# Protocol for electronic Repeat Dispensing

## Applies to

NY CCG employed Pharmacists and Medicines Optimisation Technicians.

*These protocols are produced by the NY CCG MM team for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY CCG but NY CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.*

## Rationale

In order to provide a more efficient way to manage repeat prescriptions, NHS England introduced Repeat Dispensing Services. Initially repeat dispensing was only available using paper based prescriptions, but since July 2009 it has been possible to use repeat dispensing via Release 2 of the Electronic Prescription Service (EPS). This is called electronic Repeat Dispensing (eRD) to differentiate it from paper based Repeat Dispensing (Wessex eRD Steering Group, 2018).

eRD allows the prescriber to authorise and issue a batch of repeatable prescriptions for up to 12 months with just one digital signature. Once the service is set up, the patient's nominated dispenser accesses each supply at the interval specified by the prescriber. eRD can reduce surgery workload and can be more convenient for patients with very stable medicines usage because they don't need to contact the surgery as often to reorder their prescription. The prescriber retains the ability to cancel any item or whole prescription at any time prior to dispensing (NHS Digital, 2016).

Any patient who is suitable for a repeat prescription could be suitable for eRD. This includes, but is not limited to patients:

- on stable therapy
- on short term medication e.g. until their condition is reviewed
- with long term conditions
- on multiple therapy e.g. hypertension, diabetes, asthma etc.
- who can self-manage their seasonal conditions appropriately.

Patients will still benefit from regular contact with their dispenser, who is responsible for checking that their circumstances haven't changed since the issue and collection of their previous prescription. To avoid medicines being wasted, dispensers will also ask whether the patient needs all of the items on their prescription. eRD requires the dispenser to ask the following questions each time the eRD prescription is dispensed:

- Have you seen any health professional (GP, nurse or hospital doctor) since your last repeat was supplied?
- Have you recently started taking any new medicines - either on prescription or that you have bought over the counter?
- Have you been having any problems with your medication or experiencing any side effects?



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- Are there any items on your repeat prescription that you don't need this month?

Based on the patient's answers to these questions, the dispenser will make a clinical decision to either dispense the medication or refer the patient back to their prescriber. If medicines are being delivered to the patient's home, then these 4 questions should be asked by the pharmacy by telephone before delivery. It is not appropriate for the delivery driver to ask these questions at the point of delivery.

There are many benefits to using eRD for patients, general practice and pharmacies, including:

Benefits for Patients

- A simpler process for patients, as their prescriptions are sent to their pharmacy just once or twice a year
- Improved safety for patients as a result of regular pharmacy-led consultations
- Improved care for patients as a result of greater collaboration between the practice and the pharmacy
- Patients can collect repeat prescriptions directly from a pharmacy without visiting their GP, or requesting a new prescription from them (for up to 12 months)
- Patients won't have paper prescriptions to lose
- Patients can make arrangements with their pharmacy to enable them to spend less time waiting in the pharmacy
- The service is reliable, secure and confidential
- If clinically appropriate, the next issue can be requested early or more than one prescription obtained, for example when going on holiday.

Benefits for the GP Practice

- Encouragement of multidisciplinary working around repeat medication
- Reduced prescription workload

In 2015, NHS Digital undertook an audit of GP practices and spoke to 100 practice staff about EPS 2. Specifically related to electronic Repeat Dispensing (Wessex eRD Steering Group, 2018), they found that:

- Practice staff save an average of 73 minutes each day by producing eRD prescriptions rather than paper repeats
- An average general practice saves 80 minutes of GP time every day from signing eRD prescriptions versus paper prescribing
- Practices save an average of 27 minutes every day by cancelling prescriptions electronically versus paper
- The practices who participated in the audit prescribed an average of 10,920 items per month, with 53.4% of their items being sent via EPS Release 2.

Benefits for Community Pharmacy

- eRD allows community pharmacies to plan and manage repeat prescription workload more efficiently
- encourages multidisciplinary working around repeat medication
- reduces medication waste



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- enables utilisation of pharmacists' skills in the repeat medication process.

Therefore, all GP practices and pharmacies should be encouraged to use eRD.

