

This Session is Recorded

The Training Hub will be recording this session and making it available in the Resources/ Video Library section of our website where it can be accessed by the registered users of the Training Hub. Unauthorised recording or sharing of this session is prohibited.

This will be both an audio and a visual recording.

This means:

1. if you participate with your video on or use a profile picture, you are agreeing to have your video and/or image recorded.
 2. if you participate by speaking, you are agreeing to have your voice recorded.
 3. if you participate by making comments in the chat feature, you are agreeing to have your name and comments recorded.
- If you do not want your profile or video image recorded, turn off your video and remove your profile image.
 - If you do not want your voice recorded, mute your microphone.
 - If you do not want your name and comment(s) recorded, do not use the chat feature.

Please note that depending on the recording platform in use, and how the session is accessed there may still be identifiable data captured, such as your name.

If you are unable to communicate during the session due to your wish not to be recorded, please contact the Training Hub to make other arrangements.

All content and information provided by the Training Hub via the website or facilitated sessions is for informational and educational purposes only. It does not constitute educational/teaching advice and does not establish any kind of educational relationship by the use of these services.

Although the Training Hub strives to provide accurate general information, the information presented is not a substitute for any kind of professional advice, and you should not rely solely on this information. Always consult a professional in the area for your particular need and circumstances prior to making professional, legal, instructional and financial related decisions.

Agenda

Novorapid to Trurapi & Blood Glucose testing strips

Amer Zeb - Senior Diabetes Pharmacist.

Electronic Repeat Dispensing

Amanda Downs – Specialist Pharmacy Technician for Education and Training

Practical hints and tips on managing eRD

Nazish Perween - Practice Pharmacist, Lakeside Yaxley

Trurapi switch BGT's

Amer Zeb
Senior Diabetes Pharmacist



Electronic Repeat Dispensing (Batch prescriptions)

Amanda Downs
Specialist Technician for Education and Training

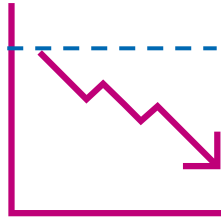


Electronic repeat dispensing (eRD)

eRD is better described as Batch Prescriptions

Electronic Repeat Dispensing (eRD) is a process that allows the prescriber to authorise and issue a batch of repeat prescriptions for a clinically appropriate period up to 12 months with just one digital signature.

From April 2019, as stated in the GP contract, eRD became a contractual obligation for all patients where it is clinically appropriate and the patient consents.



Background

Despite recommendations from the national team to increase Electronic Repeat Dispensing (eRD) to free up capacity in GP practices, the amount of usage in Cambridgeshire and Peterborough ICB is very low compared with the average across England.

As you can see as a percentage of all items C&P ICB currently rank as 54th across the country

EPS Prescribing Data - SICBLs (May 2023)						
REGION NAME	AHSN NAME	SICBL NAME	eRD ITEMS	eRD ITEMS AS A PERCENTAGE OF ALL ITEMS (%)	eRD ITEMS AS A PERCENTAGE OF EPS ITEMS (%)	
NORTH EAST AND YORKSHIRE	NORTH EAST & NORTH CUMBRIA AHSN	NHS NORTH EAST AND NORTH CUMBRIA ICB - 00N	158,243	41.52	42.29	
NORTH EAST AND YORKSHIRE	NORTH EAST & NORTH CUMBRIA AHSN	NHS NORTH EAST AND NORTH CUMBRIA ICB - 13T	459,505	40.73	41.43	
NORTH EAST AND YORKSHIRE	NORTH EAST & NORTH CUMBRIA AHSN	NHS NORTH EAST AND NORTH CUMBRIA ICB - 00P	293,128	40.28	40.93	
EAST OF ENGLAND	EASTERN AHSN	NHS HERTFORDSHIRE AND WEST ESSEX ICB - 07H	41,115	8.03	9.67	
EAST OF ENGLAND	EASTERN AHSN	NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	128,136	7.99	9.66	
NORTH EAST AND YORKSHIRE	YORKSHIRE & HUMBER AHSN	NHS SOUTH YORKSHIRE ICB - 02Y	49,778	7.5	7.74	
MIDLANDS	WEST MIDLANDS AHSN	NHS COVENTRY AND WARWICKSHIRE ICB - B2M3M	127,022	7.45	8.72	
SOUTH WEST	WESSEX AHSN	NHS DORSET ICB - 11I	88,874	7.44	7.87	

The average sized practice has potentially



1200

There are potentially 1200 patients per practice that COULD be considered for Batch prescriptions . These consist of :

400

patients that are on 1 regular repeat medication with no changes in the last year

400

patients that are on 2 regular repeat medication with no changes in the last year

400!

patients that are on 3 regular repeat medication with no changes in the last year

Benefits to the surgery



Time saving

On average save over an hour of practice staffs time , an hour and a half of GP's time a day on electronic scripts verses paper scripts



Reduced workload

prescriptions only need to be issued once or twice a year



Improved safety

Pharmacies are obliged to ask patients at every visit if they require all items on their prescription before each issue to avoid medicines wastage.

(Patients do not have a paper prescription that can be misplaced . The service is reliable , secure and confidential) - to remove? most of practices use EPS



Workload can be managed in advance

Patients requiring blood tests etc can be booked in one month prior to the end of their "Batch" . Therefore, reducing the need for urgent prescriptions and appointments



Reduced footfall in the practice

Patients do not need to contact the surgery to reorder at regular intervals unless their condition changes,.



Reduction in calls chasing prescriptions

If a patient goes on holiday in the UK, any pharmacy can pull down the prescription from the spine . Therefore, removing the need for an emergency prescription if a patient forgets their medication etc .



Total time saved by switching 80% of repeat prescriptions to eRD
1110 hrs per year per practice

Therefore, even if you were to switch 1-3% of repeats.

It would save the surgery
15-45 minutes per week

Electronic Repeat Dispensing

#UseERD at your
GP practice to save time
and money



Benefits for the patients

Better care for patients

Practices and pharmacies work closer with each other

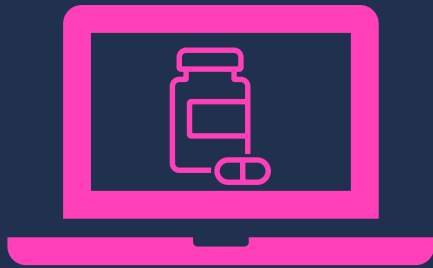
The service is reliable , secure and confidential

Patients can go directly to the pharmacy to collect their prescription and will only need to visit the GP's once or twice a year for their review

The patient's pharmacy can pull down a prescription early to cover holiday supplies

If a patient goes on holiday in the UK any pharmacy can pull down the prescription from the spine . (ithas been said before)

Eligibility Criteria for Electronic Repeat Dispensing



Those on a stable list of medicines with:

- No significant changes in the last 6 months.
- No changes anticipated for the duration of the batch of prescriptions (usually 6 or 12 months).

Stable dosage regimens

Those with stable medical conditions

No recent unplanned hospital admissions (in the previous 6 months).

