

Serial Prescribing FAQs for Community Pharmacy

Initial Set Up

Q: What is the difference between CMS and MCR?

A: MCR evolved from a refresh of the CMS service. It now focuses on three key parts which are different from the previous model:

- Medication reviews.
- Pharmaceutical care planning.
- Serial prescribing.

Another fundamental change between the two models is that a patient does not require to be registered for MCR before a Serial Prescription can be generated by the GP practice.

Q: What is the Shared Care Agreement and when should it be used?

A: The Shared Care Agreement is a document that should ideally be used before a practice begins to implement serial prescribing. It is designed to allow a two-way discussion between the practice and CP and agree on certain aspects of the service as a partnership. This will include how to manage medication changes, any drugs/ patient groups who could be excluded from serial prescribing and management of the Treatment Summary Reports/ next prescription request.

Once all the questions have been answered and agreed, it can be saved and printed as a reference document.

In some urban settings, it may not be practicable for a practice to have one Shared Care Agreement with each community pharmacy and may prefer a group agreement.

Q: Who can receive a Serial Prescription?

A: This is a fundamental difference to the revised service as anyone who is registered with a GP practice in Scotland but is not a temporary resident or in a care home may be suitable for a Serial Prescription.

Q: Is registration required for Serial Prescriptions?

A: A patient does not need to be registered to get a Serial Prescription. However, they must register with a community pharmacy to enable the eMessages to be transmitted and the items to be dispensed.

Q: Can patients be registered for each individual component(s)?

A: All patients are entitled to receive a medication review and depending on the outcome, the patient may then require support around pharmaceutical care planning. A separate and

distinct assessment should be made, in collaboration with the patient and their GP practice, around suitability for a Serial Prescription.

Any patients suitable for a Serial Prescription will be entitled to pharmaceutical care.

Q: Does the patient require consent before a Serial Prescription is dispensed?

A: GP practice teams are encouraged to seek consent from patients prior to switching them on to a Serial Prescription. This may be done in an ‘opt out’ approach. At the point of registration, patients will be asked to explicitly consent to the service as this allows the transfer of information between the healthcare teams involved in their care.

Q: What should the CP do if a patient presents with a Serial Prescription but is not registered?

A: the pharmacy team should explain that the patient has been given a Serial Prescription and that this will be valid for 24, 48 or 56 weeks. Explain the differences with a ‘normal’ repeat and the need to contact/ present to the pharmacy when the medication is next due. The patient should also be made aware of the information sharing and that registration is required to provide consent to this.

Q: What happens if the patient declines a Serial Prescription that has already been sent to the pharmacy?

A: The pharmacy has a legal prescription and should supply the first dispensing episode and any PRNs that are required. The patient will need to register to allow for the supply for the first iteration.

In all cases, the medication should be supplied, Serial Prescription claimed (at point of handover) and the Serial Prescription completed. This will prevent any further dispensing from the Serial Prescription. The TSR should be sent with a note that the patient has declined a Serial Prescription and to request a return to “normal” repeat medication prescribing. The patient should then be withdrawn and both registration and withdrawal forms signed by the patient/ patient rep and submitted to PSD along with the completed Serial Prescription.

This should be treated as an exception and all reasonable efforts should be made to seek the patient’s consent before the Serial Prescription is generated.

Q: Can the pharmacy suggest patients who may be suitable for a Serial Prescription?

A: Yes! Depending on patient understanding and consent, stability of medication list and exclusions, the pharmacy team could proactively suggest suitable patients to the practice team to review and move onto a Serial Prescription.

Q: Will all MCR registered patients move onto a Serial Prescription?

A: No. Patients will need to be screened for suitability. Those subject to frequent medication changes or may not be able to understand the process for managing a Serial Prescription may not be suitable and therefore, should not receive a Serial Prescription.

Post- Registration Specifics

Q: What is the process when a patient moves to a different GP Practice?

A: If a patient changes their GP practice, this will result in all items on a Serial Prescription being cancelled. The practice is asked to liaise with the pharmacy to ensure that the patient will have enough medication whilst the transfer occurs. It would then be the decision of the new practice if they wish to re-instate the Serial Prescription.

Q: Can a patient move registration?

