

STANDARD OPERATING PROCEDURES <i>Draft for local adaptation August 2023</i>	
SOP Reference:	Issue Date: 30/03/2020 Effective Date: 30/03/2020 Previous
Supersedes SOP Reference:	Review Date: 30/04/2020 Review Date: 07/08/2023
TITLE: Electronic Repeat Dispensing (eRD)	

1.0	INTRODUCTION
<p>This Standard Operating Procedure (SOP) sets standards of practice to ensure Electronic Repeat Dispensing is safe and efficient.</p> <p>The eRD process has been identified as a way to help enable the prescriber and prescription clerks identify patients with stable long term conditions to have an improved way to access their repeat medication via a nominated pharmacy for an authorised period of time.</p> <p>Community pharmacy will also help identify suitable patients and will stamp the repeat with 'suitable for eRD' when they have asked patients for verbal consent</p>	
2.0	TRAINING
<p>This SOP should be read by all colleagues who are involved in the process of Electronic Repeat Dispensing.</p> <p>Training Resources</p> <ul style="list-style-type: none"> eRD e-learning- https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/ eRD online toolkit- https://digital.nhs.uk/article/914/Electronic-repeat-dispensing-for-dispensers NHS England guidance- https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf Wessex AHSN Handbook_ https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf A summary flow chart of an example of the eRD set up process can be seen in Appendix 3. 	
3.0	OBJECTIVES
<ul style="list-style-type: none"> Ensure the use of eRD within the GP practice is safe, efficient and cost effective for all stakeholders To develop a time efficient process for prescription clerks dealing with non-complex repeat medication requests and encourage synchronisation of repeat medications. To reduce GP time spent authorising non-complex repeat prescriptions. 	
4.0	INCLUSIONS/CLINICALLY APPROPRAITE PATIENTS
<p><i>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.</i></p> <ul style="list-style-type: none"> Patients who are on stable medications for 6 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 will 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 	
5.0	EXCLUSIONS
<ul style="list-style-type: none"> Patients that are on a complex medication regime i.e. in need of frequent reviews and on high risk medication are not be suitable (<i>This includes Warfarin, Lithium, Amiodarone Azathioprine, Ciclosporin, hydroxychloroquine, Leflunomide, Methotrexate, and Mycophenolate</i>) 	

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<ul style="list-style-type: none"> • Patients who receive “special” items • Patients who require regular blood tests or reviews. • Patients prescribed schedule 1-4 Controlled Drugs are not suitable for repeat dispensing • All medication must be dm+d compliant – items which are not mapped can be changed to a dm+d compliant item. If this is not possible, the patient is excluded 	
6.0	DURATION OF PRESCRIPTIONS
<ul style="list-style-type: none"> • Local prescribing protocols will set out which medications require regular blood tests or review. • For those being set up for eRD, the duration will depend on when the patient is next due annual medication review, blood test or a long term condition review. • For example, the Practice may require 6 monthly blood tests for certain medications or specific patients. Alternatively, the practice may use a system of ‘Birthday Review’. • THIS MAY VARY IN EACH PRACTICE so will need to be discussed with the local prescribing lead. 	
7.0	RESPONSIBILITIES
	PHARMACY TECHNICIAN/PRESCRIPTION CLERK
<ul style="list-style-type: none"> • Ensure all staff and clinicians have knowledge and understanding of eRD and the EPS prescription tracker • Identify clinically appropriate patients, 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 • Support the promotion of this service to patients within practice and through engaging local pharmacies. Local pharmacies can help to identify suitable patients with an eRD stamp. • Ideally, 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, when eRD is set up until, 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”. 	
7.1	THE GP
<ul style="list-style-type: none"> • Promote the uptake of eRD at face to face reviews and ask 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 • Communicate any changes of the eRD batch to the prescription clerk to communicate with the nominated pharmacy in the manner agreed. • Ensure all eRD batches are clinically checked before electronically authorising 	
7.2	THE PATIENT
<ul style="list-style-type: none"> • 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. 	

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- Inform nominated pharmacy if they have changed GP practice
- Contact GP practice when the final batch issue has been dispensed for monitoring tests and/or review if due.

7.3	COMMUNITY PHARMACY TEAMS
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- 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 the 'suitable for eRD' stamp.
- Inform the surgery if the patient has declared any adverse effects or issues with their health or medication. Maintain a record of checking this at each dispensing episode.
- Check and confirm with the patient what items they require at each dispensing. Record any items not dispensed. 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 PrescriptionTracker.
- Ensure all documents are used correctly as this will be helpful for audit purposes.

