lpc


Pharmacy second issue is downloaded automatically and has 7 days to prepare before due date
Day 21
Pharmacy third issue is downloaded automatically and has 7 days to prepare before due date
Day 49
Pharmacy last batch is dispensed and informs patient this is the last issue
Last Issue
Issue 1
Issue 2
Cont….
Day 1
GP signs eRD prescription and uploads to Spine
Pharmacy downloads and prepares medication
Patient collects
Pharmacy sends dispense notification.
Day 28
Patient collects second issue
Pharmacy sends dispense notification
Day 56
Patient collects third issue
Pharmacy sends dispense notification
Last Issue
Patient collects last issue and contacts GP
GP conducts review if required and issues next eRD prescription
The prescriber can track the progress of the prescription using the Prescription Tracker and can cancel items at any point during the regime


Pharmacy
second issue is downloaded automatically and has 7 days to prepare before due date
Day 21
Pharmacy
third issue is downloaded automatically and has 7 days to prepare before due date
Day 51
Issue 1
Issue 2
Day 1
GP
signs eRD prescription and uploads to Spine
Day 3
Pharmacy
downloads and prepares medication
Day 21
Patient collects
Pharmacy
sends dispense notification.
Day48
Patient
collects second issue
Day 51
Pharmacy
sends dispense notification

eRD Contractual Questions

- Have you seen a HC professional since your last script was dispensed?
- Have you started any new medicines (Rx or OTC) since you last collected?
- Do you have any problems with your medication or any new side effects?
- Are there any items you don’t need this month?

Using the tracker

- The tracker is a simple tool its not complicated
- One of the simplest things we can do to reduce friction with practices – check the tracker before you chase up a missing prescription it may be their waiting
- Needs to become a routine part of the dispensing process
- SCR is also helpful in understanding the position with current medicines and prescription issues.

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The importance of a system-wide approach to eRD – Tom Kallis

How does Pharmacy get involved

- Importance of collaborative working
- Benefits of participation
- What can we do to facilitate uptake
- What are the mutual benefits – where are the incentives
- Communications – how do these facilitate joint working
- Engagement Tools – WIMS…
- Who are the key stakeholders who need to be involved an d why – Practice pharmacist prescribing/ admin team / PCN Pharmacy lead
- Who else – Homes ??
- What else could it lead to – care planning …….

Group Discussion

what are you already doing and what are the aspects of it you would like to share (positive and negative)

1

Do you encounter eRD as part of your day to day working life?

2

What are the potential benefits to your pharmacy?

3

What barriers are stopping this?

Summary of key points

- Dispensing with a high proportion of eRD saves time and benefits the pharmacy
- Working collaboratively with practices is critical to success
- Communication with practices and patients
- Encourage practices to develop in steps not a one off change
- Its not just about simple prescriptions
- Check the tracker if you cant find a prescription to prevent practice frustrations
- Don’t forget the checks on hand out
- Don’t let the myths stop you – bust them……

Resources for Community Pharmacies

‘eRD Pathway Guide’ NHS BSA
‘eRD Handbook’ Wessex AHSN/NHS BSA
‘Electronic prescription tracker guide’ NHSA BSA
‘Pharmaceutical Services Negotiating Committee (PSNC) eRD Page’ PSNC
‘eRD guidance to community pharmacy’ NHS England
‘SOP for repeat dispensing’ National Pharmacy Association
‘eRD e-learning pack’ Centre for Postgraduate Phamracy Education (CPPE)
‘Dispenser Quick Guide’ NHS Digital

*Many resources aimed at GP practices in the previous slide may also be useful for community pharmacies

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Resources to support implementation

- NCL COVID-19 Electronic Repeat Dispensing Guidance for GP
- NCL COVID-19 Electronic Repeat Dispensing Quick Start Guide – April 2020
- Wessex AHSN Electronic Repeat Dispensing Handbook
- Patient video explaining eRD
- Video outlining the process (3min)
- Managing Repeats (1min)
- Time Savings (50sec)
- Making the Most of eRD (56sec)
- Considerations to make (1:57min)
- Making Changes (57sec)
- Cancellations (30sec)
- Prescriber Benefits (1:06min)
- General Advice (2:34min)

