

## Devon LPC eRD Hints, Tips and Lessons Learned

South Devon and Torbay CCG is consistently one of the top five achieving CCGs in the country on EPS usage. In July (2017) 77% of the prescriptions were claimed as EPS, this compares to an average of 57.7% for all CCGs. While the percentage of e-repeat dispensing (eRD) in Torbay has been about average at 6%, to drive the growth of this time saving feature of EPS the CCG and Devon LPC in association with NHS Digital organised a number of engagement events to showcase ways to increase the eRD uptake. The events were attended by pharmacists, dispensary teams, GP's, and practice staff.

Southover Medical Practice in Torbay has achieved high utilisation of eRD for some time and in June (2017) it hit 42.5% of EPS sent as eRD. The practice and the pharmacy worked closely together to drive the increase in the patients who received their prescriptions by eRD; below are some of the hints and tips from the practice and pharmacy lessons learned.



Electronic repeat dispensing (eRD) stores all issues of the repeatable prescriptions securely on the NHS Spine and delivers them to the patient's nominated community dispenser at the regular intervals set by the prescriber. This service saves all parties time and effort; the GP only needs to issue and sign one prescription for a year, the patient does not need to request their prescription each month from the GP, and the pharmacy has seven days to dispense the medication before the patients needs.

### TOP TIPS FOR ERD

#### IDENTIFYING PATIENTS: START WITH STABLE LONG TERM CONDITIONS

Identifying can be a significant barrier to the rollout of eRD, ensuring all patients that would benefit from the service are identified. However, it should not be that hard to find appropriate patients with repeat medicines, as repeat medicines accounts for approximately 75% of prescription items issued.

Southover practice started with those on one or two regular medicines, initially they searched for patients on levothyroxine, ramipril and amlodipine. The aim of this was to find patients that had treatment for long term conditions; hypothyroidism and hypertension that would be on a low number of repeat medicines. These patients were then screened to exclude any patients who were not stable. Using this model a GP practice patient search can be expanded to search for bendroflumethazide, aspirin, simvastatin, atorvastatin, metformin and omeprazole.

#### CLOSE PARTNERSHIP WORKING WITH THE PHARMACY AND PRACTICE

The practice and pharmacy can achieve much greater uptake on eRD rollout if they work closely together, and a good relationship will be needed to solve any issues that will occur along the way. Ideally both businesses should have a nominated EPS champion who will lead the development of eRD, and these nominated staff members should arrange regular meetings/discussions on the eRD plan.

#### USE ERD ISSUE PERIOD TO SUPPORT PATIENT RECALLS FOR BLOOD TESTS AND REVIEW

The important work on medicines safety can be supported tremendously by an effective eRD prescribing system. Synchronising the eRD prescribing period with patients recalls for blood tests and reviews will support safe and effective prescribing in the practice. Reminder prompts can be

communicated by the pharmacy to ensure patients will be booked the appropriate appointments at the GP practice.

## INVEST TIME NOW TO SAVE ENORMOUS AMOUNTS OF TIME LATER

The time saving benefit for GP practices when using EPS and eRD effectively can be huge; one study indicated 17 minutes per patient on repeat prescribing each year of prescription clerk time saved. Using this estimate if a quarter of patients in an average sized practice used eRD it would save the practice team close to 500 hours per year. Pharmacies too will benefit from a time saving, for example the reduction of time spent checking, counting and filing the end of month prescriptions.

See for GP practices: <https://epsestimator.digital.nhs.uk/#!/prescriber>

See for pharmacy: <https://epsestimator.digital.nhs.uk/#!/dispenser>

## ADDRESS ALL CONCERNS AND PLAN FOR COMMON PROBLEMS

- i. **Messages to patients:** A major concern the GP's had was that the pharmacy would inform a patient at the end of a eRD dispensing batch that they needed to book an appointment with the GP, thereby driving up appointment demand for busy practices. It was agreed that the pharmacy and the GP practice would use the same patient messages, for example "please contact your medical practice to renew your prescription". The medical practice would ensure the reception and prescriptions clerks had a procedure to identify those patients who would require bloods and/or a GP appointment.
- ii. **Synchronisation** - Instigating an eRD prescription for the first time requires a synchronisation of medicines to be completed to reduce medicines waste. This is a relatively simple process if the patient only takes a few regular medicines, as the prescriber can issue a 'bridging' prescription for the necessary items to bring each medicine supply in line.
- iii. **Mid eRD batch treatment regime changes:** Changes in medicine or dose (strength) can be completed in a similar way to instigating the eRD prescription, a 'bridging prescription' can be issued to bring the new medicine or dose in line, cancel the individual stopped medicine eRD and the new medicine/strength added to the eRD repeat. EPS will allow an individual medicine to be stopped without affecting the other eRD items.
- iv. **Holiday:** Early issues of a prescription can be dealt with simply by directing the patient to request an issue of their medicines at the pharmacy. The EPS will allow early download of a prescription without the need for the prescriber to intervene.

## PLAN FOR BUSINESS CONTINUITY

1. There are a number of NHS Digital tools available to pharmacy and practice to check on the EPS service and deal with specific queries.
  - i. The NHS Digital prescription tracker should be regularly used by all team members involved in the EPS process, as it allows 'lost' prescriptions to be identified, and resolves most common queries. The EPS tracker now includes a 'business continuity mode' that allows the pharmacy to check all their outstanding EPS prescriptions if their pharmacy PMR (patient medication record) system fails. <https://portal2.national.ncrs.nhs.uk/prescriptionsadmin/>
  - ii. The service status page on NHS Digital should be used whenever there is a problem with the practice or pharmacy systems when processing EPS prescriptions, it will help identify the root cause of the problem. <http://www.hscic.gov.uk/servicemanagement/status/> (via N3 line)
  - iii. Ideally the GP practice and the local pharmacy should have an agreed business continuity plan for EPS system failure of either organisation. This plan will then be very effective at aligning any actions that needed to work around any current IT system issues.