Electronic Repeat Dispensing Guidance for GP Practices

Version 1.0
Issue Date: August 2017   Review Date: August 2019

Contents

Introduction and Background

Two thirds of prescriptions issued in primary care are repeat prescriptions. These account for nearly 80 percent of NHS medicines costs in primary care and the time involved in managing and processing these prescriptions can be significant.

In 2005 the government Repeat Dispensing Services was launched to provide a more efficient way to manage repeat prescriptions. Since then it has been included in the Community Pharmacy Contractual Framework as an essential service. This means that all NHS community pharmacies must be able to dispense a repeatable prescription if one is presented to them.

Since July 2009 it has been possible to use repeat dispensing via Release 2 of the Electronic Prescription Service (EPSr2). This is called electronic repeat dispensing to differentiate it from paper based repeat dispensing.

The decision whether to use eRD arrangements for the supply of a patient's repeat medicines is a matter for the prescriber's clinical judgement and mutual agreement between the prescriber, patient and, ideally the pharmacist.

What are the benefits of repeat dispensing?

- It is expected that eRD arrangements will make it easier for patients with **stable long-term conditions** to obtain repeat prescriptions, speed up services and relieve pressure on GP surgeries.
- It is also an opportunity to make better use of pharmacists' skills by helping patients get the most out of their medicines and reduce medicines waste.
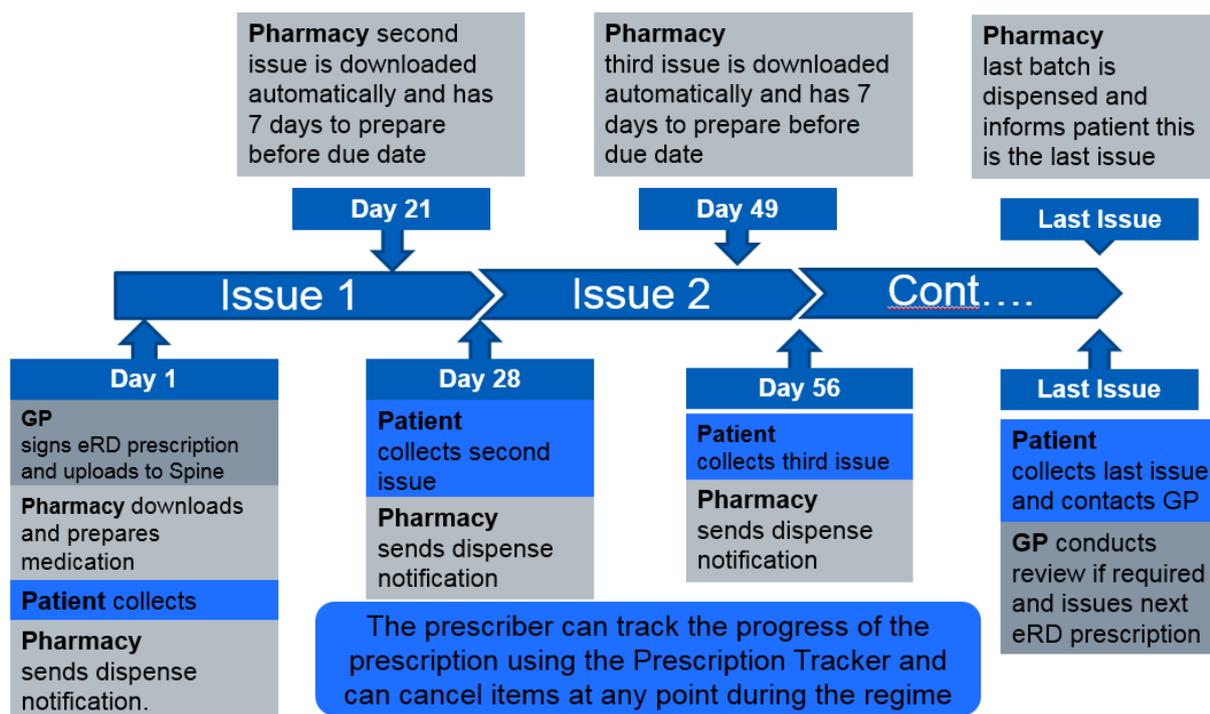
How does Electronic Repeat Dispensing (eRD) differ from existing Repeat Prescribing and Pharmacy Managed Repeat ordering systems?

- eRD sometimes referred to as 'Batch Prescribing', is an alternative model for prescribing and dispensing regular medicines for patients.
- It enables patients to obtain supplies of their repeat medicines directly from the pharmacy, over a period of time, without the need for the patient (or pharmacy) to contact their GP surgery on each occasion for a new prescription.
- The prescriber authorises and issues a batch of prescriptions for *up to* 12 months with just one digital signature.
- eRD stores all issues of the repeatable prescriptions securely on the NHS Spine and delivers them to the patient's nominated pharmacy at the regular intervals which have been set by the prescriber e.g. every 28 or 56 days
- The prescriptions are then available for dispensing at the specified interval *e.g. every 28 or 56 days* by the nominated pharmacy until the next review is due.
- **It is best suited to patients with long-term conditions whose medication is likely to remain stable for the duration of the repeatable prescription**.

Scope

This document is aimed at all GP practice staff involved in operating repeat dispensing arrangements. It is designed to provide clarity about the procedures for undertaking repeat dispensing arrangements within Norfolk Clinical Commissioning Groups.

Electronic Repeat Dispensing Overview

Sourced from NHS Digital eRD presentation https://digital.nhs.uk/Electronic-Prescription-Service/Electronic-repeat-dispensing-for-prescribers

The prescriber retains the ability to change or cancel the prescription at any time. See below under ***Cancelling an electronic repeat dispensing prescription*** for more information.

Prescription Validity

- Repeatable prescriptions **must** be dispensed for the first time within six months of the date of them being written.
- Repeatable prescriptions and corresponding batch issues are valid for a maximum of 12 months from the date the repeatable prescription was written. After this time no further supplies may be made, even if some batch issues remain.

Selection of patients for Electronic Repeat Dispensing

A Health Professional (GP, Practice Nurse/Nurse Practitioner, Practice Pharmacist or Community Pharmacist) can identify patients for whom the electronic repeat dispensing service may be suitable. **However, the final decision as to the suitability of repeat dispensing for a patient lies with the GP.**

Suggested criteria for patient selection

- **Stable long-term medical condition** with no recent unplanned hospital admissions in last 6 months
- Relatively **simple and stable medication regime** with no significant changes in the last 6 months and no anticipated changes for the rest of the batch.
- **Monitoring of medication is up to date** – all relevant blood tests, monitoring and review of medication has been completed within the last 6 months.
- **Disease monitoring is up to date** – attendance at chronic disease clinic within last 6 months.

> **Practical tip:**
>
> ➢ **Start small** – select patients on up to 3 medications and increase numbers as confidence with the process grows.

