Executive summary

This report sets out findings from a set of activities delivered by the South West AHSN to understand Electronic Repeat Dispensing (eRD) in the region (Cornwall, Devon, Somerset), to test a methodology for using QI-based training to increase eRD usage, and to produce a set of recommendations.

Findings will be of interest to those involved in delivering and supporting uptake of eRD: GP surgeries, primary care networks (PCNs), pharmacies, and those in Integrated Care Boards, Local Pharmaceutical Committees, and other support organisations.

eRD usage

in the South West has increased since the Covid-19 pandemic, but is lower than in some other regions in England.

Background

eRD allows a prescriber to authorise and issue a batch of prescriptions for up to 12 months with just one digital signature from a clinician. Uptake of eRD has varied significantly across the UK since its introduction in 2009.

From a relatively low usage, eRD items prescribed in the South West increased at the onset of the Covid-19 pandemic in March 2020. Although usage continues to rise, it is now at a significantly slower pace.

Increasing eRD usage in the South West

The South West Academic Health Science Network (AHSN) identified a gap in knowledge and literature on eRD uptake, usage, and experience in the South West. As a result, a set of activities were delivered, all of which are documented within this report:

- An evaluation to understand eRD usage in the region from the occurrence of COVID-19 onwards.

- Delivery and evaluation of a training programme aimed at increasing eRD usage in primary care settings in the South West (Cornwall, Devon, Somerset).

- A research and evaluation piece to identify barriers and enabling factors to implementing and scaling eRD usage throughout the South West.

Summary of findings

1. eRD usage across the South West

- **eRD usage in the South West has increased since the COVID-19 pandemic.** This increase was largely driven by rapid changes in the regulatory environment and by disruption and transformation of ways of accessing health and care services.

- **National suspension of patient consent processes from April 2020 onwards led to substantial improvements in eRD usage across the region.** eRD usage however increased more gradually from September 2020 to May 2022.

- Between January 2020 and May 2022, the percentage of EPS (Electronic Prescription Service) items that were eRD items increased slightly, at less than 2%, in all three counties

- In the same period, **the number of eRD items grew from a low base by between 13% and 99% in each of the three counties.**

2. Impact in sites that received QI-based training

- The training programme delivered had a clear positive impact on eRD usage at each of the three PCNs. **A key factor was having GPs and pharmacies learn and understand processes together, which led to improved collaboration and increase in eRD items.**

- A total of **86 staff were trained** to support increased eRD uptake across the three PCNs between September 2021 and February 2022.

- Analyses over the 6-month period showed statistically significant eRD usage increases of up to 4.8% of all EPS items. In the same period in the South West, there were no statistically significant increases.

- **The number of eRD items in each PCN grew significantly, by between 71% and 417%.**

- **A total of 12.6 hours was saved** per month across the three PCNs, based on an additional 2,835 eRD items being processed with a saving of 16 seconds/item.

3. Barriers and enablers to implementing and scaling eRD usage in the South West

- The below headline findings capture learning from both the evaluation of the delivered training programme and the wider research piece that brought together knowledge from frontline staff and other stakeholders across Cornwall, Devon, and Somerset.

- **Procedural knowledge and overall awareness of eRD** in community pharmacy and GP are core to successfully implementing eRD.

- **Improving staff capability, understanding and knowledge of the processes was key** to enabling adoption and implementation of eRD. The training provided enabled staff to feel comfortable, safe, and confident.

- **Good relationships between community pharmacy and GPs are core to working together and trusting new ways of working, communicating, and learning.** Collaborative training for both groups together supported the development of these relationships.

- **Previous negative experiences** influence how motivated staff are to adopt and use eRD.

- Having an **external programme was a motivator** for PCNs that received training to prioritise increasing their eRD usage.

- **Making eRD a priority** was key to successful eRD implementation at all levels in the system. Making eRD a priority with PCNs was critical to the success of the training programme; conversely eRD implementation was negatively affected by PCNs prioritising other activities.

- Similarly, the **support and buy-in from other organisations** including the Local Pharmaceutical Committee (LPC) and Clinical Commissioning Group (CCG) was key to ensuring shared purpose and opportunity within the system, which also enabled the success of the training programme.

- **Access to and use of prescribing data** to monitor progress and being able to estimate how much time is being saved were seen as important to ongoing use, improvement and embedding.

- **Removing the requirement for patients to 'opt-in' to eRD** was seen as an enabler by many staff.

- **Passionate lead representatives** – 'eRD champions' – at each site were recognised by the trainers as being a key part to the success of the training programme.

Recommendations

The following are a set of recommendations for both frontline staff prescribing and fulfilling eRD items, and those who support them to increase their uptake.

- **Learn from the past** and understand how it may influence implementors' motivation to take up new, similar interventions.

- **Cultivate the policy and leadership environment** which are key to shaping initial opportunity. Specifically key to cultivate are clear policies, passionate local leadership, and cross-system prioritisation to enable shared purpose, opportunity, and motivation.

- **Create communication and engagement plans** to ensure there is consistent overarching knowledge shared about the intervention and up-to-date benefits.

- **Ensure appropriate training** is given to upskill and improve knowledge, and ensure time is built in to learn while adopting so staff feel confident to progress with implementing and embedding processes.

- **Understand cross-system working** and the importance of actively bringing in teams across the system, and building strong relationships between them, using tools such as process mapping.

- **Implement with sustainability in mind.** Understand what staff need to continue improving past initial adoption (i.e., the importance of insights and learning (such as NHSBSA usage data), continued monitoring and prioritisation, and understanding of where the intervention sits within the wider landscape and what will influence usage.

Conclusion

The benefits of eRD have been well documented but uptake in the South West remains slow. The rescinding of patient 'opt-in' consent resulted in a rapid increase in eRD delivery, followed by a more gradual implementation. Good practice exists in the region and an abundance of resources listed in this report are available to support PCNs and community pharmacies to deliver more prescription items using eRD. However, availability of resources alone has not been sufficient to see significant increases in eRD in the South West.

Our findings present a range of identified barriers and enablers, alongside recommendations for increasing the usage of eRD in the South West. It was found that the delivery of a strategically supported and focussed eRD training programme, bringing together GPs and community pharmacy, can lead to improved collaboration and to significant increase in eRD usage over a short period of time, with the potential for ongoing growth of eRD usage. Further, the continued review of eRD data, prioritisation of eRD by PCNs and system stakeholders, 'eRD champions', and the engagement of community pharmacy providers are suggested as ways of making sustainable change and boosting effective adoption of this technology.