

Serial Prescribing Quick Reference Guide for Community Pharmacy

Overview

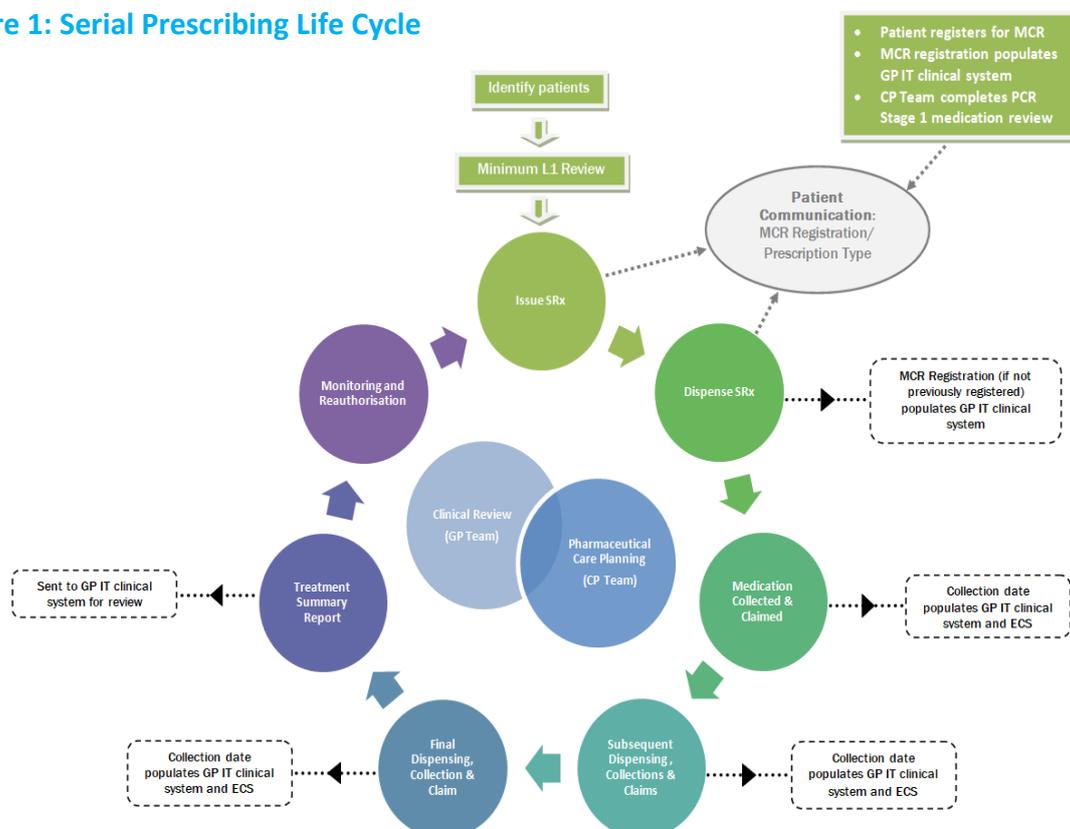
Medicines: Care and Review (MCR) is an updated and refreshed service for community pharmacy contractors. It has three key elements and patients are entitled to any depending on their individual need(s):

- Medication review: all patients are entitled to receive a medication review. This will help identify any potential care issues but also aid suitability and selection for a serial prescription.
- Pharmaceutical care: Care issues and care plans are recorded on the secure web based application, Pharmacy Care Record (PCR).
- Serial prescribing: Patients who are stabilised on their medication can have their items prescribed on a prescription that will be valid for 24, 48 or 56 weeks without having to return to their GP practice for repeats.

A Shared Care Agreement is available to help community pharmacies and GP practices discuss and agree implementation of serial prescribing.

Serial prescribing does not rely on patient registration though this is still used as an enabler to support the electronic message flow between the community pharmacy, GP practice and ePharmacy Message Store (ePMS).

Figure 1: Serial Prescribing Life Cycle



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Serial Prescriptions (SRx)

A serial prescription (SRx) is a prescription that may be supplied to patients who have a long term condition(s) and will remain valid for up to 56 weeks. There are number of key differences between a SRx and a 'normal' GP10. The main ones are that the form is valid for 24, 48 or 56 weeks with the prescriber specifying the dispensing interval and total quantity on the form. Items prescribed on a SRx cannot be amended; they must be cancelled. In addition, community pharmacy teams cannot endorse the paper; claims must all be electronic.

