# **Electronic Repeat Dispensing in Care Homes**

**What is Electronic Repeat Dispensing**

Electronic Repeat Dispensing is a process that allows a patient to obtain repeated supplies of their medication or appliances without the need for the prescriber to hand or electronically sign authorised repeat prescriptions each month.

This allows the prescriber to authorise and issue a batch of repeat prescriptions until the patient needs to be reviewed with one digital signature. The prescriptions are then available for dispensing at the specified interval by the patients nominated pharmacy.

A video explaining the process can be found here [bit.ly/eRDNHSD](https://bit.ly/eRDNHSD) (3 minutes)

Electronic repeat dispensing can be a useful way to reduce workload associated with prescriptions for care homes.

**What are the benefits?**

**Benefits for GP Practice**

The benefits are set out in the videos below but key among these is reduced prescription workload with practices saving over an hour a day purely by using eRD prescriptions rather than paper repeats with additional time savings in the signing process and other administration.

[Managing Repeats](https://youtu.be/CjnJjQf1-Ck) (1min)

[Time Savings](https://youtu.be/I7GNHknoBcM) (50sec)

[Making the Most of eRD](https://youtu.be/mYiNo1S7fv8) (56Sec)

[Considerations to Make](https://youtu.be/gCBS1YbV51g) (1:57min)

[Making Changes](https://youtu.be/HfY9KTrcEPo) (57sec)

[Cancellations](https://youtu.be/ej2tDfkR4aE) (30sec)

[Prescriber Benefits](https://youtu.be/sJU6Jti4dyM) (1:06min)

[General Advice](https://youtu.be/YXKgJqs5pAE) (2:34min)

**Benefits for Community Pharmacy**

* eRD will improve workflow and improve patient satisfaction
* Allows the more efficient management of workload with an increased ability to plan and manage activity through the month
* eRD Reduces medicines waste
* Improved Stock Control
* The potential for missed prescriptions or items is reduced

**Benefits for Care homes**

* eRD reduces administration involved in the prescription ordering process with this requirement only necessary every 3, 6 or 12 months when the repeat process expires and prompted by the community pharmacy.
* There is less likelihood of transcription errors in the ordering process and missed medicines
* For patients on regular Benefits of eRD for patients
* No need to contact the surgery to re-order at regular intervals unless their condition changes
* Improved safety for patients as a result of regular pharmacy-led conversations
* Improved care for patients as a result of greater collaboration between the practice and the pharmacy
* Care Home can retain regular contact with their pharmacy, who is responsible for checking that their circumstances haven't changed since the previous issue of the prescription was collected
* The service is reliable, secure and confidential
* It is recognised that the number of patients that will benefit from this are likely to be higher in a residential setting

**28–Day prescribing**

All care homes should receive prescriptions for 28-day durations. Seek advice from your practice pharmacist before issuing seven day prescriptions for regular medicines for patients in care homes. If a seven day prescription is appropriate, record the reason(s) for this in the patient’s record for future reference.

**Dosage instructions**

Dispensing pharmacies will need enough information to dispense the medication for the care home and for any care staff to administer the medication appropriately. The use of ‘as directed’ instructions should be avoided.

**Ordering**

Before initiating any care home patients on electronic Repeat Dispensing, it is important to ensure that the procedures in place for ordering medicines at the care home are agreed with the pharmacy and GP practice. Failure to set up a clear system that all parties sign up to will result in duplication of medicines and potential failure to order some medicines which could have serious consequences for the care home resident.

**Why are we recommending this?**

The purpose of introducing ERD into the Care Home setting is to reduce the time spent in administering the medicines process to free staff to care for patients. This is particularly true in current circumstances with reduced staff availability. The process itself also provides greater resilience with prescription forms being effectively available ahead of time reducing the risk of any future difficulties of prescription generation should there be a failure in the practice setting to be able to produce prescriptions due to staffing or other failures.

**What needs to happen to enable this change?**

**In general practice**

1. The practice nominates a lead clinician (pharmacist/pharmacy technician/GP)
2. The lead clinician needs to understand how electronic repeat dispensing works for their clinical system. This elearning module covers the practicalities well including videos on how to set up electronic repeat dispensing for SystmOne and EMIS Web <https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>
3. Patient Medicines are synchronised to a 28 day cycle
4. A process for “when required” medication is agreed between the home/pharmacy/GP surgery nominated lead
5. The start date of the cycle is agreed
6. The nominated person at the practice sets up repeat dispensing on the clinical system for each patient
7. An initial batch of prescriptions are issued for each patient/this list can be shared with the home and the pharmacy to check for any issues

**In the care home**

1. The care home nominates a person who leads on medicines ordering and administration
2. The Care home medicines lead will liaise with the lead clinician at the practice/community pharmacy about processes for mid cycle changes
3. The care home lead will check medicines when received from community pharmacy and promptly contact them to address any issues

**In the pharmacy**

1. The pharmacy should ensure that they understand process by which repeat prescriptions are found and regularly downloaded for dispensing
2. The pharmacy will liaise with the surgery and if necessary the home when future batches are required
3. The pharmacy will resolve any issues of medicines supply with the surgery & home and if required get eRD prescriptions altered accordingly
4. Each month as per eRD service specification the Pharmacy should contact the home and check the [four questions](https://telegra.ph/The-4-questions-04-16) when processing next batch

**Further information and resources**

[NCL COVID-19 Electronic Repeat Dispensing Guidance for GP](https://drive.google.com/open?id=1DMeI5BzrNklx76sDEX_qWot5YuInabuY)

[NCL COVID-19 Electronic Repeat Dispensing Quick Start Guide – April 2020](https://drive.google.com/open?id=1lsAJHt9h6uO_tDBptJmJ6rRT-zGW8tyo)

[Wessex AHSN Electronic Repeat Dispensing Handbook](https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf)

[Patient video explaining eRD](https://player.vimeo.com/video/291921078)

[Devon eRD guidance summary](https://telegra.ph/Electronic-Repeat-Dispensing-04-14)

[Youtube Video showing eRD in SystmOne](https://youtu.be/4hUd-csXX3k)

[Another video on Repeat Dispensing in SystmOne](https://www.youtube.com/watch?v=F8jd9VJxTmg)