

## Guidance for managing Electronic Repeat Dispensing (eRD) Prescriptions - Practice Closure/Merger/GP Changes – A guide for the CCG and GP Practices

Electronic repeat dispensing has many benefits for both patients and practices, however, there are instances in which batches must be cancelled.

Outstanding repeat dispensing batches **must** be cancelled when:

- a Practice closes
- the prescriber who issued the prescription leaves the practice or moves to work at another practice. (If you do not cancel the batch, any outstanding eRD prescriptions will move with the prescriber and be charged to their new practice).
- a patient changes practice

The prescribing accountability will remain with the original prescriber until the batch ends which could result in patient safety issues being unfairly attributed to the original prescriber.

If the batch is not cancelled, the patient's new practice may set up a new batch, and the patient will then have access to two (potentially different) prescriptions, from their community pharmacy on the spine. Again, this could result in a patient safety issue.

**However, there is a lot more that needs to be done prior to ending the batches, to ensure the process runs as smooth as possible for everyone involved.**

**This document is intended as a guidance only and may not capture all scenarios or patients. This document should therefore be used to support your current process.**

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### Communication

It is imperative that all of the following is considered:

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### Communication from the Primary Care Team

- a. Initial communication from the CCG, as to the exact date of the change to the Practice, (as much notice as possible) to the CCG Comms team, the Practice and the Medicines Optimisation team.
- b. Communication to **all** patients, (regardless of whether they are ERD patients or not), as to how they will be able to obtain further medication. Special consideration will need to be taken regarding patients who have carers, (including care home patients and dosette box patients), and patients where communication needs to go to a 'care of' address. *(One suggestion regarding patients that fall into these categories, would be for the CCG Communications Team to speak to a number of patients that have recently been through this change, and ascertain exactly what they did and did not understand, so that the communication can be more self-explanatory and precise, in the future).*
- c. This communication will also need to go out to all other vulnerable patients, such as patients with special needs, partially sighted patients, (may need 'easy read' letters), homeless patients, and those whose residential address cannot receive postal mail, e.g. caravan parks.
- d. Communication to patients must include the process for **NHS APPS** (or similar), for ordering medication. They may not have direct access to an APP when registering at the new practice and may need to re-register. (The patient needs to be aware that they need to complete the registration process at the new surgery **as soon as possible** to ensure their records go across and medication can be ordered).
- e. Communication to Secondary Care to ensure workflow (EDN and clinic letters) go to the correct place

### Communication from the CCG Medicines Optimisation Team

- f. Use LPC to send initial communication to all Pharmacies in the Kent and Medway area.

### Communication from the Practice (once initial information sent from Primary Care)

- g. As ERD patients are moved to REPEAT, communication can then go to relevant Pharmacies where ERD patients are set up, (explaining why the ERD is being stopped, and what actions are required by them. (This letter will include the bar code identifier of the batch being cancelled – see *Appendices 2 and 4*).
- h. Communication to patients currently set up on eRD explaining they will need to set this up again with their new Practice. (This can be done as a bulk Iplato message with general details, and/or an individual Accurx message at the point of ending the current eRD batch). See *Appendix 1 for examples of message*.

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- i. Individual Practices will need to devise a way to ensure that any patients with “care of” postal addresses are included in any mail out. (These currently will not be available on a patient search, as they are often just saved as a pop up on the notes). This may therefore need to be a manual search, (unless EMIS can devise a way to search this).
- j. **Direct communication with patients who receive 7-day prescriptions will be extremely important, as well as communicating as soon as possible with the receiving Practice, to ensure access to medication is seamless.**

### Initial Planning by Practice

#### Cut Off Date

The Practice will need to agree on a cut-off date for when they will no longer be able to have an eRD prescription signed by them. The Practice Manager and GP will need to agree the process for cancelling ERD batches and decide on a course of action.

#### **Prescription Provision**

Ideally patients should receive 2 months’ worth of medication prior to Practice change, and the Practice will need to agree with current prescribers, how much medication they are happy to prescribe after the closure where two months’ supply of medication could be a danger for the patient, to ensure patients are not left without, (paying particular attention to patients on controlled drugs, and those on weekly or daily prescribing) medication.