## Method

1. Staff working to the protocol should be familiar with the current processes for issuing repeat medications at the GP surgery and have completed the eRD eLearning from NHS Digital which is available on the North East Commissioning Service (NECS) website (see bibliography on page 5).
2. Check the practice has agreed to the protocol and a signed copy is in place.
3. Check for any extra exclusions or amendments to the protocol made by the practice.
4. Ensure there is at least one nominated champion at the practice that has completed the eRD eLearning who can act as a contact for the other members of staff.
5. Notify local pharmacies/dispensary of work being undertaken and inform any relevant practice staff e.g. prescriptions/dispensary staff.
6. Agree patient criteria with nominated champion at the practice. This can be an ongoing process, selecting one cohort of patients to start with and then agree the next.
7. Run a computer search to identify patients who fit the currently agreed patient criteria (as above).
8. Use the data collection form (appendix 1) and the medical records to record the following:
    - Patient identifier
    - Allergies checked
    - Medical condition(s) stable?
    - Unplanned hospital admissions in the last 6 months?
    - Had changes to repeat medicines in last 6 months?
    - Expected changes to repeats in the next 6 months?
    - On any of the excluded medicines? (see exclusions)
    - At least 6 months/issues left on repeat items and until medication review due?
    - Due for any medicine related tests in the next 6 months?
    - Nominated pharmacy (if not do they want to nominate a pharmacy)?
    - Exclusions
    - Patient referred to prescriber?
    - Suitable?
9. Identify patients who are excluded, those who are eligible for eRD and those needing special consideration by the prescriber.
10. If a patient is excluded, add a consultation note listing reasons why they are unsuitable.
11. Consider which patients are eligible for eRD or have been approved for eRD by prescriber. **However, do not switch large numbers of patients in one practice on to eRD at one time. It is better to start "low and slow"**. Remember that all patients will need a review of eRD in 12 months (unless a shorter



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review date is chosen) and so it is important to spread the 12 months review dates. Many practices undertake medication reviews in the month of a patients' birthday, in which case it may be worth considering changing patients on to eRD in the month of their birthday, so that their 12 month eRD review and annual medication review coincide. For patients which are considered suitable for eRD:

a. Phone the patient to explain eRD and get verbal consent (see appendix 2 or as per minimum current national requirements). A 'Crib sheet for patient calls during Covid-19' developed by Dorset CCG Medicines Team may be useful (see appendix 9: Useful Resources). AccuRx functionality has also proven to be an effective method of informing the patient and obtaining consent – speak to CCG MMT colleagues.
b. Add the read code "Patient consent given for Repeat Dispensing information transfer." SNOMED CT code: 416224003 (Read code XaKRX)
c. Ensure all eligible repeat items are in 28 day quantities (see appendix 3)
d. Any PRN medication should be put in a separate batch (see appendix 4)
e. Select eligible repeat items for eRD and:
    i. In SystmOne: select the 'RD' icon
    ii. In EMIS: right click, Rx Type, Repeat Dispensing
f. Add the number of issues (up to 13 issues for 12 months), or up to recall/medication review/re-authorisation date if sooner (in EMIS make sure to select 'Authorise all' before OK)
g. Type the date of medication review in the pharmacy message box to act as a prompt for the community pharmacist to inform the patient that the batch of prescriptions is coming to an end
h. Inform GP via task that eRD has been set up for this patient and they will be issued x months prescriptions the next time these are authorised by the GP/prescriber (see discussions with practice)

12. Send a letter to the patient advising them of the new process for ordering their medications. Liaise with practice staff to organise mail merge of letters and posting. At the end of the session, for all those changes that have been completed, a letter must be ready to send to the patient for information. (See discussions with practice.)
13. Add SNOMED CT code: 414938004 (Read code XaJus) 'on repeat dispensing system' for all patients signed up.
14. Problem link drug to disease (where possible).
15. Inform relevant practice staff.
16. Use an activity log to review all changes made. Calculate any cost savings and document any RIOs made and present results back to the practice and organisation.
17. Continue to monitor the long term outcomes of this work e.g. percentage of patients in the practice using eRD, complaints, problems encountered etc.



