

## Electronic Prescription Service (EPS)

### Maximising Electronic Repeat Dispensing (eRD)

A toolkit to help Healthcare professionals make the most of eRD



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## **What is Electronic Repeat Dispensing Dispensing? (eRD)**

eRD is a process that allows a patient to obtain repeated supplies of medication/appliances without the need for a prescriber to handwrite or electronically sign a prescription form each month or interval specified. This allows prescribers to authorise and issue in batch of repeat prescription forms with one digital signature until the patient needs to be reviewed. Prescriptions are then available for dispensing at specified intervals by their nominated pharmacy.

## **Benefits of EPS R2 Repeat Dispensing**

- Saves GP practice time and expense – less transactions related to repeat prescribing
- eRD puts the prescriber in control rather than allowing the patient or dispenser to continue re-ordering unnecessary items - which leads to oversupply and stockpiling.
- Unused e-repeat prescriptions can be cancelled at any time by the GP as with a standard repeat prescribing system
- Saves patients time and added convenience of just collecting their repeat medicines from their pharmacy
- Patients can collect their medication earlier if going on holiday, or due to public holidays without the need to contact the surgery.

Patients who are currently using pharmacy managed repeat systems for ordering repeats can be targeted by liaising with their community pharmacy and moving them onto eRDs.

NHS Digital has commissioned an e-learning module for prescribers. This covers system specific training for prescribers on all aspects of eRD. (See below for link)

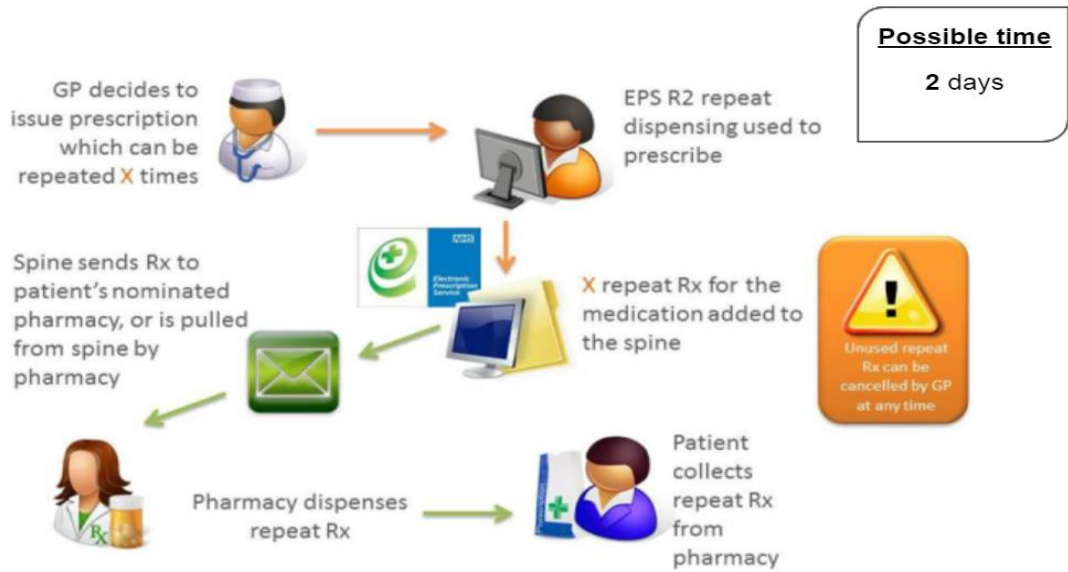
<https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

## Old versus new way of repeat prescribing

### The old process, a typical repeat prescribing system



### The new process, EPS R2 Repeat Dispensing



## How eRD works

eRD stores all the issues of the eRD prescriptions securely on the NHS Spine and automatically downloads them to the patient's nominated dispenser at the intervals set by the prescriber.

**The prescriber retains the ability to amend/cancel an item or whole prescription at any time.**

PRN or "When required" medication can be prescribed using eRD. The prescriber can set the specified intervals based on the predicted number of uses/doses. However as PRN are used up at different intervals it is recommended that a separate prescription form is used for PRNs and not part of regular use prescriptions.

If the patient runs out, the next issue can be requested in advance  
- based upon clinical assessment by the pharmacist.

## Requirements

Patients must nominate their chosen pharmacy for any prescriptions to be sent electronically. Nominations can be set, changed or removed by the pharmacy or the GP practice but only with patient consent.

## Patient consent

Patients are required to give their consent for repeat dispensing.

However, this can be verbal and formal written consent is not required.

