

Electronic Repeat Dispensing

Measuring the rate of conversion to electronic repeat dispensing (eRD) using various methodologies within primary care

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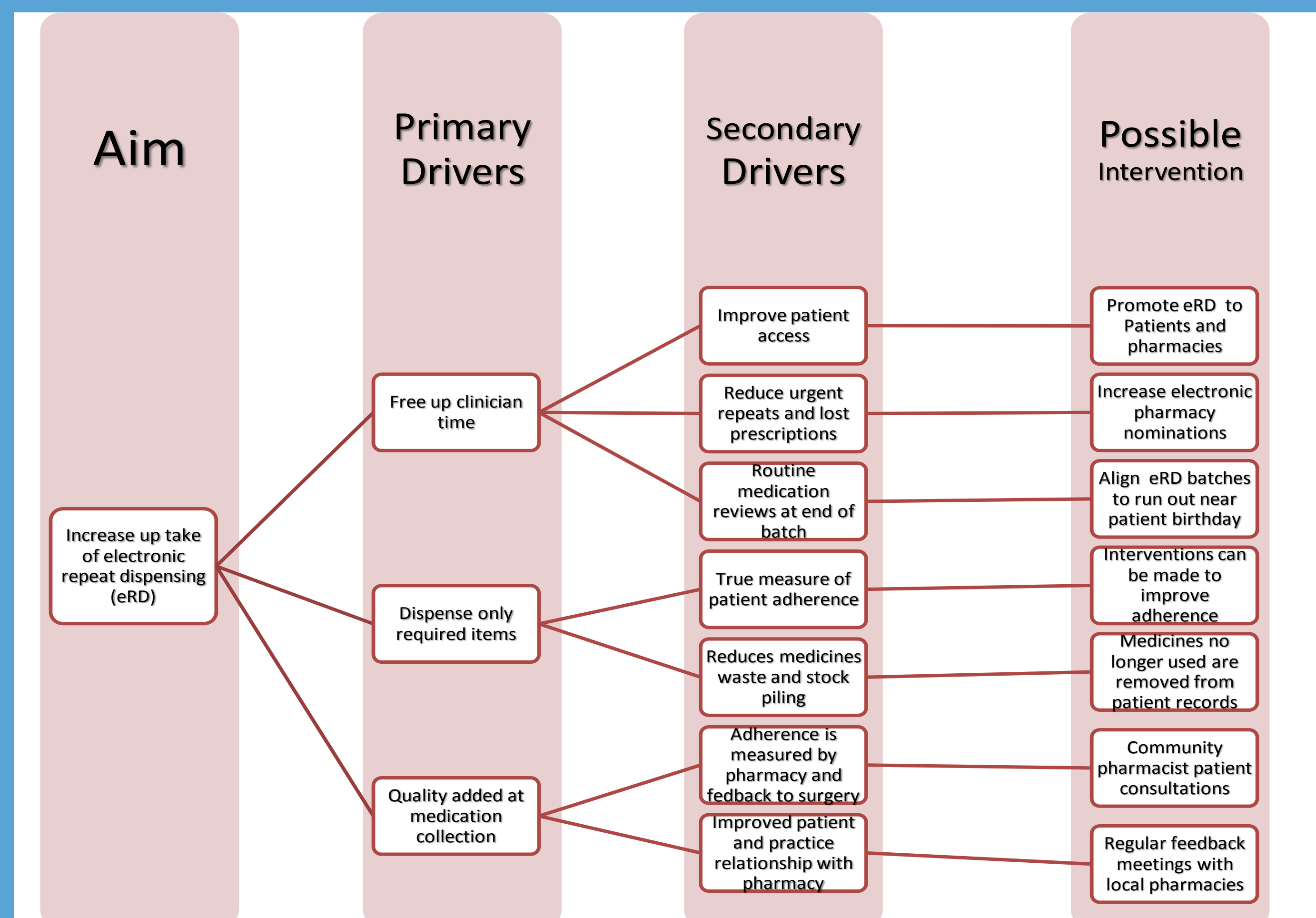
1. AIM

Identify the most effective channels, tools and resources to increase the volume of repeat dispensing prescriptions (eRD) within a GP practice.

2. BACKGROUND

- Signing of repeat prescription for stable and regular medication is a non-value adding exercise. It adds no value to patient care and the administrative burden can result in reduced patient access for medication reviews and monitoring in a practice that struggles with providing patient facing time and is set to serve a growing population.
- eRD can improve patient adherence to medication, reduce waste, and improve patient access to practice appointments. However implementing at scale in most practices is seldom achieved.
- With a recent appointment of a practice pharmacist, the practice was keen to introduce repeat dispensing at scale, as a means of improving patient access, improving quality of medication adherence and improving patient focused partnerships with local community pharmacies.

Driver Diagram



3. PROJECT DESIGN

The project commenced on 1st February 2017 and was evaluated over 6 months.

The two main methods of patient selection were from active staff recruitment and passive (i.e. posters, information leaflets, website) advertising. Patients were asked where they heard about the service on the returned patient consent forms. Patients clinically unsuitable for eRD were not included in the measurements. A balance measure was to review the number of prescription administration queries over the duration of the study.