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## Exclusions - do not switch to eRD

1. Unstable medical condition.
2. Unplanned hospital admissions in the last 6 months.
3. Changes to medicines in the last 6 months, or expected changes in the next 6 months.
4. Declined to consent or nominate a pharmacy.
5. Palliative care patients.
6. Care home patients.
7. Patients whose prescriptions are dispensed by their surgery, i.e. dispensing patients.
8. On a medicine unsuitable for eRD:
    a. CD schedule 2/3 (and including tramadol, gabapentin and pregabalin)
    b. Benzodiazapines
    c. Hypnotics
    d. Medicines requiring frequent monitoring (i.e. lithium and methotrexate)
    e. Unlicensed/Specials.

## To flag up for special consideration by prescriber – approval required via electronic task

1. Significant drug interactions of current medications
2. At least 6 months/issues left on repeat items and until medication review due
3. Due for any medicine related tests in the next 6 months
4. Any patient that you are concerned may be unsuitable for switching, or other prescribing issue that you are concerned about.

## Points to discuss with practice

1. Who is the eRD Champion in the practice for the eRD project?
2. Agree patient cohorts(s) to look at i.e. NHSBSA list, or patient group (e.g. hypothyroid/hypertension)
3. Agree content of patient letter – a possible form of words is attached below
4. Agree whether to send every patient a letter (as will already have discussed verbally with patient)
5. Agree the interval of repeats (i.e. 28 for one month or 56 for two month's supply)
6. Agree whether to task GP to inform them that the patient has been signed up for eRD
7. Any practice additions, deletions or amendments to the protocol.



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## Bibliography

NECS, n.d. *NHS Digital – Electronic Repeat Dispensing eLearning.* [Online]
Available at: https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/
[Accessed 24 March 2020].

NHS Digital, 2016. *Electronic Repeat Dispensing (eRD): Prescriber Guide,* Leeds: The Health and Social Care Information Centre.

Wessex eRD Steering Group, 2018. *Electronic Repeat Dispensing Handbook,* Chilworth: Wessex AHSN.

## Document version control

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## Protocol approval details

| | | |
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| Written by | Belinda Fielding/ Claire Hutchinson | 26/03/2020 |
| Clinically checked by | Julie Parker | 01/05/2020 |
| Tested in practice by | Karen Kelly | 01/06/2020 |
| Authorised by | Ken Latta | 16/06/2020 |



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## Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

| | |
|---|---|
| Signature of practice prescribing lead/ manager | |
| Practice name | |
| Date | |
| Signed on behalf of NY CCG MMT | |

**Please note that the practice representative signing this protocol agrees that:**

- **The practice will take responsibility for the notification of all relevant practice staff.**
- **The practice has made patients aware that their records are accessed by staff from the CCG Medicines Optimisation Team for these purposes e.g. via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.**



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**Possible letter**

Dear ~*[Title/Initial/Surname]*

**The way you order your repeat prescription**

You have now been signed up to electronic repeat dispensing (batch prescriptions) following recent communication between you and the Surgery.

Your GP or prescriber has authorised a number of electronic repeat prescriptions (3/6/12 months' worth- delete as appropriate). This has been based on your circumstances and clinical need. The medicine on these electronic repeat prescriptions will be supplied to you by your pharmacy at regular intervals.

**Step 1**

Collect your first electronic repeat prescription from your pharmacy.

**Step 2**

When you need more medicines, go back to your pharmacy. Before dispensing the next issue of your prescription, your pharmacy will ask:

- have you seen any health professionals (GP, nurse or hospital doctor), since your last repeat prescription was supplied?
- have you recently started taking any new medicines - either on prescription or that you have bought over the counter?
- have you been having any problems with your medication or experiencing any side effects?
- are there any items on your repeat prescription that you don't need this month?

If you don't need all of the medicines on your prescription, let the pharmacy staff know, so that they only supply the medicines you need. This will help to reduce waste and save the NHS money.

**Step 3**

When your pharmacy supplies your final electronic repeat prescription in the series that your GP has authorised, they will advise you to contact your GP practice. Your doctor or practice nurse may want to see you to review your medication before they will authorise more electronic repeat prescriptions.

