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Easing prescribing workload: Making the most of Electronic Repeat Dispensing

Session 2 - Using eRD to drive effective care planning

2nd July 2020 12:30-13:30

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Session Outline

- Introduction – Dr Paul Atkinson, GP and CCIO Gloucester CCG
- Use of practice pharmacist to structure approach – Aidan Laverty, Practice Pharmacist, Mayflower Medical Group
- Consent and patient education and how to work as a team to maximise benefit – Aidan Laverty
- BSA Data presentation – Sean McCulloch, NHS BSA
- Group Discussion -are there any use cases here that resonate with you? How could you scale up your current eRD service for patients?
- Reinforce benefits and highlight further to support materials available for implementation and optimisation

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Session Introduction and house keeping – Paul Atkinson

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Aidan Laverty - aidan.laverty@nhs.net

Practice Pharmacist, Mayflower Medical Group

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Context – Mayflower Medical Group

- Integrated approach to Primary Care prescribing initiatives with Community Pharmacy.
  - Prescribing Hub for 5 ‘Satellite Sites’ with Pharmacist and technician.

- 20,000 patients rising to 40,000 over 18 months.
  - Increasing eRD figures by 2% each month for 12 months, then exponentially grew following role out of Community Pharmacy eRD Project.

- At the time of our meetings with the local pharmacy teams the Primary Care group comprised of 3 Practices, we have since merged with another 3 Practices and the Prescription Team has subsequently grown in size.
  - 4 Prescription Clerks (now increased to 6).
  - 1 Pharmacy Technician.
  - 1 Practice Pharmacist (now increased to 2).

- **Your team buy in is critical**

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eRD Benefits

To Practice

eRD simplifies the repeat prescribing process and offers a range of benefits, including:

- Repeat prescriptions for up to 12 months with just one digital signature
- eRD simplifies the repeat dispensing process
- Avoids medicines wastage / inappropriate requests
- Reduced footfall at the GP practice and fewer telephone calls
- Optimised medication monitoring

To community Pharmacy

- Patient lock-in to one pharmacy promoted
- Less time spent ordering patients prescriptions, delivering greater efficiency to the system
- Ability to organise dispensing system in advance of patient collections
- Increased knowledge of the General Practice prescription journey
- More active role for community pharmacy in signposting patients for blood tests, Practice Reviews

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The Patients

Benefits to Patients

- No need to contact the surgery to reorder every month
- Retain regular contact with their dispenser, who is responsible for checking that their circumstances haven't changed since the previous issue of the prescription was collected
- Change nominated dispenser at any time during the duration of the eRD prescription
- If clinically appropriate can request the next issue early or obtain more than one prescription, for example when going on holiday
- Increased likelihood of monitoring requirement being met, promoting better health outcomes
- With early appropriate requests there is no need for authorisation from the prescriber, it is down to the pharmacy/pharmacist to use their clinical judgement

Challenges

- Overcoming suspicion
- Consent
- Patients education on eRD and prn / other medications and reducing inappropriate requests
- How do we communicate with patients text messages letters and how do we phrase things

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.

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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.

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eRD Request Form

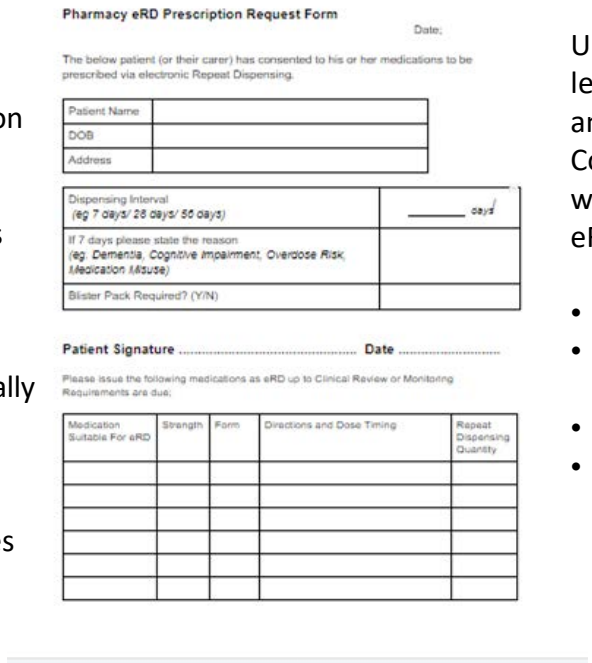
Details dispensing interval

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** .....