#### **Prescribers List**

**As soon as it has been decided that there will be a Practice closure/merger, The Practice Manager needs to confirm that the current prescriber list for that Practice matches the ACTUAL current prescribers. The Medicines Optimisation team can provide the current list of prescribers registered to the practice, the team will advise on the forms to be completed when a prescriber leaves the practice.**

This guidance will now be divided into 3 sections:

- **Practice Closure**
- **Practice Merger/Split**
- **GP Changes**

### Practice Closure

#### 1. Search

Once closure date and prescription ‘cut-off’ date has been confirmed, run a search to identify all patients currently on eRD. (You should also be able to identify patients on dosette boxes and in Care Homes, if correctly coded).

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The gold standard would be for all ERD batches to have been cancelled BEFORE closure date.

### 2. Message to patients

Once the cut-off date and plan have been agreed, communication can then go out to these patients as a bulk Iplato message (providing enough credits have been purchased, and someone at the Practice knows how to do this). Also, an individual ACCURx message can be sent at the time of processing each patient if time allows.

Initially, identify any ERD patients who are residing in care homes or who have dosette boxes, however, coding alone cannot be relied upon.

Exclude any patients who are prescribed at weekly intervals for addiction or patient safety reasons, and pass to GP for further consideration

Controlled drug prescriptions will have to be issued post-dated to ensure continued access.

### Ending eRD (excluding-dosette and care home patients)

1. Confirm the quantities of each medication are the same, (e.g., 28 or 56 day intervals), and synchronise as required.
2. **If batch has already finished**, just change back to repeat, but remember to change the number of repeats to **one**.
3. **If there is just one issue left**, and the date is OK, (e.g., within a week of Practice closure/merger), change back to repeat, change the number of repeats to one, and click on '**KEEP ISSUE**'.
4. **If there is more than one issue left**, (and the batches are set to go on past the cut-off date), first decide if, when cancelling the remaining batches, the patient will still have sufficient medication, (e.g., within a week of Practice closure/merger). Make a note of this answer. Now, right click on the next issue due, and from the drop down that appears, click on VIEW. **Copy and paste the bar code identifiers onto a letter to go to the pharmacy**, (*appendix 2*), and print a copy. It is important to do this **BEFORE** cancelling the batch, as the only way to get the bar code identifier then, is by logging onto the Prescription Tracker.
5. Change all appropriate medications back to repeat, change the number of repeats to **one**, and click on 'cancel issues ... to ...', **NOT all issues**. (The numbers that need entering here are the actual issues that need cancelling, e.g., issues 3 to 6. This is very important, as if all issues are accidentally cancelled, the community pharmacy will not

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be able to claim for the prescriptions they have previously dispensed, especially as claiming at the PPA is 3 months behind). A message will then come up to say either the prescription has been cancelled, or not. (Please follow the instructions in *Appendix 3* for the ones that are **not** automatically cancelled).

- 6. If the answer to the question in note 4 was YES**, (and the steps in note 4 have been actioned), no further action is required, **but if it was NO**, (e.g., more than 2 weeks prior to Practice closure/merger), a further issue of either 28 or 56 days medication will need to be processed in the usual way, as just a repeat prescription.
7. Each patient will differ in their requirements, as most will be able to have the full 56 days, as one prescription (if the full 2 months are appropriate), but some patients may be safer with either just one issue for 28 days, or two issues, (one 28-day issue now, and a further one post-dated).
- 8. When issuing meds, you may wish to add a note to the authoriser, (box in top right corner), to explain why you are issuing the meds, (e.g., 'ERD ended, and additional prescription issued to take pt. up to post closure date')**.
9. send an ACCURx message to each individual patient at the time of cancelling batch, (with dates for patient, as to when meds will run out, and how to access meds in the transition period).
10. Once all the ERD patients have been processed, the letter(s) for the individual pharmacies (e.g., *appendix 2*), can be grouped together and posted, with a covering letter, (see *Appendix 4*).

### Steps for ending eRD - dosette patients

These can be identified from the original search by either the quantity being prescribed, and/or filtering the appropriate SNOMED code(s). However, unless you are certain all patients have been coded correctly, both options may be necessary, to identify all these patients.