Exclusions

Repeat dispensing should **NOT** be used for the following patient groups:

- Those requiring **frequent changes** to drug therapy
- Those on **complex** medication regimes
- Those with an **unstable** medical condition and/or recent history of frequent admissions to hospital
- Those requiring regular review (3 monthly or more frequent)
- Drug misusers
- Those requiring terminal/palliative care
- Those in residential institutions i.e. care homes

OR for the following drugs:

- Controlled drugs in Schedules 1-3 (e.g. morphine, fentanyl, oxycodone, buprenorphine, temazepam, phenobarbital)
- Cytotoxic drugs (including methotrexate)
- Unlicensed Medicines
- Other drugs of abuse

> **Practical tip:**
>
> ➢ **Target** patients on medications for specific conditions such as hypertension, diabetes or thyroid disease. Local Pharmacists may be able to suggest suitable patients. *See Appendix 1 for suggested medications and special considerations for setting up eRD templates.*

Consent

Consent from the patient is required for the two way sharing of information between the GP practice and the nominated pharmacy. Written consent is not required but it is good practice to record the agreement in the patient's notes or management plan. When consent is captured by the pharmacy it should be shared with the patient's GP practice.

The following codes are available to document patient consent:

Patient consent given for repeat dispensing info transfer: **System One *XaKRX***
Emis Web *9Nd3*
Snomed CT *416224003*

It is essential to ensure patients are informed of the eRD process before they are set up and they are aware of the need for medications to be reviewed by their GP at the end of the repeat cycle.

Information to help explain eRD to patients is available from NHS digital
https://digital.nhs.uk/article/913/Electronic-repeat-dispensing-for-prescribers (*see Appendix 2*)

> **Practical tip:**
>
> ➢ **Identify a named lead** in the practice to support implementation and ensure two-way regular communication with community pharmacies.

The importance of medication reviews

The eRD scheme provides an ideal focus to review a patient's medication record in line with annual or 6 monthly chronic disease clinic or clinical review.

Before a patient is set up on eRD please ensure the following:

- **The patient's medication list is up-to-date** i.e. there is a current clinical indication for each repeat medication.
- Ensure **doses prescribed reflect those being taken**.
- **Remove any items that are no longer required** / not issued within last 6 months.
- **Standardise quantities** where possible to provide a 28 day repeat cycle or 56 day cycle where appropriate.
- If necessary give a single acute prescription to synchronise the patient's medication. It would be good practice to request patients bring all their medicines in at review to facilitate synchronisation of the prescription.
- Ensure any required **clinical and drug monitoring is up to date** (i.e. relevant blood tests, blood pressure etc.).
- **Ensure patient has attended relevant clinical annual / 6 monthly reviews.**

> **Practical tip:**
>
> ➢ GPs can **opportunistically identify** patients for eRD at medication reviews - task prescription clerks to set up.

Setting up the repeat prescription *(See [Appendix 3](#) for SystmOne, [Appendix 4](#) for Emis Web)*

1. Prescriber to **decide quantity of each item** supplied per issue: 28 or 30 days recommended (max 56 or 60 days) depending on pack size. Some medications come as special containers where it is not appropriate to break down the pack in to a smaller quantity. Liaise with the patient's nominated pharmacy for advice.
   - Synchronisation of the patient's prescription may be required. Check with the patient what stock they already have at home. An acute prescription may be required to ensure all medications are aligned.

2. Prescriber to **decide number of repeat issues** based on patient's review date. Batch issues are valid for 12 months from the date of the master prescription (i.e. maximum of 12 monthly repeats). Consider issuing enough repeat issues to provide 6 months treatment when initiating patients on repeat dispensing.

3. **Ensure the review date is set to occur just before or after the last batch issue is dispensed**.
   - It is essential to allow enough time for the patient to obtain an appointment if they are required to be seen in a consultation, to prevent any delays with reauthorising the repeat prescription
   - If any blood tests are required prior to the review the patient should also be advised to attend for the appropriate tests at a time which will enable the Prescriber to have the test results available when reviewing the patient's medication and authorising a new repeatable prescription.

4. **Ensure any 'recalls' for chronic disease clinics or blood tests are appropriately set up and align with the patient's review date.**

5. The read code ***On Repeat Dispensing System*** (Emis web: 8BM1) / SystmOne: XaJus / Snomed: 414938004) should be entered onto the patient's electronic medical record.

6. **Ensure a pharmacy of patient's choice has been nominated.**

7. Prescriber signs prescription and is stored securely on the NHS spine until downloaded by the nominated pharmacy.
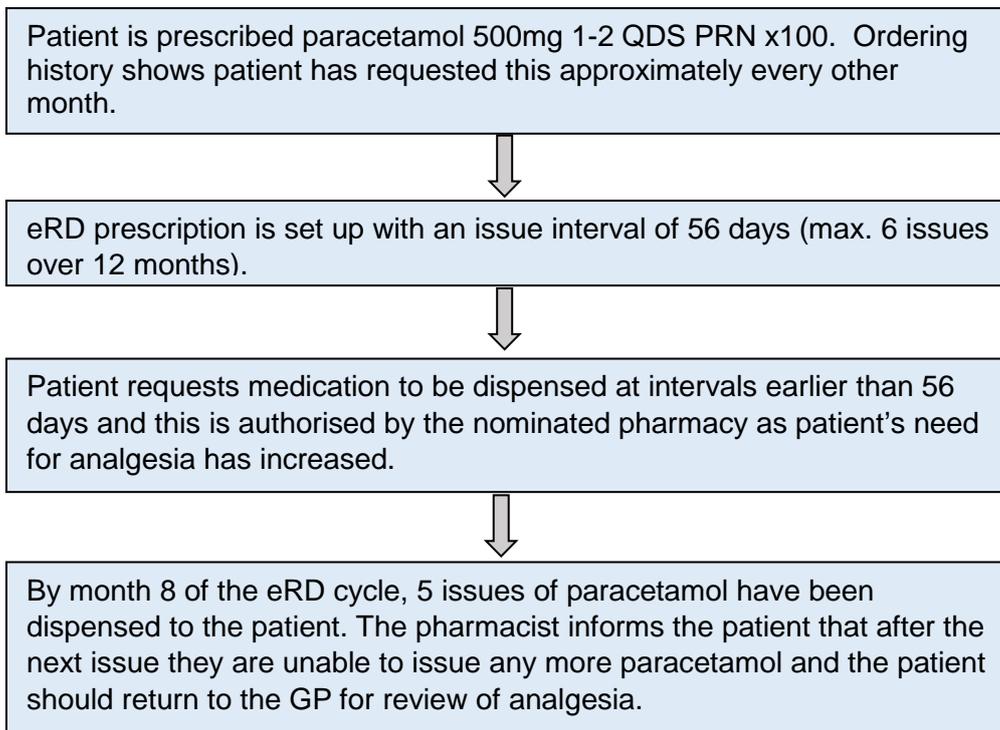
> **Practical tip:**
>
> ➢ **Ensure the patient is aware** that they should collect their prescription every 28 / 56 days and that they do not need to reorder their medication from the surgery until their final repeat issue has been fulfilled. Ensure patients are aware that they may be required to attend a review at the surgery before more eRD prescriptions can be authorised.