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Resources for Promoting eRD to Patients

‘eRD Information for Patients’ NHS BSA
‘eRD Poster for Patients’ Wessex AHSN
‘eRD Patient Leaflet’ NHS BSA (order hard copies here)
‘Waiting Room Slides’ NHS BSA
‘COVID-19 Patient Letter Template’
‘COVID-19 Patient Email Template’
‘COVID-19 Patient Text Message Template’
‘COVID-19 Suggested Social Media Content’

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Resources for GP Practices

‘eRD Information for GP Practices’ NHS BSA
‘eRD set-up guide for SystmOne’ Doncaster CCG
‘eRD e-learning course’ North East Commissioning Support
‘Benefits of eRD’ NHS BSA
‘eRD Patient Suitability Guide’ NHS BSA
‘eRD Cancelling a Prescription’ NHS BSA
‘eRD Pathway Guide’ NHS BSA
‘eRD Handbook’ Wessex AHSN/NHS BSA
‘Guide on Accessing EPS Utilisation Dashboard’ NHS BSA
‘Explaining eRD to a Patient Crib sheet’ Dorset CCG
‘COVID-19 eRD Quick Start Guide’ North Central London CCG
‘COVID-19 eRD Guidance for GP Practices’ North Central London CCG
‘Myth Busters: reducing barriers to implementation’ Wessex AHSN
‘NCL COVID-19 Electronic Repeat Dispensing Guidance for GP’
NCL COVID-19 Electronic Repeat Dispensing Quick Start Guide – April 2020

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NHSBSA eRD support for GPs: Resources

Request NHS Numbers for patients who might suitable for eRD by emailing us from your NHSmail account: nhsbsa.epssupport@nhs.net

Download our COVID-19 poster to highlight the benefits of using eRD to your patients.

Download our guides to help you get the most from eRD. Our guides include information on patient suitability and cancelling prescriptions.

Download our ready-made letter or email template to let your patients know about eRD.

Track your use of eRD by downloading our weekly data report.

If you're an ePACT2 user, monitor the impact of initiatives to increase EPS and eRD utilisation using our EPS and eRD dashboard.

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Appendix

Common Myths

1. It isn't safe to authorise up to a years' worth of prescriptions with no checks.
2. eRD is very costly.
3. It is much harder to stop eRD medications.
4. eRD increases medicines waste
5. eRD increases polypharmacy.
6. You cannot put high-risk medicines on eRD
7. eRD is not suitable for care homes
8. eRD cannot be used for anything but simple medicines regimes

Myth Busting

It isn't safe to authorise up to a years' worth of prescriptions with no checks.
There are checks built in to the eRD process. Community Pharmacists are contractually obliged to check with each patient, before handing out the medicine(s), that they are still clinically suitable and that the patient still requires them.

eRD is very costly.
This is not reflected in national data. We are able to look at the % increase in eRD vs the % increase in cost per item. A recent review, comparing the period Jan-Mar 2020 with Apr-Jun 2018, showed no appreciable correlation between the two*.

Myth Busting

It is much harder to stop eRD medications.

In reality, stopping medication when using eRD provides a robust audit trail. As we are implementing eRD with very stable patients, this should not prevent you from moving patients onto eRD. Prescribers have the option of cancelling one item or the whole prescription. Practices who use eRD with large numbers of patients say that cancellation is just a matter of a new process and, once comfortable with it, you will see a more robust audit trail. View this training video for the cancellation process

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

As with non eRD, once the prescription has already been dispensed, the pharmacy has to be contacted by email or telephone and advised not to hand the medicine to the patient.

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Myth Busting

eRD increases medicines waste

We currently have no reason to believe that eRD, when used as intended, increases medicines waste. It can allow for resource and supply planning. This should result in a reduction in wasted time and medicines rather than an increase.