These codes are as follows:

Uses monitored dosage system	Concept 395021002	ID:	<i>Description</i> 1488721016	<i>ID:</i>
Uses dispensed monitored dosage system	Concept 865301000000107	ID:	Concept 2236791000000114	ID:
Uses 7 day dispensed monitored dosage system	Concept 1149611000000100	ID:	Concept 2033921000000112	ID:
Uses 28 day dispensed monitored dosage system	Concept 1149621000000106	ID:	Concept 2033931000000114	ID:

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11. When searching for all patients with 7-day prescriptions, identify which patients are dosette patients, and those that are on 7 day prescribing for another clinical reason **these patients will need to be managed separately, (as mentioned in point 'd' on page 2).**
12. Ensure the new practice is aware of those patients identified as dosette patients, by coding accurately on notes **before** transferring to new Practice.
13. If the existing eRD set up takes the dosette until just past the cut-off date, no more issues will be required, therefore just take all meds off ERD, change number of repeats to **one**, and remember to select **KEEP ISSUES**.
14. If not, work out how many issues will take the meds until just past the cut-off date, and change all issues back to REPEAT. (Check all the meds are set up with the same date, as you may have to do this step for each different issue date).
15. Select all meds you wish to change, then right click on Rx Type to change all to REPEAT. A box will then pop up for all meds selected. Add the required number of issues, (calculated in point 14 above), into the box at the top of the pop-up screen, then select 'Authorise All', and click OK.
16. You will then need to ISSUE these meds, and POST DATE them to start from the end of the previous batch. (A POST DATE box to enter the dates (e.g., 7 days apart), should automatically pop up at the bottom at this point.
17. Add a note to authoriser, (as per point 8. above, if required).

### Steps for ending eRD - Care Home patients

These can be identified from the original search by the POST CODE, and/or filtering the appropriate SNOMED code(s).

Lives in a Care Home	Concept ID: 248171000000108	Description ID: 406371000000117
Living temporarily in a Care Home	Concept ID: 1240291000000104	Description ID: 2803151000000114

18. Perform an EMIS search, as described above, for all patients residing in care homes, to identify a patient list.
19. Identify which pharmacy supplies their meds and contact them, (to assess the dates of when next set of prescriptions are due, and to ascertain when the last delivery was), and when the next delivery is scheduled for the care home. This date will be the deciding date to issue scripts up to, so that the home is covered until the new registration is complete. (NBthe pharmacy would usually start getting the scripts ready about a week before)
20. Establish which practice the care home is going to register its patients with, to ensure smooth handover, and ensure coded accurately as a 'care home' patient on notes.

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21. Make the new practice aware that if using MAR charts, to check what is actually needed for the next prescription, as some medication may not be required. Confirm they are aware of the dates for next delivery from the pharmacy and start dates of MAR charts.
22. Cancel the eRD batch beyond practice closure, (again setting the REPEAT to **one** issue), ideally to ensure the pharmacy has 2 months' worth of prescriptions, (to allow for re-registration at new practice). This will be issued as a normal repeat prescription, (as per steps 3 to 6 above), one issued immediately, and one post-dated for the following month. However, if closure is imminent, **less** than 2 months may be necessary, (with priority handover), to avoid any possible confusion for the new Practice, and to avoid the risk of duplicated medication.

### Practice Merger/Split

- Ensure that Primary Care provide the list of actual patients going to each practice ASAP.
- Once this information has been provided, and the eRD search has been run, it is possible to divide the lists into each Practice involved (if Practices splitting).
- Depending on the exact nature of the split/merger, (e.g., if GPs are likely to remain within a Practice or not), some eRD batches may be able to remain if they only have a few batches left to run. However, this will entirely depend on whether one of the new Practices will keep the original G CODE or not, (as they will then be charged for all those remaining future issues).
- If all batches are to end, follow the guidance (steps 1 – 22), within the Practice Closure section above
- If some batches are to remain, decide on the acceptable time scale for them to remain, then follow steps 3 – 9 above, for any that will still be running beyond this new ~~cut-off~~ date.

### GP Changes

- If a GP moves Practice, retires, or ceases practice, ALL eRD batches set up by this GP will need to be cancelled, (ideally BEFORE the change has taken place).
- If the patient is remaining at the same Practice, once the original eRD batch has been stopped, it may be possible to set up a new eRD batch for the remaining period of time (with another prescriber already at the Practice), to match the original batch, if the Practice wishes.

