



GP Practice Resource Pack Serial Prescriptions (EMIS)

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What are Serial Prescriptions?

A Serial Prescription (SRx) is a long term prescription which lasts for 24, 48 or 56 weeks and is dispensed by the community pharmacy at intervals specified by the GP practice (e.g. every 8 weeks). Patients with a SRx will be registered for Medicines: Care and Review (MCR) at their community pharmacy. MCR was previously known as the Chronic Medication Service (CMS). As part of MCR, the pharmacist records the pharmaceutical care they give to their patients.

Patients can be given a Serial Prescription (SRx) by their GP practice before registering for MCR.

The benefits of Serial Prescriptions

- Patients will not need to order their prescriptions; they simply return to the community 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 community pharmacies:
 - ✓ Identification of patients suitable for Serial Prescriptions
 - ✓ Discussion of medication changes
 - ✓ Communication regarding patient care and compliance
 - ✓ Provision of Treatment Summary Reports (TSRs) when SRx final supply is made

Quick Reference Process Flowchart

[Appendix 1](#) shows an overview of the Serial Prescribing process in GP Practice.

Serial Prescription Readiness

Good Practice Guidance and Pharmacotherapy

It is good practice to keep up to date with Level 1 (housekeeping) reviews and Level 2 reviews. If the GP Practice is up to date with their Level 1 and 2 reviews, the suitability assessments for Serial Prescriptions will be quicker and easier to complete.

If your GP Practice does not yet have Pharmacotherapy, or you are not up to date with Level 1 and 2 reviews, then these should form part of the suitability assessment process for Serial Prescriptions.

There is a level 1 Medication Review template available [HERE](#) and all patient reviews should be appropriately Read coded.

Scottish Therapeutics Utility (STU)

Before assessing patient suitability, you can reduce the pool of patients for assessment by using the Scottish Therapeutics Utility (STU). [Appendix 2](#) contains the instructions for using STU to identify patients on 1 to 4 repeat items.

When screening patients for Serial Prescriptions consider the following:

Medication

- Are patients ordering items regularly at the right time (not under or over ordering)?
- Are patients on any excluded medications e.g. controlled drugs, cytotoxics (see [Appendix 3](#))?
- Are there regularly requested acute items, PRN or topical medications? These do not make the patient automatically unsuitable but require careful consideration.

Stability

- Patient suitability is subject to change, depending on the stability of their condition(s)/ medication(s).
- Would a patient be suitable after a medication review by a GP or a pharmacist?

Ordering Alignment

- Are items ordered regularly? If not, they may not be suitable, but, on the other hand, serial prescribing can help achieve better compliance for repeat medication.
- If items are ordered regularly but at different times, the community pharmacy team can help align the medications.

Patient Lifestyle

- Would Serial Prescriptions suit the patient's lifestyle?
 - ✓ Do they frequently work away?
 - ✓ Are they unable to collect/order their prescription during the week?
- Some patients who order repeat prescriptions online have a preference to continue with this method of ordering and may, therefore, be unsuitable for Serial Prescriptions. Serial Prescriptions cannot be ordered online by the patient.

Annual Reviews

Annual medication reviews should continue to be carried out according to current GP Practice procedure or an alternative process for reviewing serial prescription patients could be implemented. For example, when a Treatment Summary Report is received from the community pharmacy for a patient, an annual medication review could be completed and recorded before authorising/issuing a new 56-week serial prescription. Alternatively, as part of the standard GP Practice process, an annual medication review may have been undertaken prior to the Treatment Summary Report being received.

Communication

It is important that patients are made aware of the Serial Prescription process. You may want to contact each suitable patient to discuss the transfer to Serial Prescriptions. Some GP practices may find this impractical and can take an automatic opt-in approach.

A sample patient letter is available in [Appendix 5](#).

A Patient Information Leaflet is available [here](#).

A poster is available [here](#):

For printed copies of leaflets and/or posters, please email FV-UHB.communitypharmacysupport@nhs.net

A leaflet should be given to the patient with the first Serial Prescription.

- When a new acute medication is issued it must be explained to the patient that this is not part of their Serial Prescription. The patient may need to request further supplies or it may eventually be changed to a repeat and added to their Serial Prescription in due course.
- If a 'when required' item is not part of the Serial Prescription, explain to the patient that this item should be requested from their GP practice or on their behalf by the community pharmacy team.
- Medicines on a Serial Prescription should always be collected from their registered community pharmacy. Standard prescriptions can be taken to any pharmacy.

