

**SystemOne**  
**Setting up electronic Repeat Dispensing (eRD)**  
**Using Review Dates**

**Do's / Don'ts**

<b>Do</b>	<b>Don't</b>
Agree a plan that your whole team understands	Switch large numbers of patients over quickly without a plan or discussing with patients
Speak to your local pharmacies / LPC and discuss how best to make the switch	Start with patients who are taking a large number of repeats
Make sure you have a way to communicate to patients	Delegate to a junior member of staff without support or supervision
Start slowly and make sure it's working well, and processes are robust before adding more patients on to eRD	Forget if you put everyone on eRD for 6 / 12 months there will be a lot of patients who need reviewing at the same time in 6 / 12 months' time
Review the process after a day or two with local pharmacies	Put PRNs (when required medications) on repeat dispensing – patients will still need to order these items when required
Remember if you set everyone up at once – there will be a large amount of reviews due at the same time e.g. 6 / 12 months' time	Put high risk drugs on eRD
Set up eRDs to coincide with review dates / <a href="#">Blood Monitoring Schedules</a> (Sheffield CCG intranet / Medicines & Prescribing / Sheffield Formulary / Common Blood Monitoring Schedules)	
Name an eRD lead / champion(s) in both the pharmacy and the GP practice to ensure one point of contact	
Ensure medications are ETP compliant before issuing	
Have <b>explicit</b> consent from the patient (even if this is verbal). This must be documented in the patient's record and the following read (SNOMED) code added: "Patient consent for repeat dispensing" XaKRX (416224003). It is good practice to enter the read (SNOMED) code each time the RD is set up (for reporting purposes).	
Document if the patient does <b>not</b> consent to repeat dispensing: "Repeat dispensing services declined" XaXoR (783871000000107)	

## **Appropriate drugs**

Before proceeding assess whether the medication(s) are appropriate for electronic repeat dispensing (eRD).

Things to consider when initiating eRD

### **Patients suitable for eRD**

- On stable medication
- Simple regimen
- Taking no more than 4 oral medications
- Taking the same medications for the last year
- Have an up to date medication review (or refer for a review if deemed suitable)

### **Patients NOT suitable for eRD**

- Patients on 4 or more medications
- Patients with frequent changes to drug therapy
- Terminal illness
- Controlled drugs

### **Medications NOT suitable for eRD**

- High risk drugs (unless the practice has a strict protocol for review which is tied in with monitoring procedures)
- Inhalers
- When required medications such as creams, GTN sprays, seasonal medication

### **Other things to consider**

- Does the practice have a SOP for initiating and reviewing patients that are deemed appropriate for eRD
- Do the pharmacy communicate to the GP practice when they have not dispensed a medication for the patient - is this recorded / cancelled on the patient's record

**eRD for practices using maximum issues**

1. You must have appropriate access rights and authorisation to carry out repeat dispensing
2. Pharmacy process – establish the pharmacy process
  - Do the pharmacy keep eRDs separate?
  - When the pharmacy downloads eRD prescriptions do they dispense them automatically or do they wait for the patient to contact them prior to dispensing?
  - How do the pharmacy inform the GP practice when a patient does not want their medication – it is important that non-compliance of medications is recorded on the practice’s clinical system and the reason why the patient did not require their regular medication.

The pharmacy process will need explaining to the patient.

3. As a practice decide how long you will be setting the eRD up for e.g. 6 months or 12 months’ supply
4. Consider how many days’ supply the patient currently gets

<b>Drug</b>	<b>Directions</b>	<b>Quantity</b>	<b>Issue duration</b>	<b>Days’ supply</b>	<b>Number of eRDs for 6 months</b>	<b>Number of eRDs for 12 months</b>
Levothyroxine 25mcg	Take ONE daily	28	28	28	6	12
Levothyroxine 25mcg	Take ONE daily	56	56	56	3	6
Levothyroxine 25mcg	Take ONE daily	84	84	84	2	4
Enalapril 2.5mg	Take ONE twice a day	56	28	28	6	12
Enalapril 2.5mg	Take ONE twice a day	112	56	56	3	6
Enalapril 2.5mg	Take ONE twice a day	224	84	84	2	4

## 5. Maximum Issues

Ensure all medication that are to be repeat dispensed have the same maximum issues/ issue duration e.g. if the patient has some medications that are for 28 days supply and some that are 56 days' supply you will need to adjust all medication so that the number of days supplied are the same.

