

POSITION PAPER - ELECTRONIC REPEAT DISPENSING (eRD) IN DERBYSHIRE

OCTOBER 2020

Despite recommendations from the national team to increase Electronic Repeat Dispensing (eRD) to free up capacity in GP practices, the amount of usage in Derbyshire is very low (in May 2020 only 3.26% prescription items were eRD compared with an England average of 12.83%). The Derbyshire Chief Pharmacist Group (Appendix 1) and the Derbyshire Prescribing Group (DPG) support the increase of eRD. This objective is included on the JUCD pharmacy overall plan.

BACKGROUND

Over 70% of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines. Electronic repeat dispensing (eRD) is a function of the Electronic Prescription Service (EPS) that gives benefits to patients, pharmacy teams and GP practices.

eRD stores all issues of the eRD prescriptions securely on the NHS spine and delivers them to the patient's nominated community pharmacy at the intervals set by the prescriber. The prescriber retains the ability to change or cancel the prescription at any time prior to dispensing the item. The first issue is available on the NHS spine as soon as it is signed and subsequent issues are automatically downloaded to the nominated pharmacy 7 days before their due date to allow time to order any items and prepare the prescription.

The community pharmacy team are mandated to ask four questions each time an issue of the eRD prescription is dispensed:

1. Have you seen any health professional (GP, nurse or hospital doctor) since your last repeat was supplied?
2. Have you recently started taking any new medicines – either on prescription or that you have bought over-the-counter?
3. Have you been having any problems with your medication or experiencing any side effects?
4. Are there any items on your repeat prescription that you don't need this month?

Based on the patient's answers to these questions, the community pharmacist will make a clinical decision to either dispense the medication or refer the patient back to the prescriber. If a patient doesn't require an item, the pharmacy team will mark it as 'Not Dispensed.'

Moving suitable patients onto eRD saves time in GP practices as GPs do not need to approve each of the eRD prescriptions each time they are requested by the patient. eRD can be a useful tool when dealing with patients who order excessively and where misuse issues are a concern.

COVID-19 PANDEMIC

During the pandemic, Nikki Kanani, Keith Ridge and Ed Waller wrote to GPs and community pharmacists on 5th March, 4th June and 9th July (links below) encouraging GPs to consider transferring patients to eRD wherever possible. The most recent letter includes information on:

- the temporary change to the need for patient consent to enable the increased use of eRD (this has been extended to 31 March 2021)
- action to take, including identifying suitable patients and templates for letters/messages
- key points for a successful ERD roll out

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0546-electronic-repeat-dispensing-letter-4-june-2020.pdf>

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0569-Second-phase-of-General-Practice-response-to-COVID-19--update-to-GP-contracts-and-income-protection-a.pdf>

KEY POINTS FOR A SUCCESSFUL eRD ROLL OUT

- Practices with an EPS value significantly lower than the national average (75.03% for February 2020) should first focus on increasing EPS and nominations and then commence the switch to eRD.
- Before embarking on eRD, practices must liaise with local community pharmacies to ensure they are ready for the switch.
- Practices should ensure they understand the eRD process and that the whole team is engaged with eRD.
- Practices should appoint an eRD champion to drive the change and act as a key link for pharmacy (who should appoint their own eRD champion).
- Practices should ensure they are able to inform patients about eRD
- Practices should take opportunities to move suitable patients onto eRD – such as when completing structured medication reviews with patients

CURRENT POSITION IN DERBYSHIRE

In May 2020, **3.26%** prescriptions in Derbyshire were eRD (in May 2019 this was 2.76%) This is much lower than the average figure in England in May 2020 of **12.83%** (May 2019 - 10.17%).

The Derbyshire Chief Pharmacists Group and DPG support an increase in the uptake of eRD and support collaborative working between GP Practices, community pharmacy teams, the CCG, the NHSE&I team, PCNs and the Medicines Order Line (MOL) to increase its use. We believe this is particularly important at the moment to:

- i) support capacity in GP practices as have resumed work they were not able to complete during wave one of the pandemic
- ii) help patients maintain social distancing and stay safe

There are some GP practices that are keen to progress eRD. Often the practice pharmacist or Primary Care Network (PCN) clinical pharmacists are supporting this. There are 13 GP practices in Derbyshire with >10.0% eRD items per month and a further 14 GP practices with 2.5 – 9.9% eRD items per month (see Appendix 2). These GP practices are spread throughout the geography so could provide expertise to support those yet to start.

LINK WITH THE MEDICINES ORDER LINE (MOL)

The MOL offers an additional option for patients to order their prescriptions just in time and ensures only those items that are required are ordered. It has finite capacity and moving patients with regular medicines to eRD would enable it to take on more patients with changing medication needs from a greater number of practices, thereby further reducing medicines waste. eRD is not 'instead of' the MOL, they are complementary.