Closer Working with Community Pharmacy

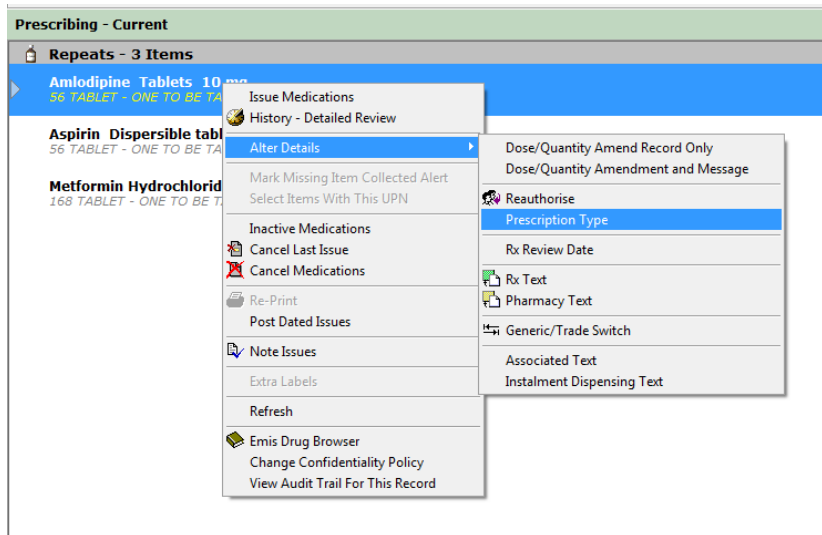
Consider having a discussion or meeting with the community pharmacy prior to issuing Serial Prescriptions. Below are some examples of things to discuss with the community pharmacy team:

- Print a list of patients assessed as suitable for Serial Prescriptions and send/take to the pharmacy – this gives the community pharmacy team an opportunity to flag any issues that may make a patient unsuitable for a SRx.
- Changes to medication. These can be communicated in the same manner as dosette box changes, for example.
- Shared Care Agreement – this is a document that can be completed with the help of your eHealth Facilitator to record preferences and exceptions for Serial Prescriptions in a specified area.
- Feedback from the community pharmacy about the patient's care – consider how the community pharmacy team will make the GP practice aware of any necessary information shared by the patient during the course of their SRx.
- Treatment Summary Reports - what will be included, when will they be sent and when will the GP Practice team check for reports (e.g. once weekly).

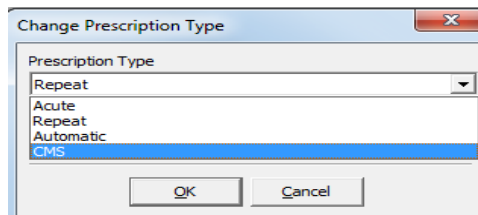
Changing Repeat Prescriptions to Serial Prescriptions

All GP practice staff should be aware of Serial Prescriptions and how to deal with prescription type changes.

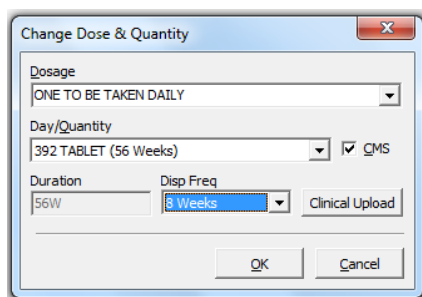
1. Highlight medication (each medication must be changed separately).
2. Right Click, then select **Alter Details > Prescription Type**



3. Select **CMS**, then click OK.



4. In the Change Dose & Quantity box, select Duration (24, 48 or 56 weeks) and Dispensing Frequency.



Please Note:

- Permissible repeats are not applicable to Serial Prescriptions
- The term CMS is still used in EMIS
- Serial Prescription default settings (e.g. 56 weeks duration and 8 weeks interval) can be adjusted in **Prescribing > Configuration**

Automatic quantity calculation: In some cases, the quantity of medication required is calculated by EMIS based on the dose the patient is prescribed. Please double check the calculation.