When required' ('PRN') issued medication

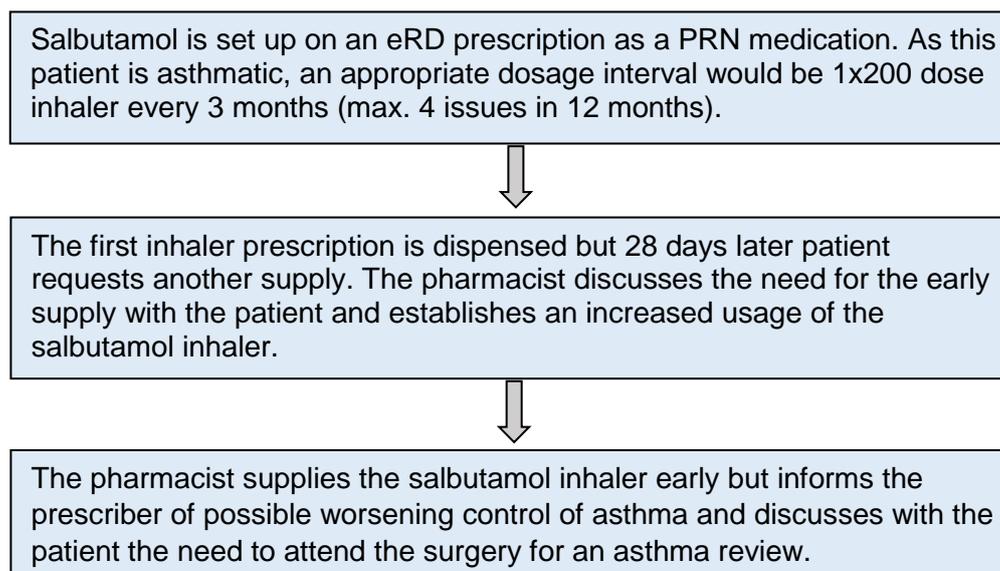When required medication can be prescribed via eRD but it is **recommended that these are prescribed on a separate** eRD prescription to **regular** eRD medication. The prescriber is required to **set the appropriate repeat intervals based on the predicted usage a**nd the nominated pharmacy has the ability to retain the PRN eRD until the patient requires it. Subsequent issues are dispensed as and when required by the patient.

Example:

> Patient is prescribed paracetamol 500mg 1-2 QDS PRN x100. Ordering history shows patient has requested this approximately every other month.

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> eRD prescription is set up with an issue interval of 56 days (max. 6 issues over 12 months).

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> Patient requests medication to be dispensed at intervals earlier than 56 days and this is authorised by the nominated pharmacy as patient's need for analgesia has increased.

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> By month 8 of the eRD cycle, 5 issues of paracetamol have been dispensed to the patient. The pharmacist informs the patient that after the next issue they are unable to issue any more paracetamol and the patient should return to the GP for review of analgesia.

If the patient runs out of a PRN medication, the next issue can be requested early. **The nominated pharmacy must ascertain the need for a repeat supply of PRN medication at each repeat dispensing and use their professional discretion regarding the appropriateness of early requests. Any concerns must be fed back to prescriber to review the patient.**

Example:

> Salbutamol is set up on an eRD prescription as a PRN medication. As this patient is asthmatic, an appropriate dosage interval would be 1x200 dose inhaler every 3 months (max. 4 issues in 12 months).

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> The first inhaler prescription is dispensed but 28 days later patient requests another supply. The pharmacist discusses the need for the early supply with the patient and establishes an increased usage of the salbutamol inhaler.

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> The pharmacist supplies the salbutamol inhaler early but informs the prescriber of possible worsening control of asthma and discusses with the patient the need to attend the surgery for an asthma review.

> **Practical tip:**
>
> ➢ Before setting up a PRN eRD prescription, look at patients ordering history and discuss frequency of use with the patient in order to establish the appropriate repeat quantity and issue interval.

Controlled Drugs

Schedule 2 and **3** controlled drugs **cannot** be prescribed on an eRD prescription. Although legislation has been passed to allow schedule 2 and 3 controlled drugs to be supplied via EPS, IT infrastructure currently does not enable this.

Schedule 4 and **5** controlled drugs **can** be issued on an eRD prescription. Schedule 4 Controlled Drugs must be dispensed for the first time within **28 days** of the signed date on the prescription with subsequent issues valid for 12 months from the signed date. Therefore, intervals of 28 days should be set up on the eRD. Repeat prescriptions for Schedule 5 Controlled Drugs are treated the same as non-Controlled Drugs and must therefore be dispensed for the first time within six months of the appropriate date with subsequent issues valid for 12 months from the signed date. See table below for common examples of schedule 2, 3, 4 and 5 controlled drugs.

Schedule 2 (CD POM)	Schedule 3 (CD No Reg POM)	Schedule 4 (Part 1) (CD Benz POM)	Schedule 5 (CD INV POM)
Diamorphine Fentanyl Morphine* Methadone Oxycodone Pethidine	Buprenorphine Midazolam Phenobarbital Temazepam Tramadol	Diazepam Lorazepam Nitrazepam Zolpidem Zopiclone	Codeine Co-dydramol Dihydrocodeine Co-codamol 8/500mg (quantity ≥ 100) Co-codamol 15mg or 30mg/500, Morphine sulphate solution **10mg**/5ml
Morphine solution (oramorph) – schedule depends on strength of solution morphine sulphate solution 20mg/1ml (oramorph concentrate 100mg/5ml- hardly ever prescribed) is Schedule 2 BUT morphine sulphate solution 10mg/5ml (oramorph) is schedule 5 so does not require prescription requirements etc.			

Reviewing eRD prescriptions

The EPS Prescription Tracker https://www.digital.nhs.uk/electronic-prescription-service/rx-tracker
can be used to obtain details of the status of all eRD prescriptions. The status of the prescription
will change as it passes form the spine to the pharmacy to the patient. The patient's NHS number
or prescription ID is required in order to use the tracker. Searching by prescription ID will list all
issues of an eRD prescription individually including details of the issue date and the number of the
repeat dispensing issue i.e. 1 of 6, 2 of 6, etc.

Interpreting the EPS Prescription Tracker

There are four possible statuses of an eRD prescription:

- Repeat dispense future instance (future issue sitting on the spine)

- Awaiting release ready (due for dispensing)

- Dispensed (medication has been dispensed but may not yet have been collected by /
  delivered to the patient).