If you have any queries regarding this letter please contact [*insert name of contact, practice]* and or *[insert email of local CCG patient relations team]*.

All medicines should be safely stored out of the reach of children.

Yours sincerely

~ [Usual prescriber/Registered prescriber/GP Prescribing Lead/Other]



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## Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

| | |
|---|---|
| Signature of practice prescribing lead/ manager | |
| Practice name | |
| Date | |
| Signed on behalf of NY MMT | |



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## Appendix 1

## Data Collection Form

| Patient identifier: | Allergies checked Y/N | Medical condition stable? Y/N | Unplanned hospital admission in the last 6 months? Y/N | Changes to repeats in last 6 months Y/N | Expected changes to repeats in next 6 months Y/N | On any excluded medicines Y/N | Significant Drug Interactions Y/N | At least 6 months/ issues left on repeat items and until medication review due Y/N | Due any medicine related tests in the next 6 months Y/N | Nominated pharmacy Y/N | Patient has exclusion(s) to eRD? Y/N | Flag to prescriber Y/N Record reason | Patient switched? Y/N | Letter sent? Y/N |
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**Appendix 2**

**Electronic Repeat Dispensing: Consent** (Wessex eRD Steering Group, 2018)

Before a patient can be enrolled onto eRD they must first specify their preferred pharmacy. This can be done in the pharmacy or GP practice (and can be changed if necessary). Part of the consent process requires that they give explicit permission for the sharing of information about their medications between their GP surgery and the community pharmacy of their choice. This communication is crucial to the running of the service and patients cannot take part in the eRD service without giving this consent.

Information to be given to the patient when explaining the system and obtaining consent includes:

- Electronic Repeat Dispensing is an alternative way to receive their medicines
- The patient must be registered for EPS and have a nominated pharmacy
- They can change their specified pharmacy should they state that they want to do so
- It should save time, as they do not have to contact the GP practice to get a prescription each time their repeat medicines run out
- Checks will be carried out at the pharmacy to help improve patient safety
- How the electronic Repeat Dispensing process works
- What happens at the end of the batch of prescriptions
- They need to give their consent for the pharmacy and GP practice to exchange information about their treatment
- Any information that is shared will continue to be treated confidentially by both parties
- Patients will need to continue to declare their exemption or pay for their prescriptions as they have been doing with their current prescriptions
- They will need to have medication reviews at the end of each batch of prescriptions before the next batch can be prescribed.

Remind patients of the benefits of eRD:

- A simple process for patients because their prescriptions are sent to their pharmacy just once or twice a year.
- Improved safety for patients as a result of regular pharmacy led consultations
- Improved care for patients as a results of greater collaboration between the practice and the pharmacy
- Patients can collect repeat prescriptions directly from a pharmacy without visiting their GP, or requesting a new prescription from them (for up to 12 months).
- Patients won't have paper prescriptions to lose
- Patients can make arrangements with their pharmacy to enable them to spend less time waiting in the pharmacy
- The service is reliable, secure and confidential
- If clinically appropriate, the next issue can be requested early or more than one prescription obtained, for example when going on holiday.

How should consent be obtained?

- The patient can give spoken consent as formal written consent is not required; details of this should be entered into the patients' notes.
- Consent can be coded in the patients notes: "Patient consent given for Repeat Dispensing information transfer": CTV3 code: XaKRX SNOMED CT code: 416224003



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**Appendix 3**

**Electronic Repeat Dispensing: Setting Up A 'batch prescription'** (Wessex eRD Steering Group, 2018)

1. Identify patient's regular medication(s)
2. Synchronise all review dates using earliest date to ensure they are all in line
3. Ensure the quantity of each item equals a 28 day supply (56 days where applicable) and that the prescription duration corresponds to this
4. Calculate the number of issues that can be given before a review is due and create a batch for that many issues (13 x 28 day supply is a 12 months' supply). 56 days' supply is more problematic because eRD cannot be issued for more than 365 days (7 x 56 is too many and 6 x 56 is too few to last a full year).
5. Prescription authorised by GP
6. If the patient has any 'when required' medications, re-enter patient record and follow process for 'when required' medications.