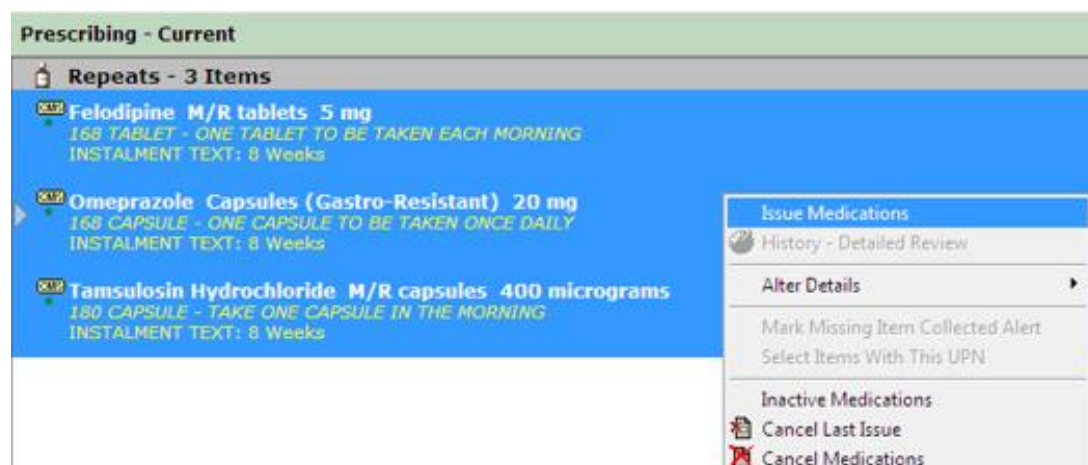
Manual quantity calculation: When EMIS does not calculate the quantity, enter manually. For example, one tablet daily for 56 weeks would equal a quantity of 392.

Duration and Dispensing Frequency: Select in line with current practice procedure. NHS Forth Valley recommends a 56 week duration and 8 week dispensing frequency.

56 Week Supply Ready Reckoner

Total Number of Tablets Daily	56 Week Supply
1	392
2	784
3	1176
4	1156
5	1960
6	2352
7	2744
8	3136

- To issue a Serial Prescription, highlight the items then select **I – Issue** (or Issue and Print), ensuring Script Destination Text is populated with the name of the community pharmacy the patient is registered with or wishes to use.



- Select the Authorising GP from the list.
- Print the prescription.
- The Prescription should be signed by the GP.
- Add the Read code, **66RE** (see [Appendix 4](#)). *The Read code is only required to be added at the point of issuing the **first** Serial Prescription.*
- The pharmacy or patient will collect the prescription, or you may wish to send the first SRx to the patient (see [Appendix 5](#)).

Ongoing Management of Serial Prescriptions

Additions

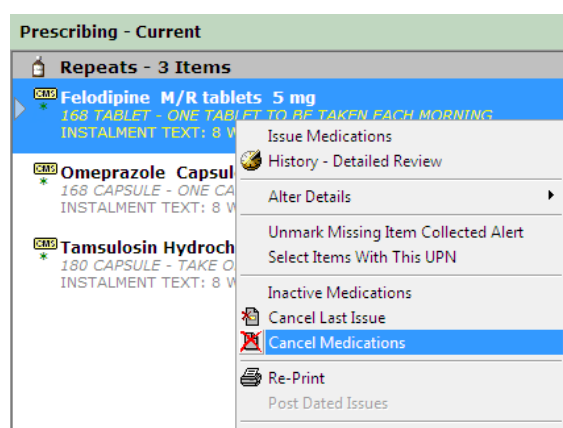
When adding new medication to a Serial Prescription, use one of the following options:

1. Change from repeat using **Alter Details > Prescriptions Type > CMS**
2. Add as a new drug by selecting **Add** and ensuring the CMS tickbox is checked
3. Add as a repeat and then change to CMS using **Alter Details > Prescription Type > CMS**

The Serial Prescription for the new medication should be issued for the **full duration** and the community pharmacy team will align as required.