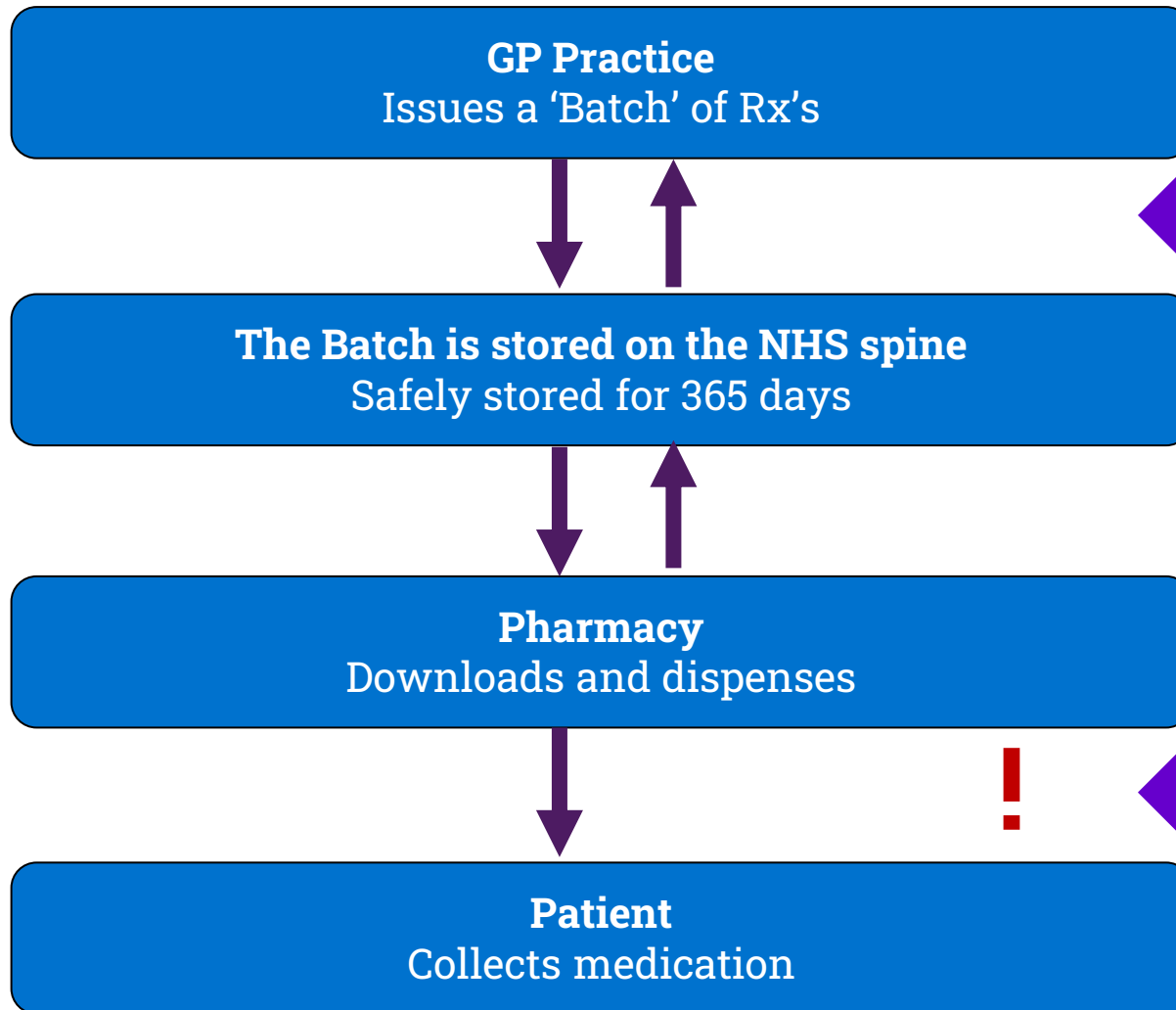
No new conditions diagnosed in the past 6 months. Those who are up to date with their medication monitoring

Medication review completed within last 6 months prior to first eRD prescription. (If not, could be considered for a telephone review).

Those with up-to-date disease monitoring.

- Appropriate blood tests performed within appropriate timeframe and recorded in the patient notes.
- Attendance at any required clinics.

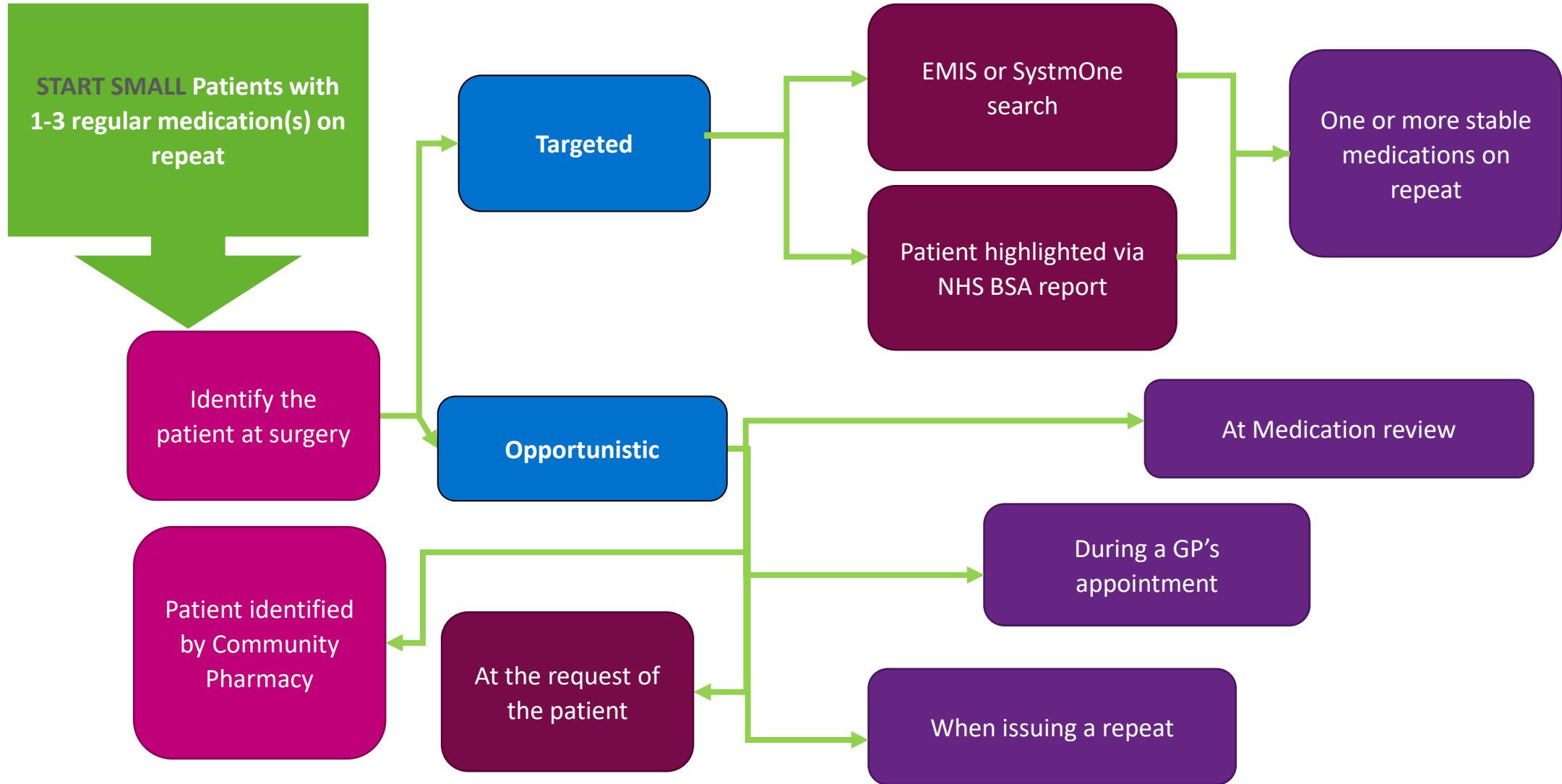
How does it work?



- Whole prescriptions or individual items can be cancelled at anytime . As long as the dispensing pharmacy has not drawn it down from the spine
- If cancelled all of the subsequent issues on the Spine will be cancelled along with it

- Pharmacies can Draw down a single prescription from the spine if needed- such as if a patient was on holiday
- Nominated Pharmacies can be changed at any time, Any outstanding Prescriptions will be transferred to new nominated Pharmacy

Identifying suitable patients



eRD champions



Role of General Practice eRD Champion

- Act as the practice point of contact for eRD.
- Update practice colleagues with the current eRD levels.
- Highlight areas where eRD could be better used.
- Monitor the use of eRD locally and keep a log of any issues.
- Act as a point of contact for colleagues and patients who have queries about the system.
- Promote eRD at patient groups.
- Ensure patient information for eRD is well positioned and used within the GP practice.
- Liaise with community pharmacy colleagues.
- Provide training to other colleagues as needed.

Role of Community Pharmacy eRD Champion

- Act as the pharmacy point of contact for eRD.
- Act as a point of contact for colleagues and patients who have queries about eRD.
- Promote eRD to patients.
- Ensure that the pharmacy is meeting its contractual obligations for eRD.

Ensure :

- Pharmacies in the area are informed
- Patients understand eRD process

Effective communication between patients and/or their carers, GP practices and community pharmacies is essential for all parties to realise the full benefits of the eRD process.

Important communication



Do you get regular medicines?

Save time and help your GP practice, your pharmacy and the NHS by using electronic repeat dispensing.

