

## STANDARD OPERATING PROCEDURE ELECTRONIC REPEAT DISPENSING (ERD)

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**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

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## 1. INTRODUCTION

This Standard Operating Procedure (SOP) sets standards of practice to ensure Electronic Repeat Dispensing (eRD) is safe and efficient.

The eRD process is a way for patients with stable long-term conditions to have improved access their repeat medication via a nominated pharmacy for an authorised period. It will enable practice clinicians to implement eRD for eligible patients and this should potentially free up the time spent on signing and authorising repeat prescriptions.

Suitable patients are identified by clinicians during consultations and by prescription clerks when patients request their repeat medication. Community pharmacies will also help identify suitable patients and will stamp the repeat with 'suitable for eRD' when they have asked patients for verbal consent.

This SOP also defines the roles and responsibilities of clinicians including practice-based Pharmacist when implementing eRD.

It provides clear guidance for practice staff to follow which includes identifying patients suitable for eRD, communicating with them, gaining consent, nominating a pharmacy for eRD, synchronising and aligning prescriptions and setting up eRD on SystemOne® prescribing system.

## 2. SCOPE

This document is aimed at clinicians within the GP practices within Humber Teaching Foundation Trust including GPs, ANPs, pharmacist and pharmacy technicians as well as administration staff working within the prescription team in these practices.

## 3. DUTIES AND RESPONSIBILITIES

### **Practice managers**

To promote eRD and ensure that this SOP is readily accessible and that all the staff they manage are familiar with the contents and their responsibilities.

Where appropriate, they will ensure that their staff are released to complete necessary training.

### **Medicine Optimisation Technician & Admin staff**

Ensure all staff and clinicians have knowledge and understanding of eRD and the EPS prescription tracker.

Identify clinically appropriate patents, review and generate eRD prescriptions as well as associated housekeeping duties. Please note, the initial set up of this will require a little extra time. This will benefit the practice in the long term as it will reduce administrative workload.

Support the GPs in the process of eRD batch prescribing.

Good practice will be to phone each local pharmacy to involve them with the process. Ask how and when they would like patients to contact them, and whether they wish to be informed about which patients have been switched to eRD. If sending lists, ensure such data is transferred in a secure manner. Send patient name, DOB, address, duration of eRD setup, and say if the first supply is urgent.

Ensure this SOP is reviewed annually or after a significant event and kept up to date. Please read points "Change of registered GP practice" and "When a GP leaves the practice".

## **Clinicians**

Promote the uptake of eRD at face-to-face reviews and ask and document the patient for verbal consent.

If tasked by the prescription clerk or pharmacy technician, confirm if a nominated patient is suitable for eRD.

Ensure review dates are set and synchronised. Pharmacy technician or prescription clerks can be tasked to complete this where times does not allow.

Communicate any changes of the eRD batch to the prescription team to communicate with the nominated pharmacy in the manner agreed.

Ensure all eRD batches are clinically checked before electronically authorising

## **The patient**

Give informed consent to the sharing of information between the prescriber and their nominated pharmacy for eRD.

Inform the pharmacist at their nominated pharmacy or GP of any change to treatment, health or any adverse effects experienced with medication.

Inform nominated pharmacy if they have changed GP practice.

Contact GP practice when the final batch issue has been dispensed to arrange medication review

## **Community pharmacy teams**

Ensure all pharmacy colleagues are adequately trained to deliver eRD. CPPE training is available. Promote eRD and identify suitable patients for the GP practice(s) as per Essential Service in Pharmacy Contract, by using practice email address or telephone.

Inform the surgery if the patient has declared any adverse effects or issues with their health or medication and maintain a record of this at each dispensing episode.

Check and confirm with the patient what items they require at each dispensing. Record and resolve any discrepancies. Home delivery patients must be contacted prior to medications being delivered, and given all electronic messages from the GP.

Inform patients when final issue has been dispensed and advise them to contact the practice.

Follow own SOP on eRD/EPs and ensure all staff can use the Prescription Tracker.

Ensure all documents are used correctly as this will be helpful for audit purposes.

## **4. PROCEDURES**

### **4.1. Inclusions/clinically appropriate patients**

**eRD is only suitable for patients with stable long-term conditions and are likely to remain on the same medication for the duration of the batch issue.**

Patients who are on stable medications for 3 months or more and have had a recent review with their GP (within the last 12 months). If the patient's review is due within the next 2 months, it may be necessary to defer setting up repeat dispensing until the review is completed as eRD cannot be set up for single issues. All patient repeats must be accessed for clinical appropriateness.

Patients whose repeat items are all in sync. If items are not in sync, this must be completed before eRD is started.

Patients who have a shorter interval between reviews i.e. every 3 months or 6 months. These patients can be set up on eRD as it will trigger a review at the end of each batch prescription

## 4.2. Exclusions

Patients that are on a complex medication regime i.e. in need of frequent reviews and on high risk medication. (This includes Warfarin, Lithium, Amiodarone Azathioprine, Ciclosporin, hydroxychloroquine, Leflunomide, Methotrexate, and Mycophenolate).