- Claimed (the prescription has been sent to PPD for re-imbursement). This can be taken as
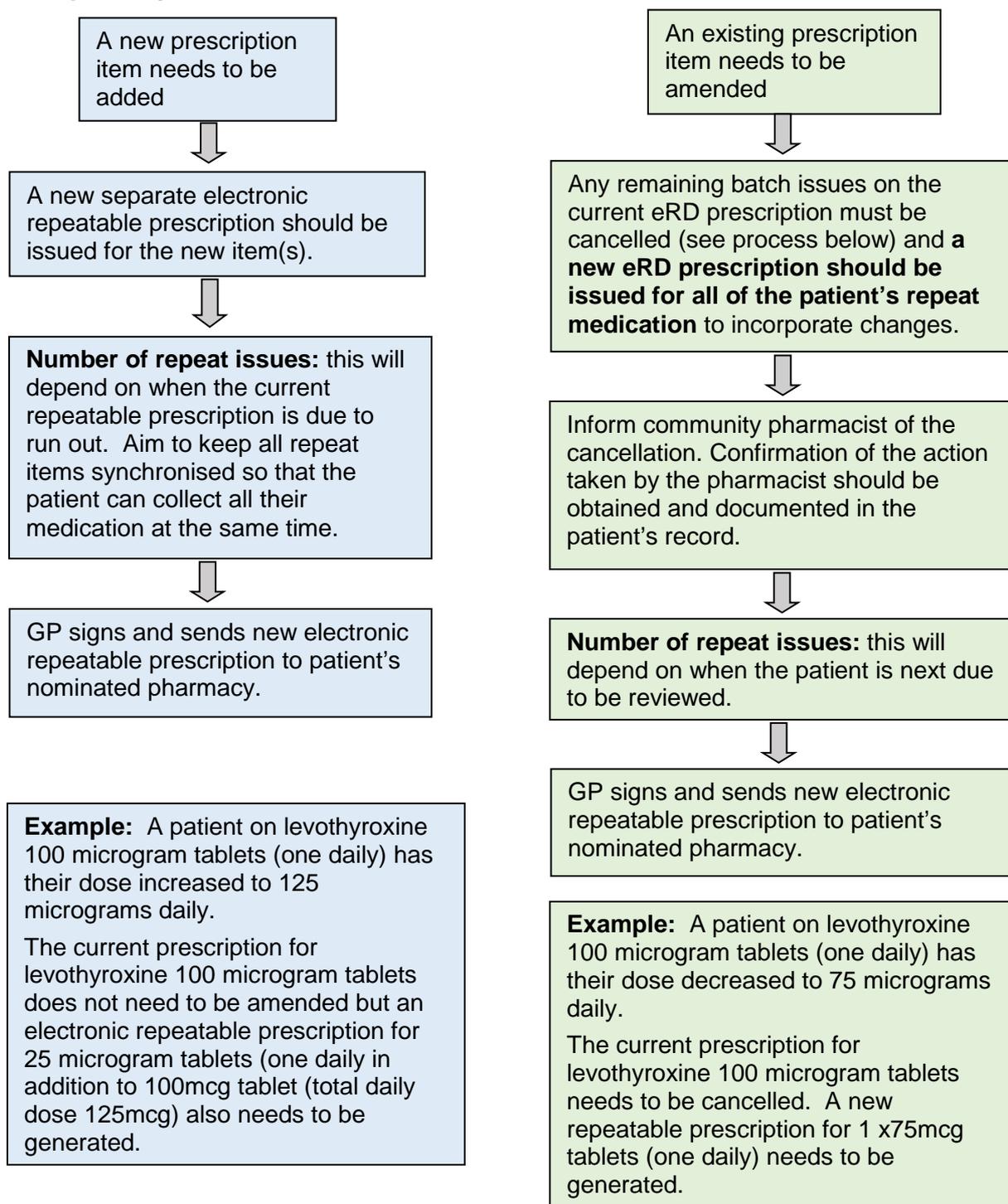 evidence that the medication has been collected by / delivered to the patient.

See below example of the EPS prescription tracker taken from *Electronic Repeat Dispensing eRD:
Prescriber Guide*

Prescription ID	Status	Issue Date	Prescription Treatment Type
03EXXXA81036-6F7200	Claimed	09-Jul-2015	Repeat Dispensing (0003) Issue 1 of 6
03EXXXA81036-6F7200	Claimed	24-Jul-2015	Repeat Dispensing (0003) Issue 2 of 6
03EXXXA81036-6F7200	Claimed	01-Sep-2015	Repeat Dispensing (0003) Issue 3 of 6
03EXXXA81036-6F7200	Awaiting release ready	09-Jul-2015	Repeat Dispensing (0003) Issue 4 of 6
03EXXXA81036-6F7200	Repeat dispense future instance	09-Jul-2015	Repeat Dispensing (0003) Issue 5 of 6
03EXXXA81036-6F7200	Repeat dispense future instance	09-Jul-2015	Repeat Dispensing (0003) Issue 6 of 6

Changes in Medication or Patient Circumstances

The surgery should notify the pharmacy of any changes in medication or patient circumstance that affects the repeat dispensing of medication for the patient using an electronic note. Systems should be in place to maintain records of any communication with the pharmacy regarding medication changes and any resulting action. *Neither an eRD prescription nor its items are unable to be amended and must be cancelled and reissued.*

Minor changes or additions to a patient's prescription in the middle of a repeatable prescription cycle

A new prescription item needs to be added

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A new separate electronic repeatable prescription should be issued for the new item(s).

⬇

Number of repeat issues: this will depend on when the current repeatable prescription is due to run out. Aim to keep all repeat items synchronised so that the patient can collect all their medication at the same time.

⬇

GP signs and sends new electronic repeatable prescription to patient's nominated pharmacy.

Example: A patient on levothyroxine 100 microgram tablets (one daily) has their dose increased to 125 micrograms daily.

The current prescription for levothyroxine 100 microgram tablets does not need to be amended but an electronic repeatable prescription for 25 microgram tablets (one daily in addition to 100mcg tablet (total daily dose 125mcg) also needs to be generated.

An existing prescription item needs to be amended

⬇

Any remaining batch issues on the current eRD prescription must be cancelled (see process below) and **a new eRD prescription should be issued for all of the patient's repeat medication** to incorporate changes.

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Inform community pharmacist of the cancellation. Confirmation of the action taken by the pharmacist should be obtained and documented in the patient's record.

⬇

Number of repeat issues: this will depend on when the patient is next due to be reviewed.

⬇

GP signs and sends new electronic repeatable prescription to patient's nominated pharmacy.

Example: A patient on levothyroxine 100 microgram tablets (one daily) has their dose decreased to 75 micrograms daily.

The current prescription for levothyroxine 100 microgram tablets needs to be cancelled. A new repeatable prescription for 1 x75mcg tablets (one daily) needs to be generated.

Cancelling an electronic repeat dispensing prescription

eRD allows the cancellation of the whole prescription or individual items. If the prescription is already with the nominated pharmacy, it must be returned to the Spine for the cancellation to take place. This cancels future issues of the item or whole prescription. Cancellation can be performed by prescribers and other authorised staff at the GP practice. The cancellation request sends a message to the NHS Spine which generates three potential responses:

- **Successful cancellation** – prescription has been removed from the NHS spine and is no longer able to be downloaded by the pharmacy.

- **Unsuccessful cancellation, 'with dispenser'** – **prescriber will need to contact the nominated pharmacy** to request the prescription is returned to the NHS Spine. Once the prescription is returned to the NHS Spine the prescriber will receive a successful cancellation response.

- **Unsuccessful cancellation – 'dispensed to patient'** – **the GP practice must contact the patient directly** to inform them that the medication(s) should not be administered. The GP practice should then update the patient record manually to reflect the cancellation status.

If no response is received it cannot be assumed that the prescription or item has been cancelled. The nominated pharmacy must be contacted to clarify.

