

A guide to implementation of Electronic Repeat Dispensing (eRD) in General Practice

Purpose: To enable GP practices to implement eRD in a safe and efficient manner for registered patients who are eligible and where clinically appropriate. It is estimated that eRD has the potential to save 2.7 million hours of GP and practice time (equivalent to approx. £90m) by streamlining the prescription management process.

Scope:

- To define the roles and responsibilities of the GP Practice when implementing eRD.
- To provide clear guidance for GP practices to follow including: identifying patients suitable for eRD, gaining consent from patient for eRD, communicating with patient about eRD, texting patients about eRD (where possible), nominating a pharmacy for eRD, medication review prior to eRD set up, synchronising and aligning prescriptions and setting up eRD on the prescribing system.

Responsibilities:

It is the responsibility of the Practice to:

- Promote eRD and identify suitable patients.
- Agree a suitable duration between reviews for the eRD (3-12 months).
- Encourage the nomination of a pharmacy for eRD.
- Checking patient consent for information sharing between the prescriber and the pharmacy is in place. If the patient is already receiving or agreed to receive electronic prescriptions Further consent is not required. For patients new to EPS verbal consent is required.
- Document any intervention made and consents gained on the clinical system.
- Ensure medications for eRD are reviewed and synchronised, including number of authorisations, next review date.
- If the patient has a nominated pharmacy - inform the pharmacy the patient has an eRD.
- Ensure eRD is included in the Standard Operating Procedure (SOP) and this is reviewed annually as a minimum and kept up to date.
- Direction of prescriptions - staff working within the medical practice or staff working in community pharmacy should not direct prescription. Patients should decide where they would like to have their prescriptions dispensed, therefore if a patient selects a particular pharmacy, the NHS constitution requires this preference to be respected.

Definitions:

eRD: Electronic repeat dispensing, an alternative way of prescribing and dispensing repeat medicines for patients on stable long-term treatment. It allows the prescriber to authorise and issue a batch of repeat prescription issues electronically until the patient needs to be reviewed.

Long term conditions: Conditions that cannot currently be cured but are controlled with the use of medication, for example, diabetes, chronic obstructive pulmonary disease, arthritis, and hypertension.

Steps to implementing eRD:

STEP ONE - Identify suitable patients for eRD

Methods of obtaining a list of suitable patients for eRD:

- Opportunistically: The clinician can opportunistically identify patients suitable for eRD at medication reviews, when reauthorising repeat requests, or during clinical contact if considered appropriate. Other health professionals (healthcare assistant, nurse practitioner, prescription clerk, pharmacy tech, pharmacist) can identify suitable patients but the final decision lies with the prescriber.
- It is recommended that consideration for suitability for eRD is a standard part of the medication review process.
- By running searches to identify patients prescribed a medication that does not require frequent monitoring and is for a long-term condition e.g. patients prescribed a statin, levothyroxine or an antihypertensive.
- By contacting NHS eRD Business Services Authority (BSA) email requesting data: DataServicesSupport@nhsbsa.nhs.uk



eRD patient list data
email - how to access

Exclusion criteria:

- Medication not reviewed in last 6-12 months or medication requiring regular review such as lithium or warfarin.
- Disease monitoring and blood tests not up to date
- Schedule 2 + 3 Controlled drugs (including temazepam, tramadol, gabapentin and pregabalin).
- Benzodiazepines and z drugs.
- Where drug misuse or diversion is suspected.
- Shared care medications.
- Prescribed at least ONE item which is an unlicensed medication.
- Care home residents.
- Palliative/end of life patient.
- Temporary registrants e.g. on holiday, respite patient at care home.
- Under 16 years of age.
- New conditions diagnosed in the past 3 months.
- Significant medication changes in the last 6 months indicating unstable medical condition.
- Recent unplanned hospital admissions or recent history of frequent admissions.
- Changes anticipated for the duration of the batch of prescriptions (usually 6 to 12 months).
- Consent declined.

STEP TWO – Pharmacy Nomination and Consent

Consent

The eRD process should be explained carefully to patients to ensure they understand how the new process for batch prescriptions will work. Patients who already receive or have agreed to receive electronic prescription are not required to provide further consent for eRD.