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**Appendix 4**

**Electronic Repeat Dispensing: Guidance for dealing with 'when required' (PRN) items** (Wessex eRD Steering Group, 2018)

1. First check that any PRN medications are still needed by the patient. Check when each item was last requested and if necessary discuss with the patient when gaining verbal consent.
2. Because it may be difficult to accurately predict when PRN items will be needed, eRD works best if all 'when required' items are put onto separate, individual prescriptions
3. Identify the patient's 'when required' medications
4. Calculate how frequently items are normally issued using the patient's medical record or by contacting the patient
5. Ensure the quantity of each item equals roughly what the patient would be expected to use in the duration of the period of the eRD prescriptions (e.g. a year). Please note that 13 batches of 28 days' supply are required to cover 12 months.
6. Explain the process to the patient so that they know they can request their PRN items from the pharmacy when needed
7. Calculate the number of issues and enter so that the prescription ends at the same time as regular medication
8. Prescriptions are authorised by the GP but dispensed by the pharmacy only when requested by the patient.

Also note that:

- Medicines or items that don't fall neatly into 28 or 56 day prescribing patterns may also be treated as 'when required' items.
- 'When required' items that are expected to run out regularly at the same time should be prescribed together in the same eRD batch. But if they are expected to run out and be needed at different times then they should be put into a different eRD batches.



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**Appendix 5**

**Electronic Repeat Dispensing: Patients on Warfarin** (Wessex eRD Steering Group, 2018)

As patients who take warfarin are subject to frequent testing and dose changes, it might appear that they are not suitable to use eRD. However, many patients that have been on warfarin for some time can be managed successfully using eRD using the following method.

- To accommodate possible dose changes, a separate warfarin prescription should be raised. This needs to be done in a similar way to creating a 'when required' batch by re-entering the patient record and creating a separate prescription with all the strengths that the patient might need (up to four) of warfarin listed. (Alternatively, separate, individual prescriptions for each strength can be generated.)
- The patient will need to let the pharmacy know which strengths of tablets they require after they have received their latest INR result and when they are running low on the required strength(s) of tablets.
- Patients will be required to show the result of their most recent INR test when requesting supplies of warfarin at the pharmacy. To ensure that the patient is attending for regular monitoring, the INR test presented should be no more than 3 months old.
- The pharmacist will issue the required strengths and mark the rest as 'Not Dispensed'. This will prevent stockpiles of warfarin building up at the patient's home, whilst allowing the patient and the surgery to realise the full benefits of the eRD service.

As always, patient safety should be paramount and if there is any evidence to suggest that a patient does not manage their warfarin well or does not attend for regular blood tests they should not be initiated onto eRD or should have the service withdrawn.



