

Publications approval reference: 001559

4 June 2020

Dear GPs, community pharmacists and their commissioners

This letter is to formally notify you of temporary changes to the need for patient consent (using the powers granted by the [National Health Service \(Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.\) Regulations 2020](#) during the COVID-19 response) to maximise use of the electronic repeat dispensing (eRD) system.

We trust and support healthcare professionals to use their clinical judgement when applying this guidance in what we appreciate is a highly challenging, rapidly changing environment.

## **Electronic repeat dispensing**

We wrote on 5 March 2020 encouraging GPs to consider transferring patients to eRD wherever possible. We know that many practices have increased their utilisation of eRD over the past few weeks, but there are further opportunities.

### **Temporary change to need for patient consent to enable increased use of eRD**

It has always been the case that patients need to individually consent to receiving their medication in this way. Now, using the powers granted by the [National Health Service \(Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.\) Regulations 2020](#), we have agreed with the Secretary of State that in certain circumstances (defined below) this requirement can be temporarily suspended.

Practices in England may transfer any clinically suitable patient onto eRD if they are already receiving, or have agreed to receive, electronic prescriptions. This means:

- any patient who has previously had medication dispensed by means of the electronic prescription service (EPS); or
- any patient who has recorded a nominated pharmacy either via the practice, pharmacy or NHS App; or

- any patient whose practice is live with EPS Phase 4.

The requirement for patient consent is suspended until **30 June 2020** at which time the suspension will either be extended or revoked. We will write to you again nearer to that date.

### **Action to take**

If GP practices have not received it already, they should request a list of their registered patients that the NHS Business Services Authority (NHSBSA) has identified as potentially being suitable for eRD, based on recent medication history. Practices can request this information by emailing [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net).

This list has not been clinically reviewed and the practice will need to screen the list to ensure that patients are both clinically and practically suitable to be moved to eRD. They may also add patients to the list where it is clinically appropriate.

Using their clinical judgement, GPs should identify any patient who is suitable for eRD and, if they are already receiving electronic prescriptions as set out above, convert their prescription to eRD.

Once they have done that the practice must contact those patients to inform them that their prescription has been converted, and provide some general information on eRD – including how to nominate a pharmacy if they have not done so.

Practices should decide how best to contact patients, but a range of [templates for letters and text messages](#) are available from NHSBSA, which might be useful.

Practices should amend their privacy notice to make clear that patients who receive repeat electronic prescriptions and are considered clinically suitable may receive their medication by way of eRD.

Importantly, patients who are not already receiving or have not agreed to receive electronic prescriptions, and who still receive paper prescriptions, must not be transferred to eRD without providing consent first. This is because the general data protection regulation (GDPR) treats paper and electronic dispensing routes as different services.

Practices should consider contacting clinically suitable patients who are still receiving paper prescriptions to obtain consent for electronic prescriptions and eRD and

record a nomination. This could be done by telephone, letter or text and there are examples in [Annex 1](#).

**Key points for successful eRD roll out**

- Practices with an EPS value significantly lower than the national average (75.03% for February 2020) should first focus on increasing EPS and nominations and then commence the switch to eRD.
- Before embarking on eRD, practices must liaise with local community pharmacies to ensure they are ready for the switch.
- Practices should ensure they understand the eRD process and that the whole team is engaged with eRD.
- Practices should appoint an eRD champion to drive the change and act as key link for pharmacy (who should appoint their own eRD champion).
- Practices should ensure they are able to inform patients about the eRD process.

Further information on the benefits of transferring to eRD and advice, examples and tools are available in [Annex 1](#). You can also find all guidance relating to primary care and COVID-19 on the [NHS England and NHS Improvement website](#). We also circulate a daily [primary care bulletin](#) and hold regular [pharmacy and GP webinars](#).

Again, thank you for your incredible commitment and support in these rapidly evolving times.



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## **Annex 1 – Further information**

### **Benefits of transferring patients to eRD**

Repeat prescriptions make up around 77% of all prescription items. On average, practices receive requests for more than 200 items a day, and GPs can spend up to two hours a day dealing with repeats. Use of eRD has been shown to deliver significant efficiencies for GP practices and community pharmacy.

[Work in Wessex](#) has demonstrated significant savings in GP time from moving to eRD; in some cases, up to 45 minutes per day, per practice.

Moving patients to eRD has many benefits for patients and the system. It:

- allows a patient to pick up prescriptions over a longer time period without having to visit their GP
- helps to avoid medicines wastage
- helps to protect the medicine supply chain to ensure that all patients can get access to their usual repeat medicines
- reduces the footfall at a GP practice, freeing up GP time to manage workload
- helps community pharmacy to manage the workload.

### **Advice on increased use of eRD**

To support the increased use of eRD, a range of implementation tools has already been developed by NHS BSA and Wessex AHSN which you might find helpful.

### **Tools to help GP practices understand eRD and plan the move to eRD**

- [Wessex eRD Handbook](#)
- [NECS e-learning tool](#)
- [eRD Readiness checklist/ PDSA cycle](#)

### **Tools to help communication with patients:**

- [Template email for patients](#)
- [Patient poster](#)
- [Patient text message template](#)
- [Social media content](#)
- [Short animation](#)
- [Template letter for patients](#)
- [Patient flyer](#)

### **Case studies from GP practices that have already successfully moved to eRD**

- <https://wessexahsn.org.uk/img/projects/The%20Vine%20Medical%20Group%20Case%20Study%20Notes%20May%202020%20FINALa.pdf>
- <https://wessexahsn.org.uk/img/projects/Farzana%20Hussain%20eRD%20Notes%20May%202020%20FINALb.pdf>

### **Information for CCGs**

- For CCGs and Practices requiring help around eRD implementation, a number of AHSNs are now offering programmes of support. For details please contact your local AHSN medicines optimisation team:  
[www.ahsnnetwork.com/contact-the-ahsn-network](http://www.ahsnnetwork.com/contact-the-ahsn-network)
- GP practices and CCGs seeking support with eRD can contact the NHS BSA via [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net)