



Electronic Repeat Dispensing (eRD) Principles

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- Full details of the service must be given/explained to the patient
- The patient must give explicit consent to the introduction of two-way sharing of their information between the dispensing and prescribing site.
This can be written or verbal and it is good practice for a record of any agreement and the consent to be included in the patient's notes or management plan (read codes can be added). Where the consent is captured by the dispensing site it should be shared with the prescribing site.
- Patient needs to have given consent to use the Electronic Prescription Service and to have nominated their chosen dispenser/pharmacy.
- Any patient suitable for a repeat prescription could be suitable for electronic repeat dispensing. This includes but is not limited to:
 - Patients on stable medication
 - Patients with long term conditions
 - Patients who are adherent/compliant with medication treatment regimes
- Electronic repeat dispensing is not suitable for :
 - Drug misusers
 - Patients with unstable medical conditions who have frequent changes to their prescriptions
 - Patients who require frequent monitoring
- The prescriber is responsible for authorising the repeat dispensing prescription with the correct number of repeatable issues, ensuring repeats run out when patient review is due.
- 'When required' medicines/PRNs can be prescribed but on a separate electronic repeat dispensing prescription with the correct number of issues for the expected usage. The pharmacist must check the patient's requirements for these.
- The pharmacist should communicate, as soon as possible with the prescriber, where there are any issues with repeat dispensing prescriptions, or continued patient suitability for eRD.
- The pharmacist should remind the patient to contact their surgery in a timely manner when the eRD batch is nearing completion, as a review may be due before a new batch prescription can be issued.
- Prescribing policies/SOPs should be in place and kept up to date.