4. CHANGES MADE

- Patient facing recruitment by practice and pharmacy staff was not a feasible option as this took up to 20 minutes per patient.
- Local pharmacies agreed to sign patients for electronic prescription and support those with questions about repeat dispensing.
- In an attempt to increase patient awareness, concise information and consent messages were included in patient prescription repeats slips.
- The practice patient participation group was consulted in further refining the wording and content of the information forms. As a result electronic repeat dispensing was referred to as batch prescribing.

5. OUTCOME

- By 31st July 2017:
- 341 patients signed up for electronic repeat dispensing.
- There was a 10% reduction in urgent repeat prescription requests.
- There was a 2% decrease in overdue medication reviews.
- There were 142 minutes saved per month in administration time.

6. SUSTAINABILITY

- In order to see substantial benefits, the practice require at least 25% of patients (3000) on repeat dispensing.
- A repeat dispensing champion and prescription clerk support needs to be in place to deal with on going administrative support.
- A more collaborative and targeted approach to community pharmacist based medication use reviews (MUR) could take place to improve patient education and adherence to their medication. The practice could refer appropriate patients to the community pharmacist for such consultations when starting on eRD. In addition the MUR could be conducted on appropriate patients when they collect their last issue to the batch, that is, just prior to the annual medication review. In that way practice clinicians would see the immediate value collaborating with community pharmacy in improving patient outcomes.

7. LESSONS LEARNED

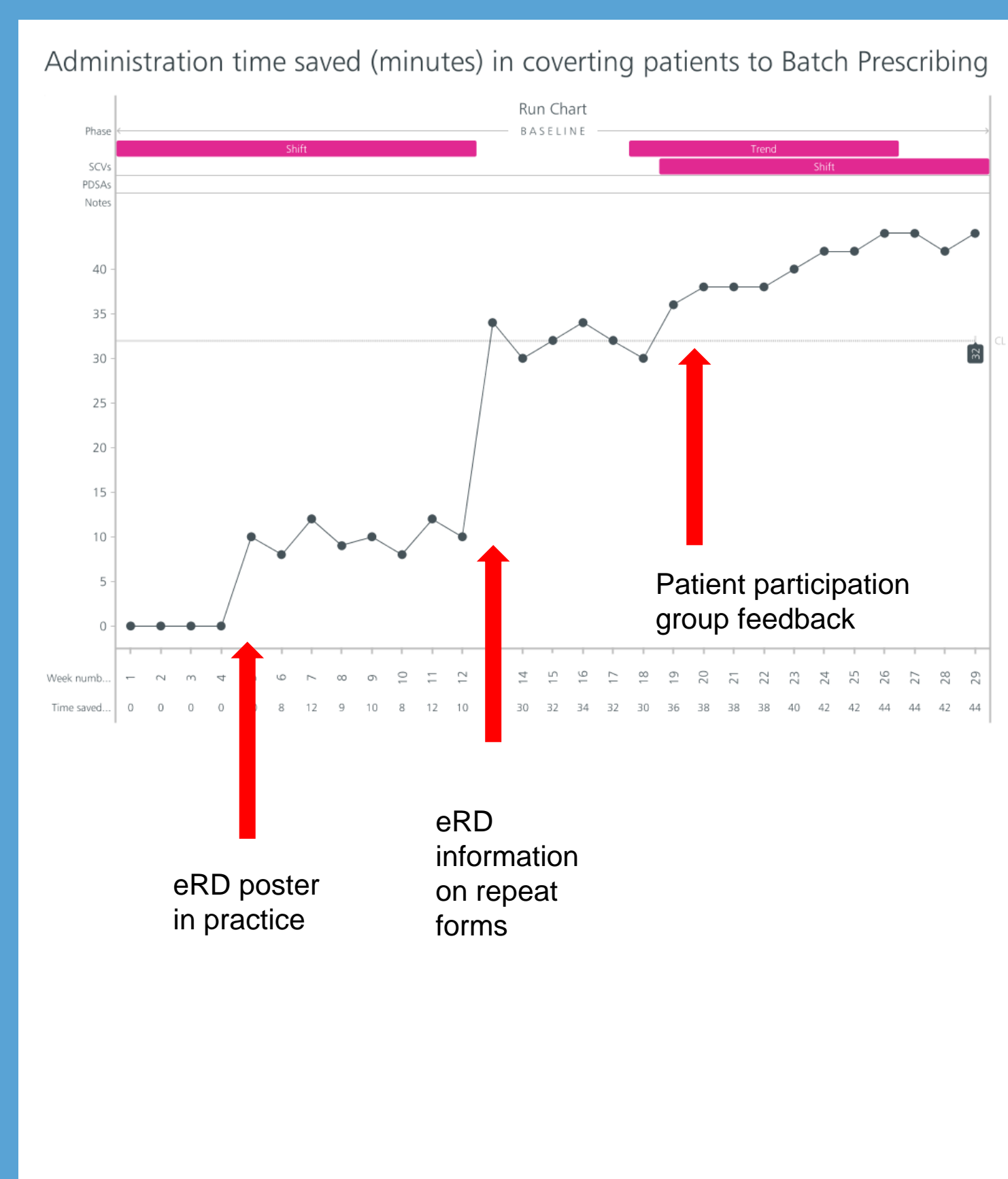
- Be honest with patients and staff and acknowledge that teething problems may occur initially. This will ensure retention of patients on the scheme.
- Have a team with protected time to deal with the set up of patients on to eRD to ensure the practice can cope with the demand.

