



January 2014

PSNC Briefing 001/14: Repeat Dispensing and EPS

This PSNC Briefing provides pharmacy contractors and LPCs with a summary of information on repeat dispensing using the EPS system and the answers to frequently asked questions.

Introduction

Release 2 of the Electronic Prescription Service (EPS) provides electronic support for the repeat dispensing service. Although there has been low uptake of paper-based repeat dispensing, feedback received from GP representatives suggests there may be more enthusiasm amongst GPs for adopting repeat dispensing under the EPS.

How does Electronic Repeat Dispensing work?

When issuing a repeatable prescription, the prescriber will authorise a prescription with a specified number of 'issues'; each issue contains the same prescribed items. The Spine will then manage the release of each individual prescription issue. The first issue of the prescription will be available as soon as the prescription is received by the Spine, subsequent issues will be created on the Spine ready to be pulled down once a previous issue is deemed complete (that is either dispensed or marked as not dispensed).

Once all authorised issues of the prescription have been dispensed, or if the prescription has expired, the repeatable prescription is complete and the patient must contact their GP to arrange for another repeatable prescription to be issued. Pharmacy teams should advise patients of the need to contact their prescriber when dispensing the last issue of a repeatable prescription.

When will the pharmacy receive each issue?

To allow pharmacies to prepare medicines for dispensing in advance of a patient visiting the pharmacy, the Spine will automatically send the patient's nominated dispensing site a repeat dispensing prescription seven days before the expected end date of the previous issue of the prescription. The Spine will calculate the expected date of supply as 28 days after the date that the previous issue was marked as dispensed unless the prescriber has specified a number of days' supply for each issue.

It is possible for a pharmacy to pull down issues in advance of them being sent automatically from the Spine, for example where the instalment dispensing interval is flexible and the pharmacist believes that an instalment should be dispensed at an earlier time because the patient cannot get further medicine at a later time. Pharmacy systems suppliers also have flexibility to implement more advanced scheduling functionality in their systems to support work flow in pharmacies.

Frequently Asked Questions

Q. The patient has told me that they are going on holiday for 6 weeks. Can I dispense 2 issues at the same time for a patient?

Yes, where a prescriber has not indicated the interval, the pharmacist should use their professional judgment to dispense instalments at an appropriate interval. From a process perspective, the issues must be pulled down and dispensed in order, so the pharmacy would be required to pull down the first issue, update the Spine to indicate that the issue had been dispensed and then repeat the process with the second issue. When processing electronic

repeatable prescriptions, the pharmacy system will record the Prescription ID to facilitate requesting subsequent issues of the prescription.

To further improve the efficiency of processing repeat dispensing prescriptions, PSNC would like to see a change to the model to allow multiple issues to be pulled down and prepared at the same time without the Spine having to be updated before the next issue can be retrieved.

Q. Are patients required to consent to be issued with electronic repeatable prescriptions?

Patients must give informed consent for the sharing of information between the dispenser and prescriber before participating in the repeat dispensing service, both for the paper based and electronic repeat dispensing arrangements. Normally consent is obtained from patients by prescribers. A national leaflet (RD2) and consent form (RD1) have been produced by the Department of Health; NHS England's Area Teams are responsible for the distribution of these forms.

If a patient has already given consent for the paper-based arrangements, there is no requirement to collect consent again before issuing an electronic repeat dispensing prescription. If the patient has not already nominated a pharmacy, informed consent would be required before changing the patient's nomination settings.

Q. How is the dispensing site determined?

A repeatable prescription can only be issued electronically where it is being sent to a patient's nominated pharmacy. Patients can choose to change their nominated pharmacy before the expiry of the repeatable prescription. In this case, all outstanding issues which have not been downloaded will be transferred to the new nominated pharmacy. This is different to the procedure for paper based repeat dispensing, where all issues must be obtained from the same pharmacy.

When issuing an electronic repeatable prescription, prescribers are required to always issue a 'Repeatable Prescription Authorising Token'.

Q. Can issues be cancelled by the GP?

Yes, if the patient's circumstances do change, the GP can cancel and reissue a repeat prescription for a patient. An electronic prescription can only be cancelled electronically where it has not been pulled down to a local dispensing system. If an electronic prescription has already been pulled down by a dispensing site, prescribers should use local arrangements to request that the prescription is not dispensed, for example, telephoning the dispensing site.

