

# Serial Prescribing Community Pharmacy Process

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## What is the Chronic Medication Service? (CMS)

Patients with long term conditions can register with a Community Pharmacy (CP) under what is currently known as the Chronic Medication Service (CMS).

CMS allows the CP to record the pharmaceutical care that they give to their patients. As part of the service these registered patients can be issued with long term (24, 48, 52 week) Serial Prescriptions by their GP Practice.

#### What are the Benefits of Serial Prescriptions?

- Patients will not need to order their prescriptions, but simply return to the Pharmacy for their repeat medication.
- GP Practice workload will be reduced as staff will be required to issue and authorise Serial Prescriptions once or twice a year only.
- The Pharmacy will be able to plan their workload more effectively.
- Serial Prescriptions will enhance closer working between GP Practices and Pharmacies
  - ✓ Identification of patients suitable for Serial Prescriptions
  - ✓ Discussion of medication changes
  - ✓ Communication regarding patient care and compliance
  - ✓ Treatment Summary Reports (TSRs)

#### **Patient CMS Registration**

Patients choose which Pharmacy to register with for the service and can collect their Serial Prescription items only from the registered Pharmacy. They may collect other prescription items and seek services or advice from any Pharmacy.

If the patient changes GP or Pharmacy the Serial Prescription should be cancelled by the GP. Consideration must be given to ensure the patient has sufficient medication during the interim period, before registering with another Pharmacy and GP Practice.

If the patient was registered previously at another pharmacy but wants to get Serial Prescriptions at your pharmacy you may register them and their registration will drop off at the previously registered pharmacy. A new Serial Prescription can then be requested from the GP Practice.

If, given your knowledge of a patient (and after discussion with the patient), you feel they, or their item(s), are unsuitable for Serial Prescribing then you can feedback to the GP Practice. This also applies where the patient is suitable but prefers to order their prescription themselves. The GP Practice can remove the patient (or specific items) from Serial Prescribing.

## **Exclusions from Serial Prescriptions**

- Medication:
  - Near Patient Testing Drugs e.g. Azathioprine, Mercaptopurine, Leflunomide, Methotrexate, Sulfasalazine, Tacrolimus, Ciclosporin, Mycophenolate, Olanzapine, Quetiapine, Risperidone, Aripiprazole
  - o Warfarin
  - o Contraceptives
  - Controlled drugs in Schedules 2 or 3
- Patients in care homes and on weekly/daily dispensing prescriptions (including dosette box patients) are not currently suitable for Serial Prescriptions.
- 'When required' medications, inhalers and topical items such as creams are not usually added but may be added if the GP Practice feels it is appropriate.

## Pharmaceutical Care Record (PCR) Planning

The pharmacist should review each patient's PCR care plan on a regular basis. This will be determined by the clinical requirements of the patient.

Any pharmaceutical care issues which arise should be raised with the appropriate person and all actions and outcomes recorded on the PCR. Any advice given to the patient should also be recorded on the PCR.

Patients with no care issues should be formally reviewed within the Pharmaceutical Care Record framework every 12 months, using the risk assessment questions.

Discussion between GP, CP and patient is essential to maintain pharmaceutical care for the patient.

#### **Patient Communication**

Patient communication is very important. When giving out the medication fully explain how Serial Prescriptions work. A Patient Information Leaflet is available from the Community Pharmacy Support Team (see contact details) or can be printed from the Community Pharmacy Website:

https://pharmacies.nhsforthvalley.com/resources/core-services/chronic-medication-service/

#### **Identification and Storage**

Serial Prescriptions are kept in the pharmacy, so consider where they will be safely stored and sorted for easy retrieval. They can be sorted according to the date they are next due, or in an 4/8 week cyclical system where each patient is assigned a week (details should be marked on the PMR).

Manage Serial Prescriptions in a similar way to which other repeat prescriptions are managed. This will make it easier for staff and patients to adjust to the new system.

Serial Prescription barcodes start with 'K' rather than 'A' and will have CMS '24/48/52' weeks at the bottom left corner of the prescription. Staff should be made aware of this to identify Serial Prescriptions to avoid them being sent to Practitioner and Counter Fraud Services (PCFS) too soon.

## Dispensing

Prescriptions should be made up in advance to ensure all stock is available when the patient collects it.