If the maximum issues have been reached – the medications must be reviewed and re-authorised BEFORE the patient can be initiated on eRD.

If the patient is part way through the issue cycle – only the REMAINING issues will repeat dispense

An eRD will NOT go past the maximum issue.

Are the medications appropriate for eRD?

Is the medication ETP compliant? If not, can it be changed to an ETP compliant medication?



## 6. Monitoring

### [Blood Monitoring Schedules](#)

(Sheffield CCG intranet / Medicines & Prescribing / Sheffield Formulary / Common Blood Monitoring Schedules)

What medications are you proposing to start as an eRD. When is the patient's drug monitoring due e.g. if the patient is taking levothyroxine when was the date of the thyroid function test – when is it due? Is there a recall in place? The eRD must NOT be set up to go past the monitoring schedule as the blood test may suggest a change in dose.

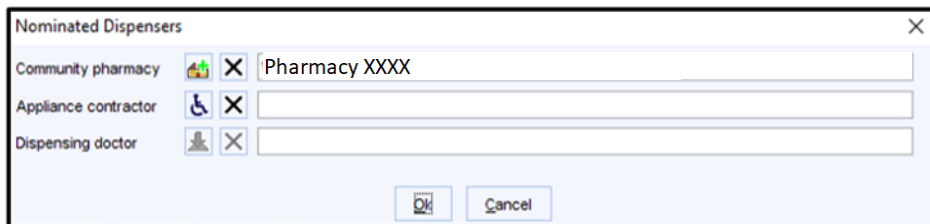
7. Is the patient deemed as appropriate for eRD

Contact the patients and discuss with them whether they would consider eRD. Explain the process and that they will no longer need to order their medication from the GP practice. Inform them of how many months' supply they will be able to receive from the pharmacy and that when the last one is issued; they will need to contact the practice to arrange a further supply pending a medication review.

Make sure the patient is aware which medications will be on eRD and which ones (if applicable) they will need to continue to order through the GP practice such as PRN medications.

Make sure the patient is aware that if they do NOT require an item from their prescription they must inform the pharmacy (although the pharmacy should check before issuing to the patient); it is also the patient's responsibility.

If the patient does not have an active pharmacy nominated, discuss which pharmacy they wish to nominate – the patient MUST have a pharmacy nominated for eRD – otherwise the prescriptions will print. To nominate a pharmacy, select the ETP nomination button and select the pharmacy requested by the patient.



Add a read (SNOMED) code to the patients' record to say that they have agreed to nominate a pharmacy: "Consent given for electronic prescription service" XaZMS (838241000000102)

Add a read (SNOMED) code to show patient consent to eRD "Patient consent for repeat dispensing" XaKRX (416224003). It is good practice to enter the read (SNOMED) code each time the RD is set up (for reporting purposes). Make a note to record the discussion that took place.

Explain to the patient that you may contact them to review how they are getting on with eRD.

Document if the patient does not consent to repeat dispensing: "Repeat dispensing services declined" XaXoR (783871000000107)

## 8. Medication screen

Check that everything is setup correctly.

Ensure that the issue duration etc are correct – [see table in point 4](#)

Click to highlight the medication. Check the quantity, directions and issue duration are all in line. See [table in point 4 for examples](#).

The screenshot shows a medication management interface. At the top, there is a table with the following data:

Authorised	Drug	Last Issued
15 Apr 2020	<b>Citalopram 40mg tablets</b> 28 tablet - Take one daily	Never

Below the table, there is a section titled "1 Repeat template" and "Template Details". The "Template Details" section contains the following fields:

- Expected next issue: [dropdown]
- Issue duration: 28 Days (highlighted with a red box)
- Days between issues: [input field]
- Medication started: Wed 15 Apr 2020

Check the maximum issues – remember the eRD will not go past this. It is important that all items that are to be repeat dispensed have the same maximum issues.

The screenshot shows a medication management interface with a table containing the following data:

Authorised	Drug	Last Issued	Review	Issues
15 Apr 2020	<b>Citalopram 40mg tablets</b> 28 tablet - Take one daily	Never		0 / 6 (0) (highlighted with a red box)

To amend the repeat medication, click to highlight the medication and amend (click the green pencil).