A: If a patient chooses to move their registration to another pharmacy, checks should be carried out between the new pharmacy and the patient as to why they wish to move. The original pharmacy may not be aware of the change in registration.

Any move on MCR registration will affect the dispensing of any existing Serial Prescriptions and the second pharmacy will require new ones from the patient's GP practice.

Q: What is the process if the patient wants to move to a different pharmacy when a Serial Prescription is still valid at first pharmacy?

A: Ideally, the reasons for changing should be explored. It may be that the patient doesn't realise that there is a "live" Serial Prescription still available from the first pharmacy. If the need to change is appropriate, a registration at the second pharmacy will cause the withdrawal of the original registration and initiate the process to cancel or complete outstanding prescriptions. The first pharmacy will only be able to complete claims in progress for payment and then submit the form to PSD. The practice would need to generate a new Serial Prescription for the second pharmacy.

Dispensing

Q: How long is the Serial Prescription valid for before it expires?

A: A Serial Prescription must be dispensed within 24 weeks of the date on the prescription and is then valid for 24/48/56 weeks from that first dispensing.

Q: Should the pharmacist be dispensing before the patient comes in or waiting for them to come in?

A: That is up to the pharmacy team to plan their workload. However, if the medication is made up in advance, the pharmacy team must check for any cancellations before handing out the medication and confirm if any 'when required' medication is needed.

The pharmacy should not assemble the items more than 5 days in advance to reduce the risk of cancellation messages being missed in the interim period.

Q: When should PRN/ 'when required' medications be dispensed?

A: Ideally, these should be made up after the patient/ rep confirms what is needed for that dispensing episode. PRNs can be supplied at any point during the lifetime of a Serial Prescription and is not limited to the normal dispensing event.

Quantities for PRNs should be reflective of the expected use of that medication during the lifetime of a Serial Prescription. Early requests or exhaustion of quantities too early in a Serial Prescription may indicate a care issue and should be passed to the prescriber.

Q: In what situations is a Serial Prescription item prevented from being dispensed?

A: The ePharmacy message store will prevent an item from being dispensed if

- it has been requested for repeat or marked as no longer required on a TSR;
- cancelled by the GP;
- item has been manually marked as completed on the PMR;
- the patient is no longer registered at the pharmacy or
- the Serial Prescription has expired.

Endorsing and Claiming

Q: Does the pharmacist add endorsements to the paper copy?

A: No, endorsement/claims must be all electronic for Serial Prescriptions. Any handwritten endorsements will not be processed.

Q: Does the pharmacist add instalment dispensing endorsement to a Serial Prescription?

A: Serial Prescriptions do not allow for instalment dispensing.

Q: How often do electronic claims need to be sent?

A: Electronic claims should be sent every time the patient collects their medication. This is important not only to ensure prompt payment to the pharmacy, but also to ensure accurate information is contained within the GP IT clinical system and the Emergency Care Summary (ECS).

Q: Why is there a need to claim at point of collection and not at point of dispensing?

A: This is to ensure accurate information on what has been provided to the patient and the date of the collection. The claim message triggers information to the GP IT clinical system which in turn will update ECS. In addition, claiming at the point of collection allows for the recording of any not collected items.

End of Process

Q: When does the pharmacy submit the Serial Prescription to PSD?

A: The form is submitted to PSD

- at the end of all dispensing episodes;
- closure of the prescription because of a transfer of patient registration or
- the item is cancelled.

Where possible, the patient should sign the declaration at the back when the form is ready for submission though in some of the situations above, this may not be possible.

Q: When should a Treatment Summary Report (TSR) be used?

A: A TSR can be used to either provide a care summary to the GP or to request the next Serial Prescription, or both. It is sent electronically from the pharmacy and contains a summary of all dispensing, a repeat request and any free text containing information relating to care issues.

Misc

Q: How should pharmacists communicate issues relating to patients registered for MCR and/or receiving a Serial Prescription?

A: There are various tools now available for this and it depends on local agreement. It may be done using the new SBAR function within PCR, or by email using the Clinical mailbox for the Pharmacy and GP practice or by phone. Notes can be added to the TSR when sending a repeat request to the GP practice and can also be added at the time of dispensing an item. These notes are then included on the TSR.