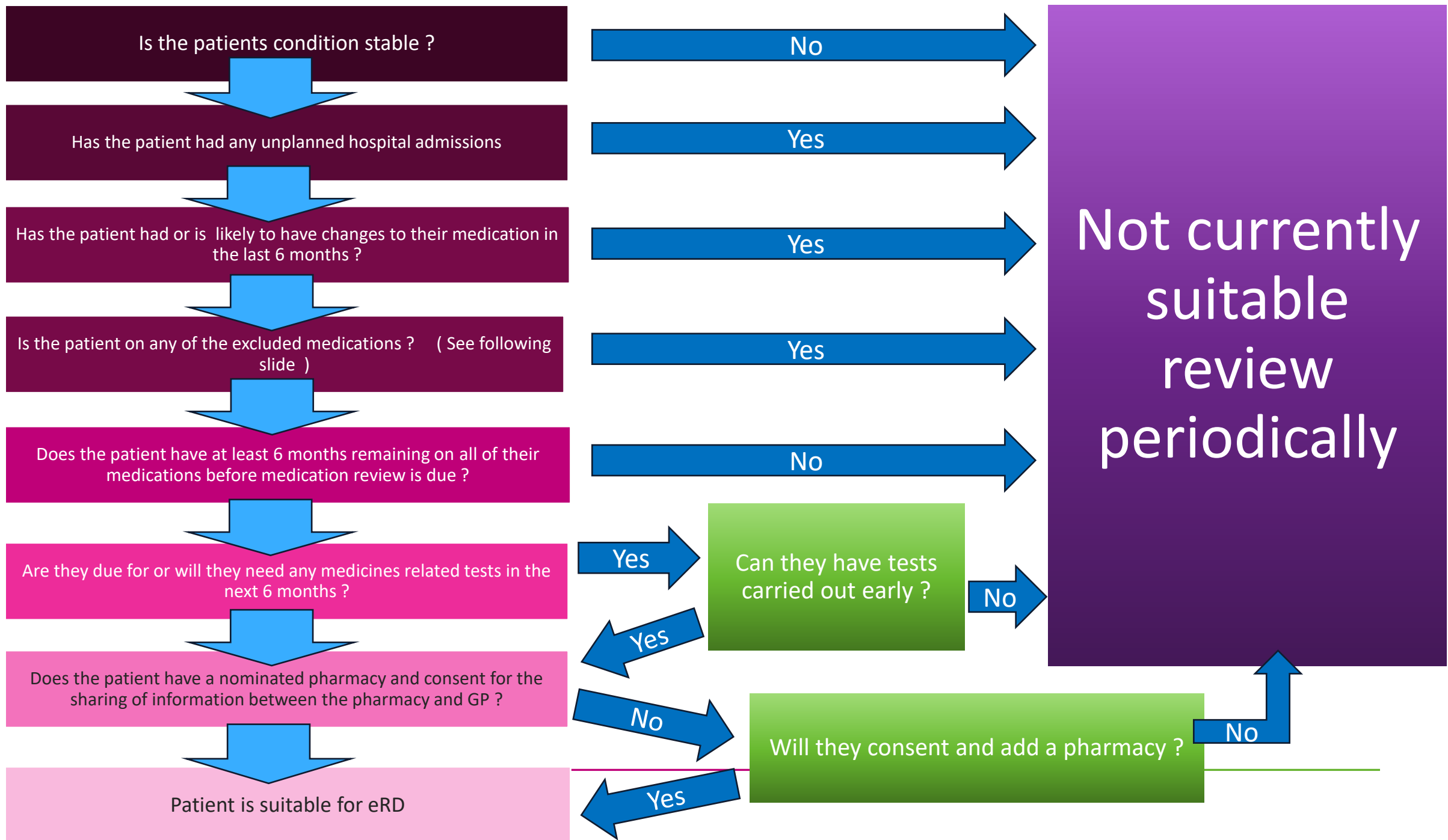
Your doctor will send a series of repeat prescriptions to your pharmacy in one go, so there's no need for you to order them each time.



Visit www.nhs.uk/e-prescriptions or ask your doctor or pharmacist for more information.

eRD Process





Exclusion criteria – The following medicines are NOT suitable or eligible for eRD



- Controlled drugs (including temazepam and tramadol).
- Benzodiazepines.
- Hypnotics.
- Drugs which require close and careful monitoring e.g. methotrexate.
- Unlicensed medicines.

Select drug to exclude it for eRD					
DMARDS					
Asacol		Gentamicin		Mycophenolate Mofetil	
Atomoxetine		Hydroxycarbamide		Neoral	
Azathioprine		Leflunomide		Nintedanib	
Bosentan		Lisdexamfetamine		Prograf	
Cicloporin		Melatonin		Riluzole	
Cinacalcet		Mercaptopurine		Rotigotine	
Clexane		Mesalazine		Sirolimus	
Dapsone		Methotrexate		Sulfasalazine	
Dexamfetamine		Methylphenidate		Tacrolimus	
Enoxaparin		Midodrine			
DOACS					
		Rivaroxaban			
		Dabigatran			
		Apixaban			
		Edoxaban			
		Enoxaparin			
MISCELLANEOUS					
Liquid medication		Nebules		Warfarin	
Catheters (appliances)		Sachets (ex. Laxido)		Insulin	
Inhalers		Feed		Test strips	
Cream/ointments		Antidepressants		Sharps bin	

Suitability criteria for eRD

Example of possible drugs which **MAY** be considered not suitable for eRD

GPs and prescribers can choose any specific drugs that they wish to exclude

NHS Numbers for patients potentially suitable for eRD



NHSBSA have introduced a service for GP practices to receive NHS Numbers for patients who may be eligible for eRD. Patients will be identified through the following metrics:

These can be accessed by contacting

nhsbsa.epssupport@nhs.net

They can provide two types of data : You need to provide them with the following information

practice code and **specify which set of data** you would prefer

- **Full month Report** : will identify all patients, which have been identified as being potentially suitable for eRD prescribing for the last 12 months
- **New NHS Numbers report** : which will identify all patients which have been identified as being potentially suitable for eRD prescribing between a specified start and end date

Metric	Description
Patients on single medication for the last 12 months	Use as a metric for priority 1 cohort. Identify patients on a single unchanged medication for the last 12 months on EPS.
Patients on two medications for the last 12 months	Patients have been included on the basis that they have received at least 12 prescriptions for the same two medications, in the 12 month period specified. Patients may have received more than one prescription in any given month, so there may be gaps in any individual patient's prescribing history.
Patients on three medications for the last 12 months	Patients have been included on the basis that they have received at least 12 prescriptions for the same three medications, in the 12 month period specified. Patients may have received more than one prescription in any given month, so there may be gaps in any individual patient's prescribing history.

Initiating eRD – From BSA list



Patient identified as
suitable for eRD from BSA
list



Eligibility confirmed by GP



Switch to eRD discussed
with patient and
Nominated pharmacy
confirmed



- What is eRD ?
- Benefits of eRD
- Patient information leaflet
- How eRD works



Medication checked and
aligned for eRD



Batch of prescriptions
electronically sent to to
nominated Pharmacy via
the spine (6-13 issues
depending on required
duration)



Pharmacy to ensure
consultation checks are
made with every issue and
patient made aware of
number of issues received

Initiating eRD – Request From Pharmacy



Patient identified as suitable for or
express interest in eRD

Patient provided with information on
Electronic repeat dispensing

Patient completes Informed consent form

Pharmacy must pass on request for eRD
to GP practice

Medication checked and aligned for eRD

Batch of prescriptions electronically sent to to
nominated Pharmacy via the spine

- What is eRD ?
- Benefits of eRD
- Patient information leaflet
- How eRD works

This can be completed in
Pharmacies . Or verbal consent can
be given

Eligibility confirmed by GP

Pharmacy to ensure consultation
checks are made with every issue
and patient made aware of number
of issues received

Setting Up eRD



Identify patient's regular medication(s)



Synchronise all review dates using the earliest date to ensure they are all in line



Ensure the quantity of each item a 28 days' supply and that the prescription duration corresponds to this



Calculate the number of issues that can be given before a review is due and create a batch for that many issues
(13 x 28-day supply is a 12-month supply)



GP authorises prescription



If the patient has any 'when required' medications, re-enter patient record and ensure they are issued on separate batch prescription

Future dated-first issue of an eRD batch?

It is possible to set a future date against an eRD prescription when it is set up.

When a new eRD is set up, or if an existing repeat is being set up for eRD, then either on the Create Repeat Template window, or the Amend repeat template window, the user can select the Medication Start date to a date in the future.

It will be good practice for that date to be a few days before the patient requires it so that the pharmacy has time to download it and get it ready for the patient.