**Amend Repeat Template**

Medication start: Wed 15 Apr 2020

Drug prescribed: Citalopram 40mg tablets

Script type:  NHS Issue  Private Issue  Instalment Dispensed Issue

Dose:

Total quantity:  Number  tablets =  tablet

Packs

Free Text

Script notes:

Administrative notes:

Issue duration:  Days

Use review date

Use maximum issues    Synchronise all maximum issue counts

Patient can initiate issues  Irregularly issued template  Repeat template can be reauthorised

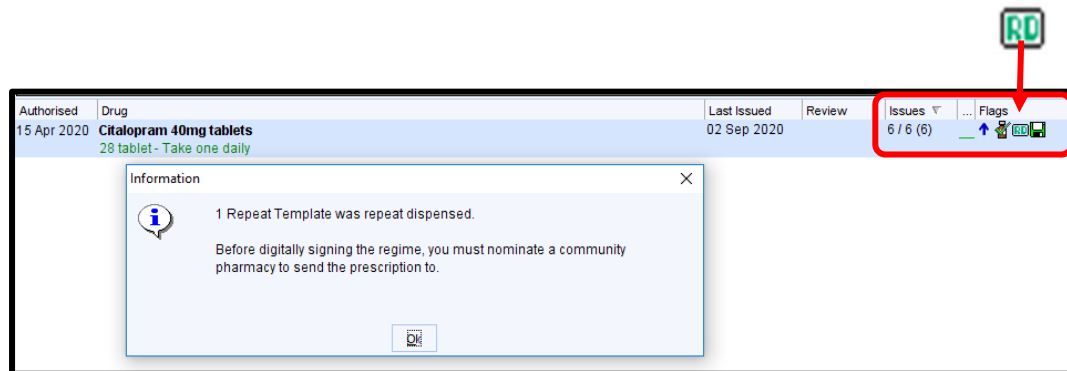
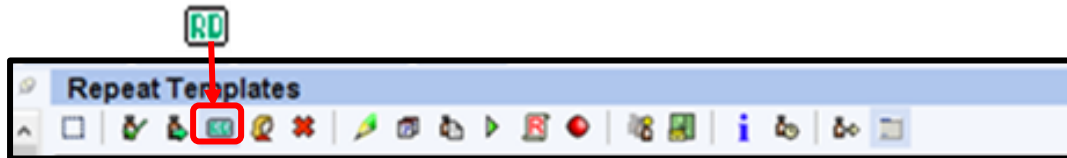
Link to Read code(s):

Record that a medication review has been performed

## 9. How to set up eRD

Once you have established which items are appropriate for repeat dispensing and have gone through the steps above.

Click to highlight the medication to be repeat dispensed (for multiple items hold down the control key on the keyboard (CTRL) and click the items).



Once complete the item(s) will have an RD flag next to it. The number of issues produced will coincide with the maximum issues previously set up.



Press save – make sure that you amend the authoriser (if applicable) to a prescriber.

The screenshot shows the 'Print Issues' window with the following configuration:

- Counterfoil options:** 'Print all repeats if a repeat was issued' (selected).
  - 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:** 'Prescriber XXXX' (highlighted with a red box)
- ETP options:** 'Routine' (selected), 'Nominate dispenser' checked with 'Pharmacy XXXX' (selected), and 'Print tokens' unchecked.
- Recurring patient counterfoil message:** Empty text box with 'Presets' and 'Clear' buttons.
- One-off patient counterfoil message:** Empty text box with 'Presets' and 'Clear' buttons.
- Scripts will be signed, and any tokens printed, later via the Prescription Search screen.** (Yellow highlighted area)
- Script Printing:** 'Print/Sign & Send Later' (highlighted with a red box), 'Print/Sign & Send Now', and 'Do Not Print Them' options.
- Query Prescription:** 'Adds a query note visible to the authoriser when signing' with a 'Presets' button and an empty text box.

Buttons at the bottom: Settings, Ok, Cancel.

Press print / sign & send later - this will place it in the signing queue for the GP

In a couple of weeks / months review processes are working