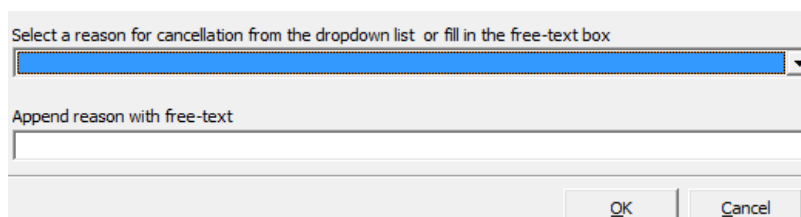
Cancellations

1. Select medication to be cancelled then right click and **Cancel Medications**.



The pharmacy will be unable to label the medication as the electronic message will have been cancelled. ***It is important that the GP Practice communicates this to the pharmacy, as they may already have labelled the upcoming instalment for the patient.***

2. Select the reason for cancellation from the dropdown list or type in the free-text box, click **OK**



3. Select the authorising prescriber, click **OK**

Amendments

If dose changes are to be made on a Serial Prescription **it must first be cancelled** - follow the cancellation instructions above. Add as a new item, checking the CMS tickbox.

The Serial Prescription for the new medication/dosage/quantity should be issued for the full default duration and the community pharmacy team will align as required.

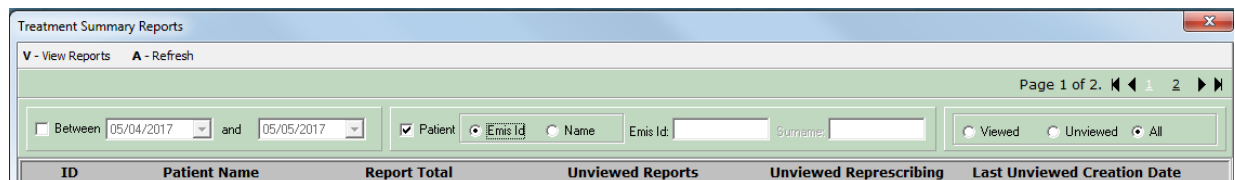
Treatment Summary Reports

A Treatment Summary Report is a summary of prescribing and dispensing information. It is sent electronically by the community pharmacy team to the GP Practice IT clinical system after the final supply has been given to the patient. It can contain a re-order request and community pharmacy notes.

1. On the **Modules** screen in the **Configuration** section, click **DT Dictionaries**



2. Click **S View Treatment Summary Reports**
3. Select **Unviewed Reports**. Or tick the **Between** box to search specific dates. Click **A - Refresh** to update the reports



4. Click the relevant **Patient Name** and select **V - View Reports**

The treatment summary for a patient can also be accessed from their Prescribing screen at the bottom right corner [Treatment Summary....](#)



Re-Ordering

Once weekly, a member of practice staff should check unviewed TSRs for notes and re-orders. At this stage, a medication review, re-authorisation or monitoring may be required. There are various ways a practice can process the SRx reorders. These include using **Tasks**, by printing the TSR or workflowing the TSR.

GP practice teams should accept TSRs containing re-orders as soon as the final supply has been made to the patient (e.g. 8 weeks before the next prescription is due). This gives the GP practice team time to do a medication review and complete any monitoring, if required.

How to Remove 'Not Suitable' Alerts

If a patient is marked as 'Not Suitable for CMS Serial Prescribing' in the CMS Status field on the Prescribing module, an automatic EMIS alert (EMISNPQA96) is added to the patient's Medical Record. Periodically, you should batch remove these unnecessary alerts. This process only removes the alert; the 'Not Suitable' flag will remain on the patient's Prescribing module.

1. Go to **Searches and Reports > Batch processing > Batch delete clinical code**
2. Click **OK**
3. Search for the **Patient unsuit for electronic Chronic Medication Service (CMS)** Clinical Code (EMISNPQA96)
4. Highlight it and click **Select**
5. Click **OK**
6. Select the **Use a Search Population** radio button
7. Search for an appropriate 'CMS Assessed Unsuitable for SRx' population and highlight
8. Click **OK**
9. Click **Yes** to confirm you want to delete the clinical code for all patients in the search population
10. Click **OK**

Ongoing Serial Prescription Suitability Reviews

The practice should have a process and timescale for continually reviewing patients for Serial Prescription suitability. For example, the practice could use the Scottish Therapeutics Utility to change/increase the criteria for assessing SRx suitability, based on workload and knowledge/experience. The practice should also consider reviewing patients who have been previously marked as 'unsuitable' during earlier reviews – their circumstances and/or prescribing history may have changed, making them suitable.