Consent can be read coded in the patient's notes as:

["Patient consent given for Repeat Dispensing information transfer."](#)

**V2 code: 9Nd3**



## How to get started?

- Identify potential patients
  - at medication reviews
  - by advertising in the surgery “ask your GP or other healthcare care professional”
  - you may also look at patients that are already on managed repeats that are requested by pharmacies.

## Setting up a patient on eRD

When a prescriber issues an eRD, it will contain the following information:

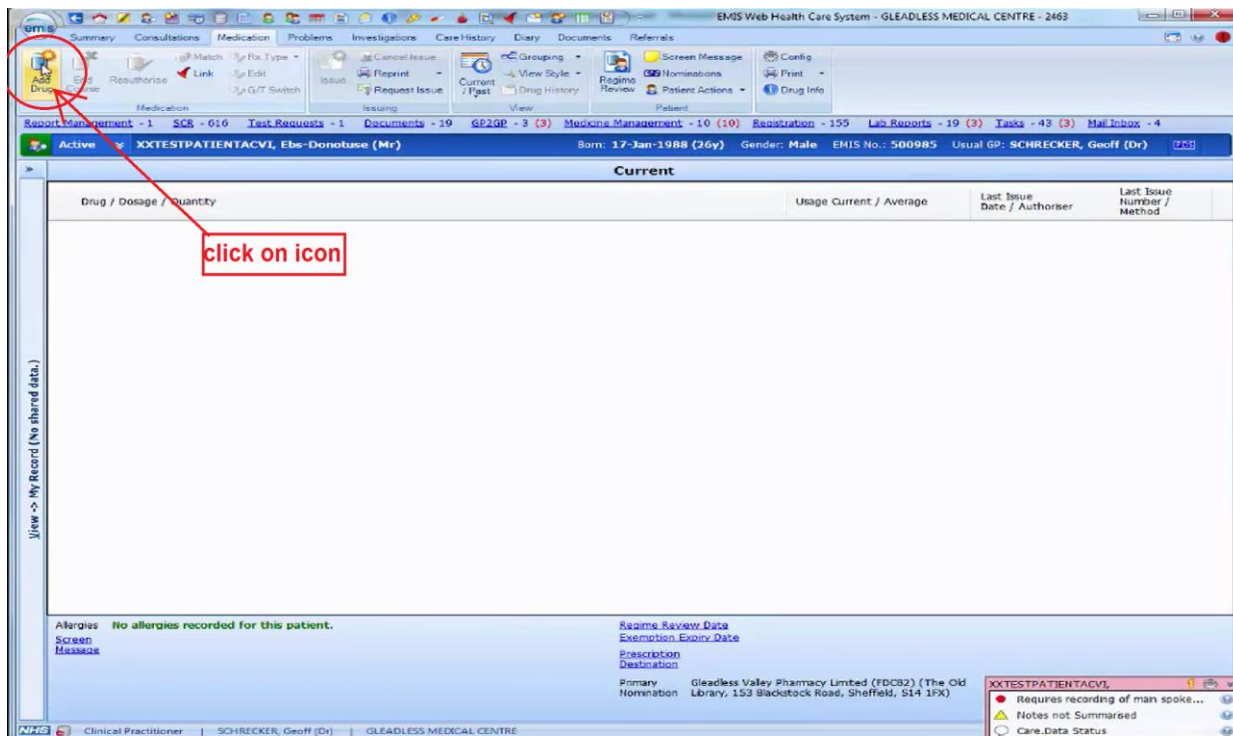
- total **quantity** per issue e.g 56 tablets
- how **many times** the eRD prescription can be issued before the patient/medication should be reviewed or re-ordered e.g. 12 times for 28 day supply (= 1 year)

NB An eRD is valid for 12 monthly only from the date each set is issued-regardless as to whether the patient has collected all of them.