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**Appendix 6:**

**Useful hints on eRD and important points to remember**

1. Good communication with both community pharmacies and GP practices throughout this work is essential for the success of this project.
2. Encourage each practice and pharmacy to nominate an "eRD Champion."
3. Dispensing practices can participate in eRD, but can only enrol their non-dispensing patients.
4. Take a measured approach to this work - start "low and slow" in terms of patient numbers. Start with straightforward patients who are on 1 to 3 medications only and initially avoid patients on PRN medications and warfarin.
5. If any practice has not had the list from NHSBSA of patients suitable for eRD, then please email: nhsbsa.epssupport@nhs.net
6. Remember that all patients will need a review of eRD in 12 months (unless a shorter review date is chosen) and so it is important to spread the 12 months review dates. Many practices undertake medication reviews in the month of a patients' birthday, in which case it may be worth considering changing patients on to eRD in the month of their birthday, so that their 12 month eRD review and annual medication review coincide.
7. Staff implementing this protocol should keep engaged with the GP practices after moving a batch of patients on to eRD to follow up on any issues. Do not switch patients over and then disappear.
8. The first batch in eRD can be post-dated if required, e.g. if a patient has only just been issued with their repeat medication.
9. There is no list of drugs which are not suitable for eRD. If there is concern about the suitability of a drug, then the patient should be flagged to the practice for special consideration. Such patients may be best avoided initially. When more experience of eRD is gained, then such patients can be included, and shorter batches could be issued e.g. 3 months. Drugs which are used regularly but are presented in packs that do not last for 28 days, e.g. insulin, should be treated as PRN drugs (see appendix 4).
10. If there is doubt about the availability of a drug on a patient's repeat list, then be cautious about including this patient in case changes need to be made if a drug cannot be obtained.
11. Patients on Schedule 2 and 3 controlled drugs should not be included. These drugs should be clearly annotated as "CD" on clinical systems.
12. Care home patients **should not** be included, as it is important that each home has a standard ordering system for all patients in the home.
13. Explain to patients that they can still order their medicines on-line, but will need to do so less often.
14. When setting up a patient consider doing the same for all family members within that household at the same time to avoid having different ordering methods, which may cause confusion within the same household.
15. It is best not to add minimum intervals so if patients need to order before their repeat prescription is due for example going on holiday, it does not cause problems in the system.
16. Communicate with the community pharmacy to ensure they only download one prescription at a time so if any amendments are made at a future date then changes can be made or the remaining scripts left on the spine can be withdrawn.
17. If a prescriber leaves, the remaining prescriptions left on the spine should be cancelled and another prescriber at the practice should re-authorise them.
18. If a medication is discontinued then this medicine can be cancelled in eRD. But if a dose of a medication is changed then the full list of medications must be re-issued.
19. If a pharmacy which is participating in the eRD scheme is forced to close, for example due to staff shortages, then eRD requests that have been downloaded by the pharmacy can be sent back to spine.



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## Appendix 7:

## eRD Pathway

Please note: Prior to starting please ensure that the patient is suitable for eRD and that they have a nominated pharmacy.

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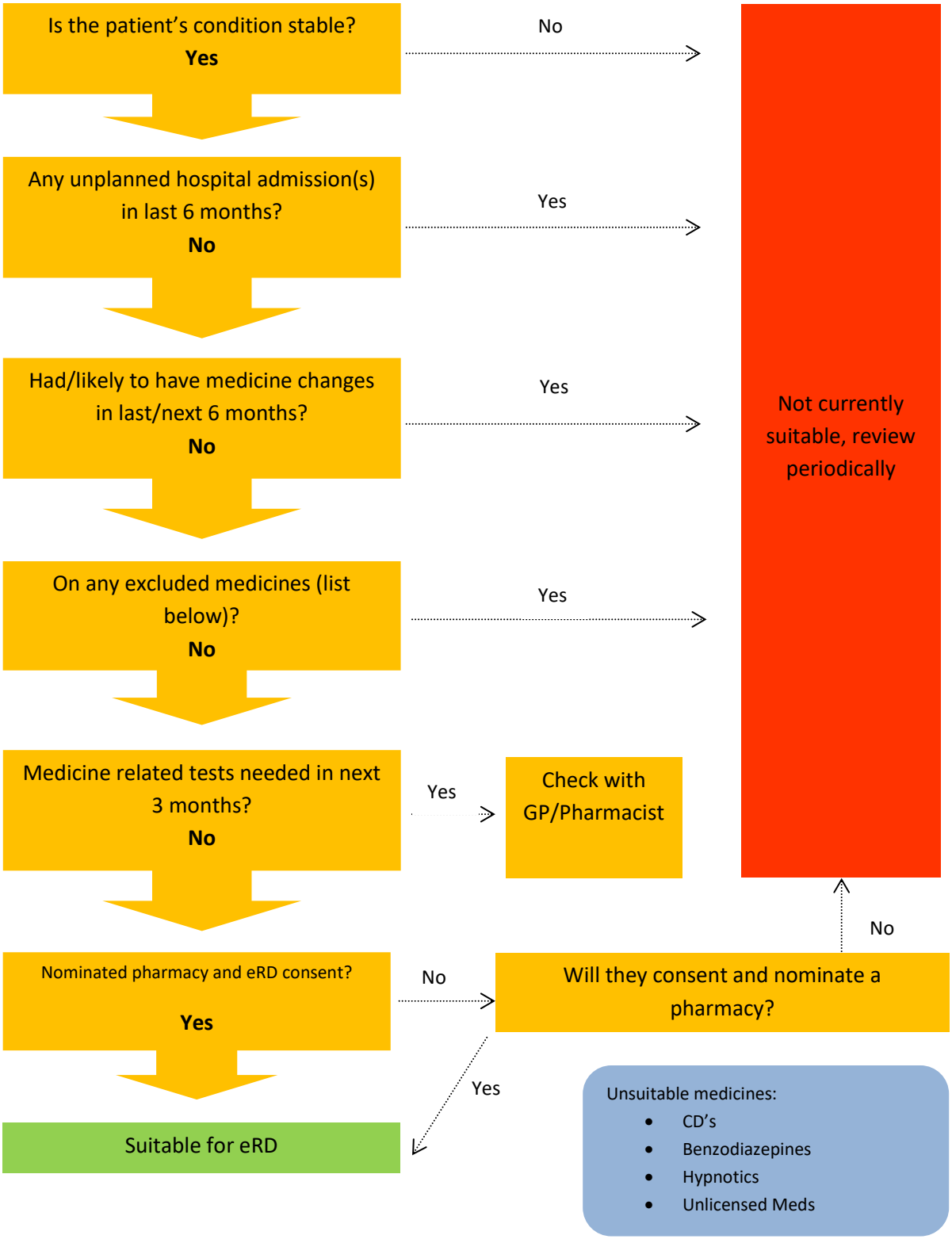
**Appendix 8:**