The ability to cancel an electronic prescription is one of the main advantages of EPS repeat dispensing over the paper based system.

Q. Is there a Repeat Authorisation (RA) form for electronic prescriptions like that used for paper prescriptions?

There is no RA form, instead when issuing a repeatable prescription, the prescriber will authorise a specified number of issues and the patient's nominated pharmacy can pull these down from the spine, as required.

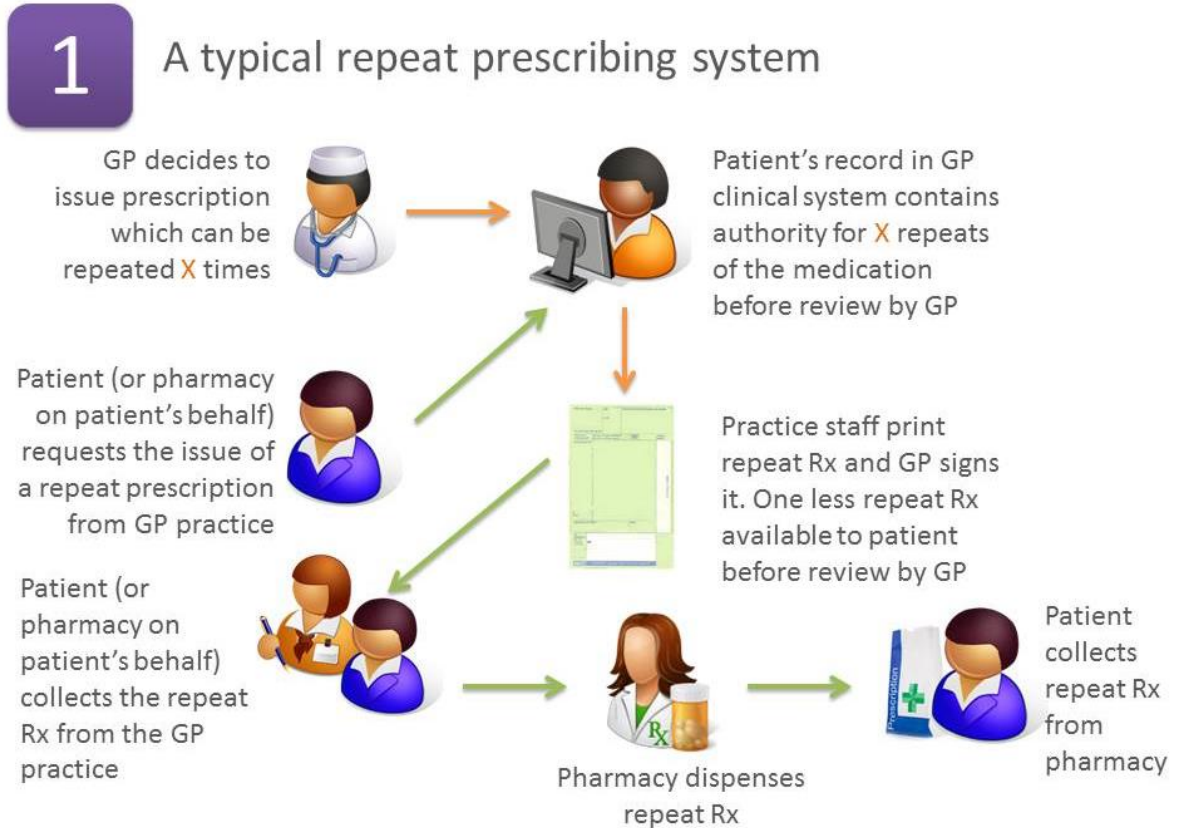
Where the patient pays for their prescription or is non-age exempt, the pharmacy can print a dispensing token to capture the patient signature. Where a signature is required, this must be captured separately for each dispensing issue. Although prescribers are required to always provide patients with a 'repeatable prescription authorising token' to accompany an electronic repeat dispensing prescription, the prescription can be dispensed without the patient presenting this token and there is no need for this token to be sent to NHS Prescription Services – unless it has been used as an alternative to a dispensing token in one of the dispensing episodes to capture a patient signature.