Cancellation process:
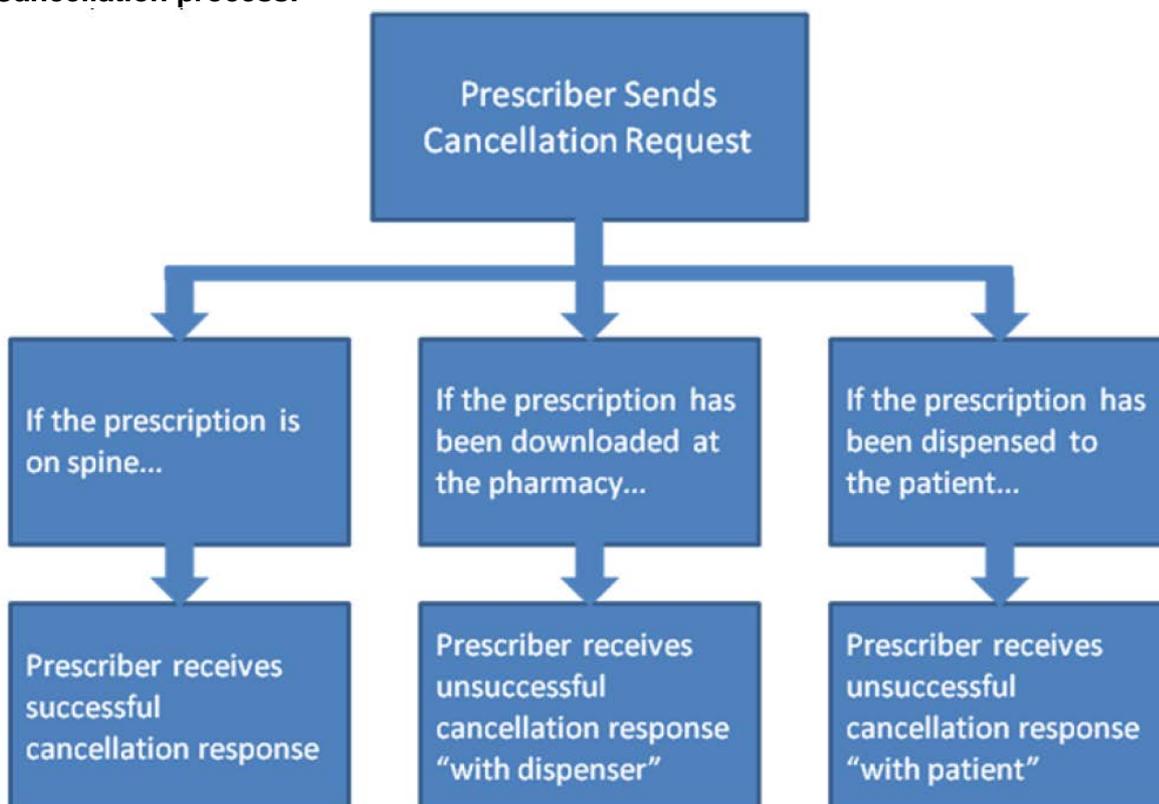
Sourced from NHS England Electronic Repeat Dispensing – Guidance
https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf

Frequent or significant changes in patient's medication or clinical condition

If it becomes apparent that a number of changes to the patient's medication are likely to be necessary over a short period of time, or the patient's clinical condition changes such that significant medication changes are required **it is advisable to remove the patient from the repeat dispensing scheme until their medication stabilises again.**

The nominated pharmacy must be notified of the removal of the patient from the eRD scheme and cancellation of any remaining batch issues

Initiating new medication

- Separate acute prescriptions should be issued for the new medication until it is clear that the patient's condition is stabilised.
- Once stabilised, a separate repeatable electronic prescription should be issued for the new item(s).
- The number of repeat issues on the new repeatable prescription form will depend on when the current repeatable prescription is due to run out. The aim being to keep all repeat items synchronised so that the patient can collect all their medication at the same time.

Short courses of treatment

Such items should be issued on a separate acute prescription.

Hospital prescription or letters

If changes are made to a patient's medication following hospital attendance, the Practice should generate any new electronic repeat prescriptions and cancel any current batch issues as necessary. The nominated pharmacy should be notified of any changes as soon as possible.

Out of Hours Services

Changes made to a patient's medication following a consultation with the Out of Hours service should be dealt with in the same way as for patients whose medication is changed following hospital attendance.

Changes to patient's circumstances

Can a patient change their nominated pharmacy mid-cycle?

A patient can change their nominated pharmacy at any point within the eRD cycle. All outstanding eRD prescriptions will be transferred to their new community pharmacy. Any prescriptions which have already been downloaded can be returned the NHS spine to be pulled down by the newly nominated pharmacy.

What happens when a *patient* changes GP practice mid cycle?

The prescriber must cancel all outstanding issues of the eRD via their prescribing system. If any outstanding issues have been downloaded, they must contact the nominated pharmacy to request they are returned to the NHS spine. **The patient should be notified that any current outstanding issues of eRD prescriptions are no longer available from their nominated pharmacy.**

What happens when a *prescriber* changes GP practice mid cycle?

If a prescriber has issued an electronic repeat dispensing prescription and the prescriber changes GP practice before the expiry of all issues of the prescription, if the prescriber and the responsible party are the same person, **the prescriber must electronically cancel all outstanding issues of electronic repeat dispensing prescriptions via their prescribing system.**

They must also contact the pharmacy if any issues of an electronic repeat dispensing prescription have been downloaded, to request they are returned to the NHS Spine as not dispensed. They are then automatically cancelled and the patient record updated. **The GP practice should then manage the re-prescribing of the patient's medication by another GP within the Practice**

In the current system prescribing cost is associated with the prescriber and their registered location. This means that if the prescriber moves GP practice the prescribing costs of the electronic repeat dispensing will move with them, even if the patient doesn't. This also retains clinical responsibility for the prescription with the patients prescribing site.

What happens when a patient dies?

Automatic cancellation of all outstanding prescriptions will occur when the Personal Demographics Service is updated with notification of death. Good practice for the GP practice to contact the nominated pharmacy to inform them of the death.

Feedback from Community Pharmacy

When patients fail to collect their medications or inform the pharmacy that items are no longer required, the pharmacy must return the prescription to the spine and inform the GP practice. The Local Pharmaceutical Committee (Norfolk LPC) have instructed pharmacies that this can be done by sending a copy of the prescription token to the practice with 'RETURNED' written through it via collection bags/envelopes or contacting the practice by telephone to inform them. The practice must take appropriate action to follow up and review patients if medications are not being collected or taken for any reason.

Practical tip:

➢ Consider meeting with your local community pharmacies to establish preferred methods of communication regarding eRD processes.

Further Information and Training

Further information on eRD is available from NHS Digital https://digital.nhs.uk/Electronic-Prescription-Service/Electronic-repeat-dispensing-for-prescribers

This includes the following resources:

- Maximising eRD toolkit to help prescribers and dispensers make the most of eRD
- eRD prescriber quick guide
- eRD prescriber guide
- eRD presentation
- Explaining eRD to patients
- eRD e-Learning module for prescribers

Useful link:
NHS England guidance
https://www.england.nhs.uk/digitaltechnology/info-revolution/erd-guidance/

Appendix 1: Suggested examples of medications which may be considered for eRD

N.B. These lists are not exhaustive but offer examples of medications and any issues which need be to be taken in to consideration before setting up for eRD.

Medication	Examples	Explanation
Anti-hypertensives	Beta blockers, ACEi (i.e. ramipril, perindopril), ARBs (i.e. losartan, valsartan), Calcium channel blockers (amlodipine, lercanidipine, Zemtard XL)	These medications are taken on a regular basis for long term indications which will be reviewed in chronic disease clinics. The usual default issue interval for these medications will be 28 or 56 days.
Antiplatelets	Aspirin, clopidogrel	
Lipid regulating drugs	Statins, fibrates	
Hypo-glycaemics	Metformin, sulphonylureas, SGLT-2i (gliptins), DDP4-i (e.g. dapagliflozin, canagliflozin, empaglifozin)	
Thyroid medication	Levothyroxine	
Antidepressants	SSRIs (e.g. sertaline, citalopram, fluoxetine), SNRIs e.g. venlafaxine	
Long acting preventer inhalers for	Steroid inhalers (e.g. Clenil, Qvar), ICS/LABAs (e.g. Fostair, Flutiform, Seretide, Symbicort, Duoresp), LAMAs (e.g. Braltus, Eklira, SeeBri, Spiriva)	
Drugs for bone protection	Bisphosphonates (e.g. alendronic acid, risedronate), Calcium and vitamin D preparations (e.g. Adcal D3)	
Continence appliances	Catheters, catheter bags, catheter accessories.	Nominations can be set up with appliance contractors. Set up appropriate quantity and issue interval as per NEL CSU continence formulary and prescribing guide
Stoma appliances	Colostomy, ileostomy and urostomy bags, stoma accessories.	Nominations can be set up with appliance contractors. Set up appropriate quantity and issue interval as per NEL CSU Key Message Bulletin 20 and 21