SUPPORT AVAILABLE

- The Academic Health Sciences Networks (Kate Dawson for East Midlands AHSN) have run webinars for GP practices and community pharmacies and have a plethora of information on

the NHS Futures platform, including the advantages (such as time saving, reduction in waste, freeing up capacity for GP practices, patients and community pharmacists)

- The Midlands Regional Chief Pharmacist (Richard Seal) would like to see all STP/ICS in the Midlands region increase eRD to at least the national average.
- Sam Travis (LPN Chair) has produced a 6-8 week plan (using the AHSN materials) with weekly touchpoints to support GP practices and community pharmacies to progress eRD. Yinka Soetan (Derbyshire CCG) has created a communications plan to support. These will run during October and November 2020
- The NHSE&I Regional Primary Care Team and the Transformation Team offer support in raising the profile of eRD
- The MOL has trained the MOL Operatives about eRD so they understand how it works. If eRD patients ring the MOL to try and order another Rx when eRD is being used then they remind the patient and explain how to access their medicine
- The PCN clinical pharmacists, Practice pharmacists and lead PCN community pharmacists can work together to support the smooth introduction of eRD in their PCN.
- 12 out of the 15 PCNs have one or more GP practices with >100 items/month eRD. The expertise of people from these practices to support those who have not yet started.

POTENTIAL CHALLENGES AND MITIGATION

- i) Historically paper-based eRD led to some challenges and GP practices may still have the impression that it does not support waste – **need to myth bust with evidence**
- ii) The GP practices, patients and community pharmacies all must be supportive
- iii) Although overall there is a significant time saving once eRD is set up, it needs someone to support to set up properly in the GP practice and the community pharmacy in the first place. PCN and GP pharmacy teams and the MOL team are all struggling for capacity to do this – **ensure eRD is offered to suitable patients opportunistically such as when reviewing medication**
- iv) The NHS BSA can provide lists of potentially suitable patients although these lists have not proved to always identify the right patients - **various searches have been developed locally and can be used as an alternative. Yinka Soetan (CCG) can provide help with these.**

APPENDIX 1 – DERBYSHIRE CHIEF PHARMACISTS GROUP

Derby & Derbyshire CCG	Steve Hulme and Kate Needham
University Hospitals Derby & Burton	Clive Newman
Chesterfield Royal Hospitals	Martin Shepherd
Derbyshire Community Health Services	Anna Braithwaite
Derbyshire Healthcare Foundation Trust	Steve Jones
Derbyshire Local Pharmaceutical Committee	Jackie Buxton
CDAO/NHSE&I/LPN Chair	Samantha Travis
DHU Healthcare	Dan Graham
Academic Health Sciences Network	Kate Dawson

APPENDIX 2 – MAY 2020 REVIEW OF ERD % IN DERBYSHIRE GP PRACTICES

The 27 GP practices below are the practices using ERD the most.
There is a spread across the geography with practices from 12 of the 15 PCNs being in this group.
All other GP practices have 0 or less than 99 ERD items in May 2020.

PRACTICE	% ERD (May 2020)	PCN
Blue Dykes Surgery	23.8%	South Hardwick PCN
Dronfield Medical Practice	22.4%	Chesterfield & Dronfield PCN
Goyt Valley Medical Practice	23.1%	Buxton & High Peak PCN
Stubley Medical Centre	21.3%	Chesterfield & Dronfield PCN
Wellbrook Medical Centre	24.0%	Derby City South PCN
Arthur Medical Centre	11.8%	Belper PCN
Cresswell & Langwith Medical Centre	18.7%	North Hardwick & Bolsover PCN
Derby Family Medical Centre	17.5%	Greater Derby PCN
Friar Gate Surgery	14.5%	Derby City North PCN
Horizon Healthcare	10.3%	Derby City North PCN
St Lawrence Road Surgery	15.1%	South Hardwick PCN
The Valleys Medical Partnership	17.6%	North East Derbyshire PCN
Royal Primary Care	10.0%	Chesterfield & Dronfield PCN
Credas Medical	6.4%	Derbyshire Dales PCN
Family Friendly Surgery	9.0%	North Hardwick & Bolsover PCN
Littlewick Medical Centre	5.5%	Erewash PCN
Park View Medical Centre	7.9%	Erewash PCN
Staffa Health	8.4%	South Hardwick PCN
The Brimington Surgery	9.4%	Chesterfield & Dronfield PCN
Arden House Medical Centre	3.2%	Buxton & High Peak PCN
Crich Medical Centre	2.2%	Amber Valley PCN
Gladstone House Surgery	4.1%	Erewash PCN
Hannage Brook Medical Centre	3.8%	Derbyshire Dales PCN
Killamarsh Medical Practice	2.5%	North East Derbyshire PCN
Old Station Surgery	4.2%	Erewash PCN
Village Surgery	2.8%	Derby City South PCN
Whitemoor Medical Centre	2.6%	Belper PCN