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Easing prescribing workload: Making the most of Electronic Repeat Dispensing

Session 1 - The benefits of eRD based on experience from general practice and CCG colleagues

25th June 2020 12:30-13:30

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Session Outline

- Introduction & Setting the Scene for eRD
  - *Dr Paul Atkinson, CCIO Gloucester CCG*
- CCG-led Approach
  - *Dan Stephens, BNSSG CCG*
- Implementing and Optimising eRD at practice-level
  - *Dr Claire Hart, Partner and GP, Chagford Health Centre, Devon*
- Q&A – *using chat on Teams, chaired by Paul Atkinson*
- What you need to get going
  - *Further Resources provided by NHS BSA and Wessex AHSN*

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The importance of a system-wide approach to eRD - *Dr Paul Atkinson, CCIO Gloucester CCG*

CCG approach – BNSSG

eRD offers numerous potential benefits to patients, practices and pharmacies.

Patients

- No need to order repeats.
- Improved safety and pharmacist monitoring.
- Convenience when collecting from pharmacy.
- Can receive supplies to cover holidays if appropriate.

Practice

- Reduced prescription processing workload.
- Encourages multidisciplinary working.
- Can compliment/encourage patient compliance with monitoring
- Can reduce medicines waste

Pharmacy

- Helps manage workflow.
- Allows for multidisciplinary working with local surgeries.
- Utilises pharmacist expertise in encouraging safe and effective use of medicines.

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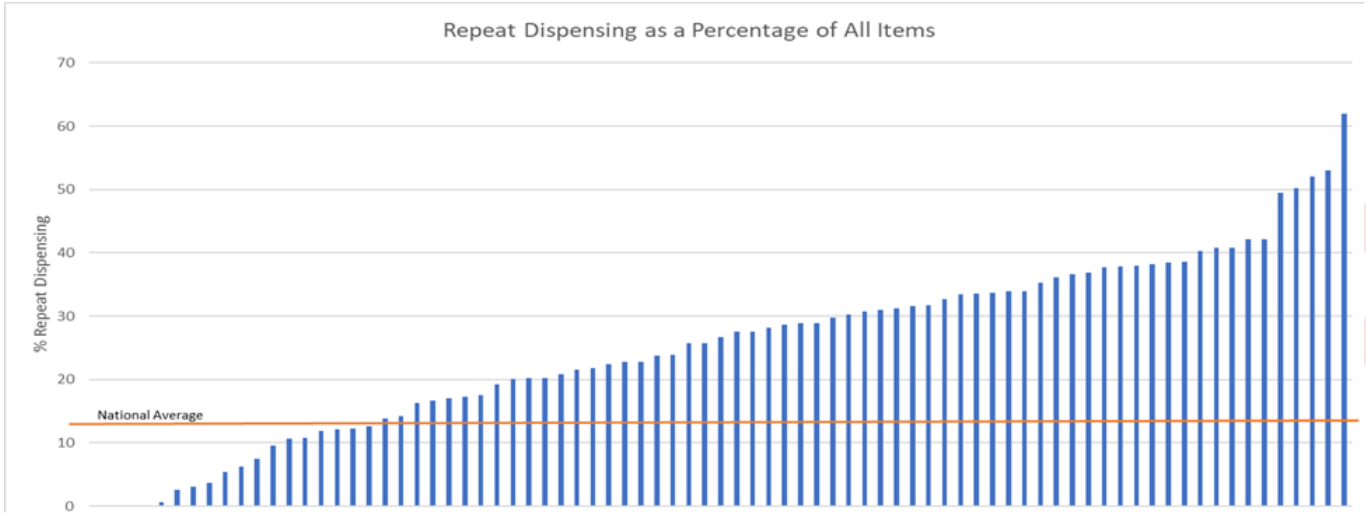

- Substantial variation in repeat dispensing use across BNSSG practices
- 'Getting started' is the hardest part of the process
- Practices with high levels of paper based repeat dispensing can easily switch to eRD
- Currently do not have to obtain individual patient consent to switch to eRD (until June 30th currently, extension possible in coming weeks)

What went well

- Whole team effort with a nominated practice champion.
- Start by focusing on distinct patient cohorts:
  - Condition stable and up to date with monitoring
  - Small number of repeat items
  - Few ‘PRN’ medicines
- Synchronise review dates prior to initiating eRD.
- Ensure quantities of each medicine sufficient to last 28/56 days
- Ensure number of repeats issued is appropriate for patient monitoring.
- PRN medicines are added separately
- Work with community pharmacies