What to do when a patient with a Serial Prescription leaves your practice

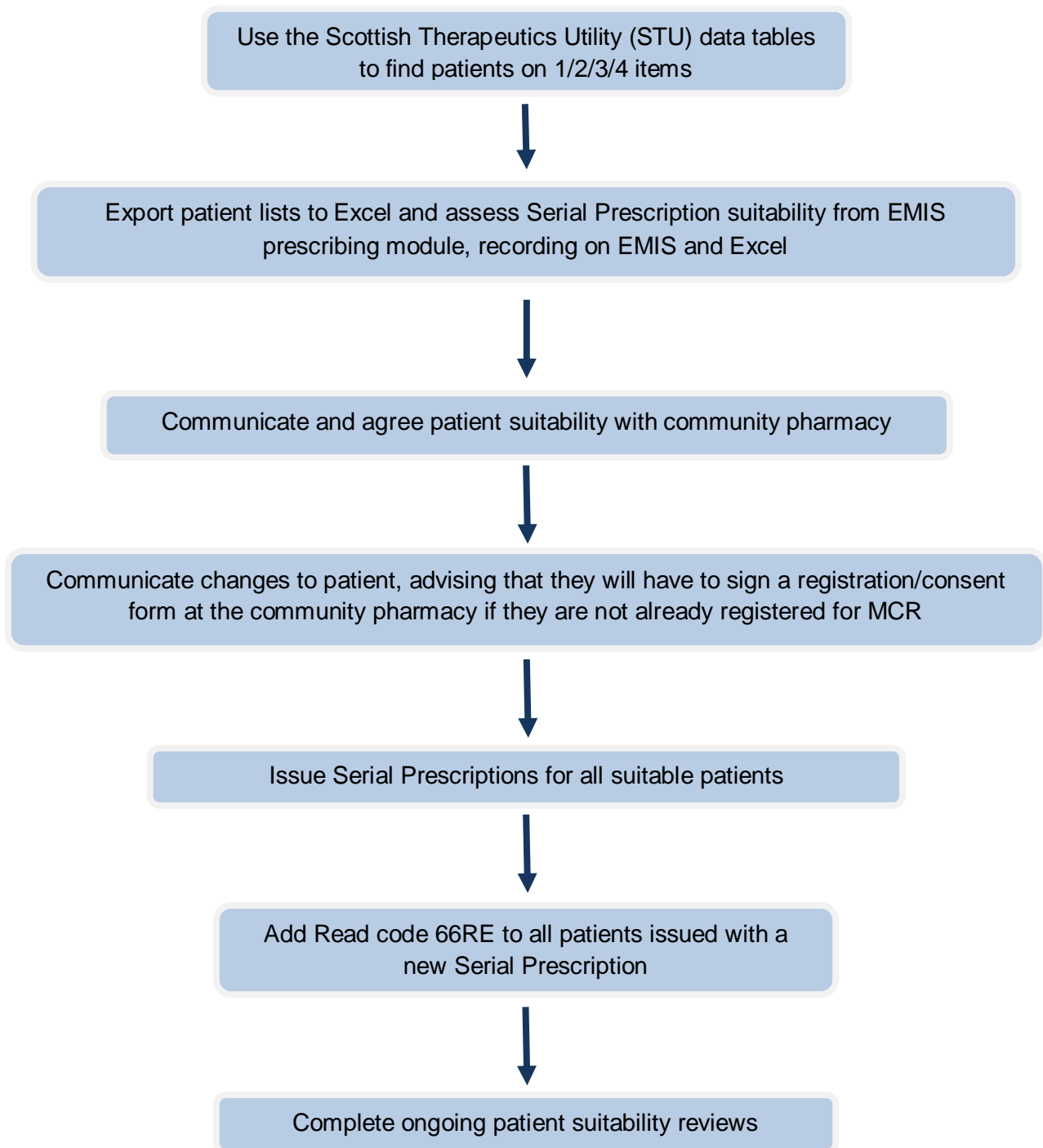
1. Deduction received
2. Print EMIS summary and import to Docman
3. Cancel all CMS medications
4. Process the deduction as normal