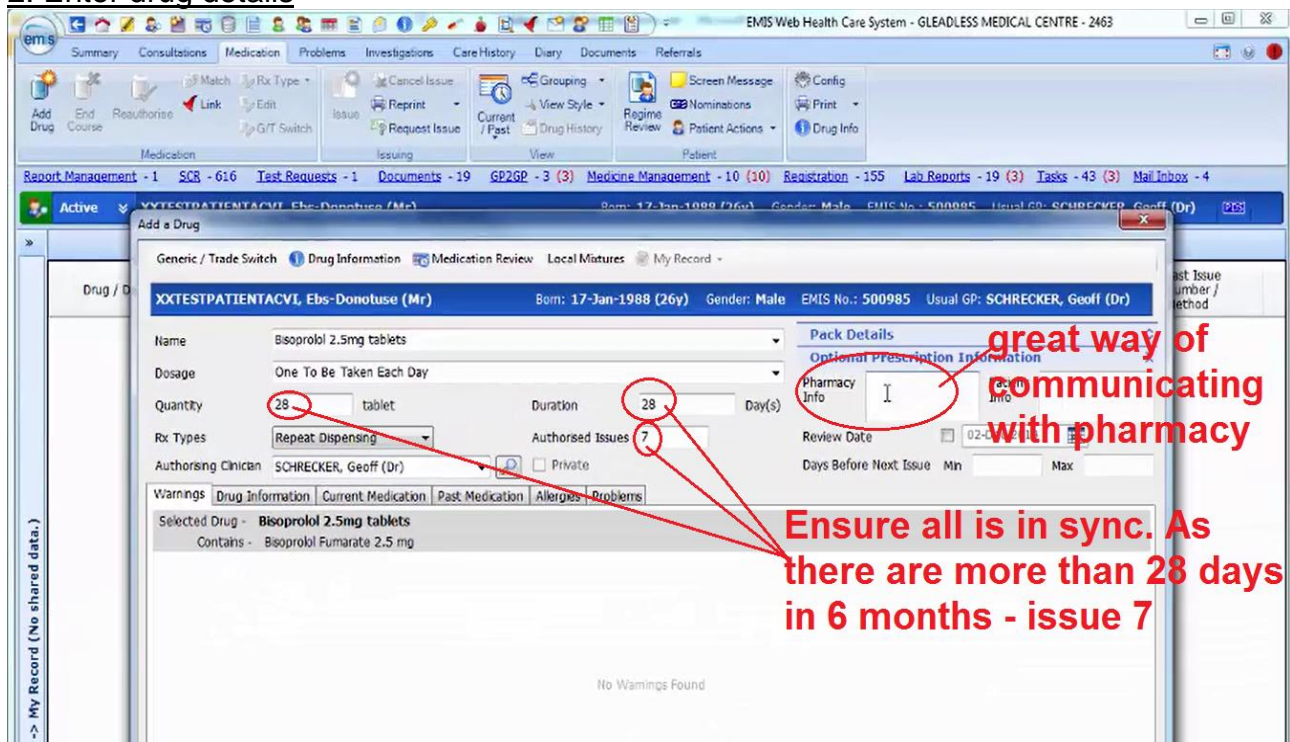


## Initiating Electronic Repeat Dispensing using EMIS WEB

### 1. Select drug



### 2. Enter drug details





## Issue

- Then add your unique code to authorise prescription



## Cancellation and prescription synching

### Remember to cancel your eRDs if the patents leave the practice

eRD allows the cancellation **at item or whole prescription** level, which will cancel all remaining prescriptions on the Spine.

If the prescription is already with the dispenser (community pharmacy), the prescribing system will receive a message asking the operator to contact the dispenser. The dispenser must return the prescription to the Spine for the cancellation to take place. An amended eRD prescription can then be manually downloaded by the pharmacy. A fully cancelled eRD will disappear.

Individual prescription items can't be amended or new items added. Therefore, if a dose change is required, the item needs to be cancelled and re-prescribed. There are two options for patients with multiple items on eRD where an item requires cancellation:

**a.** Cancel ALL outstanding items within the prescription form and replace with a new eRD, including the new item/amended dosage change

**b.** Cancel the individual item(s) – check when the next issue of the existing eRD prescription is due and generate a one-off prescription to cover until the date of the next issue of the original eRD. Create a new eRD prescription to start at the same time as the next issue of the existing eRD prescription with enough issues so that all prescriptions end at the same time. “Synching” prescriptions in this way ensures that all the patient’s prescriptions are received by the dispenser on the same day and support interaction checking.

It is always good practice to communicate with the patient’s nominated pharmacy about any changes made to eRD prescriptions; this can be done with the electronic note to dispenser within the new eRD prescription.

Please refer to Appendix one when healthcare professionals join/leave the practice.

Process of how to identify suitable patients for eRDs

Tick box

1. Has the patient had their medication review? If not refer to appropriate healthcare professional.....
2. Are medicines suitable? (No schedule 2 or 3 **CDs** e.g fentanyl, morphine, oxycodone, tramadol or any of the NHSE drugs - **see appendix two**) .....
3. Has the patient been on the same **repeat** medication for the last 3 – 6 months .....
4. EPS nomination and consent added?.....
5. Refer to prescriber for authorisation.....
6. “When required” meds –Is this clinically appropriate? e.g. warfarin. If yes then ensure they are on a separate batch with the correct number of issues based on usage.....
7. Synchronise Medicines.....
8. Tally issues with next medication review date.....
9. Patient consent received? – Add appropriate Read code for initial batch i.e **V2 code: 9Nd3** .....