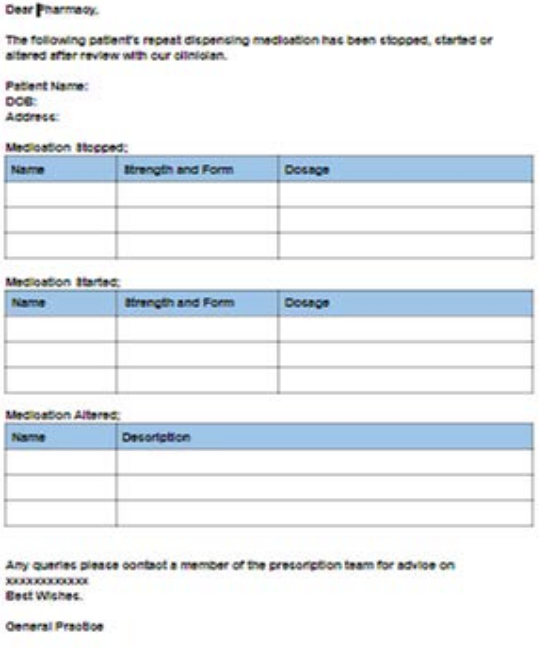
Please issue the following medications as eRD up to Clinical Review or Monitoring Requirements are due:

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 xxxxxxxxxx
Best Wishes,

General Practice

Statistics – what's the impact?

NEW Devon CCG data showed growth of 2% every month from March 2018.

Following Merge of an extra 20,000 patients, practice policy moved to prescribe blister pack , weekly and daily patients via eRD.

In January 2019 Project to encourage sign ups by community pharmacy was rolled out. Pharmacy teams targeted FRPS and repeat prescription patients.

Current BSA data shows exponential growth in eRD percentage increases.

Normal day 300 tasks has reduced to 80

Ocean Health Centre

Month Year	eRD Claims
November	9.04%
December	10.66%
January	10.68%
February	1979.76%
March	1792.26%
April	166.67%

Other benefits of joint working

Better relationships with Pharmacy Teams in our area.

Increased number of patients highlighted for blood tests has diagnosed 20 new diabetics in 2 months for those on antipsychotics alone.

Reduced inappropriate medications being collected by patients post discharge.

Daily and Weekly collection patients are more closely monitored for medication misuse and prescriptions organised for collection.

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Sean McCulloch

NHS Business Services Authority

NHSBSA eRD support: How we can help GPs

- We can use our vast amount of prescribing data to identify patients that may be suitable for eRD.
- We can send GP practices a data file which includes NHS Numbers for patients that have a minimum of 1-9 medicines dispensed for 10 or more months in the last 12 months. We can also provide data that will allow you to consider patients on 56 day regimes and patients recently added to EPS.
- These lists can be filtered by types of medicines, number of medicines and number of months.

All patients identified by this process will need to be clinically reviewed prior to moving them to eRD.

- Data currently excludes:
  - Patients aged 18 or under
  - Appliances
  - Personally administered drugs and medicines (PADMs)
  - Dispensing Doctors
  - Controlled Drugs
  - FP10 MDA

NHSBSA eRD support: Requesting the data

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- We've already reached out to 6,500 GPs by email to offer our support.
- If you haven't received an email from us and you'd like support with eRD, please email nhsbsa.epssupport@nhs.net. You will need to contact us from an nhs.net email address.
- NHSBSA can also provide a range of materials and hands-on support for practices looking to increase their eRD utilisation. If you would like any support please contact nhsbsa.epssupport@nhs.net.

eRD utilisation data

- If you would like to see your latest eRD utilisation levels please follow this link for the GP Data Request Report. This data is refreshed on a weekly basis.
- For more in-depth data please follow this link for the EPS and eRD Dashboard.

Patient Consent

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Period of relaxation (currently 4th June-30th June 2020)	Standard practice (outside period of relaxation)
Practices in England may transfer any clinically suitable patient onto eRD if they are already receiving, or have agreed to receive, electronic prescriptions. This means: • any patient who has previously had medication dispensed by means of the electronic prescription service (EPS); or • any patient who has recorded a nominated pharmacy either via the practice, pharmacy or NHS App; • any patient whose practice is live with EPS Phase 4. It is good practice to have a conversation with the patient around eRD so they know what to expect, e.g. they no longer need to request their repeat med each month	Patient must be registered for EPS and ideally have a nomination. Patient needs to agree that information about their meds will be shared between their GP practice and the Pharmacy. Ensure the patient understands the process of eRD.

Group Discussion

Are there any use cases here that resonate with you?

How could you scale up your current eRD service for patients?

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

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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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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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