For patients new to electronic prescribing, consent is required verbally and should be documented in the patient notes. By giving consent the patient agrees to allow sharing of information about their treatment with their chosen pharmacy. If there is no nominated pharmacy the prescription will go to the NHS spine and the GP practice can send the patient their NHS number via text or the patient collects the eRD token from the GP practice – either of which can be taken to a community pharmacy of their choice.

Coding consent on the patient journal:

- EMIS Web® read code: 9Nd3 (eRD consent) and EMIS Web® read Code: 8BM1 (on repeat dispensing system).
- For SystmOne SNOMED read code: 416224003 "patient consent given for repeat dispensing information transfer"

Once an eligible patient has been identified there are TWO possible ways to complete the next steps depending on the following factors:

A. Patient does not have a nominated pharmacy but receives electronic prescriptions AND/OR texting is not possible or unavailable AND/OR a medication review is required.

Contact patient:

Example telephone conversation:

"My name is xxxx and I am calling from xxxx.

Can I just confirm your name and date of birth?

Your GP has asked me to call you today regarding your repeat medication.

We would like to set your medications as a batch prescription. This means the GP will authorise your medications for X months, which you can then pick up on a MONTHLY/BI-MONTHLY basis from a pharmacy without you having to put in a request to the practice each month. Your community pharmacist will let you know when there is only one prescription remaining and a new batch is needed. Please contact the practice to arrange a review and obtain the next batch in the usual manner.

Can I check would you like to nominate a pharmacy for your prescriptions? "

B. Patient has a nominated pharmacy AND can receive text messages via the surgery.

Suggested text message:

“We will automatically send your repeat prescriptions to your nominated pharmacy for the next X months. Do not order your medicines via the GP practice. Please contact your pharmacy to request 7 days before your next prescription is due. More info can be found [here](#).”

STEP 3 - Medication Review, Synchronisation and eRD set-up

Medication Review

- Has this patient’s medication been reviewed in the last 6-12 months?
- Are medications still appropriate for the patient and is the patient’s treatment optimal? Drug monitoring and physical health monitoring should be up to date.
- Is there still an indication for this treatment, is the patient compliant with the medication, does the dose prescribed reflect what is being taken, are they experiencing side effects? ([NO TEARS](#) acronym can be applied).
- It is good practice to ensure the next medication review date is set to occur just before or after the last batch issue is dispensed. This should allow the medication review plus any drug or physical health monitoring to be completed before the eRD reauthorisation due date and avoid any delays with reauthorising.
- Ensure the patient is aware that a medication review will be required before more eRD prescriptions can be authorised.
- Practices should check for non-collection of medication during the batch cycle and review reasons for non-compliance and reassess suitability for eRD. If patient is removed from eRD, cancel any remaining batches and inform the nominated pharmacy.

Synchronisation

- Remove all items that have not been issued within 6 months except rescue medication that is used intermittently e.g. short acting beta-antagonists (e.g. salbutamol), glyceryl trinitrate **or** where the prescription interval is anticipated to be longer e.g. hormone replacement therapy medications.
- For the remaining items on repeat: align the repeat template and standardise quantities to provide sufficient for a repeat cycle e.g. ONCE daily medication/28 tablets/28 day duration.
- Check what stock the patient has at home - if necessary, issue an acute prescription to align repeat medication.

eRD Set Up

- A batch eRD prescription can now be set up for a maximum of 12 months (See Appendix ONE – EMIS or Appendix TWO – SystemONE).
- Set up a separate eRD for ‘as required’ medication to allow the patient to have this dispensed as needed. The prescriber is required to set the appropriate interval based on predicted usage. If the patient runs out of medication the next issue can be requested early – the nominated pharmacy should use their professional judgement regarding early requests and feedback any concerns to the prescriber to review the patient.
- Repeatable prescriptions and corresponding batch issues are valid for a maximum of 12 months from the date the prescription is written. After this time no further supplies can be made by the nominated pharmacy even if some batch issues remain. The eRD should be reviewed and reauthorised if clinically appropriate.