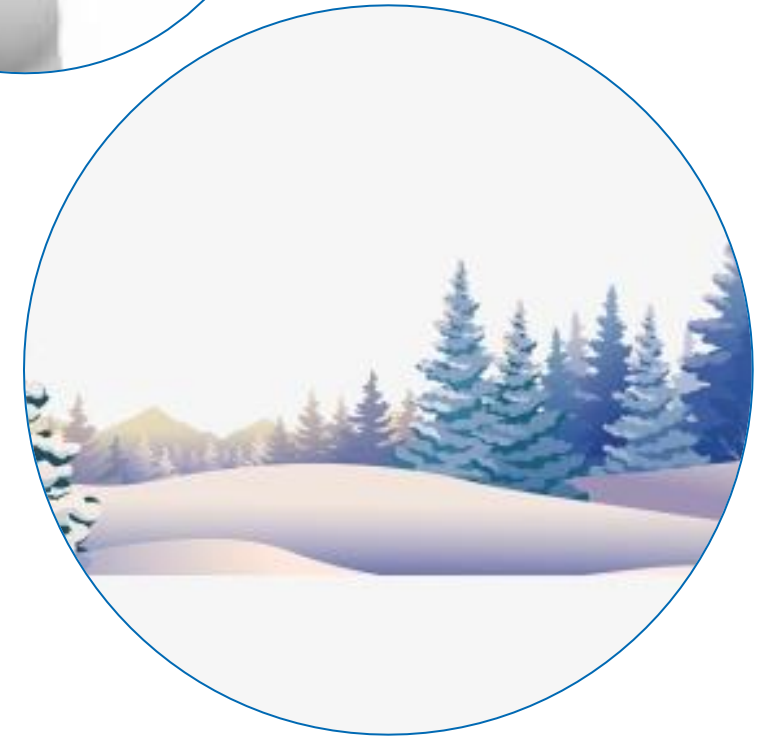


Winter pressures

This time of year, is a good time to look at eRD to reduce the workload over the winter period

If batches of prescriptions are done for patient's regular stable medications this can reduce the workload over the winter period by :

- Reducing the number of requests for repeats
- Blood tests and reviews can be planned in advance (At the end of the Batch of prescriptions)
- Reduction in calls to chase-up missing prescriptions/items
- No need for emergency supplies to be issued
- Better access for patients requiring appointments/reviews – Workload can be planned in advance. (Batches planned so as not to end during the busy winter months)





Monitored dosage systems (MDS)

- Generally, patients receiving medication by MDS can have less stable medication regimes than other patients and therefore may not be suitable for eRD.
- Multiple changes could result in multiple different prescriptions arriving at the pharmacy increasing the risk of error.



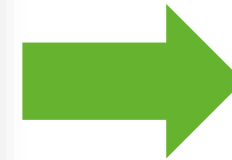
Housebound patients



Housebound patients should be encouraged to personally request their next issues, presenting an opportunity to ask the above questions, via telephone.



If this is not done, they must be contacted by the pharmacy.



Strategies to maximise time efficiencies

- Ensure that patients with multiple co-morbidities have their disease reviews and monitoring aligned to as few appointments as possible
- Set patient recalls for reviews or monitoring to be one month prior to the end of the electronic repeat dispensing batch
- Incorporate electronic Repeat Dispensing issue into medication reviews
- Ensure that any reviews or monitoring that will be required at the end of a batch are clearly visible in the patient record for administration staff
- Consider if monitoring could be done via alternative means. Blood pressures - take in a self-service device at the surgery?

Re-authorising Electronic Repeat Prescriptions



- It is the pharmacy's responsibility to inform the patient when the last eRD prescription within a batch is being supplied and inform of the next steps that they will need to take (usually referred back to the GP practice).
- The patient should be encouraged to notify their GP practice promptly as they will need to be reviewed by their prescriber before the next full batch of eRD prescriptions is issued.
- Appropriate tests (e.g blood, BP, etc) may also need to be carried out. If an appointment is necessary, this may take time to arrange.
- **It is important to ensure that once they are initiated onto electronic repeat dispensing, patients stay on electronic repeat dispensing.**



Cancelling and 'Syncing' Prescriptions

If a change is necessary, either the individual item or the whole prescription must be cancelled, and the correct medicines/quantities/doses prescribed. ***It is not possible to amend an existing EPS prescription. It can only be cancelled and reissued.***

Cancelling an item on an eRD prescription will also cancel that item from all future issues of the prescription that remain on the Spine. The system will be notified that these cancellations have been successful or if not, why any cancellation has failed.

If a prescription has been downloaded by the pharmacy, the system will show all the prescriptions on the Spine that have had item(s) cancelled successfully and show one prescription that has not had the item(s) cancelled as being 'With Dispenser'.

The GP practice should then contact the the cancellation to take effect. pharmacy and request that the prescription is returned to the Spine for



Cancelling eRD Items

There are two options for patients with multiple items on eRD:

1

Cancel **ALL** outstanding items on the Spine and replace with a new batch of all items including the new item.

OR

2

Cancel the individual item(s).

- Check when the next issue of the existing eRD batch is due
- Generate a one-off prescription to cover until the date of the next issue

“Syncing” prescriptions in this way aims to ensure that all the patient’s prescriptions are received by the dispenser on the same day to ensure patients receive all their medication at the same time and to support interaction checking.

It is always good practice to communicate with the patient’s nominated pharmacy about any changes made to eRD prescriptions.

Cancel eRD item(s): SystmOne

Repeat Templates (Current repeats)

Authorised	Drug	End reason
02 Apr 2020	Ranitidine 150mg tablets 56 tablet - take one	Allergy Change of Dosage Condition resolved End of course Form, strength, or route change Formulary substitution Ineffective Medication suspended Other Patient difficulty Patient Preference Prescription not collected Product unavailable Sensitivity
02 Apr 2020	Propranolol 10mg tablets 28 tablet - take one	

End Repeat Template: Propranolol 10mg tablets

Comments

OK Cancel

Template Details

Expected next issue: Thu 17 Sep 2020 Issue duration: 28 Days Days between issues: 28, 28, 28, 28

Medication started: Fri 23 Sep 2016

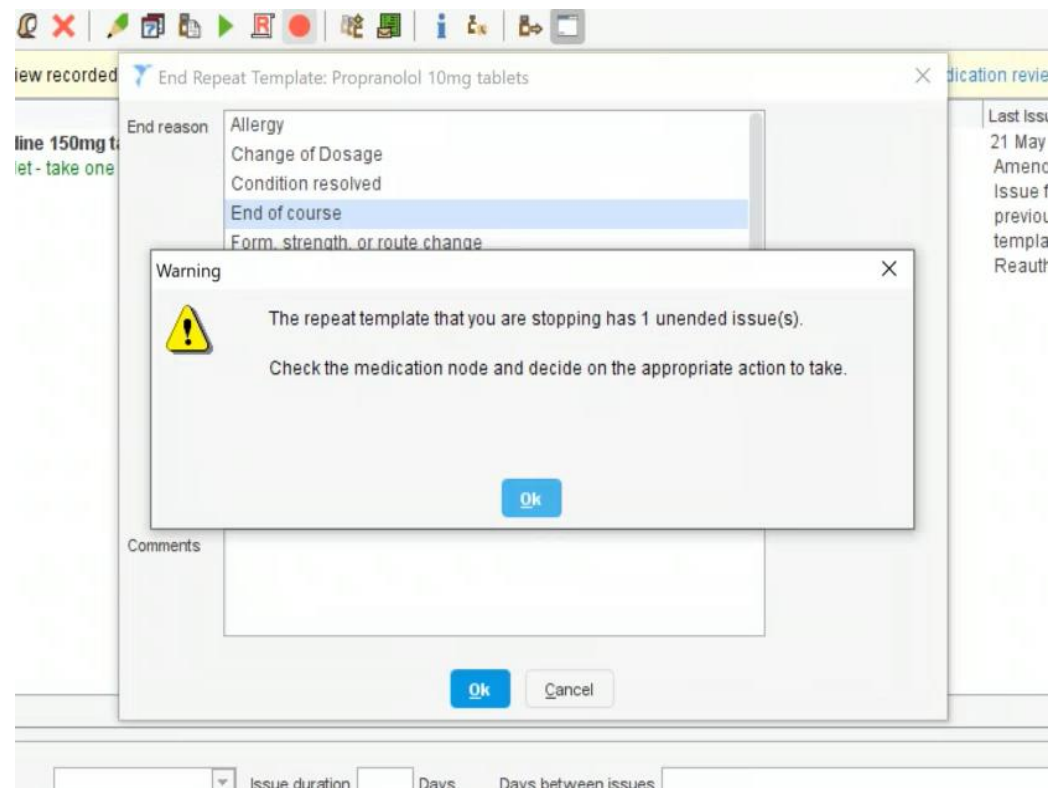
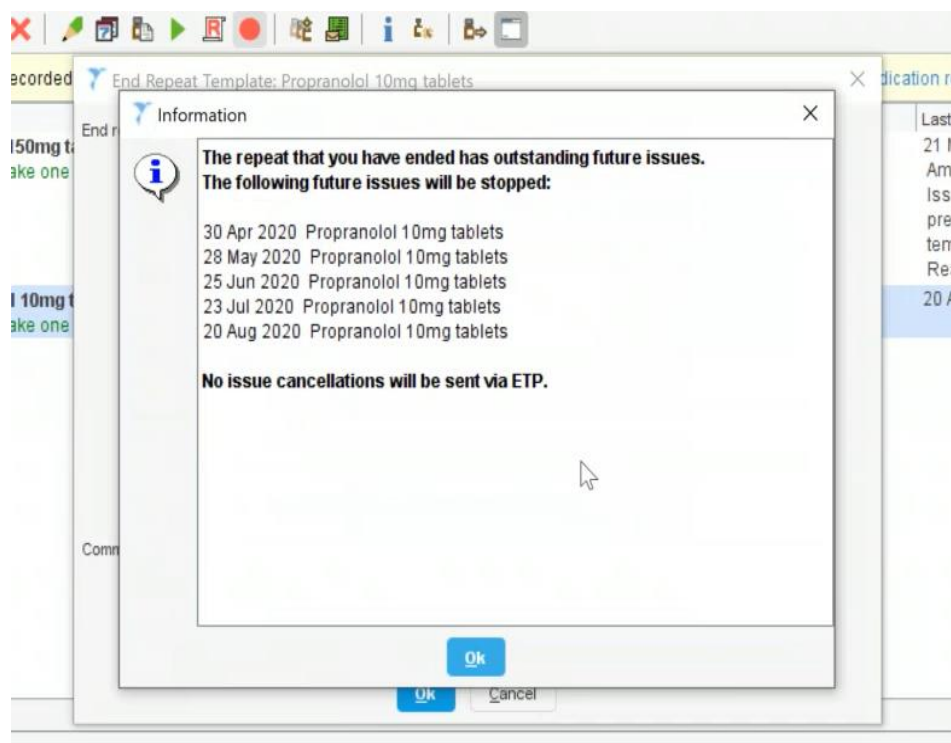
This authorisation started: Thu 02 Apr 2020 Done by: Mr Chris Percival (General Medical Practitioner) on

