South West Academic Health Science Network

West of England Academic Health Science Network

The AHSN Network

Easing prescribing workload: Making the most of Electronic Repeat Dispensing

Session 3 – Common myths and using eRD in Care Homes

9th July 2020 12:30-13:30

#AHSNs @AHSNNetwork

Session Outline

- Introduction – Dr Paul Atkinson, GP and CCIO Gloucester CCG
- Webinar series review – What have we learnt and shared so far?
- Common Myths
- Using eRD in Care Homes
- 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

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

Session Introduction and house keeping – Paul Atkinson

TheAHSNNetwork

South West Academic Health Science Network

West of England Academic Health Science Network

Webinar series review – What have we learnt and shared so far?

Part 1 - The benefits of eRD based on experience from general practice and CCG colleagues – Benefits to patients, general practice and community pharmacy

Part 2 - Using eRD to drive effective care planning – Structured approach, consent and NHS BSA Data and support

*System collaboration is essential to implement successfully and sustainably, with regular communication between all parties being key

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

Recordings will be uploaded to www.weahsn.net/erd

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

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

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 is much harder to stop eRD medications.

- 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.
- 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.

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

Myth Busting

eRD increases medicines waste

- No reason to believe that eRD, when used as intended, increases medicines waste.
- It can allow for resource and supply planning - resulting in a reduction in wasted time and medicines rather than an increase.
- 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*.

TheAHSNNetwork

South West Academic Health Science Network

West of England Academic Health Science Network

Myth Busting

eRD **not** being suitable for use with **care homes** is a common **myth**:

eRD can reduce workload associated with prescription management for care homes, and also step down beds as the prescriptions are held on the spine

Important aspects to consider:

- All care homes should receive prescriptions for 28-day durations – 7 day prescriptions require advice and discussions with practice pharmacist
- Dispensing pharmacies will need enough information to dispense medications
- Care homes require enough information to appropriately administer the medications
- Procedures for ordering require agreement from GP, pharmacy and care homes
- Triangulated communication procedures are essential
- New residents require a review before being moved to eRD
- Summary Care Records are useful to check latest prescription

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

eRD and Care homes – Experience through practice

Luke Crampsey from Affinity Medical PCN

eRD and Care homes – Key points to consider

- Consider using variable repeat dispensing for PRN items such as creams, inhalers and insulins
- Ensure clinicians understand how to action and communicate changes.
- Ensure care home staff are aware of how to contact practice/reorder medicines
- Work with care homes and community pharmacy to create a streamlined ordering process.
- Set up Prescription interim process for homes

The AHSN Network

South West Academic Health Science Network

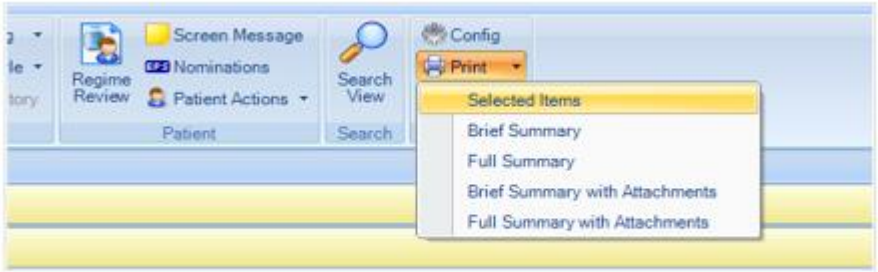
West of England Academic Health Science Network

Communicating with Pharmacy

1. Highlight meds

Medicaiton 1.png · 36.7 KB · View full-size · Download

2. Right click Print and selected items



Medication.png · 21 KB · View full-size · Download

3. Creates Word Doc that can be sent to Pharmacy NHS email address. To make easier will be best to have a draft email that populates that it is a med change.

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

GREENWAY COMMUNITY PRACTICE

Greenway Community Practice Prescription Request Form

When requesting any medicine clearly indicate (by ticking the appropriate box) the reason for request and whether it is an **URGENT ITEM**

Name:	Date of Birth:	Care Home:

DRUG DETAILS (for each drug entry state name strength if applicable and dose)	Reason for Request (tick all that apply below)					Prescription type (tick below)				Is DRUG REQUEST URGENT?
Drug and dose	New Drug Started	Dose Change	Direction Change	Formulation change (e.g. Swallowing Difficulty)***	Medication Query ***	Acute ***	New Item ***	Interim repeat ***	Monthly order	Please Use this column for extra details on Starred Columns or if an early request so this information can be passed on to to GP. ***Please advise the quantity needed for all interim requests***
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Form Completed by - Staff name [ ] Date completed [Click here to enter a date.]

Please email these completed forms to bnssg.greenwayprescriptions@nhs.net and nhspharmacy.greenway.lloydspharmacyfxp24@nhs.net

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

eRD and Care homes – Care homes perspective

Kassin Yakhlef (Care Home Medicines Optimisation Technician, BNSSG CCG)

Group Discussion

Have you had any experiences, positive and challenging, with using eRD with care homes?

How did you identify care homes that were suitable? What were the important factors?

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

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)

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

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’

TheAHSNNetwork

South West Academic Health Science Network

West of England Academic Health Science Network

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

TheAHSNNetwork

South West Academic Health Science Network

West of England Academic Health Science Network

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

South West Academic Health Science Network

West of England Academic Health Science Network

The AHSN Network

Connect with us

@AHSNNetwork #AHSNs

The AHSN Network

patientsafety@swahsn.com

ps@weahsn.net

www.swahsn.com

www.weahsn.net

South West Academic Health Science Network

West of England Academic Health Science Network

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.

TheAHSNNetwork

South West Academic Health Science Network

West of England Academic Health Science Network

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.

The AHSN Network

South West Academic Health Science Network

West of England Academic Health Science Network

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.

South West Academic Health Science Network

West of England Academic Health Science Network

The AHSN Network

Connect with us

@AHSNNetwork #AHSNs

The AHSN Network

patientsafety@swahsn.com

ps@weahsn.net

www.swahsn.com

www.weahsn.net

South West Academic Health Science Network

West of England Academic Health Science Network