

Serial Prescribing FAQs for General Practice

Initial Set Up

Q: The GP IT clinical system still refers to CMS – is this correct?

A: As part of the service refresh, the name has changed to Medicines: Care and Review (MCR). GP IT clinical systems will be updated gradually over the coming two years to replace the naming formats.

Q: What is the difference between a “normal” prescription and a Serial Prescription?

A: A Serial Prescription is valid for up to 56 weeks and so lasts much longer than a “normal” repeat. There are some visual differences as well including quantities prescribed, marked as CMS on bottom right corner and may or may not have a reorder form printed on the right hand side. In practical terms, the main difference is that the patient does not need to order their items from their GP practice each time. The pharmacy will know which medicines are the regular items and will work with the patient to supply the medicines as and when they are each needed. This avoids over supply and helps to monitor compliance.

Q: How long does a Serial Prescription last?

A: A Serial Prescription can last 24, 48 or 56 week’s duration. The prescriber will stipulate the dispensing interval e.g. every 4 or 8 weeks.

Q: Who can receive a Serial Prescription?

A: Any patient who receives treatment for a long term condition may be considered as suitable for a Serial Prescription. Patients should be screened as suitable and, if possible, have a medication review before a Serial Prescription is generated.

Clinicians should consider:

- the type and quantity of medication prescribed;
- likelihood of change when considering suitability;
- need for close monitoring e.g. medications requiring near patient testing; and
- frequency of ordering.

Q: Can I undertake a medication review during the lifetime of the Serial Prescription?

A: Whilst it would be advantageous to conduct a review before the first, and then subsequent Serial Prescriptions are generated and printed, this may not be possible.

Practices are encouraged to undertake at least a level 1 medication review before printing a Serial Prescription and a full medication review as per normal practice process e.g. during the month of the patient's birthday.

Q: Are there any groups of patients who cannot be considered for serial prescribing?

A: Patients who are not registered with a GP practice in Scotland; are resident within a Care Home or is a temporary resident are excluded from receiving a Serial Prescription. In addition, any person who is not prescribed medication for a long term condition is unsuitable.

Q: What drugs can be prescribed on a Serial Prescription?

A: Most drugs can be added to a Serial Prescription with exception of any Controlled Drug listed within Schedule 1-4 of The Misuse of Drugs Regulations' 2001. In addition, cytotoxic medicines such as methotrexate are not prescribable on a Serial Prescription. Other exclusions may be agreed at a local level between the practice and pharmacy teams.

Q: Can controlled drugs be added to a Serial Prescription?

A: Only CDs listed within Schedule 5 can be prescribed on a Serial Prescription.

Q: Does the patient need to be registered with a community pharmacy to get a Serial Prescription prescribed?

A: Not initially. A Serial Prescription can be generated within the practice if the prescriber feels that the patient is suitable for this type of prescription. The patient will then need to register for MCR at their chosen community pharmacy to enable the Serial Prescription to be dispensed and the software within the community pharmacy and the GP IT clinical systems to send and receive eMessages associated with a Serial Prescription.

Q: Why has the pharmacy already registered a particular patient?

A: Patients may have been previously registered for the service if they were deemed as requiring pharmaceutical care. Whilst this remains an element of MCR, registration in advance is not a pre-requisite for suitability for a Serial Prescription. In the new model, registration for the service is required to enable the software to dispense a Serial Prescription within the pharmacy systems. If a patient is already registered, this does not mean that a patient is suitable for a Serial Prescription and there should be clear communication between the pharmacy and practice when deciding suitability.

Q: How are patients identified for serial prescribing?

A: Within the GP practice, patients can be initially identified using repeat ordering history reports available via Scottish Therapeutics Utility (STU). The practice-based pharmacy team may be able to help with this initial screening.

Further screening for suitability will be required and/or medication reviews take place before a Serial Prescription is generated. It is good practice to share potential Serial Prescription patient lists with the community pharmacy as part of a joint agreement for suitability.

Q: Can “when required” medicines be prescribed on a Serial Prescription?

A: Yes, they can. This is a useful way of helping patients to only order what they need, when they need it. Prescribers are advised to decide on quantities based on expected clinical needs and not on average prescribed history. This will reduce the risk of oversupply or over ordering and may also allow identification of potential care issues.