**eRD Suitability Pathway**



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**Appendix 9**

**Useful Resources:**

Please find some useful resources listed below. Those in bold may be the most useful if time is limited.

**Regional Drug and Therapeutics Centre (RDTC): Resources available to support practices in maximising electronic repeat dispensing (eRD) during the COVID-19 pandemic response:**
https://rdtc.nhs.uk/sites/default/files/publications/c19/7-rdtc-gmmmg-covid-19-electronic-repeat-dispensing-advice-version-2.pdf

**Dorset CCG Medicines Team: Crib sheet for patient calls, for telephoning patients to gain consent during Covid-19 eRD project:**
https://wessexahsn.org.uk/img/projects/Dorset%20CCG%20eRD%20Explaining%20it%20to%20a%20Patient%20March%202020.pdf

NHS Digital:

Prescribers: includes benefits and how it works (good quick reference guide):
https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers

**Prescriber guide:** contains links to PSNC, NHSE, NHS digital and NECS e-learning:
https://digital.nhs.uk/binaries/content/assets/legacy/pdf/6/3/prescriber_guide.pdf

Dispensers: https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-dispensers#top

**Dispenser guide:** contains links to PSNC, NHSE, NHS digital and CPPE e-learning:
https://digital.nhs.uk/binaries/content/assets/legacy/pdf/c/2/dispenser_guide.pdf

Information for patients: https://digital.nhs.uk/services/electronic-prescription-service/explaining-electronic-repeat-dispensing-to-patients

Patient Flyer: https://www.nhsbsa.nhs.uk/sites/default/files/2019-11/eRD%20leaflet%20A5%20%28V3%29%20%28Local%29%2012.2018.pdf

PSNC - information for pharmacies: PIL/posters, training and resources for pharmacy teams, referral of suitable patients to GP (including consent): http://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/

NHSE eRD guidance: https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf

Employers' implementation of eRD guide: useful info re patient selection, top 10 tips for successful implementation: https://www.nhsemployers.org/~/media/Employers/Publications/repeat-dispensing-guide.pdf

Video for pharmacists and GPs (also on NHS digital): https://youtu.be/zzaNeAaelAo

Webinar - useful overview including community pharmacy process, identifying patients and tips:
https://www.youtube.com/watch?v=jzDkpaYibws&feature=youtu.be



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**Prescriber/Practice Pharmacist System Specific e-Learning**: https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/

Wessex Academic Health Science Network:

**An example of local eRD implementation from@WessexAHSN**

**Resources supporting the wider deployment of eRD across GP practices in response to COVID-19**

PrescQipp eRD resources including Barnett CCG list of replacements for non DMD items not going via EPS: https://www.prescqipp.info/community-resources/sharepoint/covid-19/



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