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Repeat dispensing					
A	**Atorvastatin 20mg tablets** One To Be Taken Each Day, 56 tablet	Expected End - 25-Nov-2020	**10-Jun-2020 (Calc)**		3 of 5 (Calc) *Electronic R2*
B	**Lisinopril 10mg tablets** take one daily, 56 tablet	Expected End - 25-Nov-2020	**10-Jun-2020 (Calc)**		3 of 5 (Calc) *Electronic R2*
C	**Indapamide 2.5mg tablets** One To Be Taken Each Morning, 56 tablet	Expected End - 25-Nov-2020	**10-Jun-2020 (Calc)**		3 of 5 (Calc) *Electronic R2*
Variable use repeat					
D	**Beclometasone 50micrograms/dose nasal spray** One Spray To Be Used In Each Nostril Twice A Day, 1 x 200 dose	86%	**20%**	**13-Apr-2020**	*Electronic R2*
E	**Cinchocaine 5mg / Hydrocortisone 5mg suppositories** one twice a day, 12 suppository	**10%**	**10%**	**17-Sep-2019**	*Electronic R2*

Three items all on same batch, running out at the same time, with 'when required' medicines still available to request if needed

Repeat dispensing				
A	**Solifenacin 5mg tablets** One To Be Taken Each Day, 56 tablet	Expected End - 15-Sep-2020	**26-May-2020 (Calc)**	2 of 3 (Calc) *Electronic R2*
B	**Amlodipine 5mg tablets** One To Be Taken Each Day, 56 tablet	Expected End - 15-Sep-2020	**26-May-2020 (Calc)**	2 of 3 (Calc) *Electronic R2*

All items on repeat dispensing on the same batch

Practice Champion

- Act as the practice point of contact for eRD.
- Update practice colleagues with the current eRD levels.
- Highlight areas where eRD could be better used.
- Monitor the use of eRD locally and keep a log of any issues.
- Act as a point of contact for colleagues and patients who have queries about the system.
- Promote eRD at patient groups.
- Ensure patient information for eRD is well positioned and used within the GP practice
- Liaise with community pharmacy colleagues.
- Provide training to other colleagues as needed

What could have been improved

Common difficulties with maintaining patients on repeat dispensing:

- Inappropriate patients started on eRD (e.g. medication/condition not stable)
- Multiple review dates for conditions not synchronised.
- Patients requesting repeat prescriptions items which are part of eRD (especially via Patient Access)
- Patient understanding of eRD and how to access their medicines.
- Poor communication with community pharmacies

Most common issues are patients being started on eRD who were not suited, or prescriptions being issued alongside eRD.

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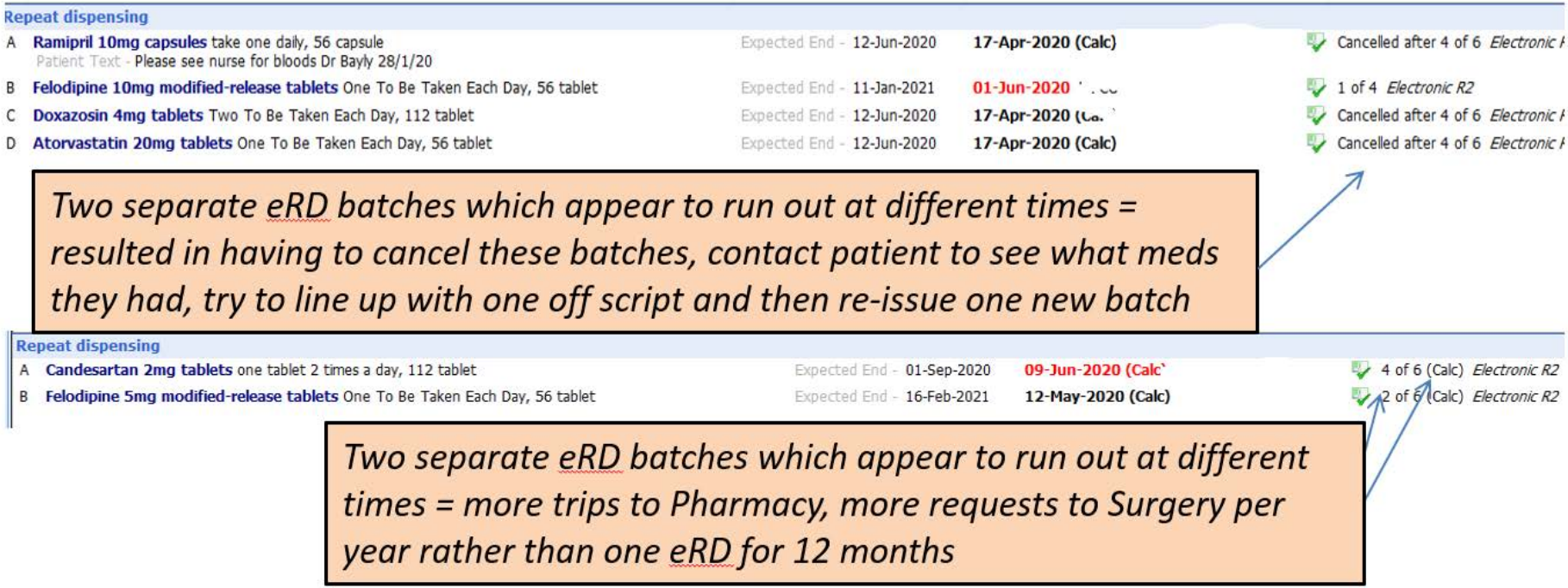