Medication not reviewed in 6-12 months or medication requiring regular review such as Lithium or Warfarin. Note: Blood monitoring requirements may change, please check the most up to date national guidance for this.

Patient is prescribed at least ONE item which is a PRN medication. Note: Unless this is suitable to stop or have on repeats.

Controlled drugs (All schedules).

Shared care medications: Riluzole, Mycophenolate, Methotrexate, Sulfasalazine Azathioprine, Mercaptopurine, Ciclosporin, Denosumab, Hydroxycarbamide, Leflunomide, Methotrexate.

Prescribed at least ONE item which is an Unlicensed Medication.

Care home residents- This can be indicated by checking the patients place of residence.

A Palliative/End of life Patient.

Temporary patients e.g. On holiday, respite patient at care home i.e. this surgery is not their regular surgery.

Does not have a nominated pharmacy.

All medication which are not dm+d mapped and cannot be sent to the pharmacy via EPS.

## 4.3. Identifying patients

Opportunistically: If a patient is present on site at the surgery for a consultation or they are requesting repeat medication. Repeat list can be reviewed at this point for eligibility for eRD.

By running a search on SystmOne: e.g. Search for patients at the surgery on ONE/TWO repeat medications to begin with, that have had a medication review in the last year.

**Note:** Once the search has been run on SystmOne, export to a spreadsheet to keep track of which patients have been reviewed.

By running other SystmOne searches, which may include- running a search for patients prescribed an item that does not require frequent monitoring but is a medication for a long-term condition e.g. patients prescribed a statin, levothyroxine or antihypertensives.

#### 4.4. Definitions

eRD: Electronic repeat dispensing is an alternative way of prescribing and dispensing regular medicines for patients on stable long-term treatment. It allows the prescriber to authorise and issue a batch of repeat prescription 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.

Practice based Clinicians: This includes– The Clinical Commissioning Group Clinicians, The Primary Care Network Clinicians and any other Clinician employed by Humber Teaching Foundation.

#### 4.5. Consenting for eRD

Patients are required to give consent for repeat dispensing. This can be verbal, formal written consent is not required. Dispensers can highlight suitable patients and inform the surgery.

After asking for consent, document '/tel' for phone encounters and add the appropriate read code:

XaKRX = 'patient consent given for repeat dispensing info transfer'

XaXoR = 'repeat dispensing service DECLINED'.

#### 4.6. Set up of eRD

[Electronic Repeat Dispensing eLearning - NECS Medicines Optimisation \(necsu.nhs.uk\)](https://necsu.nhs.uk)

'How To' Screenshots of eRD on SystmOne

[eRD Guide TPP - DCCG - NHS Digital.pdf \(nhs.uk\)](https://nhs.uk)

It is essential that the GP, Prescription Clerk or Pharmacy Technician have reviewed quantities and **identified the need to synchronise to ensure the transition from repeat prescriptions to eRD is effective**

eRD prescriptions can be set up by GPs, pharmacists, pharmacy technicians and prescription clerks as per the guide above.

Ensure the patient is on a stable medication regimen and consent has been given.

Review all items.

Check that 'total quantity' and 'issue duration' exactly match on every repeat item, as this will determine the criteria for the eRD prescriptions for that patient. eg. all set to 56 tablets and 28 days if BD dosing.

Decide the appropriate review date. All items added to an eRD script will be set up to run until the next 'review date' or up to a year whichever comes first. It is easier to have the same review date within a year on all items being put on eRD. **Review dates on repeat templates must be within 13 months of the present day.**

Select the 'RD' button to produce the eRD prescription. This will then group all 'Repeat Dispensing' items together which can then be issued together or on different regimens if applicable. (see appendix 3).

Choose the number of instalments to authorise until the next review date (max. 12 months).

Issued items will then be sent to the GP to sign as usual (or signed by the issuer if a prescriber). Add a note stating 'eRD' to the prescription to prompt the GP to review it before signing.

Set up PRN items SEPARATELY (see section 4.7 below).

Post-dating eRD scripts to start in a few weeks' time is useful if a patient had items recently issued. To do this, right click the item and select re-authorise/restart (or highlight and select the green arrow). Before issuing it as an eRD script, change the "medication start date" field to be the date you would like the first eRD to start, this should be 2-3 weeks from the last issue, (this effectively will post-date the first repeat issue). Set the number of issues you are happy with, as per local protocol.

Endeavour to inform the nominated pharmacy that the patient is now on eRD. Ensure such data is transferred in a secure manner, eg. between two 'nhs.net' email addresses.

Document the set up in the Tabbed Journal using the codes above as per Appendix A and include notes on the prescription for the attention of the prescriber, the pharmacy, and the patient, as per Appendix B.

#### **4.7. When required items**

If some items require less frequently issues, such as analgesics or insulin, they can be set up as a separate eRD script.

Roughly calculate the standard usage, so that the PRN script can be set to run out at about the same time as the other repeats.

Next, highlight one item at a time and select the 'RD' button to produce a separate, individual repeat prescription for that item. Set the number of issues at a sensible level. Note that patients can request PRN items early from the pharmacy, if needed.

This can also be used for other items which do not neatly fit 28- or 56-day prescribing patterns.