Q: How are the quantities worked out to last the duration of a Serial Prescription?

A: Quantities should be amended to reflect the duration of the Serial Prescription. For example, a prescription for aspirin 75mg, take one daily for 24 weeks, will have a total quantity of 168. Similarly, for furosemide 40mg, two daily for 56 weeks will have a total quantity of 784.

The total quantity prescribed should be divisible by the number of dispensing iterations allowed, e.g. if a 24 week script is provided with an 8 week dispensing frequency then the quantity prescribed should be divisible by 3.

Care needs to be taken when calculating the quantity required for creams, inhalers or analgesia but the repeat ordering history and pattern can help with this.

Managing the Process

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

A: Electronic claims should be sent every time the patient receives medication from a Serial Prescription. 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: How will the practice be able to monitor what patients are receiving each time?

A: When the patient is supplied with their medication from a Serial Prescription, the pharmacy team will mark the items provided as ‘collected’ on their clinical system and then send an electronic claim message to the ePharmacy store. When this claim is sent, it triggers

an 'item notification' message to the GP IT clinical system which is refreshed overnight. This will also update ECS for the patient to show that a supply was made on the actual date, and not when the Serial Prescription was printed.

Q: What happens if a patient requests their medication earlier than the dispensing interval specified by the GP?

A: The electronic system for dispensing will allow some flexibility to supply medication early if the patient is going on holiday, for example. However, if there are persistent requests for early dispensing, this should be considered as a care issue and discussed with the patient to identify reasons.

Q: What happens if a patient does not collect some or all of their medication?

A: The pharmacy will supply what the patient requires at that time. If one of the 'when required' medications is not needed, then this is not supplied but the patient can return and get it on another date. If the patient frequently misses out a particular medication, this should be considered as a care issue and discussed further, especially if the medication is expected to be taken on a regular basis.

Q: What happens at the end of the Serial Prescription and a new one is required?

A: The pharmacy team request the items that are required either by submitting a Treatment Summary Report (TSR) which is electronic or by using a paper based system. This will usually be done immediately after the final dispensing event and provides the practice with time to make appointments for blood tests, checks etc that are required. If an item was started mid-way through the duration of a Serial Prescription, this can also be requested and any outstanding iteration will not be dispensed. This allows all items to be synchronised at the start of a new prescription.

Q: Is the practice charged for all the prescribed quantities at once?

A: No, the practice is only charged per dispensing for what is actually supplied to the patient. This is all carried out at item level.

Managing Changes

Q: What happens if the patient's medication changes?

A: If a prescriber decides that the patient's therapy requires adjusting, the drug on the existing Serial Prescription must be cancelled. The new drug/ strength/ dose can then be added as a new item on an acute or new Serial Prescription as appropriate. The prescriber may decide to place this on as an acute initially until the patient is stabilised on the new therapy. Or, it is possible to put it straight onto a Serial Prescription if the prescriber deems it appropriate.

Q: Can a Serial Prescription be amended?

A: No, items can only be cancelled and then added as a new item on a new prescription.

Q: What happens if a patient moves to a different practice?

A: The practice could alert the pharmacy that the patient is moving/ moved. A supply can be made to ensure that the patient does not run out of their medication during the transfer but then all remaining episodes will be cancelled as part of the deduction process.

Q: What happens if a patient moves to another pharmacy?

A: if the patient chooses to have their Serial Prescription dispensed by another pharmacy, the first pharmacy will cancel any existing Serial Prescriptions. A new Serial Prescription will be required by the practice and supplied to the second pharmacy. Management will then happen as before from the new location.

Misc

Q: Can contraception be prescribed on a Serial Prescription?

A: Yes if the patient is being prescribed other items for a long term condition(s) then contraception can be added to the prescription. There will be minimal benefit if this is the only medication that the patient is being prescribed as it is often prescribed as a 6 month supply.

Q: Is there a maximum number of items that should be prescribed on a Serial Prescription(s)?

A: Technically, there is no maximum. Feedback from users suggests that the easiest way is to move all suitable items onto a Serial Prescription where appropriate. However, in reality if there are many items added, this can cause to confusion for the patients, pharmacy and practice teams so a pragmatic approach should be taken and agreed with the pharmacy team at least in the initial period.