What are the most important factors to consider

- Collaboration between practice and community pharmacy is essential
  - Prior to issuing eRD prescriptions
  - How will pharmacist feedback any clinical issues to practice?
- Ensure practice has an ‘eRD Champion’ who can help troubleshoot issues and act as a point of contact.
- Start slow – take time to identify patient groups to be switched to eRD and consider how the monitoring/review process will work with existing SOPs.
- Patient communication – explain eRD and how they should obtain their medicines in future. NHS templates available for text, email, social media and practice.

eRD from GP perspective – Dr Claire Hart
The story of Chagford

- History of eRD at Chagford Health Centre (non-dispensing practice)
  - Has been running for at least 10 years
  - Introduction of EPS simplified process
  - Key part of the practice's operations
  - Popular with all practice staff and patients

Benefits to the practice

- How it has helped during the Covid-19 pandemic
- Examples of particularly patients and/or medicine types that it works best on
- How it helps patients and the practice deliver a better service
    - Reduces time taken for all stakeholders
- Medicines and treatments that it works best for
- Link to SystmOne/practice system

Potential Pitfalls

- Need all GPs onboard within a practice
  - When GPs are on leave, means others can follow the same process for patients
- Some medicines and treatments will not work
  - Examples
- Staggering putting patients on to eRD works best!
  - In 6 months time you will need to do the same
  - Do 10/20 medications a day. Then the next 10, then the next 10, etc.
  - Align with nurse appointments for medication reviews

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

Summary of key points

- eRD has benefits for patients, general practice and community pharmacy
- System collaboration is essential for successful and sustainable use of eRD
- ‘eRD champion’ key to support colleagues and troubleshoot issues
- Take time to identify patient groups to be switched and swap patients over gradually (Not all in one go)
- Patient understanding is as important as internal change processes
- Significant resources to support you and your colleagues
- Webinars recordings will be available

- eRD does require some up front time and resource to implement initially, but longer term you, your practice, your patients and the system benefit

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Video Resources to Support Implementation

‘Patient video explaining eRD’ (3 mins)
‘Video outlining the process’ (3 mins)
‘Managing Repeats’ (1 min)
‘Time Savings’ (50 sec)
‘Making the Most of eRD’ (56 sec)
‘Considerations to make’ (1:57 mins)
‘Making Changes’ (57 sec)
‘Cancellations’ (30 sec)
‘Prescriber Benefits’ (1:06 mins)
‘General Advice’ (2:34 mins)
‘Setting up eRD in EMIS’ (3:36 mins)
‘Wessex eRD in Response to COVID-19’ Webinar (1:15 hours)
‘eRD SystmOne’ Webinar (52 mins)

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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.

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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Webinar series information and session recordings

For more information and bookings for the remaining parts of the webinar series, please see www.weahsn.net/eRD

Please note: Recordings of the sessions will be uploaded to the above website in due course

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ps@weahsn.net

www.swahsn.com

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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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