- When initiating new medication, separate acute prescriptions should be issued until dose is stable. Once stabilised a separate eRD should be issued for the new item(s), the number of issues will depend on the existing eRD reauthorisation date to keep all items synchronised.

Key patient information messages

Ordering Medications: Patients **do not** need to order medications monthly from their GP practice - inform the patient how long the eRD batch will last for and that their medication can be requested from the pharmacy when required.

- What happens at the end of a batch prescription? Repeat medication will require a review; the pharmacy should inform the patient when their batch is due to end (ideally when only the final issue remains to be dispensed) and a new prescription/a review is required, is required.
- Prescription payments: Patient to continue declaring exemption for prescription or pay for prescriptions in usual manner.
- Confidentiality: Information shared is treated confidentially by all parties.
- Going on holiday in England: a temporary pharmacy can draw down an eRD prescription from the NHS spine using the prescription ID or the patient's NHS number even if there is an existing nomination. If the next due eRD prescription has already been drawn down by the nominated pharmacy, it is locked and must be returned to the NHS spine to allow a temporary pharmacy to access this.
- Prescriptions sent to NHS spine without patient needing a nominated pharmacy: prescriptions can be downloaded from the NHS spine using a paper token (for non-nominated eRD one token covers the whole batch), or [the EPS tracker](#) can be used to search for a prescription using a patient's NHS number or Prescription ID. If an eRD is issued whilst there is no nomination then all issues remain non-nominated, even if a nomination is set up part way through the batch. The new nomination will only be picked up when a new eRD batch prescription is issued.
- Dispensing practices: a dispensing doctor cannot provide eRD services to any person to whom they provide pharmaceutical services.

Communication with the Community Pharmacy

For patients with a nominated community pharmacy contact the community pharmacy to let them know the patient is now on an eRD.

Step 4 - The eRD set up process and supporting materials

See [Appendix One for EMIS](#)

See [Appendix Two for SystmONE](#)

Youtube videos to support electronic repeat dispensing:

[SystmOne](#)

[Emis](#)

[Patient video to explain electronic repeat dispensing](#)

[Resources for the practice waiting room](#)

Appendix One: Process for EMIS

3. How to nominate a pharmacy:

Regime Review Date 03-Jul-2017 (Remove)
Exemption Expiry Date
Prescription
Contribution
Primary
Nomination

a. Check the patient does not have a nominated Pharmacy. If patient has nominated a pharmacy, this should be found when clicking the Medication tab, at the bottom section on EMIS Web®.

b. On the Medication tab click on Nominations tab at the very top in the ribbon.

c. If the nominations option is *not* available and the PDS icon in the patient précis is displayed in red, you *cannot* continue with nomination until you manage the differences (In this case you will need to manage the PDS differences before you can progress further).

Manage ETP Nominations

Manage the pharmacy nominations for **BUTOKE, Morgan George (Mr)**.

Primary	Alliance Pharmacy 44 Station Road, Heacham, King's Lynn, Norfolk, PE31 7EY.	Find	Remove
Appliance	Allied Medical Services (Uk) Amcare Surgery, Collington Way, West Bridgford, Nottingham, NG2 7LR.	Find	Remove
Dispensing Doctor	(none)	Remove	

OK Cancel

d. In the appropriate section (Primary or Appliance) of the Manage ETP Nominations screen, click Find.

e. Then In the appropriate fields you can search for a Pharmacy in the search screen page by typing the name of the Pharmacy or a postcode (to show the nearest Pharmacy), and then click Search.

f. To narrow down a search, select Include Address, and then complete the Street and Town fields.

g. Double-click the required Pharmacy, and then click OK to set the nomination.