EPS repeat dispensing compared to repeat prescribing

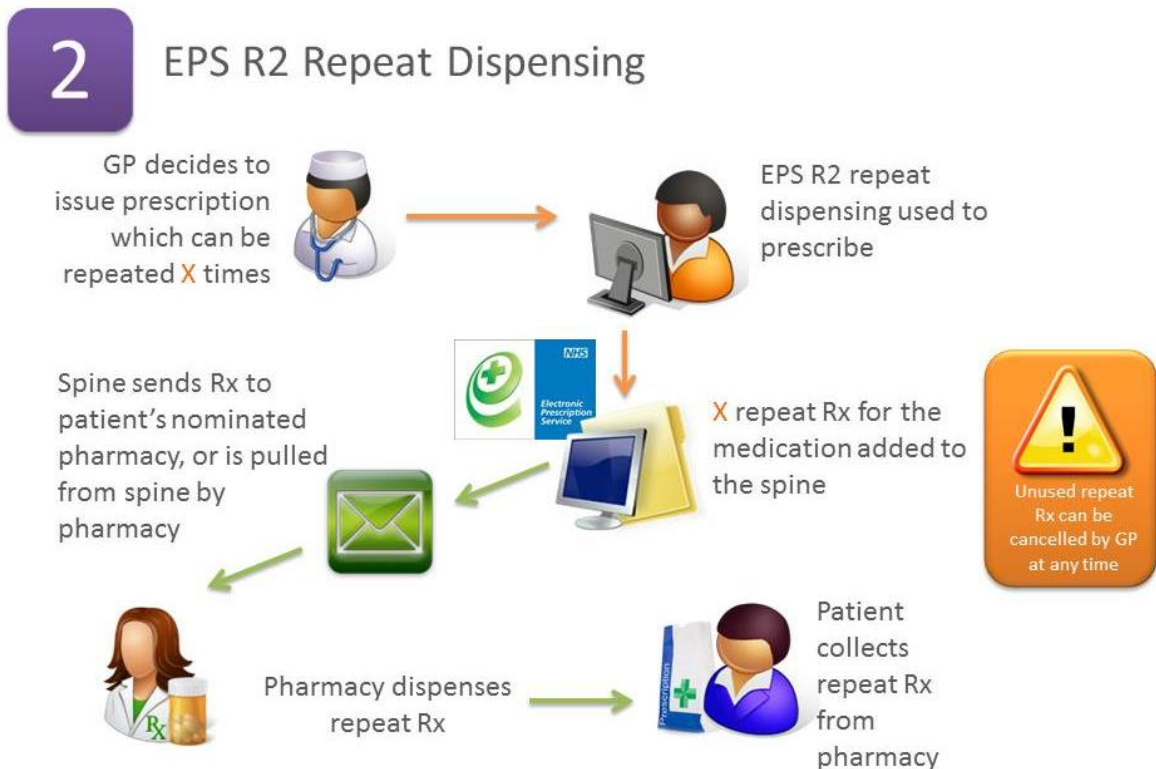
The repeat dispensing service was designed to save GP practices and patients time and improve convenience and access to prescriptions, by allowing community pharmacies to take a more active role in the process for safe supply

of patients' regular prescription medicines.

A typical repeat prescribing system is illustrated below:



Repeat dispensing using EPS is a similar workflow, but some steps can be removed to improve efficiency in GP practices and convenience for patients.



As it is possible for repeat items that have not yet been pulled down to a local dispensing system to be cancelled by the GP, most items regularly prescribed by practices via a repeat prescribing system could be considered for supply

using repeat dispensing via EPS.

Further information

[CPPE's](#) original programme which supports repeat dispensing (From pathfinder to practice) has been replaced by a focal point NHS repeat dispensing module. The focal point programme is designed to be used as part of a learning community or for self-study. It is available to order or download and has an associated e-assessment. Even if you have completed the previous programme you may find that the focal point format provides a useful resource of key information to refer to in everyday practice and is ideal to support repeat dispensing training for your team.

If you have queries on this PSNC Briefing or you require more information please contact [Alastair Buxton, Head of NHS Services](#).