Useful Contacts

Senior eHealth Trainer/Facilitator - janet.binnie@nhs.net

Prescribing Support Team - fv-uhb.prescribingsupport@nhs.net

Appendix 1 – Quick Reference Process Flowchart

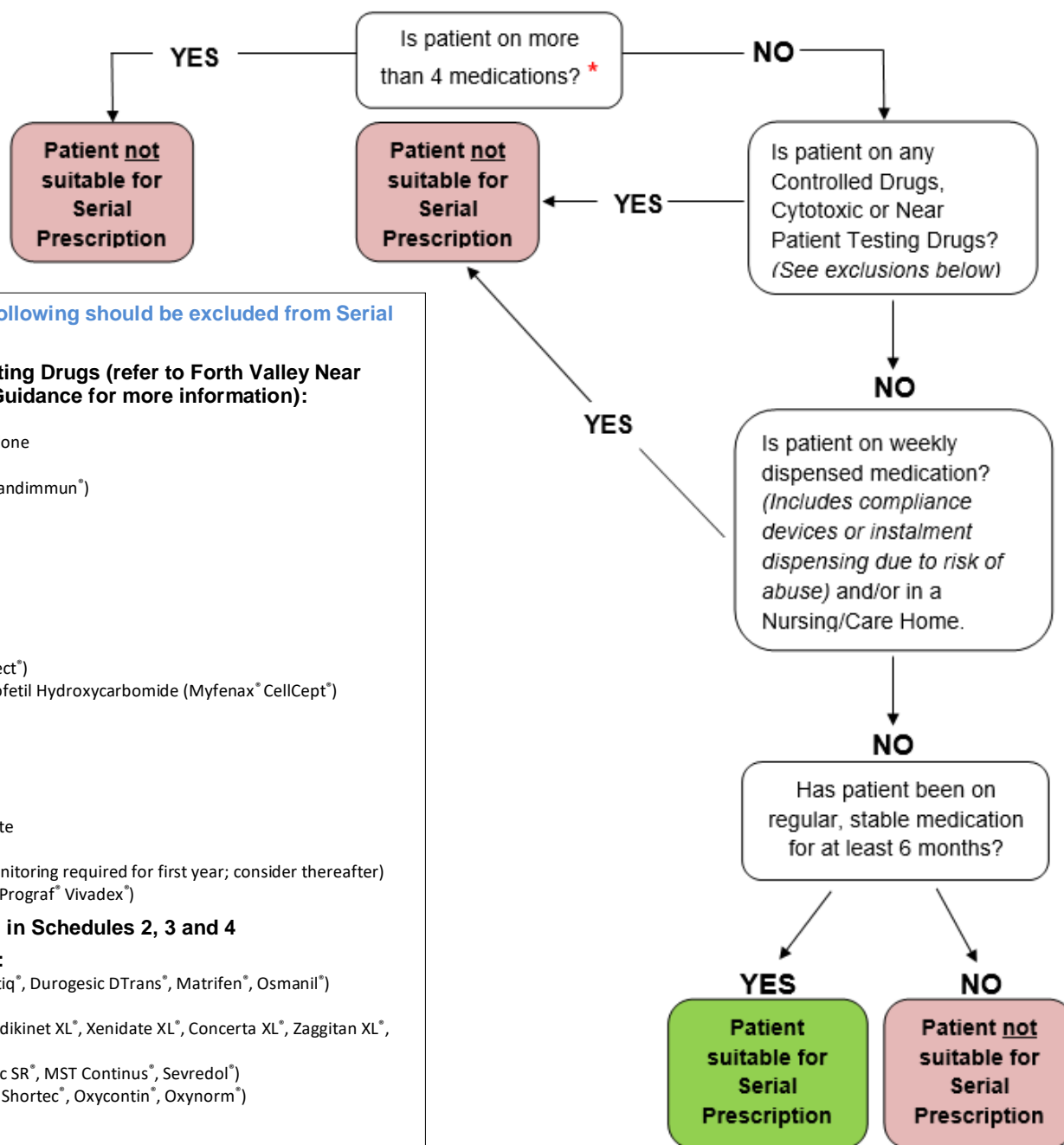


Appendix 2 – Using the Scottish Therapeutics Utility (STU)

The STU report 'Number of repeats' can be used to identify patients on 1, 2, 3 and 4 repeat items.