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- Remember **not** to cancel **all** issues, (as it will affect the pharmacies claiming for prescriptions previously dispensed), just '**remaining issues**.

### Patient leaving the Practice.

- In this instance, eRD will need to be stopped, making sure the patient is aware of this, and that they will need to make sure they are registered at another Practice BEFORE they will require more medication.

### Appendices

- Appendix 1 – example of communication to patients
- Appendix 2 – Letter for pharmacies with bar code identifier
- Appendix 3 – Instructions if 'batch not cancelled'
- Appendix 4 – Covering letter for pharmacies, (to go with appendix 3 letters)
- Appendix 5 – Flow chart, (excluding dosette and care home patients)
- Appendix 6 – Dosette patients
- Appendix 7 – Care Home patients

## APPENDICES

### **APPENDIX 1**

“Due to the practice closing you will no longer receive your medication automatically at the pharmacy after .././... You will need to organise medication ordering with your new practice, and while we endeavour to ensure you will have sufficient supplies, please make sure you have at least a months' worth of medication in hand, to ease the transition into your new practice. If you have already transferred to a new surgery, please contact them for further supplies”

## APPENDIX 2

### CANCELLED SCRIPTS

To: *(Pharmacy name)*

Please cancel the following on ERD Tracking

Name .....

Address .....

NHS .....

Prescription Bar Code Identifier	Medication and dose	Date

Thank you

## APPENDIX 3

If a message pops up to say the **'batch was not cancelled with dispenser, take manual steps to cancel'**, double click on the message and it will take you to Medicines Management, (where you can cancel the prescription), OR go to cancellation rejections and select the patient.

You will then need to either select **'Leave as issued'** or **'Mark as cancelled'**, (whichever is appropriate), then click the **'Process'** button at the top of the page.

## **APPENDIX 4**

### **FOR ATTENTION OF THE PHARMACIST/DISPENSARY MANAGER**

*Practice name* will be closing on *.././....*, therefore the ERD prescriptions identified in the enclosed letters will need to be cancelled.

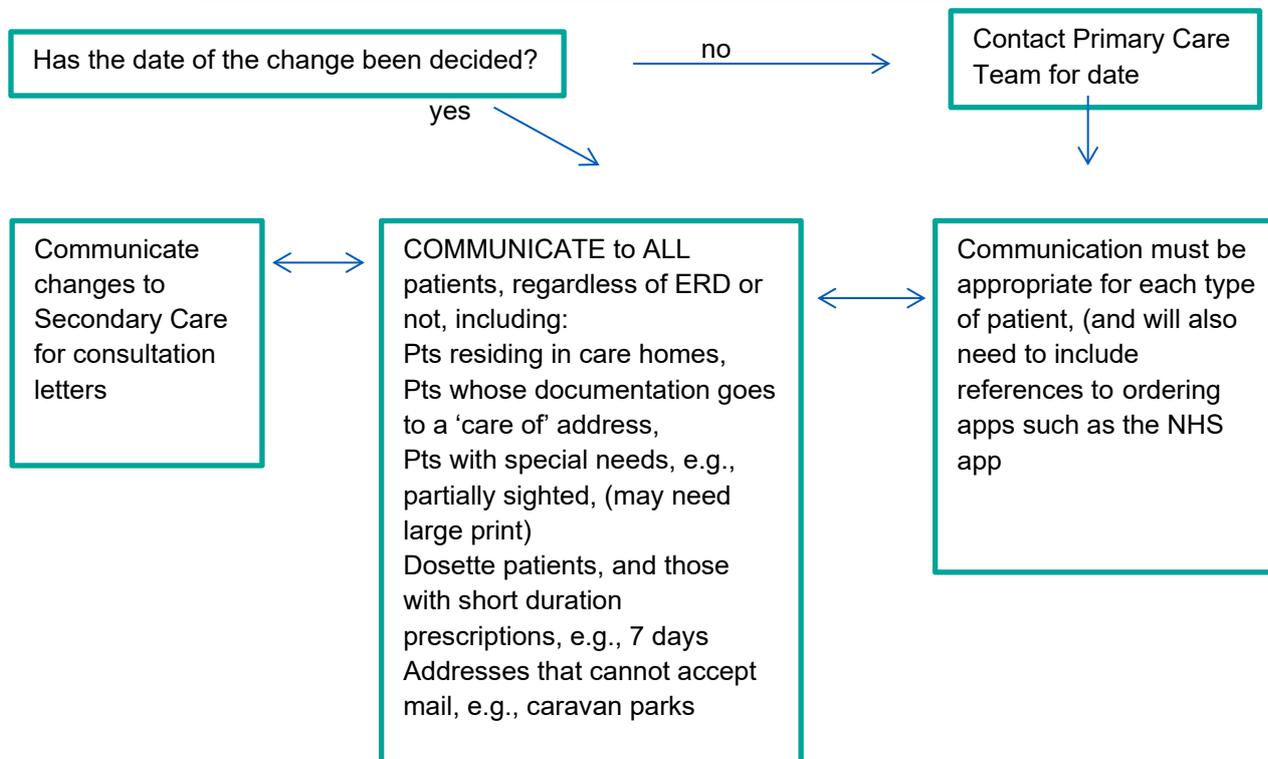
Please mark any you need to cancel as '**NOT DISPENSED**' when sending back to the spine, (This is to prevent any further batches being pulled from spine by another community pharmacy).