Medications requiring special consideration for eRD - see explanation / recommendations

Medication	Explanation	Considerations / recommendations
Short acting reliever inhalers i.e. salbutamol	Well controlled asthmatics should not require >4 inhalers per 12 month period. Requests for more than this indicates poor control or reliance on reliever therapy.	*Check usage with patient:* **COPD** patients may require regular reliever use – appropriate issue interval may be every 28-56 days. **Asthma** patients - appropriate repeat issue interval may be 1 inhaler every 3 to 4 months
Insulin	Some T2DM patients may be on small units of insulin therefore one pack of 5 pens or cartridges may not be required every month. T1DM (& some T2DM) – may be on large doses and therefore require more than one box of 5 pens or cartridges every month.	*Clarify dose with patient.* Set up appropriate quantity and repeat issue interval.
Insulin Needles	Some T2DM patients may only administer insulin only once or twice a day therefore 1 once box of 100 needles may last more than 28 days. Patients on basal bolus insulin regimes (T1DM) may be injecting 4 times a day and therefore will need one box of 100 needles every month.	*Check usage with patient.* Set up appropriate quantity and repeat issue interval.
Blood Glucose Test strips	T2DM patients on oral treatments which carry a risk of hypoglycaemia may not need to test their blood sugars regularly unless pregnant, driving or operating machinery.	*Check appropriate quantity and issue interval with practice diabetes nurse.* T1DM, patient on insulin pumps, patients on oral hypoglycaemics who drive or operate machinery, patients with diabetes who are pregnant will need to test regularly.
Emollients	May not be required on a monthly basis unless dermatological indication.	Patients with eczema, psoriasis and other diagnosed skin conditions may require >500g to be issued every month. *Check usage with patient. Set up appropriate quantity and repeat issue interval.*
Eye lubricants	Some products have an extended shelf life after opening therefore may not require re-issuing every 28 days.	**Check product expiry and usage with patient.** Set up appropriate quantity and repeat issue interval**.**

Appendix 2 – Example wording for Explaining Electronic Repeat Dispensing (eRD) to patients

You can use the information below to explain to patients how Electronic Repeat Dispensing (eRD) works. You can copy and paste the content into a letter or leaflet or you could include it on your website.

If you or someone you care for uses the same medicines regularly, you may be able to benefit from using the NHS Electronic Repeat Dispensing (eRD) service.
This means you won't have to re-order or collect your repeat prescriptions from your GP practice every time you need more medicine.

Step 1
Talk to your GP or the person who prescribes your medicines and ask them if you can use Electronic Repeat Dispensing (eRD). Your prescriber will usually be your doctor or practice nurse.

If your prescriber thinks that you could use eRD for your regular medicines, they will ask you for permission to share information about your treatment with your pharmacist. This will help your pharmacist to give your prescriber feedback about your treatment and provide you with useful advice.

Your GP or prescriber will then authorise a number of eRD prescriptions. This will be based on your circumstances and clinical need. These eRD prescriptions will then be supplied by your pharmacy at regular intervals.

Step 2
Collect your first eRD prescription from your pharmacy.

Step 3
Next time you need more medicines, go back to your pharmacy.

Before dispensing the next issue of your prescription, your pharmacy will ask you the following questions:
- *Have you seen any health professionals (GP, nurse or hospital doctor), since your last repeat prescription was supplied?*
- *Have you recently started taking any new medicines - either on prescription or that you have bought over the counter?*
- *Have you been having any problems with your medication or experiencing any side effects?*

If you don't need all of the medicines on your prescription, let the pharmacy staff know, so that they only supply the medicines you need. This will help to reduce waste and save the NHS money.

Step 4
When your pharmacy supplies your final eRD prescription in the series that your GP has authorised, they will advise you to contact your GP practice. Your doctor or practice nurse may want to see you to review your medication before they will authorise more eRD prescriptions.
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Appendix 3 – Setting up an electronic repeat dispensing prescription on Systm One

Note: You must have been granted the 'Repeat Prescriber' access right by a System Administrator to be able to perform repeat dispensing.

To repeat dispense one or more repeat templates:

1. Retrieve the appropriate patient record.
2. Select the 'Repeat Templates' node from the Clinical tree.
3. Select the template(s) you want to repeat dispense. Medications with the same issue interval can be grouped together on the same eRD prescription. To select more than one from the Repeat Templates view, hold down **Ctrl** and click on each template.

4. Click ![RD icon] under the 'Repeat Templates' heading:

The issue date(s) for the repeat template(s) will start on today's date for each repeat.

If your selection contains repeats without maximum issue counts, the following message will be displayed:
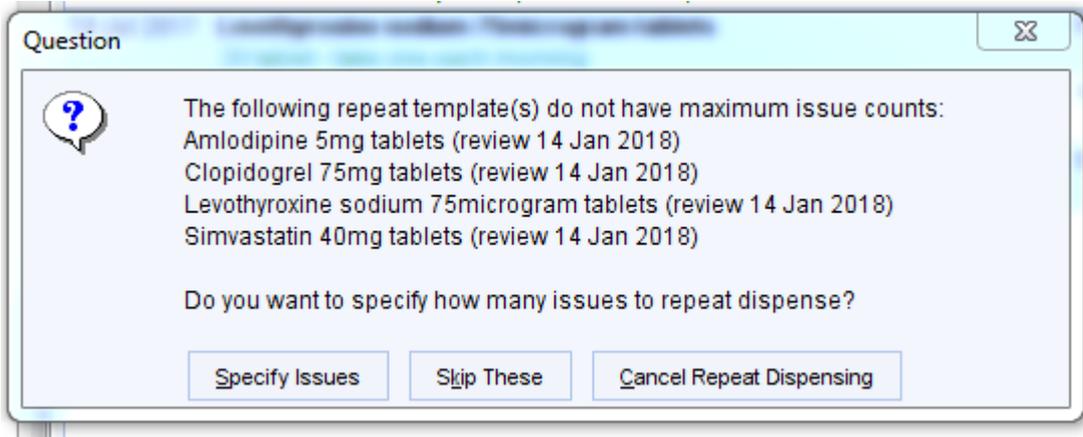
5. Click **Specify Issue Count** to manually enter the number of issues for the repeats without a maximum issue count.
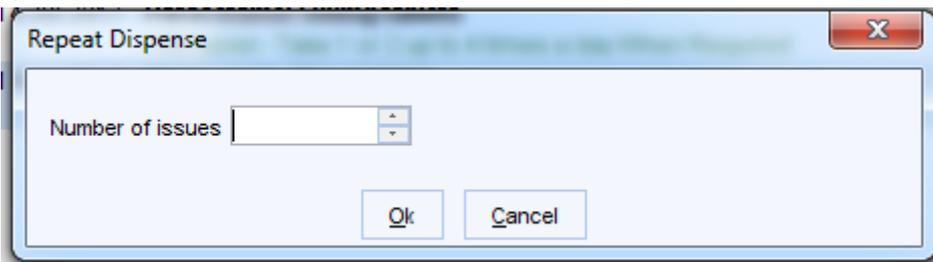
You can issue repeat dispensed medication up to one year in the future, or up to the review date set on the repeat template. Remember that the maximum issues cannot be more than the review date i.e. if the review date is in 6 months you cannot set up 12 months of repeat dispensing

The [RD] icon is displayed in the **Flags** column beside the template you have repeat dispensed. For an explanation of any other icons displayed in the **Flags** column, hover the mouse over the icons.