4. Aligning and synchronising prescriptions and setting up eRD:

Name: Bisoprolol 7.5mg tablets
 Dosage: One To Be Taken Each Day
 Quantity: 28 tablet
 Duration: 28
 Rx Types: Repeat dispensing
 Authorised Issues: 2

emS Summary Consultations Medication Regime Review Investigations
 Add Drug End Course Reauthorise Match Link problem Rx Type G/T Switch
 One-off Issue

- a. In the medication tab section - Check the duration of the medications all match up (i.e. clopidogrel 75mg x 28 taking 1 a day = issue duration 28 days) – if not click change the amount they are prescribed or the issue duration to match up (see highlighted sections above).
- b. The dose, total quantity and duration must all be aligned for the entire repeat template, to ensure all meds on the script are released from the spine together.
- c. Change Rx type to “Repeat dispensing” and set “authorised issues”, the number of authorised issues should cover patient until the next planned med review.

Repeat dispensing		
C	Bisoprolol 7.5mg tablets One To Be Taken Each Day, 28 tablet	Expected End - 21-Jun-2017
D	Furosemide 40mg tablets Two To Be Taken Twice A Day After Food, 112 tablet	Expected End - 21-Jun-2017

- d. Check that the ‘Expected End’ dates are the same for all medications changed to eRD.
Continued PTO:

5. Aligning and synchronising prescriptions and setting up eRD:

e. Then complete the final steps when Issuing the prescription to complete the process:
Note: It is essential to click on the “authoriser” tab and ensure that the authoriser is a prescriber at the surgery. If it states your name as the authoriser and you are not a prescriber at the surgery, the prescription becomes invalid.

Issue window showing medication details and options. Red circles highlight 'Store', 'Postdate', and 'Approve and Complete'. Red arrows point to the 'Authoriser' tab and the 'Store' button.

Number of issues

Selecting “store” will still send scripts to the spine BUT no token will print off

Approve & Complete: will send scripts immediately to the spine and automatically print off a token (discard token)

- f. It is also possible to post date prescriptions (as highlighted above), by entering the required future date then approving and completing the process.

Appendix Two: Process for SystmOne

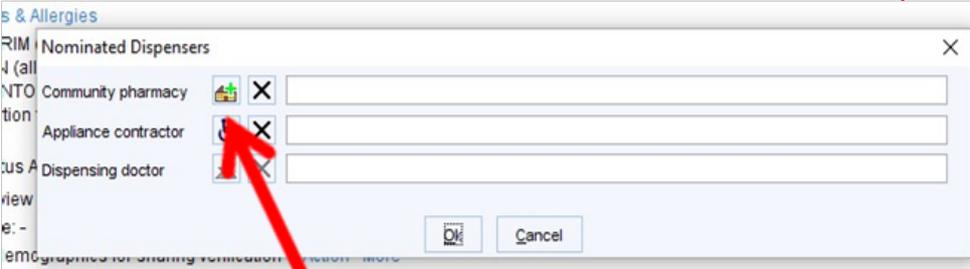
. How to nominate a pharmacy:



a. Check the patient does not have a nominated Pharmacy. If patient has nominated a pharmacy, this should be found on the bottom line of the patient's information summary, which can be found on the top right of SystmOne®



b. Click on the icon shown here which can be found on the top left panel on SystmOne®



c. Click on the icon shown above.

d. Then the following box should appear, where you can enter the post code of the Pharmacy you wish to Nominate.



. Aligning and synchronising prescriptions:

a. Check the duration of the medications all match up (i.e. clopidogrel 75mg x 28 taking 1 a day = issue duration 28 days) – if not click ‘amend’ and change the amount they are prescribed or the issue duration to match up (see circled numbers).

b. If the numbers of issues are out of line you can also amend these now – if you cannot see this box, tick ‘Use maximum issues’ to trigger this box (e.g. 28 tablets, 28 days issue duration, 7 issues = 6 months of medication triggering once a month).

. Aligning and synchronising prescriptions:

c. If they have an item that is MDU – click ‘amend’ and set this is an irregularly issued template and set issue duration.

d. Un-tick the ‘patient can initiate issues’ box.

. Setting up eRD:

Once all the repeat medicines are aligned, highlight all the medicines you want to set up on eRD (you can hold Ctrl and then click the ones you want) then click the 're-authorise' button* and set the number of issues (i.e. 28 days, 7 issues = 6 months – this will reset the number of issues to 0, making it clear on the record how many issues the patient has had on eRD.