Once completed, please ensure all documentation is disposed of appropriately, (in line with data protection requirements).

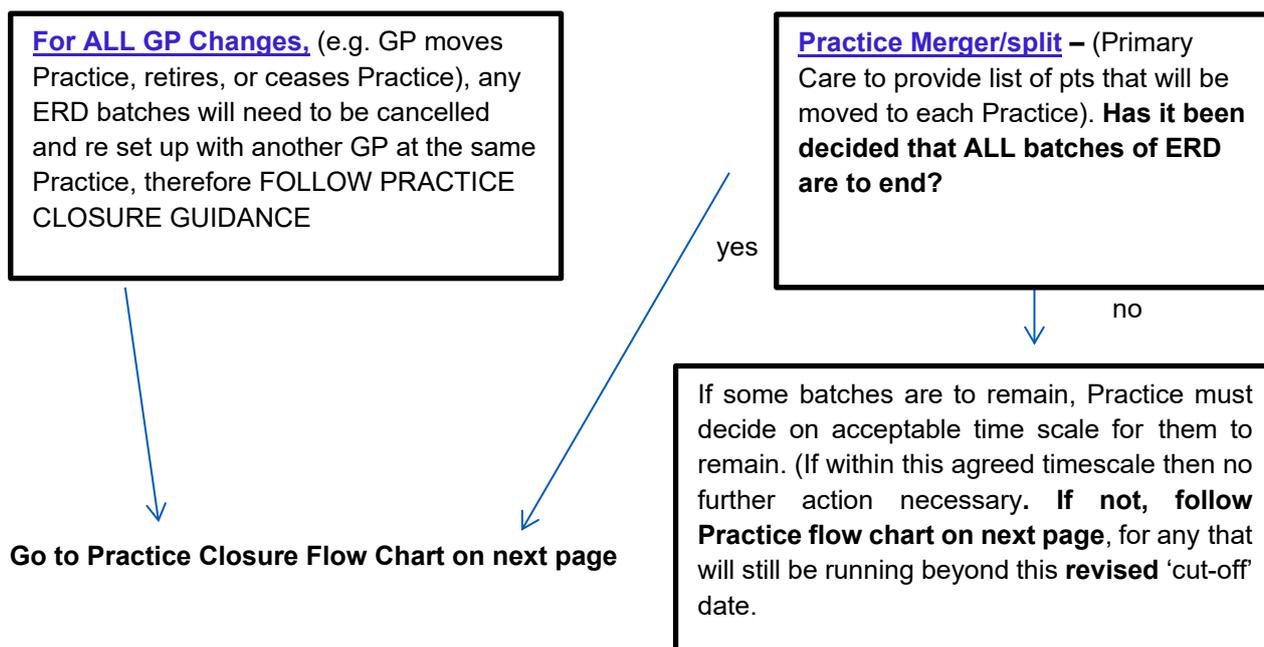
Thank you

## APPENDIX 5

### COMMUNICATION FROM PRIMARY