8.0	CONSENT OF eRD
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- Patients are required to give consent for repeat dispensing. This can be verbal, as formal written consent is not required. Dispensers can highlight suitable patients and inform the surgery using the 'suitable for eRD stamp'. The stamped repeat request should be returned to 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'.
- When eRD has been set up, add read code XaJus – 'On repeat dispensing system'.

9.0	SET UP OF eRD
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- eRD prescriptions can be set up by GPs, pharmacists, pharmacy technicians and prescription clerks. A SystemOne guide can be found [here](#).
- Ensure the patient is on a stable medication regimen and consent has been given
 - Once all items have been reviewed and synchronised (where needed), convert each item identified for eRD to 'Repeat Dispensing'. This will then group all 'Repeat Dispensing' items together which can then be issued together or on different regimens if applicable.
 - Choose a number of instalments to authorise until the next review date (max. 12 months)
 - Decide the appropriate review date. All items added to an eRD script will be set up to run until the earliest 'reauthorisation' date.
 - 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 112 tablets and 56 days if BD dosing.
 - Select the 'RD' button to produce the eRD prescription, which will be sent to the GP to sign as usual. Add a note stating 'eRD' to the prescription to prompt the GP to review it before signing.
 - Set up PRN items SEPARATELY (see below).
 - If the patient has recently received a prescription, then the first eRD prescription can be cancelled by pressing the red cross icon. This will mean that eRD will not start until the second script is due.

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- 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 RD script, change the "medication start date" field to be 'x' weeks after the last prescription was issued (this effectively will post-date the first repeat issue). Still 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 as per Appendix 1, and include notes on the prescription for the attention of the prescriber and the patient, as per Appendix 2.
- 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.***

11.	WHEN REQUIRED ITEMS
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- If some items require less frequently issues, such as analgesics or insulin, they can be set up as a separate eRD script.
- For each PRN item, mark them with the green 'Irregularly issued template' symbol. This is a tick box in the Repeat Template found beneath the 'Review date / Maximum issues' section.
- Roughly calculate the standard usage, so that the PRN script can be set to run out at about the same time as the 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 don't neatly fit 28 or 56 day prescribing patterns.

12.	CHANGES TO TREATMENT
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- If there are any medication changes made during the course of 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 SystmOne. A whole prescription can also be cancelled in this way. The new or amended item (or items) will then need to have an appropriate review date set (to fit with the original prescriptions), and will be 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 in sync.
- 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. The task should direct you whether to contact the community pharmacy or the patient, depending on whether the script has already been issued. If you contact the patient you must clearly document this.

13.	CHANGE OF REGISTERED GP PRACTICE
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- 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 items will need to be cancelled. Check on the prescription tracker first and ensure there are no outstanding prescriptions. Inform the nominated pharmacy once the prescriptions have been cancelled.

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<ul style="list-style-type: none"> If a patient dies, as part of the PDS Deduction Checks any outstanding prescriptions for that patient, on the spine, should cancel automatically. Ensure all outstanding eRD batches have been cancelled once the deduction checks have taken place. Check the prescription tracker to see if the nominated pharmacy has dispensed any prescriptions. Notify the nominated pharmacy that the prescription needs to be “undispensed” and sent back to the Spine. <p>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.</p>	
14.0	WHEN A GP LEAVES THE PRACTICE
<ul style="list-style-type: none"> 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 attached to the leaving authorised prescription. 	
15.0	RESPONSIBILITES
It is the responsibility of all staff in the team to be aware of and work in accordance with the SOP.	

APPENDIX 1 – Example of documentation in tabbed journal, using eRD read codes.

History: Telephone encounter by CCG pharmacist - Patient consent given for repeat dispensing info transfer
 Covid-19 response project. Next due annual thyroxine bloods April 2020 - delay 6m as agreed with practice.