* This is how the re-authorise button appears as.

Reauthorise / Restart Repeat Templates

Record that a medication review has been performed

Synchronise Max Issues Synchronise Review Dates

Clear Max Issues Clear Review Dates

Amlodipine 10mg tablets
28 tablet - take one daily
Hypertensive disease (G2...)

7 29 Sep 2020 Details X

Levothyroxine sodium 50microgram tablets
28 tablet - take one each morning
Hypothyroidism (X40IQ)

7 29 Sep 2020 Details X

Ok Cancel

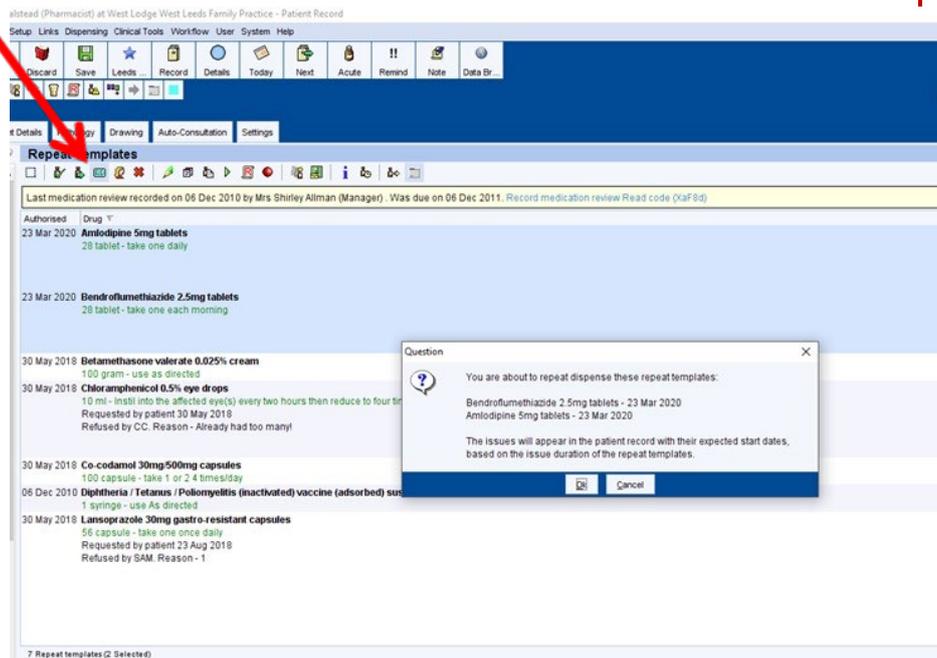
. Setting up eRD:

The medication you want to issue should still be highlighted (if not highlight again – remembering that any MDU medication needs to be on a separate script, by itself), then click the 'RD' button*

Click OK and then you have issued the medication on electronic repeat dispensing – repeat as necessary for MDU items.



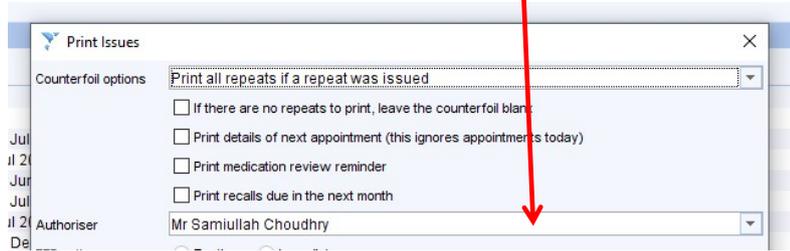
*This is how the eRD button appears.