1. Double click on the STU icon on the PC desktop
2. Click on the **Number of repeats** tab on the left hand side
3. Two graphs will be displayed
4. Click the **Data tables** tab
5. You will now be able to view:
 - a count of patients with 1, 2, 3 and 4 items
 - individual patient details, including community pharmacy
 - prescribed item details
6. Click the **Export to Excel** button
7. Save the Excel workbook
8. Manipulate the spreadsheet to review and record SRx suitability

Appendix 3 – Patient Suitability Flowchart



Patients on the following should be excluded from Serial Prescriptions:

Near Patient Testing Drugs (refer to Forth Valley Near Patient Testing Guidance for more information):

- Amisulpiride
- Aripiprazole; Paliperidone
- Azathioprine
- Ciclosporin (Neoral® Sandimmun®)
- Cyclophosphamide
- Dapsone; Acitretin
- Eplerenone
- Hydroxycarbamide
- Leflunomide
- Lithium
- Mercaptopurine
- Methotrexate (Metoject®)
- Mycophenolate or Mofetil Hydroxycarbomide (Myfenax® CellCept®)
- Olanzapine
- Penicillamine
- Quetiapine
- Risperidone
- Sacubitril/Valsartan
- Sodium Aurothiomalate
- Spirolactone
- Sulfasalazine (NPT monitoring required for first year; consider thereafter)
- Tacrolimus (Adoport® Prograf® Vivadex®)

Controlled drugs in Schedules 2, 3 and 4

Schedule 2 incl:

- Fentanyl (Abstral®, Actiq®, Durogesic DTrans®, Matrifen®, Osmanil®)
- Methadone
- Methylphenidate (Medikinet XL®, Xenidate XL®, Concerta XL®, Zaggitan XL®, Ritalin®)
- Morphine (Morphgesic SR®, MST Continus®, Sevredol®)
- Oxycodone (Longtec®, Shortec®, Oxycontin®, Oxynorm®)
- Pethidine

Schedule 3 incl:

- Buprenorphine (BuTec®, BuTrans®, Subutex, Suboxone®); Gabapentin; Pregabalin; Temazepam; Tramadol

Schedule 4 incl:

- Chlordiazepoxide; Clobazam; Diazepam; Lorazepam; Nitrazepam

Additional excluded drugs:

- Warfarin
- Contraceptives - incl but not exhaustive: Microgynon® Ovarnette® Levest® Rigevidon® Gedarel® 30/150 Gedarel® 20/150 Marvelon® Millinette® 30/75 Millinette® 20/75 Mercilon® Tri-Regol® Femodene® Katya® Femodette® Sunya® Logynon® Trinordial® Desogestrel® Cerelle® Cerazette® Cilest® Ciliq® Yasmin® Lucette®

Drugs for careful consideration:

- Inhalers: Patients who are compliant with both preventers and salbutamol only; non-compliant patients are not suitable for Serial Prescriptions

* Patients on more than 4 items may be considered for Serial Prescribing at a later date.

This list is not exhaustive. Please contact a member of the Primary Care Pharmacy team if you have any queries.

Appendix 4 – Adding a Read Code

It is useful to add a Read Code to indicate a Serial Prescription has been issued – this will enable Searches to be created for Serial Prescribing.

1. From **Medical Record**, click **A – Add** and select **1 – Any Clinical Term (Read Code)**
2. In the **Clinical Term** box, type **66RE** and press return
3. Highlight **Serial prescription issued** and click **Select**
4. Check **Date of entry** and click **OK**

Appendix 5 – Sample Patient Letter

Personal and Confidential

Dear {Patient Name}

Serial Prescriptions

The practice is currently reviewing its patients who receive a repeat prescription. As part of this review, we are considering which patients we will be able to offer a 'Serial Prescription' to. A Serial Prescription is a prescription that lasts for {56 weeks} which you take to the pharmacy of your choice to be dispensed at {8 weekly} intervals.

Your current repeat prescription lasts for {8 weeks}. We are now amending this to a {56 week} prescription. This means that we will only need to generate your paper prescription {once a year}, but you will continue to collect your medication from the pharmacy every {8 weeks}. You will no longer be required to order your repeat prescription – this will be done for you through your pharmacy.

Your first Serial Prescription is included with this letter and you should take it to your usual pharmacy for dispensing just before your current supply of repeat medication runs out. You must return to the same pharmacy for your Serial Prescription medication.

Please note that your repeat medication will no longer appear on our Patient Access online system, should you currently use this. This does not mean we have removed your medication – it simply means your medication isn't visible to avoid any errors. If you currently order your repeat medication through our practice website, you should stop doing that now. Please also destroy any old re-order forms that you have at home, as you will no longer require them.

We enclose a leaflet about Serial Prescriptions which provides you with more information.

If you have any questions about the {56 week} prescription, you should contact your GP Practice or community pharmacy to discuss this further. If you have a valid reason for NOT wanting to be part of this scheme, you should contact the practice stating this reason.

Yours sincerely

On behalf of the practice