Examination: [Empty]

Diagnosis: [Empty]

Intervention: No interventions recorded

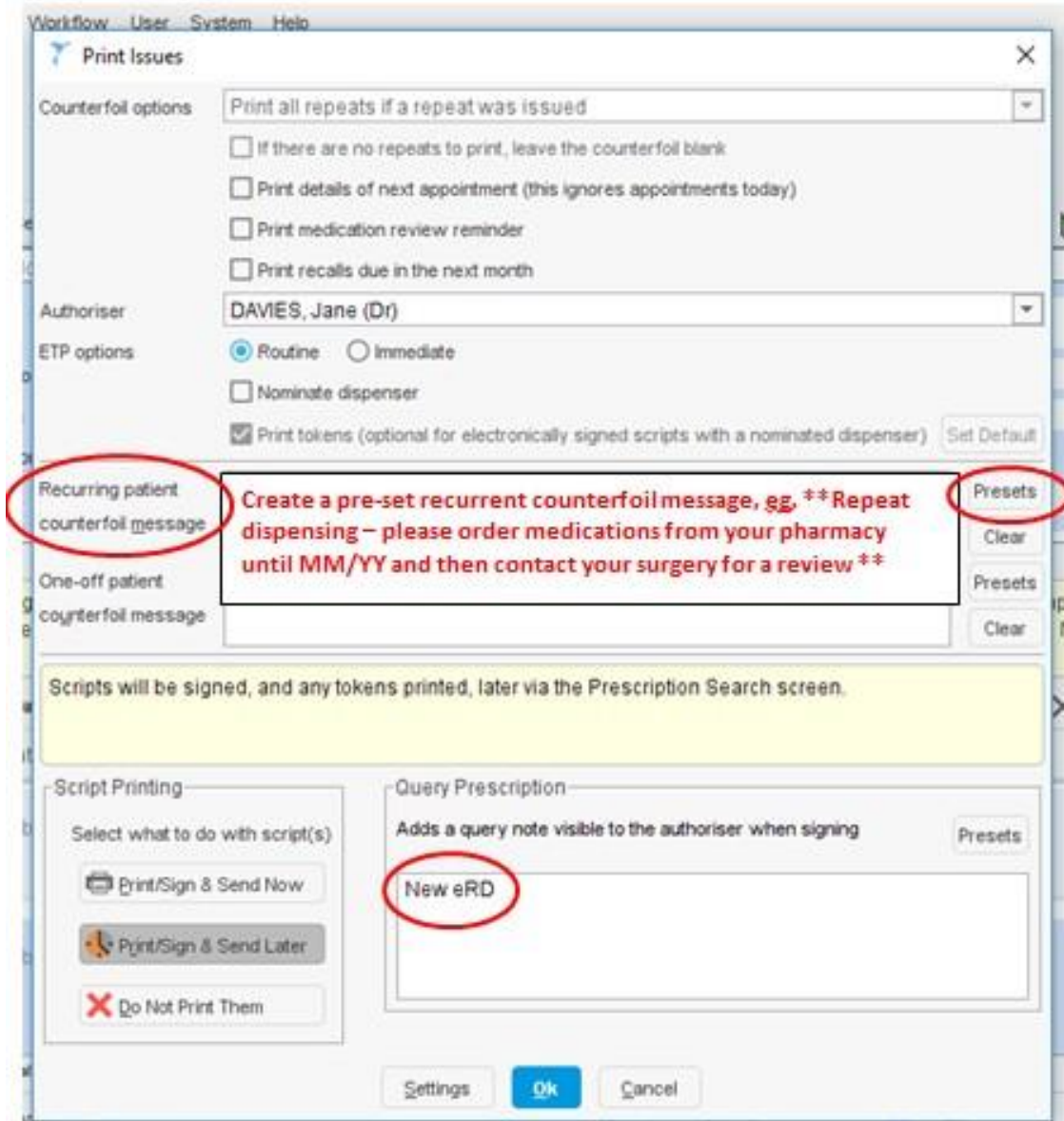
Plan: On repeat dispensing system - set up to Oct 2020 via nominated pharmacy.

Last medication review recorded on 25 Jan 2018 by HAWKINS, Christina (Dr) (General Medical Practitioner) . Was due on 25 Jan 2019. [Record medication review Read code \(XaF8d\)](#)

Authorised	Drug	Last Issued	Review	Issues	Flags
25 Mar 2020	Levothyroxine sodium 50microgram tablets 56 tablet - take one daily	09 Sep 2020	01 Oct 2020	3 (9)	RD

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APPENDIX 2 – Example of notifications for prescriber and patient



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APPENDIX 3 - Summary of eRD set-up process

Sample flow diagram for eRD set-up process