Administrative notes

- This will then create a task – Electronic prescription cancellation task
- It will then let you know if it has been successful or if it has been rejected by the spine

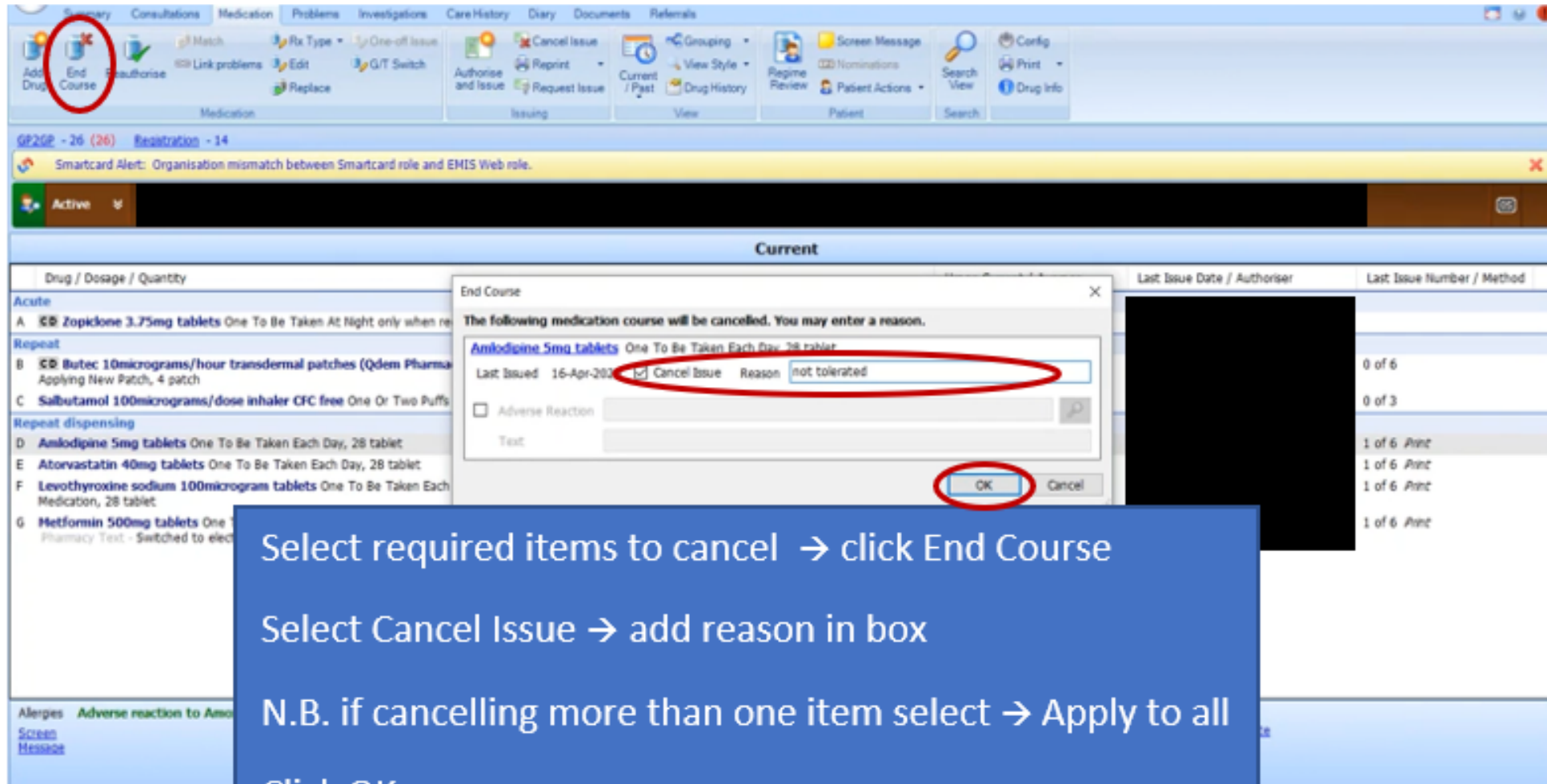
Cancel eRD item(s): SystmOne

Once you click okay a notification will pop up to state the number of issues that are being cancelled



It will then let you know if it has been successful or if it has been rejected by the spine

Cancel eRD item(s): EMIS Web



The screenshot shows the EMIS Web interface with a patient's medication list. A red circle highlights the 'End Course' button in the top toolbar. A dialog box titled 'End Course' is open, displaying the following text: 'The following medication course will be cancelled. You may enter a reason.' Below this, a table lists the medication course: 'Amlodipine 5mg tablets One To Be Taken Each Day 28 tablet'. The 'Last Issued' date is '16-Apr-2021'. The 'Cancel Issue' checkbox is checked, and the 'Reason' field contains 'not tolerated'. A red circle highlights the 'OK' button at the bottom right of the dialog box.

Drug / Dosage / Quantity	Last Issue Date / Authoriser	Last Issue Number / Method
Acute		
A Zopiclone 3.75mg tablets One To Be Taken At Night only when re		
Repeat		
B Butec 10micrograms/hour transdermal patches (Qdem Pharma		0 of 6
Applying New Patch, 4 patch		
C Salbutamol 100micrograms/dose inhaler CFC free One Or Two Puffs		0 of 3
Repeat dispensing		
D Amlodipine 5mg tablets One To Be Taken Each Day, 28 tablet		1 of 6 Print
E Atorvastatin 40mg tablets One To Be Taken Each Day, 28 tablet		1 of 6 Print
F Levothyroxine sodium 100microgram tablets One To Be Taken Each		1 of 6 Print
Medication, 28 tablet		
G Metformin 500mg tablets One To Be Taken Each Day, 28 tablet		1 of 6 Print
Pharmacy Text - Switched to elec		

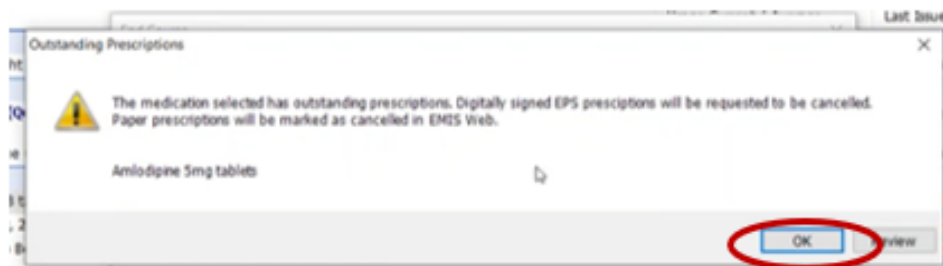
Select required items to cancel → click End Course

Select Cancel Issue → add reason in box

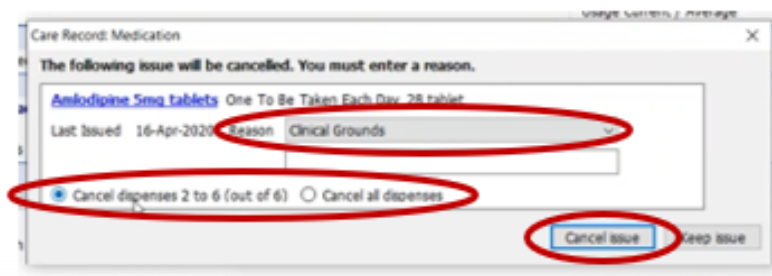
N.B. if cancelling more than one item select → Apply to all