The date in the **Last Issued** column indicates when the next selected repeat dispensed issue is due to begin and can be a future date. You can work out when repeat dispensed issues are due to end by looking at the date in the **Expected Next Issue** field in the 'Template Details' panel at the foot of the view (click ⬚ in the toolbar at the top of the Repeat Templates view if this panel is not visible). **Tip:** The date any issues have been future dated to is displayed in the New Journal, after the medication details.

Click the **Save** button in your toolbar or click either 🖨 or 🖨 and proceed as usual.

For multiple repeat dispensed drugs to appear on the same script, the following criteria must be fulfilled:

- issue duration of each drug must be the same
- drugs must be issued in the same consultation and the same number of issues must be issued
- script type must be the same (for example NHS issue/private)

Tip: To create a list of current repeat dispensed medication, select **Reporting > Miscellaneous Reports > Repeat Dispensed Medication Report** from the Main Menu.

Appendix 4: Setting up an electronic repeat dispensing prescription on Emis Web

1. To use repeat dispensing, simply prescribe a course of medication in your usual way, but remember to change the Rx Type to **Repeat Dispensing** on the Add a Drug screen.

2. Type the number of authorised issues. The Authorised Issues field is displayed beside the Rx Types field after you select Repeat Dispensing.

You can issue up to a year's supply of repeat dispensing items. An error message is displayed if you try to exceed the maximum number of issues permitted.

Error

A number of issues must be between 2 and 13 for repeat dispensing.

OK
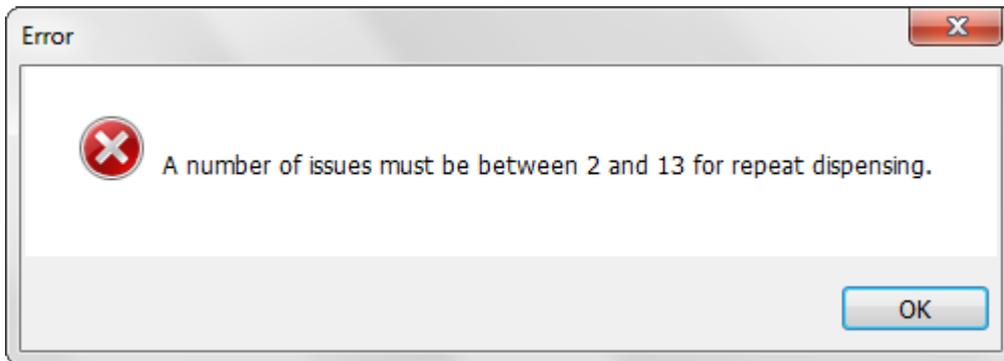
3. Complete the rest of the Add a Drug screen as required, and then at the bottom of the screen, click Issue.
The Issue screen is displayed, ready for you to issue the medication.

On the right-hand side of the Issue Screen, repeat dispensing items are marked as repeatable, followed by the number of issues in brackets.

4. Complete the Issue screen as required, and then click **Approve and Complete**.
The item is displayed under the Repeat Dispensing heading on the Medication screen.

- The expected end date is displayed in the Current Usage column.
- The start date is displayed in the Last Issue Date column.
- The counter is displayed in the final column, and is automatically incremented for you.

It is important to enter the duration correctly when adding the drug so that the counter displays the correct number of issues.
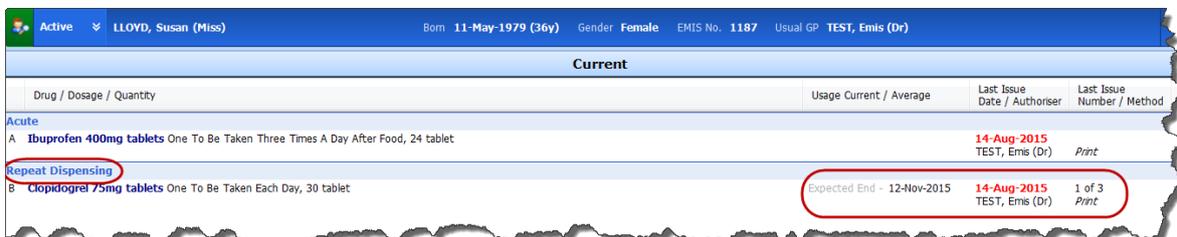
All future issue dates are recorded in the Drug History as batch issue items.
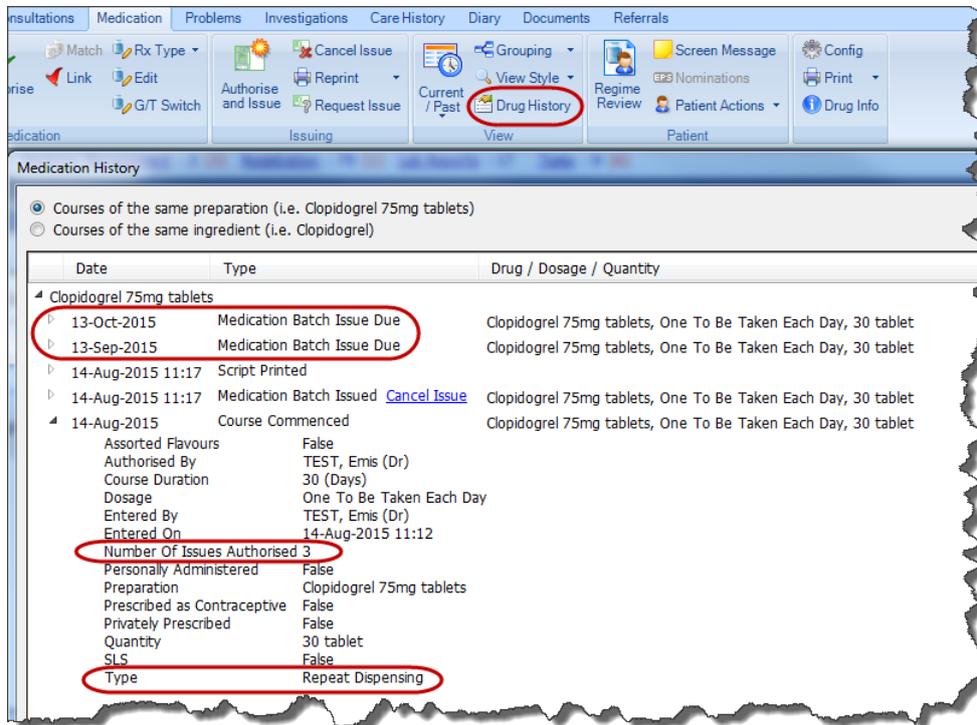
Amending courses

You can change repeat medication issues to repeat dispensing issues by changing the prescription type.

1. Access Medication.

    Click ![ems], point to **Care Record**, and then select **Medication**.
    The Medication screen is displayed.

