Indicative in-year impacts

Electronic Repeat Dispensing

Context

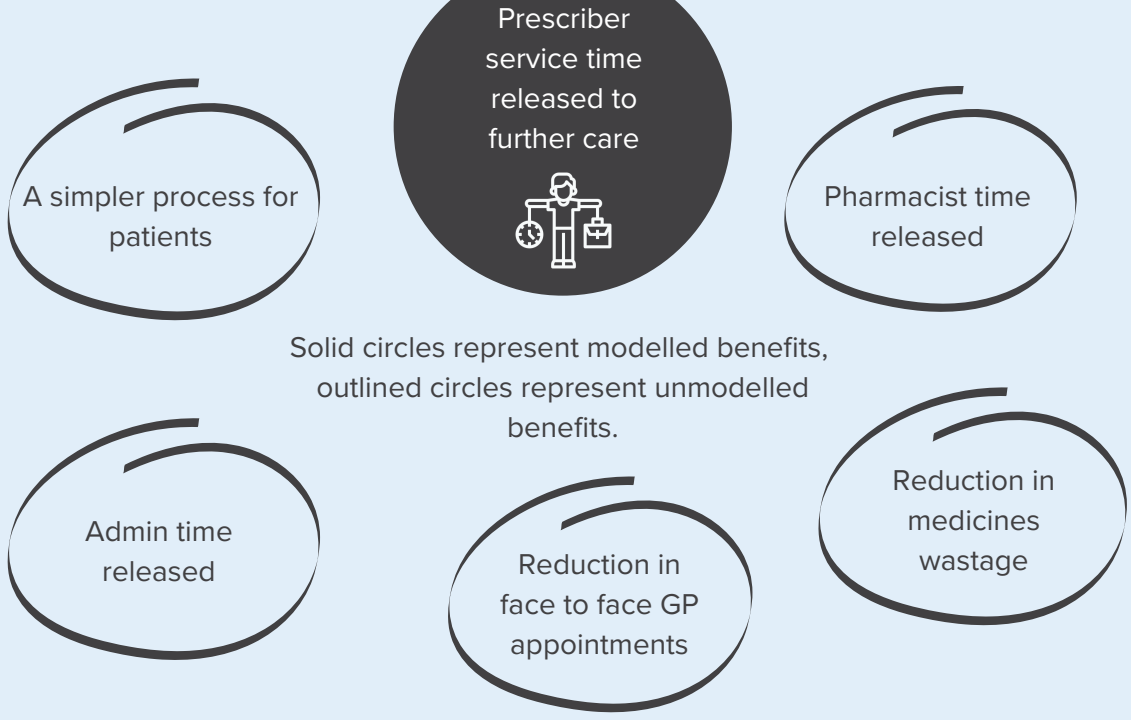
Electronic Repeat Dispensing (eRD) has been part of the Community Pharmacy Contractual Framework since 2005 and from 2019 has been a GMS contract requirement to provide a more efficient way to manage repeat prescriptions. Wessex AHSN, in partnership with NHS Business Service Authority (BSA), have led on the national spread of eRD in response to COVID-19.

The solution, where successfully implemented, reduces footfall in general practitioners (GPs) and community pharmacies, reduces workload for prescribers and enables better management of the medicines supply chain.

A high-level impact analysis was conducted with the aim of assessing potential in-year net benefits of eRD across Kent Surrey Sussex (KSS), Oxford and Wessex (April 2020 to April 2021). This is a retrospective analysis and does not constitute a full health economic model but provides indicative findings. The KSS, Oxford and Wessex AHSN results, combined, have been detailed below.

"The ability for patients just to come in and collect their prescriptions when they need them seems to be something that patients like... It's really useful then just to be able to access that prescription and dispense it virtually straight away."
- Pharmacist (C.F & Matheson-Monnet, 2020, p. 29)

eRD potential benefits



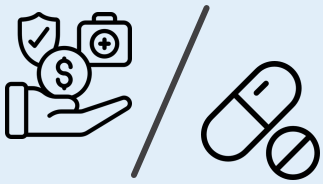
High level outcomes

£4.7m

Net benefits[1]

£0.94

Net benefit per dispensed item



5m

Items dispensed

Indicative benefits

Prescriber time released to further care

£4.7m
Gross benefit

Approximately 4 minutes saved per prescription item

18,330
hours released

Indicative costs

Training costs

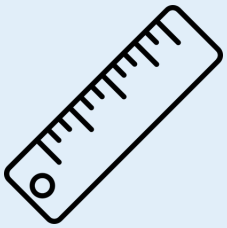
£19k
total costs

Approximately £83.38 per staff member

227
PCN pharmacists

Recommendations

Consensus and further refinement on collected metrics



Utilisation of a health economic model such as Cost Benefit Analysis

Collection of qualitative data to provide insight on impacts felt by users

Limitations and Caveats

Due to the implementation and training cost caveats, and assumptions; the indicative benefit cost ratio (BCR) was not an appropriate summary measure in this instance (i.e., since there is limited cost data, and costs are a crucial part of the BCR, the summary measure would be unreliable). Additionally, as there is no cash investment into the solution, such as implementation fees or solution costs, it is irrelevant to state potential findings as a £X return for every £1 invested.

1. Net benefits are shown in millions of pounds for April 2020 to April 2021.