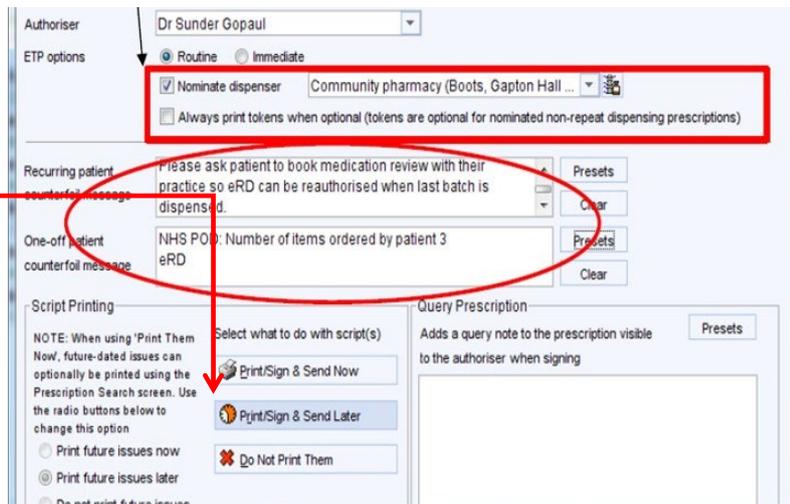
. Issuing and signing off prescriptions:

Once you click SAVE, a 'print issues' message box will appear.

Note: Change the authoriser to usual GP/agreed GP/prescribing lead.



You will be asked to Print/Sign & Send Now or Print/Sign & Send Later. Select Print/Sign & Send Later



Can include in the boxes as shown above the following (Copy/Paste where necessary):

Recurring patient message: *At last batch: Please ask patient to book medication review with their practice so eRD can be re-authorised.*

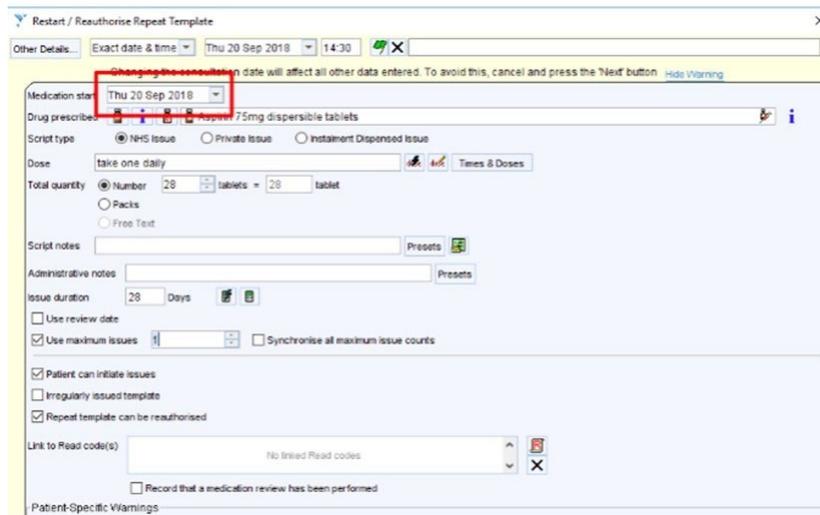
Important: In the 'One Off patient message' include the message that is outlined in section 5.

Note: Print/sign now: will send scripts immediately to the spine and automatically print off a token (*discard token*) - This is only appropriate if you are a prescriber at the surgery. **Print/sign later:** will send task to the **EPS** signing box with other EPS scripts to be signed (*no token will print off*).

. How to Post-date first prescription:

If you want to postpone the start of the repeat dispensing, this can be done whilst on the re-authorise section, simply change the date to when you want the prescription to send to the pharmacy.

- a. Press  for each individual drug and set the date as needed (so a week before the date needed)
 - b. Ensure quantity and duration are correct.
 - c. Ensure that max issues are un-ticked (ticking this can cause issues).
 - d. This process should reset the authorisation on the repeat template screen.
 - e. Highlight all repeatable items and press the eRD button, at which point we can specify number of repeats needed (to cover six months, 7 issues for 28 day duration, 4 issues for 56-day supply)
- All other steps (read code/SMS) as normal



Acknowledgement: HWE ICB would like to give thanks and acknowledgement to Wakefield Clinical Commissioning Group for providing part of the content for this guidance.

Version	1.0
Developed by	Hazel Angus, Lead Pharmaceutical Advisor, West Essex place-based team, PMOT, Hertfordshire and West Essex Integrated Care Board
Date ratified	Medicines Optimisation Delivery and Implementation Group, Feb 2024