Patients can request an early supply if they are going on holiday or if the pharmacy will be closed. The Serial Prescription can be dispensed as normal. However, routine requests for early dispensing may suggest a care issue that requires further action.

In the event of a prescribed item being out of stock or otherwise unavailable, the pharmacist should ensure they have carried out all appropriate steps to fulfil the request on the prescription. On occasions when this is not possible, the prescription cannot be returned to the patient to take to another pharmacy. The pharmacist should contact the prescriber to explain the situation and request a one-off AMS script for the item for the patient to try elsewhere or, if there is a widespread manufacturing problem, an alternative could be requested.

Medications which are required to be supplied in full packs only will continue to be dispensed in full packs, regardless of the quantity prescribed, e.g. Dipyiridamole capsules are supplied in packs of 60.

The Pharmacist can synchronise medication quantities at any dispensing to ensure the serial prescription medications are due at roughly the same time.

#### **Changes/Additions**

If if a new medication is prescribed for a patient the GP may want to monitor this and, therefore, prescribe as a repeat. Once stabilised, the item may be moved to Serial Prescribing.

If there are changes or cancellations to Serial Prescription medication the individual item(s) will be cancelled electronically by the GP Practice on the GP system. This will prevent further dispensing and a replacement prescription will be generated if necessary. Cancelled items will be indicated on the PMR system and further dispensing prevented.

Any request by the patient for additions or removals to their Serial Prescription must be directed to the GP Practice.

It is good practice for staff handing out the prescription to check all medication is required. This will highlight any unidentified changes and prevent waste.

The pharmacy should contact the patient in line with current procedure for managing uncollected prescriptions. Where applicable, the GP Practice should be contacted.

## **Claiming Serial Prescriptions**

Each time an electronic claim is sent, the patient record within the GP system and Emergency Care Summary receives a dispensing notification the following day. Do not send a claim until you have given the medication to the patient. This will ensure the data sent is accurate.

All Serial Prescriptions are scanned and claimed electronically so ensure that dispensing staff, pharmacists and locum/relief pharmacists know how to add electronic endorsements.

As reimbursement for Serial Prescriptions is based entirely on electronic claims it is vital that regular PMR housekeeping activities are undertaken. Ensure all electronic claim messages are sent successfully to the ePharmacy Message Store (ePMS).

Claims can be sent individually or as a batch daily. Once the claim has been sent from the PMR, you have 14 days to make any amendments or cancellations.

Serial Prescription forms should not be endorsed manually as reimbursement is derived solely from the electronic claim message.

#### **Sending Serial Prescription Forms to PCFS**

All signed paper Serial Prescription forms should be sent to PCFS when:

- All dispensing episodes for that prescription are completed or;
- The Serial Prescription has expired or;
- All items on the form have been cancelled

They should be stamped with the Pharmacy stamp.

When submitting the completed paper Serial Prescription forms, enter only the paper forms on the GP34 (yellow form); i.e. form = 1, item = 0. Items are processed using the electronic claim messages. **DO NOT include a total for any electronic claims submitted on a monthly/bimonthly basis.** PSD uses the yellow forms for tracking paper based submissions only. However, it is important that each Pharmacy keeps a record of the electronic claims sent to ensure correct remuneration.

## **Treatment Summary Reports (TSRs)**

After the final dispensing from a Serial Prescription the TSR should be completed electronically according to your PMR software. TSRs contain:

- Dispensing and collection information for the GP Practice.
- An option to be used as a re-order form to issue a new Serial Prescription. Agree with the GP Practice the preferred method of re-ordering.
- Notes to let the GP Practice know of any important information e.g. the patient takes less medication than prescribed or has stopped taking.

The CP should liaise with the GP Practice to co-ordinate when TSRs will be checked and actioned.

#### **IT Issues**

Please contact your PMR Supplier for assistance if the PMR system is not functioning for Serial Prescribing as expected.

#### Contacts

Community Pharmacy Support Team fv-uhb.communitypharmacysupport@nhs.net

Senior eHealth Trainer/Facilitator suzanne.maccrimmon@nhs.net

Community Pharmacy Champion jennifer.allardyce@nhs.net

#### **Serial Prescribing Flowcharts**