CARE

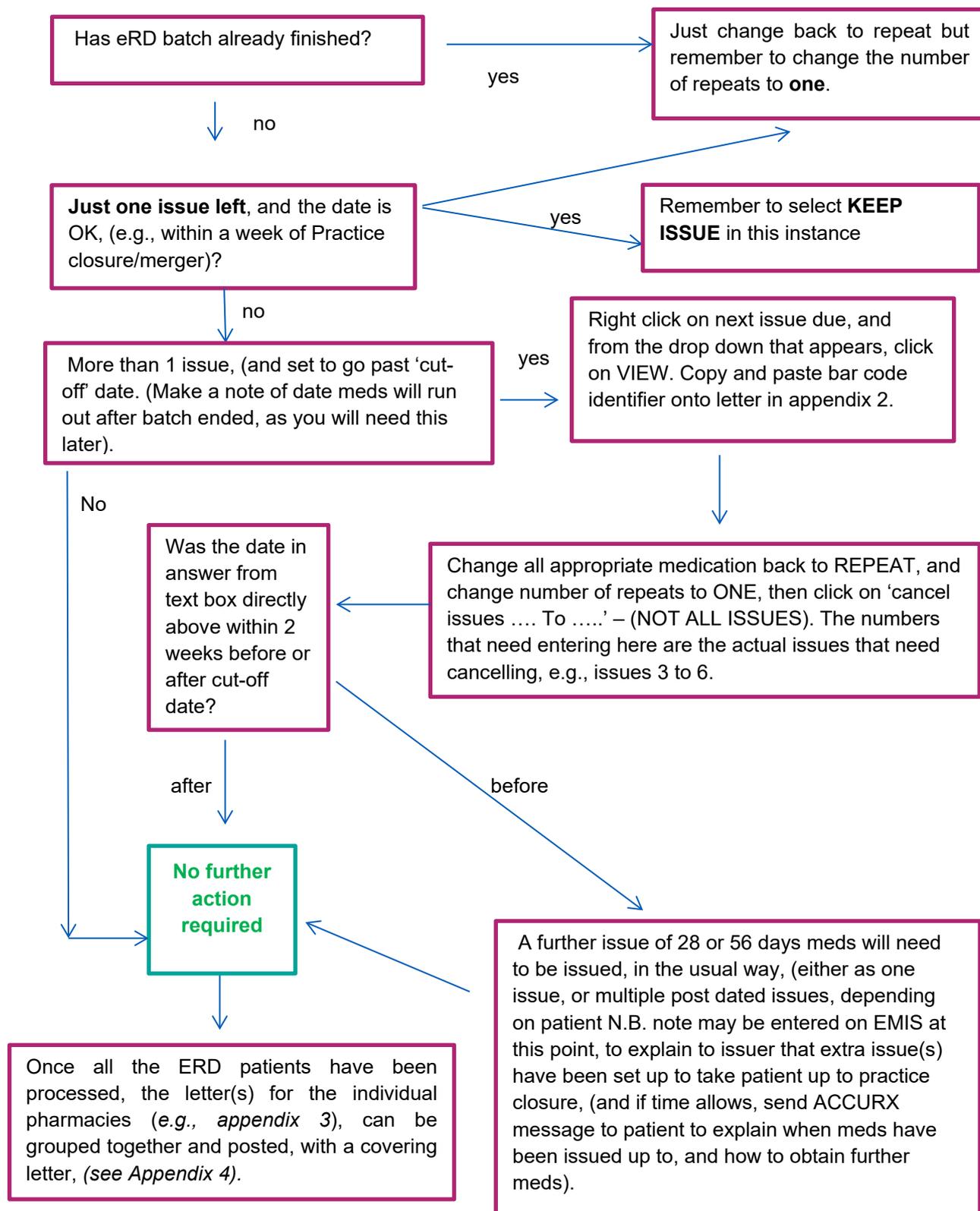


**PRACTICE WILL NEED TO DECIDE ON A 'CUT OFF' DATE FOR WHEN PRESCRIPTIONS WILL NO LONGER BE PERMITTED, AND TO ENSURE CURRENT PRESCRIBER LIST FOR PRACTICE IS ACCURATE.**



