

Early findings: The experiences of General Practitioners (GPs), Community Pharmacists (CPs) and people who use electronic repeat dispensing (eRD) services in Wessex

C.F. Brooks, Dr C.B. Matheson-Monnet, Dr A. Argyropoulos, R. George, V. Rowse and C. Howard

Introduction

Repeat prescriptions constitute nearly 80% of NHS medicine costs for primary care, involving substantial time and management in being processed (NHS England, 2015). Electronic Repeat Dispensing involves the collection of all eRD prescriptions on the NHS Spine. The prescriptions are then sent to the patient's chosen pharmacy according to the specified intervals provided by the prescriber. It is estimated that up to 80% of all repeat prescriptions can be changed to eRD (North of England Commissioning Support Unit, 2017).

eRD is recognised as offering a number of benefits including: Facilitating more free time in GP practices, Greater convenience for patients and families and Enabling community pharmacy to provide an improved service for patients (NHS Digital, 2017). However, there is limited understanding of the experiences of using eRD by GPs, CPs and people who use eRD services.

Aims

Wessex Academic Health Science Network (AHSN), working with the Centre for Implementation Science (CIS), University of Southampton (UoS), are undertaking an exploratory study of the views and experiences of GPs, CPs and people who use eRD services in Wessex. The objectives are to explore:

- i. Enablers/barriers to use
- ii. Which people using eRD services may benefit most/least
- iii. GPs/CPs experiences of working with each other and other health professionals
- iv. Experiences of people who use eRD services
- vi. If and how any improvements can be made to how eRD is used within practice
- vii. Long-term enablers and barriers in implementing eRD

Methods

Up to 40 telephone interviews with up to 24 participants:

- 2 rounds of telephone interviews with up to 8 GPs and 8 CPs
- 1 round of telephone interviews with up to 8 people who use eRD services

An electronic online survey will also be hosted to explore the experiences of people who use eRD services in Wessex.

Ethical approval received by University of Southampton Research Ethics Committee for the GP and CP arm of the study.

Ethical approval is currently being sought to explore the experiences of people using eRD services in Wessex.

Early results

Based on a small sample of 4 telephone interviews conducted with 2 CPs (2 first round and 1 follow-up interview) and 1 GP.



"it just makes everybody's life easier, the patient has access to their medication and the surgery aren't being asked for urgent prescriptions".

(Community Pharmacist)

"it cuts down the number of prescriptions you have to click off every week. It enables pre-planning from chemists and saves patients trips."

(General Practitioner)

Figure 1. Word cloud presenting emerging themes and sub-themes.



Anticipated benefits of study

- i. **Holistic insight** exploring the views and experiences of GPs, CPs and people who use eRD services to understand barriers and enablers to eRD use.
- ii. If and how any **improvements** can be made to how eRD is used and implemented within practice.

Conclusion

- i. To understand the use of eRD requires a *holistic* approach exploring the views and experiences of GPs/CPs and people who use eRD services as well as the *socio-economic, political and cultural context* of a locality.
- ii. Such an exploratory study will be of use to Wessex 10 Clinical Commissioning Groups (CCGs) and to policy makers.
- iii. Findings could be transferable to other localities where the average level of use of eRD is lower in comparison to the average of 12.2% in England (NHS BSA, 2017).

Contact name and email:

Cindy Brooks, Research Fellow, C.F. Brooks@soton.ac.uk

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