#### **4.8. Changes to treatment**

If there are any medication changes made while on eRD batch prescribing, check the tracker to see if there are any outstanding issues on the spine. If the pharmacy has pulled down the latest issue; contact the pharmacy and ask them to return it to the spine.

If a prescriber wants to stop or change an item on a repeat prescription, 'STOP' the original item in the usual way via SystemOne repeat list. A whole prescription can also be cancelled in this way. The new or amended item (or items) will need to have an appropriate review date set (to fit with the original prescriptions) and then prescribed as new eRD scripts.

Although single medications can be stopped, if a new medication is to be prescribed, it is easier to stop the whole eRD, then start a new eRD to ensure all medications are coordinated. If the new prescription is required immediately, a quantity less than 28days to complete the month might need to be issued before post-dating the rest of the issue to match the other items on the eRD.

When a script is cancelled you will be notified if future issues are to be cancelled. An automatic task will say if this has been 'successful' or 'unsuccessful'. It will be 'unsuccessful' if a prescription has already been drawn down from the Spine. This should then inform your next action, which is to either contact the community pharmacy or the patient, depending on whether the script has already been dispensed.

If you contact the patient, you must clearly document this. If you contact the pharmacy and script has not yet been picked up by patient, you can ask the pharmacy to cancel this script, or they can return it to the spine to be cancelled at your end. You can check this has been returned by checking the EPS tracker.

#### **4.9. Duration of prescriptions**

For those being set up for eRD, the duration will depend on when the patient is next due their annual medication review, blood test or a long-term condition review. Local prescribing protocols will set out which medications require regular blood tests or review.

The Practice may require 6 monthly blood tests for certain medications/specific patients, or the practice may use a system of 'Birthday Review'.

#### **4.10. Cancelling eRD**

See screenshot in How to guide in section 4.6 or follow the highlighted in section 4.8 above.

#### **4.11. Change of registered practice**

If the patient changes GP practice, inform the patient that their current eRD batch is no longer valid and that their new GP will have to set up a new eRD regime.

All outstanding eRD items will need to be cancelled. Inform the nominated pharmacy that the patient is being deducted and all prescriptions have been cancelled.

If a patient dies, as part of the PDS Deduction Checks, any outstanding prescriptions for that patient, on the spine, should be cancelled automatically. Check the prescription tracker to see if the nominated pharmacy has dispensed any prescriptions, which will need to be "undispensed" and sent back to the Spine.

A patient can change their nominated pharmacy part way through the cycle, and the new nominated pharmacy will have access to the remaining authorised eRD prescriptions.

#### **4.12. When GP leaves the practice**

Once notified of a GPs leaving date, do not assign any more eRD prescriptions to their prescriber code. Cancel any outstanding eRD batch prescriptions assigned to the GP as an authoriser and reissue under a different authorising prescriber. Failure to do this will result in incorrect prescriber costs being attributed to the wrong practices.

## **5. REFERENCES**

Screenshots of eRD in SystemOne; [eRD Guide TPP - DCCG - NHS Digital.pdf \(nhsdorset.nhs.uk\)](#) (accessed 26/10/2023)

NECS, NHS digital-Electronic Repeat Dispensing eLearning [NHS Digital – Electronic Repeat Dispensing eLearning – learning \(necsu.nhs.uk\)](#) (Accessed 26/10/2023)



## Appendix A: Example of documentation in tabbed journal, using eRD read codes.

No problems linked to this section

History **Telephone encounter** by Medicines optimisation technician.  
**Patient consent given for repeat dispensing info transfer**  
Next due annual thyroxine bloods Nov-23.

Examination

Diagnosis

Intervention *No interventions*

Plan **On repeat dispensing system**

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Last medication review recorded on 10 Jan 2023 by Mrs Laura Buckley (Pharmacist) . Next due on 10 Jan 2024. [Record medication review](#) [Read code \(](#)

Authorised	Drug ▾
16 May 2023	<b>Levothyroxine sodium 75microgram tablets</b> <b>56 tablet - take one each morning</b> <i>Hypothyroidism</i>

## Appendix B: Example of notifications for prescriber and patient

**Print Issues**

Counterfoil options

- Print all repeats if a repeat was issued
- If there are no repeats to print, leave the counterfoil blank
- Print details of next appointment (this ignores appointments today)
- Print medication review reminder
- Print recalls due in the next month

Authoriser

ETP options

- Routine  Immediate
- Nominate dispenser Community pharmacy (Boots, 9-13 Promenade, Bridlington, N...  One-off nomination
- Print tokens (optional for electronically signed scripts with a nominated dispenser)

**Recurring patient counterfoil message** Create a pre-set recurrent counterfoil message, e.g. **\*\*Repeat dispensing - please order medications from your pharmact untill MM/YY and then contact ypu surgery for a review\*\***

One-off patient counterfoil message

Scripts will be signed, and any tokens printed, later via the Prescription Search screen.

**Script Printing**

Select what to do with script(s)

- 
- 
- 

**Query Prescription**

Adds a query note visible to the authoriser when signing

**New ERD**

## Appendix C: Summary of eRD set-up process