**Example 1**

Patient who has angina that is well controlled and takes regular medication. Has had their annual review 3 months ago, so won't be seen for another 9 months.

**What to issue:**

**1 batch** for all regular medication at one month intervals for nine months

*Lisinopril 20mg tablets, Take one daily, x 28 tablets*

*Isosorbide mononitrate 10mg tablets, Take one twice a day in the morning and at lunchtime x 56 tablets*

*Atorvastatin 40mg tablets, Take one at night x 28 tablets*

*Aspirin 75mg dispersible tablets, Take one in the morning x 28 tablets*

*(9 issues) for all*

*Plus glyceryl trinitrate spray can be requested as a 'when required' item.*

**Example 2**

Most patients have their thyroid function tested every 12 months so one year supply of medications can be issued. Some patients can have two or three months as a time which can be arranged by your nominated pharmacy who can assess if this appropriate.

*Levothyroxine 100mcg tablets, Take one in the morning x 28 tablets (12 issues)*

*Levothyroxine 25mcg*

**Example 3**

Well controlled using a 'preventer' inhaler regularly and 'reliever' inhaler when required. Not due at asthma clinic for one year. Most 'preventer' inhalers contain 200 doses, and most patients use 4 doses per day, meaning each inhaler lasts 50 days. This equates to around 7 prescriptions per year.

**What to issue:**

**1 batch for 7 'preventer' inhalers** e.g. *Beclomethasone 200mcg/puff CFC-Free Inhaler 2 puffs twice daily x 1 inhaler (7 issues)*

For reliever, order when required.

#### **Example 4. Monitored Dosage Systems / dosette trays**

If patients receive their medicines on a weekly basis, prescriptions should be issued weekly for the pharmacy to dispense a MDS. The maximum number of issues is 12, so these will only last 3 months.

*What to issue:*

*Donepezil 5mg tablets, Take one daily x 7 tablets*

*Bendroflumethazide 2.5mg tablets, Take one in the morning x 7 tablets*

*Paracetamol 500mg tablets, Take two four times a day x 56 tablets*

*Calcium carbonate 750mg/5mcg caplets, Take two tablets twice a day x 28 tablets*

**All of these as part of a single batch (12 issues)**

For some medicines where the dose alters or it is not safe to include in the dosette, the patient should request when required.

#### **Example 5**

Well controlled, on gliclazide so also uses test strips three times a week. Had a medication review so due back for annual review in 6 months.

*What to issue:*

**1 batch** for all regular medication at one month intervals for six months

*Metformin 500mg tablets, Take 2 tablets twice a day x 112 tablets*

*Gliclazide 80mg tablets, Take One tablet twice a day x 56 tablets*

*Ramipril 10mg capsules, Take one daily x 28 capsules*

*Simvastatin 40mg tablets, Take one at night x 28 tablets*

*Fluoxetine 20mg capsules, Take one daily x 28 capsules*

*(6 issues) for all*

**Plus one batch** for test strips (three times a week for 6 months is 72, most test strip boxes contain 50 strips)

*Aviva test strips, Test as directed by doctor x 1 box of 50 (2 issues)*

This allows the patient to get their regular medication, but just the test strips when they run out.

**Example 6**

Regardless of the quantity on the bottle, all eye drops need to be discarded after 28 days to prevent the bottles becoming contaminated.

*What to issue:*

*Latanaprost 0.05% eye drops x 2.5ml, One drop in both eyes at night (12 issues)*

**Example 7**

For patients who has multiple conditions for a possible eRD.

Atorvastatin 40mg One tablet to be taken daily

Bisoprolol 2.5 tablets Take one tablet in the evening

Bisoprolol 5mg tablet. One tablet to be taken in the morning.

Clopidogrel 75mg tablets. One tablet in the morning.

Digoxin 62.5 mcg tablet. One tablet to be taken in the morning.

Eplerenone 50mg tablets. One tablet to be taken in the morning.

Furosemide 40mg tablet. One to be taken twice daily.

Senna 7.5mg tablet. One to be taken each night when required.

*What to issue*

One batch to issue all the medications as x 28 (total of 12 issues).

However, ask patient to request for senna as and when required.



### **Appendix one**

<https://www.england.nhs.uk/wp-content/uploads/2017/04/nhs-england-drugs-list-v12.pdf>

### **Appendix two**

<https://www.england.nhs.uk/wp-content/uploads/2017/03/electronic-repeat-dispensing-guidance.pdf>

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<b>Document reference</b>	eRD toolkit using EmisWeb
<b>Author</b>	Sofiea Azad Senior Pharmacist, Primary Care Quality & Governance
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<b>Approved by</b>	Paula Wilkinson Chief Pharmacist
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