8. NEXT STEPS

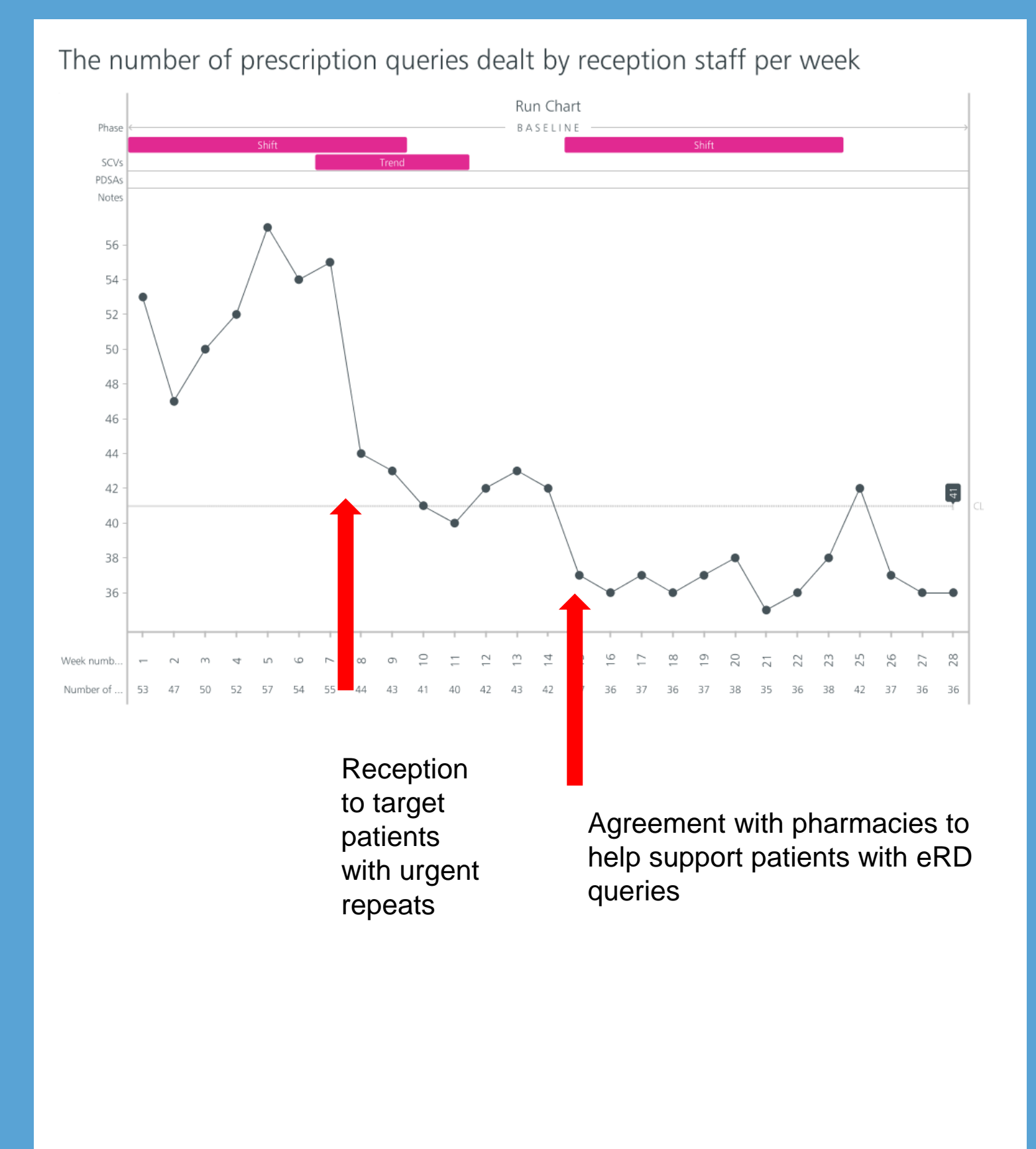
- Community pharmacists will be invited to attend the practice and see how patients are selected for eRD. Ideas and suggestions for further improvement will be encouraged.
- Display a pre-recorded video on the surgery waiting room television, explaining the benefits of eRD and how it works. Patient information leaflets will also have an online link to this video. A balance measure of eRD queries dealt by community pharmacies in addition to practice reception staff would be beneficial.
- Clinical cohorts of patients will be identified for switching to eRD. These patients will be asked to attend a medicines use review (MUR) at their usual community pharmacy and subsequently invited by the practice pharmacist for an annual medication review.

Run Charts for

a. Outcome measures



b. Balance measures



For additional information, please contact:

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