It also presents an opportunity to review patient medication and potentially can reduce incidences of avoidable polypharmacy.

On reviewing the last three months of NHSBSA data for EPS non-dispensed (ND) items vs eRD ND items, we can see that there is a significant reduction in ND items when eRD has been used*.

eRD increases polypharmacy.

eRD, when used as intended and set-up correctly, provides an opportunity to reduce inappropriate polypharmacy. Firstly, a patient's medication should be reviewed for suitability prior to setting-up as eRD. This naturally allows for a review of current medicines. Then, the annual medication review is built into the eRD cycle and enables the GP and patient to carry out a regular structured medication review.

Myth Busting

You cannot put high-risk medicines on eRD

Lithium and Methotrexate are classified as high-risk medication and therefore need careful monitoring before prescriptions can be safely issued. However, we know from national eRD data that there are, in fact, thousands of patients on such medications whose repeats are managed using eRD.

The key points in considering adding a medication to eRD are;

- Is the patient stable on the medication?
- If applicable, is medication monitoring up to date?
- Does the patient have capacity to understand the new process for managing their medicine?
- Does the medication appear in the excluded list e.g. a CD? (see eRD Handbook p.8)

As this is a process consideration, it should be affected by how medications are managed by the prescriber and the patient. If practices are going to prescribe high-risk medicines using eRD, they should have a clear standard operating procedure agreed with their local pharmacies. They should ensure that monitoring and medication reviews are built into the eRD pathway so prescriptions are issued only when monitoring indicates it is safe to do so and systems are in place to identify and address the issue where patients are not routinely accessing the monitoring that they should.

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Myth Busting

eRD is not suitable for care homes

When used correctly, eRD may reduce the workload associated with prescriptions for care homes. It is important, before embarking on this, that practices ensure that care home patients meet the criteria for eRD (see p. 21 of eRD Handbook).

All care homes should receive prescriptions for a duration of 28 days. Seek advice from your practice pharmacist before issuing seven-day prescriptions for regular medicines for patients in care homes. If a seven-day prescription is appropriate, record the reason(s) for this in the patient's record for future reference.

Pharmacies will need enough information to dispense the medication for the care home and for any care staff to administer the medication appropriately. The use of 'as directed' instructions should be avoided.

Before initiating any care home patients on eRD, it is important to ensure that the procedures in place for ordering medicines at the care home are agreed between the care home, the pharmacy and GP practice. Failure to set up a clear system that all parties sign up to will result in duplication of medicines and potential failure to order some medicines, which could have serious consequences for the care home resident.

Some care homes may have a homely medicines policy and this should be taken into consideration when deciding if 'when required' medicines need to be issued to individual patients. All 'when required' medicines should have the reason for their use stated on the instructions to guide those administering the medication.

Myth Busting

eRD cannot be used for anything but simple medicines regimes

eRD can be used for more complex medication regimes, if the patient;

- Is stable on the medication
- Has capacity to understand the new process for managing their medicines
- Is not on any of the 'excluded' medication, such as CDs, and
- If appropriate monitoring is up to date.

For example, although warfarin is subject to monitoring and change, eRD can still be used.

– To accommodate possible dose changes, a separate warfarin prescription should be raised. This needs to be done in a similar way to creating a 'when required' batch by reentering the patient record and creating a separate prescription with all the strengths that the patient might need (up to four) of warfarin listed. (Alternatively, separate, individual prescriptions for each strength can be generated)

– The patient will need to let the pharmacy know which strengths of tablets they require after they have received their latest INR result and when they are running low on the required strength(s) of tablets.

– Patients will be required to show the result of their most recent INR test when requesting supplies of warfarin at the pharmacy. To ensure the patient is attending for regular monitoring, the INR test presented should be no more than 3 months old.

– The pharmacist will issue the required strengths and mark the rest as 'Not Dispensed'. This will prevent stockpiles of warfarin building up at the patient's home, whilst allowing the patient and the surgery to realise the full benefits.

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