2. Select the item(s) of medication you want to amend, click **RX Type** on the ribbon, and then select **Repeat Dispensing**.
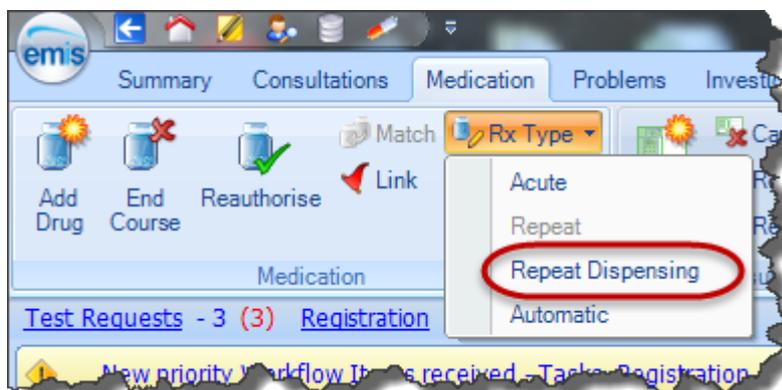
3. On the Change Prescription Type screen, type the number of issues permitted before the item needs re-authorising again.

4. If you want to add a review date for the item, click ▦ and select the required date.

5. If required, beside the Authorising Clinician field, click 🔍 , and then use the Find Users screen to select a new authorising clinician.

6. Click **Authorise** to change the prescription type.

The amended item(s) are displayed, marked as Altered, in the patient's list of current medication, under the Repeat Dispensing heading.

If you change the dose or the quantity, all outstanding issues are cancelled and you will need to reissue them.

If a patient requests an issue earlier than scheduled, for example to go on holiday, EMIS Web automatically cancels the remaining issues and issues a new batch.
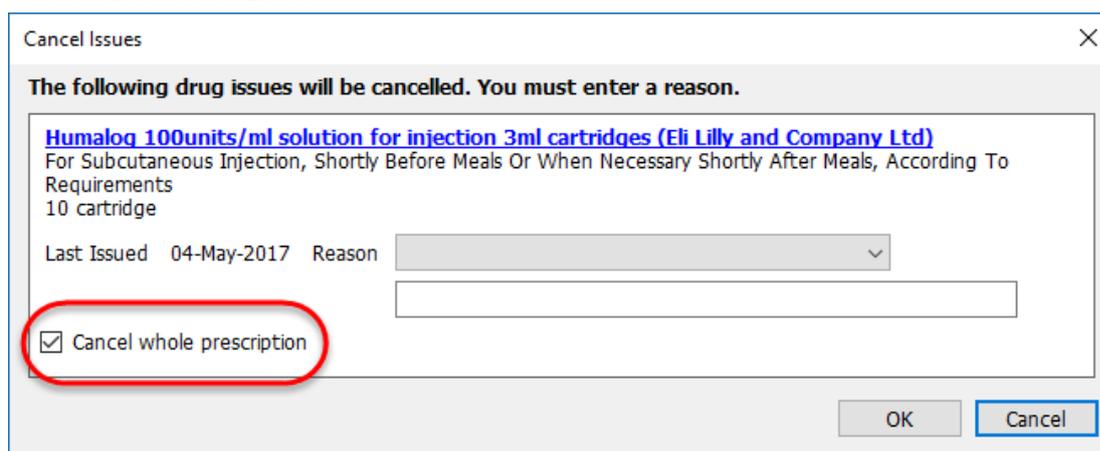
Cancelling issues

Cancel repeat dispensing issues in the same way as you normally cancel a medication issue.

You can select an option in Medication Configuration to cancel the whole prescription when a repeat dispensing prescription is cancelled.
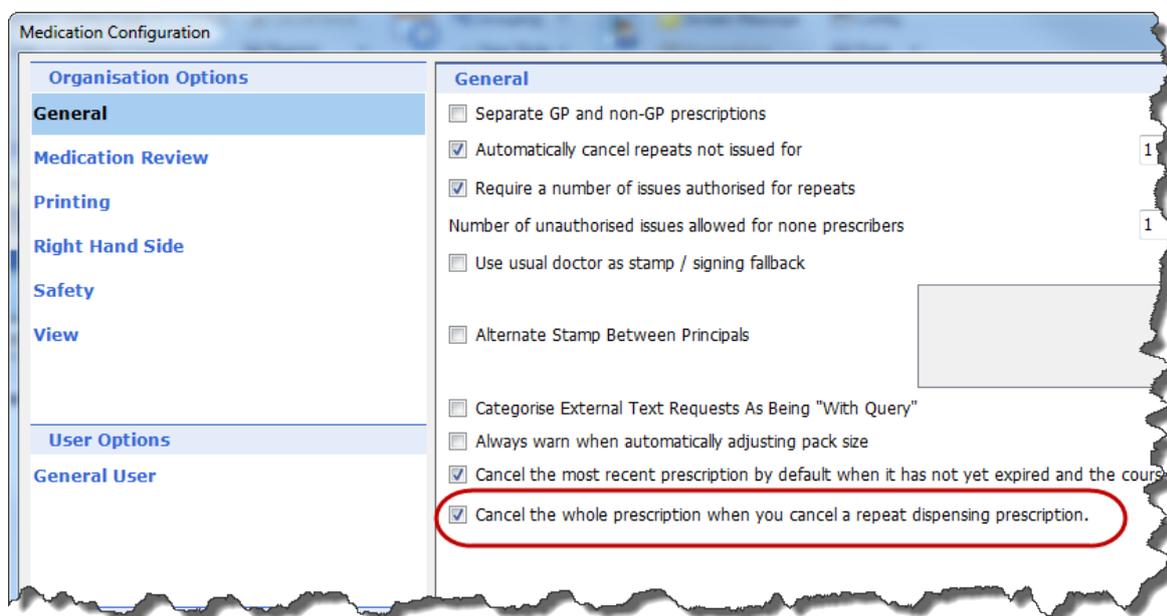
When cancelling the issue, you'll only see the option to cancel the whole prescription if the prescription meets the following criteria:
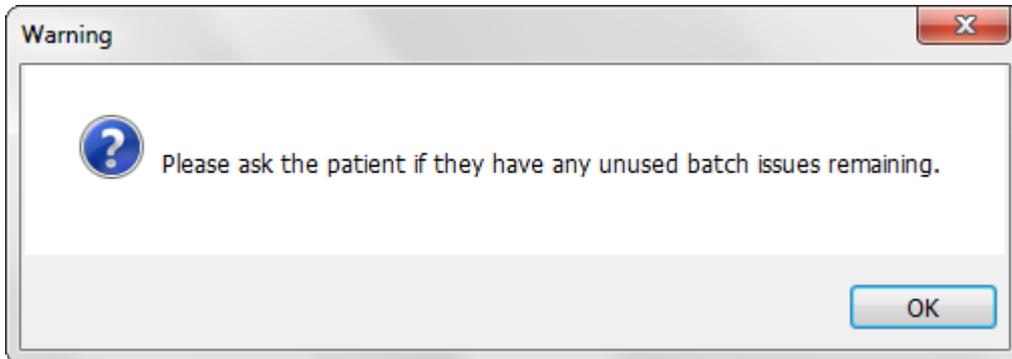
- The course is repeat dispensing.
- The course has future issues outstanding.
- The course is *not* EPS.

Cancelling courses

Cancel repeat dispensing courses in the same way as you normally cancel a course of medication.
If the patient has any outstanding future issues, the following warning message is displayed:

Repeat medication doesn't expire automatically, so you need to cancel it to remove it from the Current Medication screen. EMIS Web runs a daily job to clear cancelled repeat items from the Past Medication screen.