## Practice Closure, (EXCLUDING Doseette and Care Home patients)

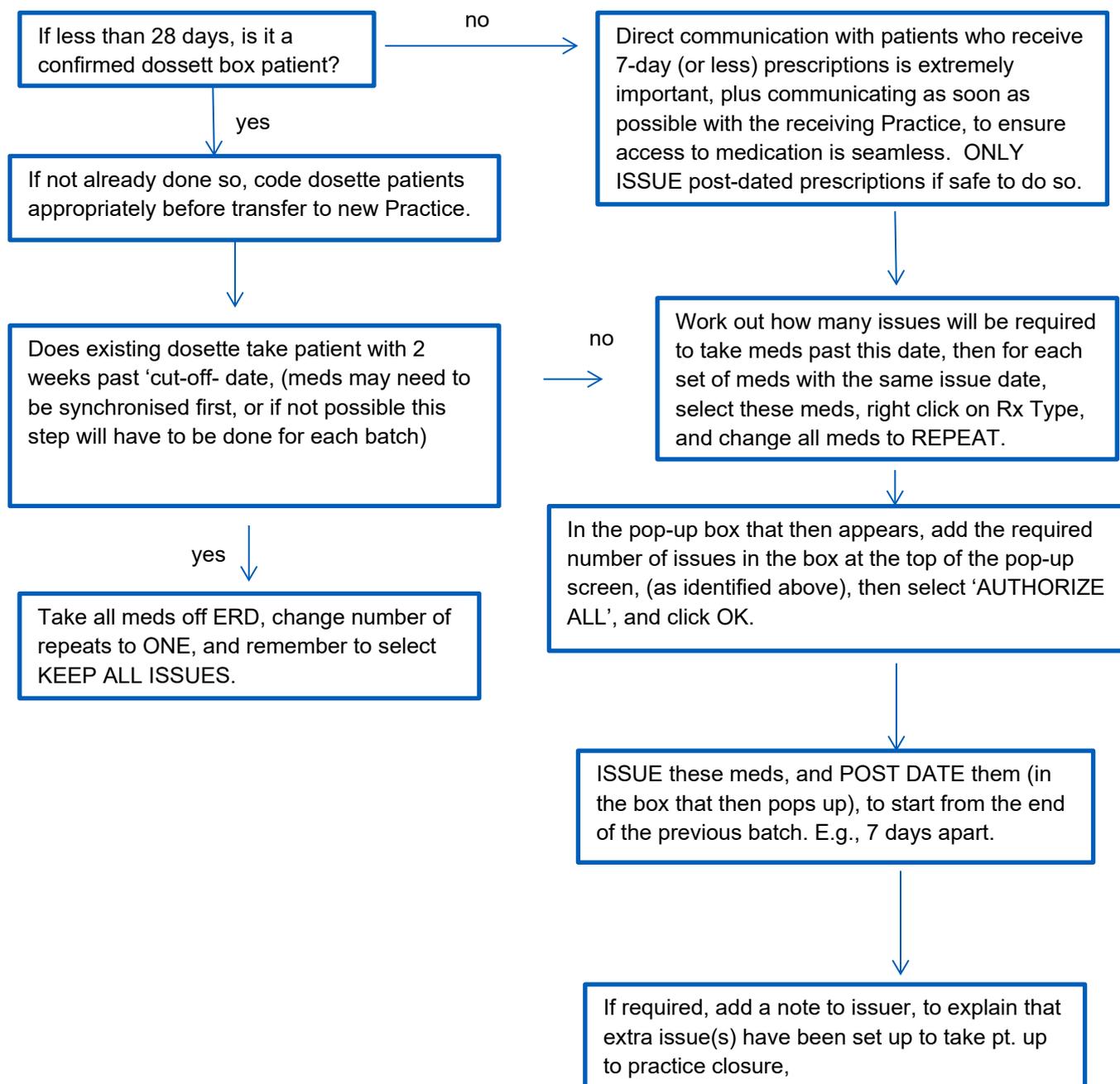
*First of all, Confirm the quantities of each medication are the same, (e.g. 28 or 56 day intervals), and synchronise as required.*



## APPENDIX 6

### Dosette box patients

*Identify patients, either by searching using SNOMED codes, or from initial eRD search on patients with less than 28 days duration.*



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## APPENDIX 7

### Care Home patients)

*Identify patients, either by searching using SNOMED codes, or from initial eRD search, and selecting patients with the POSTCODE of the Care Home.*