Click OK

Cancel eRD item(s): EMIS web



Confirm that you want to cancel the item(s)
by clicking OK

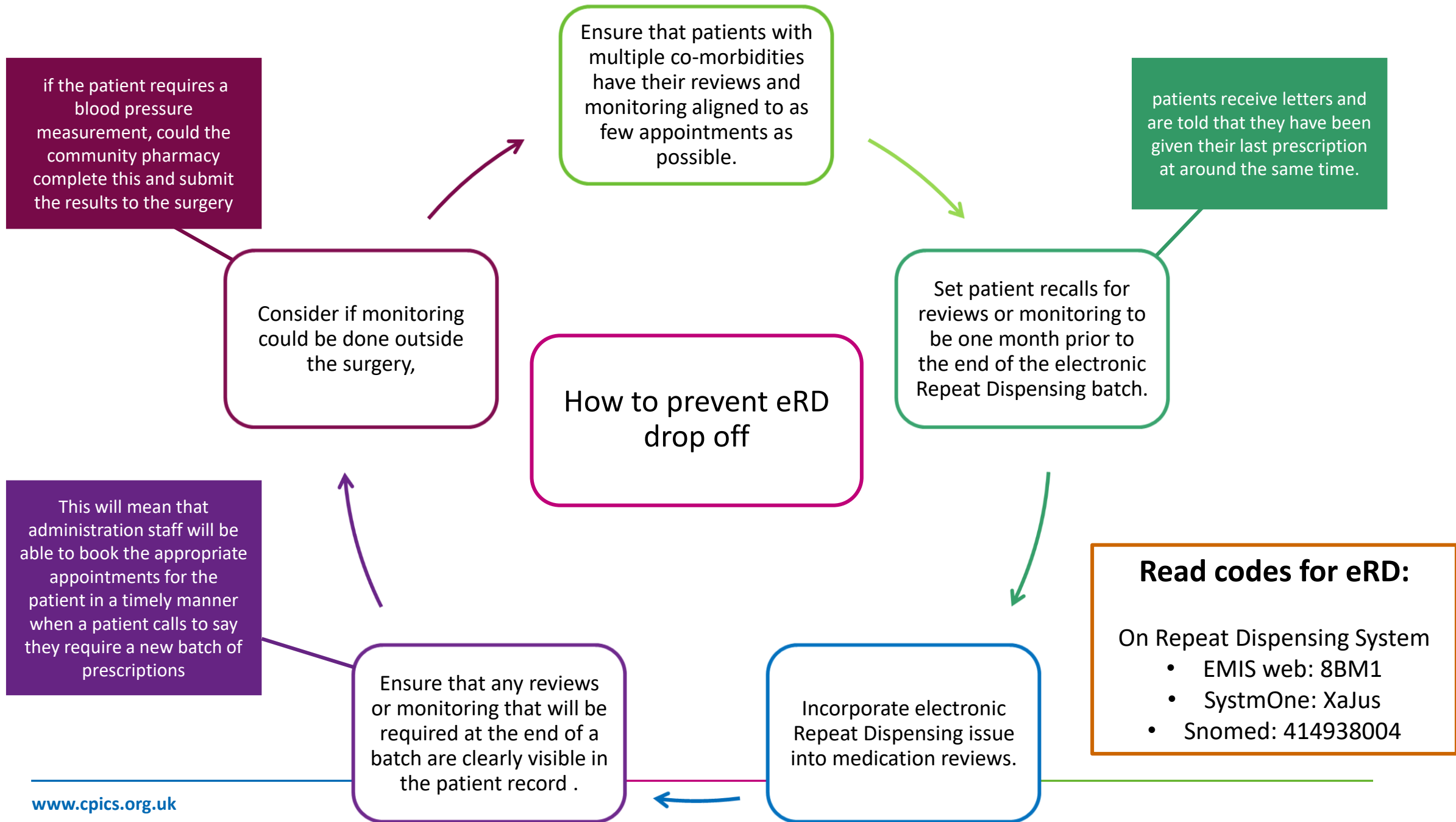


Type the reason for cancelling
Select cancel dispenses (number of
remaining issues) or cancel all dispenses
Click Cancel issue

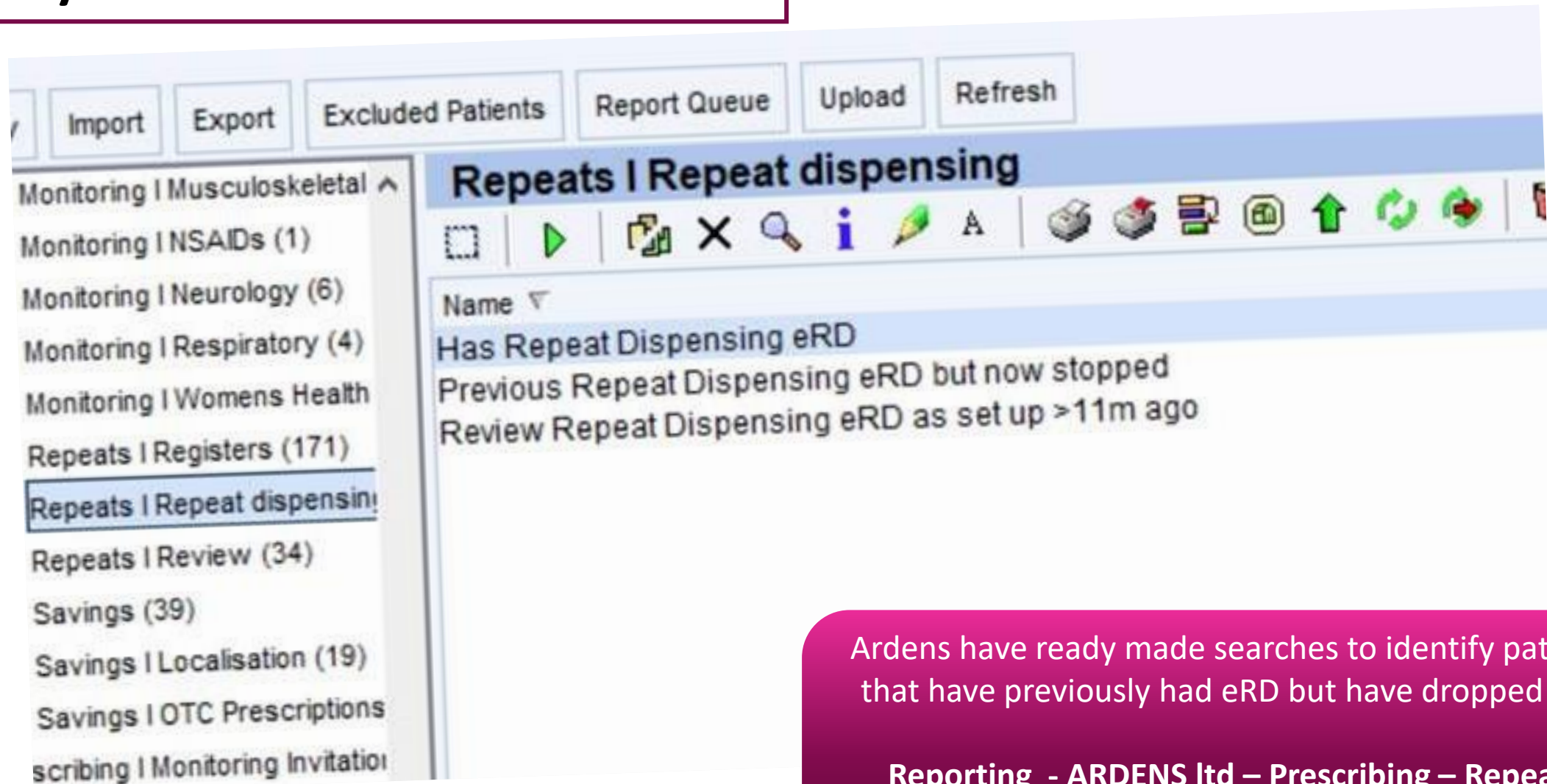
You will then receive a confirmation of batch cancellation

In some cases, if the cancellation is unsuccessful, it is
usually due to the first issue has already been download
from the pharmacy. Nominated pharmacy should be
contacted to send the prescription back to the spine.





SystmOne searches



Ardens have ready made searches to identify patients that have previously had eRD but have dropped off .