Getting Ready

The new model follows a 6 step process, engaging with all three stakeholders – patient, prescriber and community pharmacy team. Further guidance is available to help with the technical aspects of the service, producing and dispensing a SRx from the Health Board ePharmacy and GP IT facilitator team.

Figure 2: Serial prescription process



Consideration needs to be given to the prescribing of 'when required' or PRN medicines on a SRx. These items are not excluded from a SRx; if managed well on a SRx, it can reduce waste and cost of unwanted medicines as well as highlighting potential care issues. Quantities for PRNs are calculated depending on clinical expectation of need, rather than previous prescribing history.

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Identifying patients

This is one of the main differences in MCR. Patients do not require to be registered for MCR to receive a SRx from their GP/prescriber, but registration at a community pharmacy must take place before the item(s) can be dispensed. There are a number of clinical and non-clinical factors that should be considered as they may affect the patient's suitability for a SRx. Patients may be identified from within the GP practice, as part of a structured screening process using the Scottish Therapeutics Utility (STU) tool, during medication review or by the community pharmacy team.

Medication review

Once potential patients have been identified as suitable, it is advisable to undertake a medication review to clinically assess for suitability. It may not be possible or practical to undertake a full medication review at this moment, so a level 1 review should be completed initially. A more comprehensive review can then take place by the appropriate person at some point during the lifetime of the SRx.

Issuing a SRx

It is advisable to engage with patients prior to issuing a SRx. This may not always be possible, but GP practice and community pharmacy teams should endeavour to seek patient consent before the patient presents at the community pharmacy for their prescription. Informing the patient may take place by way of an opt out approach in advance of moving to a SRx. A patient who declines to register for the service and have a SRx can have the first episode dispensed before contacting the practice to return to a 'normal' repeat.

Patient Registration

Registration is still required before a SRx can be dispensed. The registration process includes explicit consent for the data sharing. At registration, and again during dispensing if required, the community pharmacy team should provide patient education about the service and/or address any care issues.

Patients should be encouraged to maintain the same community pharmacy, at least for the duration of a SRx. However, if they choose to go elsewhere, registration can be transferred but the patient will require a new SRx.

Dispensing a SRx

Community pharmacy teams should be aware of the process to assemble and dispense a SRx, management of PRN medications, synchronisation of quantities and what to do if a patient decides against using a SRx. Training resources are available to support this from Health Board ePharmacy facilitators and on NES Turas Learn.

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SRx items should be made up no earlier than 5 days in advance. If making up in advance, community pharmacy teams are advised to check for any cancellation messages that may have been instigated during the period from assembly to handover.

Medication Collection and Claiming for SRx

SRx operates at item level; not on the full prescription form. It is therefore possible for a prescriber to cancel one item, whilst all other items remain active. In the event of medication changes and new item(s) is/are prescribed on another SRx, it is possible to have the new SRx operational alongside a SRx (for other items). The second SRx can be completed when the first SRx ends to aid synchronisation.

All items on a SRx must be electronically endorsed. The claim should be sent at the point of handover to the patient or representative and not at assembly. Reimbursement is at item level so any SRx completed before they have ended will not be charged back to the practice.

Subsequent Dispensing, Collection and Claiming

Consideration and management of changes, shortages, early dispensing requests and synchronisation can all be managed during the subsequent dispensing episodes.

Amendments to SRx are not permitted; the individual item(s) must be cancelled electronically to prevent further dispensing and a replacement prescription generated. It is good practice for GP practice teams to communicate any changes to medication to the community pharmacist.

Treatment Summary Reports (TSR)

These reports are used at the end of a SRx to summarise the dispensing history of any SRx items and/or request the next SRx. Each PMR system produces a slightly different layout of the TSR but they all contain the same key information.

Monitoring and Housekeeping

Before the next SRx is printed, there is an opportunity for appropriate members of the GP practice team to undertake any annual reviews, blood tests or checks that may be required before the next dispensing is due. In addition, both GP practice and community pharmacy teams should be completing regular housekeeping tasks on their clinical systems to ensure all is up to date and running smoothly with electronic messages.

Care Planning

Medication reviews either by the GP practice team or community pharmacist can take place during any point of the SRx lifecycle. Prescribers should be aware of the need to cancel any medications that are being altered should a change be required as a result of this review.