**Reporting - ARDENS Ltd – Prescribing – Repeats
/Repeat dispensing**

eRD Do's and Don'ts



Do

- Make sure you have looked at training resources and agreed a plan that the whole team understands.
- Speak to your local Pharmacy/LPC and discuss how to make the switch
- Make sure you have a way to communicate the change to patients
 - Start slowly and make sure it's working well before moving to patients with more items
 - Review how it's going after a day or two with local Pharmacies
- Remember that if you set everyone up for 12 months you will have a lot of people to review in a year's time
- Name an eRD lead/champion in both the pharmacy and the GP practice to ensure one point of contact/expertise



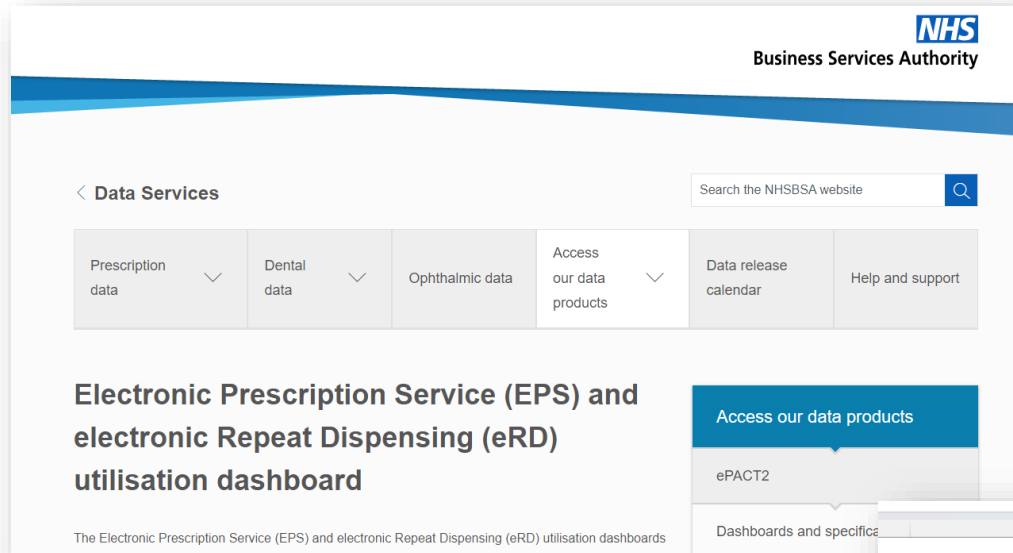
Don't

- Switch large numbers of people over quickly without a plan or discussing with patients
 - Start with patients taking a large number of repeats
- Delegate this to a junior member of staff without support and supervision
 - Start with people on lots of PRN medicines
- Forget if you put everyone on 12 months, in a year's time they will all need a medication review.
- Forget to make a plan to ensure when the review period is due patient don't 'fall off' eRD back to normal repeats (or paper!)

Tracking eRD progress

You can check your progress at the NHS Digital website:

[Electronic Prescription Service \(EPS\) and electronic Repeat Dispensing \(eRD\) utilisation dashboard | NHSBSA](#)



NHS Business Services Authority

< Data Services

Search the NHSBSA website

Prescription data

Dental data

Ophthalmic data

Access our data products

Data release calendar

Help and support

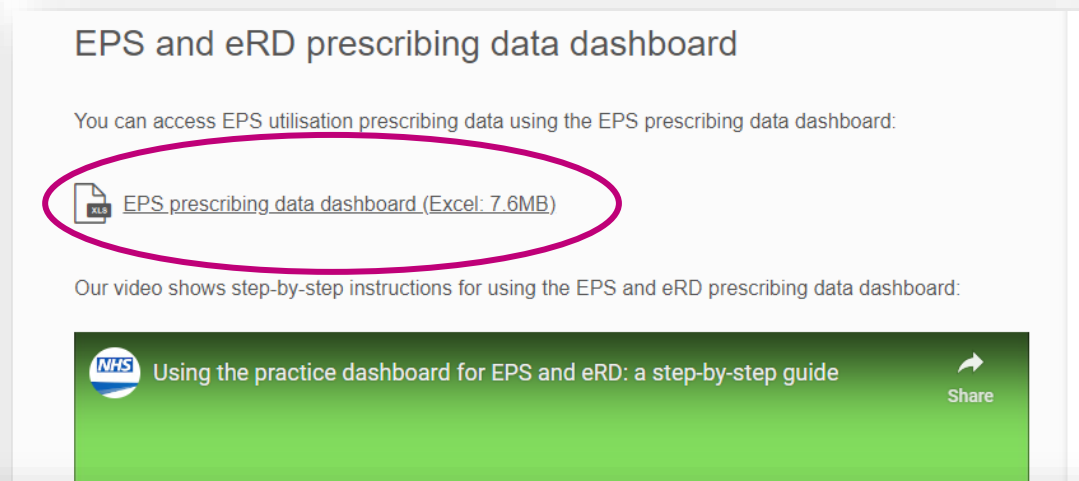
Electronic Prescription Service (EPS) and electronic Repeat Dispensing (eRD) utilisation dashboard

The Electronic Prescription Service (EPS) and electronic Repeat Dispensing (eRD) utilisation dashboards

Access our data products

ePACT2

Dashboards and specifications



EPS and eRD prescribing data dashboard

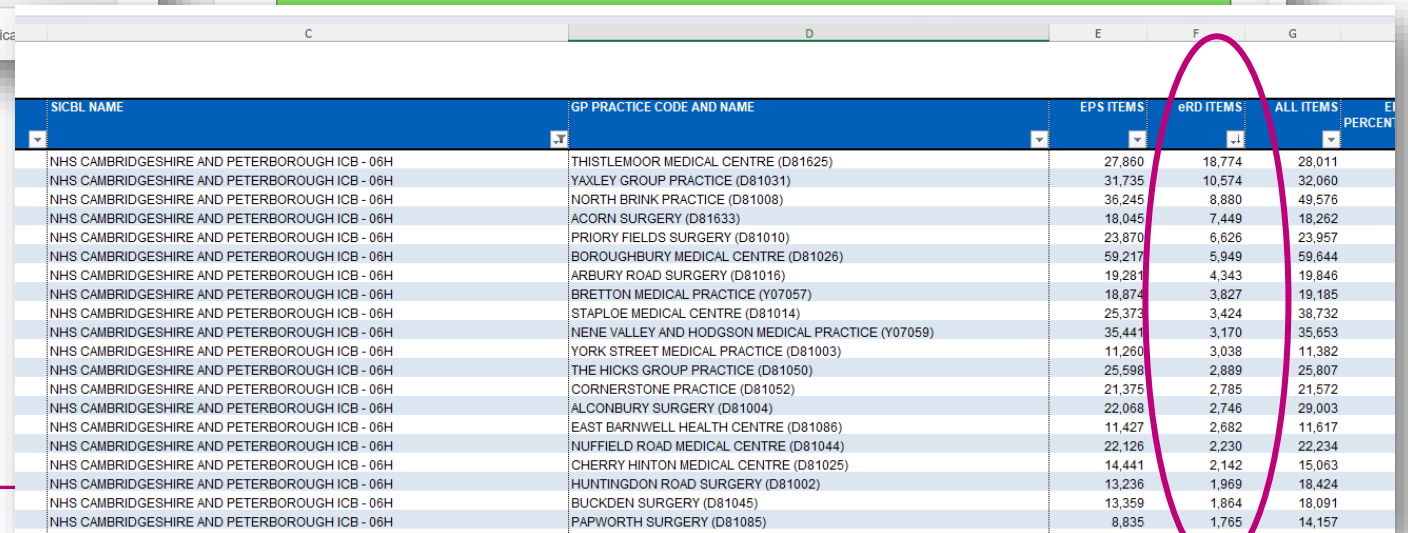
You can access EPS utilisation prescribing data using the EPS prescribing data dashboard:

[EPS prescribing data dashboard \(Excel: 7.6MB\)](#)

Our video shows step-by-step instructions for using the EPS and eRD prescribing data dashboard:

Using the practice dashboard for EPS and eRD: a step-by-step guide

Share



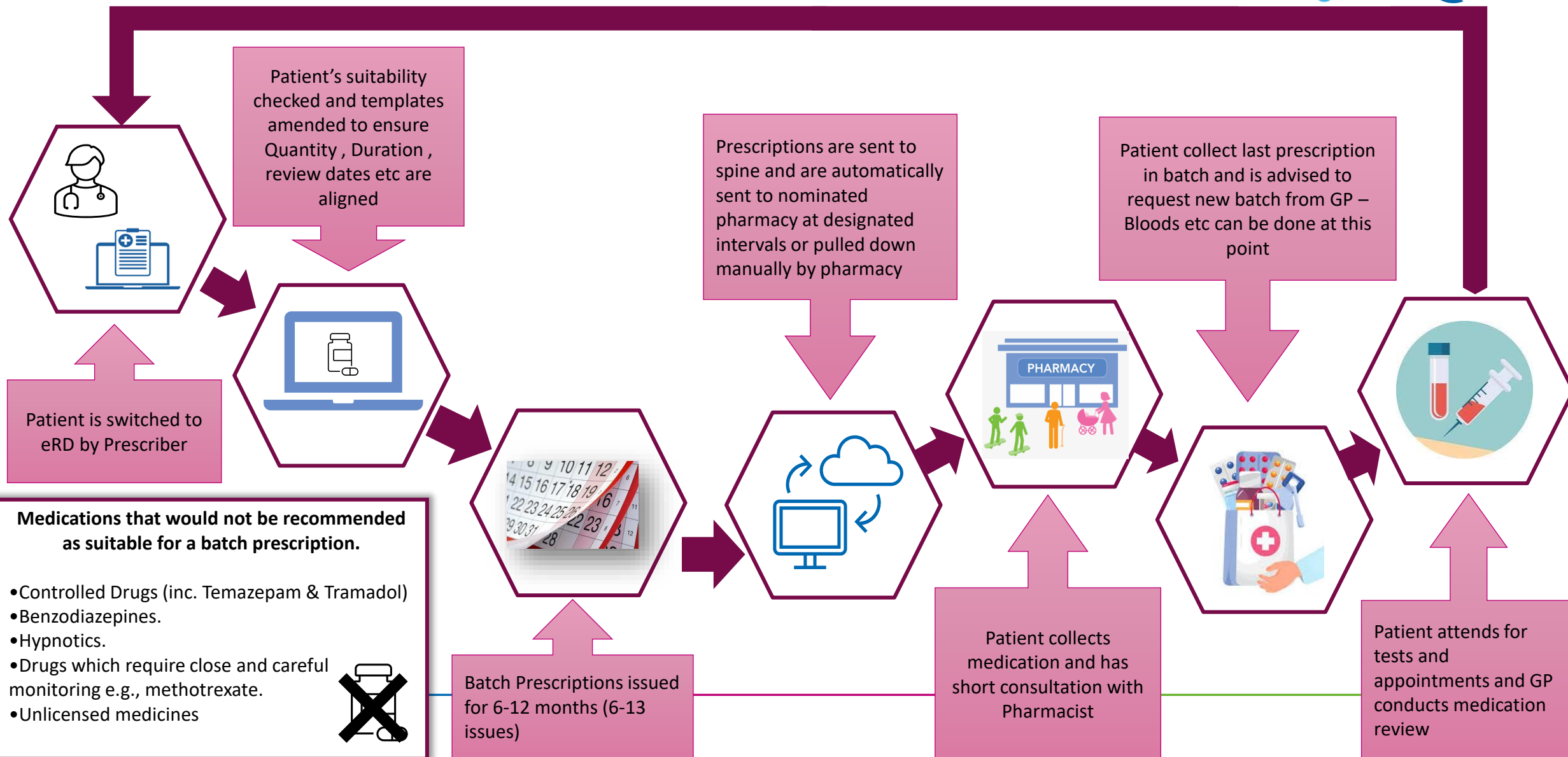
SICBL NAME	GP PRACTICE CODE AND NAME	EPS ITEMS	eRD ITEMS	ALL ITEMS	PERCENT
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	THISTLEMOOR MEDICAL CENTRE (D81625)	27,860	18,774	28,011	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	YAXLEY GROUP PRACTICE (D81031)	31,735	10,574	32,060	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	NORTH BRINK PRACTICE (D81008)	36,245	8,880	49,576	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	ACORN SURGERY (D81633)	18,045	7,449	18,262	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	PRIORY FIELDS SURGERY (D81010)	23,870	6,626	23,957	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	BOROUGHBUARY MEDICAL CENTRE (D81026)	59,217	5,949	59,644	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	ARBURY ROAD SURGERY (D81016)	19,281	4,343	19,846	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	BRETTON MEDICAL PRACTICE (Y07057)	18,874	3,827	19,185	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	STAPLOE MEDICAL CENTRE (D81014)	25,373	3,424	38,732	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	NENE VALLEY AND HODGSON MEDICAL PRACTICE (Y07059)	35,441	3,170	35,653	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	YORK STREET MEDICAL PRACTICE (D81003)	11,260	3,038	11,382	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	THE HICKS GROUP PRACTICE (D81050)	25,598	2,889	25,807	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	CORNERSTONE PRACTICE (D81052)	21,375	2,785	21,572	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	ALCONBURY SURGERY (D81004)	22,068	2,746	29,003	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	EAST BARNWELL HEALTH CENTRE (D81086)	11,427	2,682	11,617	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	NUFFIELD ROAD MEDICAL CENTRE (D81044)	22,126	2,230	22,234	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	CHERRY HINTON MEDICAL CENTRE (D81025)	14,441	2,142	15,063	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	HUNTINGDON ROAD SURGERY (D81002)	13,236	1,969	18,424	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	BUCKDEN SURGERY (D81045)	13,359	1,864	18,091	
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H	PAPWORTH SURGERY (D81085)	8,835	1,765	14,157	

Download
the file

Click on
Practice
data tab

Filter – C&P
ICS

eRD Summary Process



Any Questions



Practical hints and tips

Naz – Practice Pharmacist , Lakeside
Yaxley



Repeat Dispensing

Nazish Perween

Prescribing pharmacist, Yaxley surgery

How to manage eRD

- ▶ Set up a search in systmOne to find patients who were previously prescribed an eRD with the code 'batch' in their notes
- ▶ These patients are then contacted if it has been a while since they have had an RD to see if they still want an eRD - CONSENT IS ESSENTIAL
- ▶ Patients who were on an eRD in the last year are then restarted on a batch until the month before their monitoring is due (providing all monitoring in place initially)
- ▶ We use month of birth monitoring and review patients suitable for eRD when reviewing medication
- ▶ We have a eRD task tab to keep an eye on eRD's that are due to run out or patients who could be on an RD - used by all members of the surgery

Previous Repeat Dispensing eRD but now stopped
Has Repeat Dispensing eRD
Review Repeat Dispensing eRD as set up >11m ago
Had Repeat Dispensing eRD in last 12M
Has Repeat Dispensing eRD and uses monitored dosage s
WTD 1 - Has an active repeat and had an eRD between 10 &
Had Repeat Dispensing eRD code between 4M & 5M ago
Had Repeat Dispensing eRD code between 10M & 11M ago
Had Repeat Dispensing eRD code between 2M & 3M ago

eRD criteria

- ▶ All patients who are stable on long term, regular medication are put on an eRD until the date of their next blood tests
- ▶ E.g. DOAC - 6 month/12month RD if need 6monthly bloods
Diabetes - 6month RD
HRT - 3monthly RD (84 days between each rx)
- ▶ We have a tab called 'RD' in our task list - we schedule tasks for a date 1month before the eRD is due to run out to schedule the next one
- ▶ RD finished = monitoring due
- ▶ **EXCLUSION CRITERIA*** - CD's, lorazepam, diazepam, prn meds, creams,

How to manage the process

- ▶ Monthly searches
- ▶ Educate all colleagues about RD so that everyone can signpost suitable candidates
- ▶ Inform patients about benefits of eRD
- ▶ Month of birth reviews to identify potential candidates for eRD

Pharmacy Integration, Learning and Networking Event

The Medicines Optimisation Team In association with
The Training Hub would like to invite all Practice and PCN
Pharmacy teams to attend
the first Face-to-Face Pharmacy Networking and
Integration Event



Keynote
Speaker

Dr Paul Flynn -
Consultant at
Addenbrooke's
Hospital.
Clinical Lead for
Lipids

Lipid
Management



Tuesday 10th October

9.30am – Registration

Lunch Included

3.15pm – Close

Burgess Hall, St Ives,
PE27 6WU



The day includes:

- Keynote speaker on Lipid management : Dr Paul Flynn
- Don't get caught out: Getting ready for inspection
- Inspiration station: Learning from others
- The art of the possible: Community Pharmacy Integration

Networking time over lunch and chance to look around the stands, Project posters etc.



Pre-booked Focus Sessions :

- Demystifying Care Homes
- Nutrition product prescribing: babies, tubes and milkshakes
- Medication Queries: where to find the answers

Posters of Projects

Have you done a QIPP project you'd like to share?
Are you working on a project you'd like some feedback on?

Please bring a Poster to display at the event. *

Poster size suggestion : A1/A2

*Could you please email amandadowns@nhs.net if you would like to showcase your project)



Booking Link:

<https://cptraininghub.nhs.uk/event/pharmacy-integration-learning-and-networking-event/>

For any queries, please email amandadowns@nhs.net alternatively contact the Training Hub cpdtraininghub@nhs.net