Serial Prescribing Quick Reference Guide for Community Pharmacy

Overview

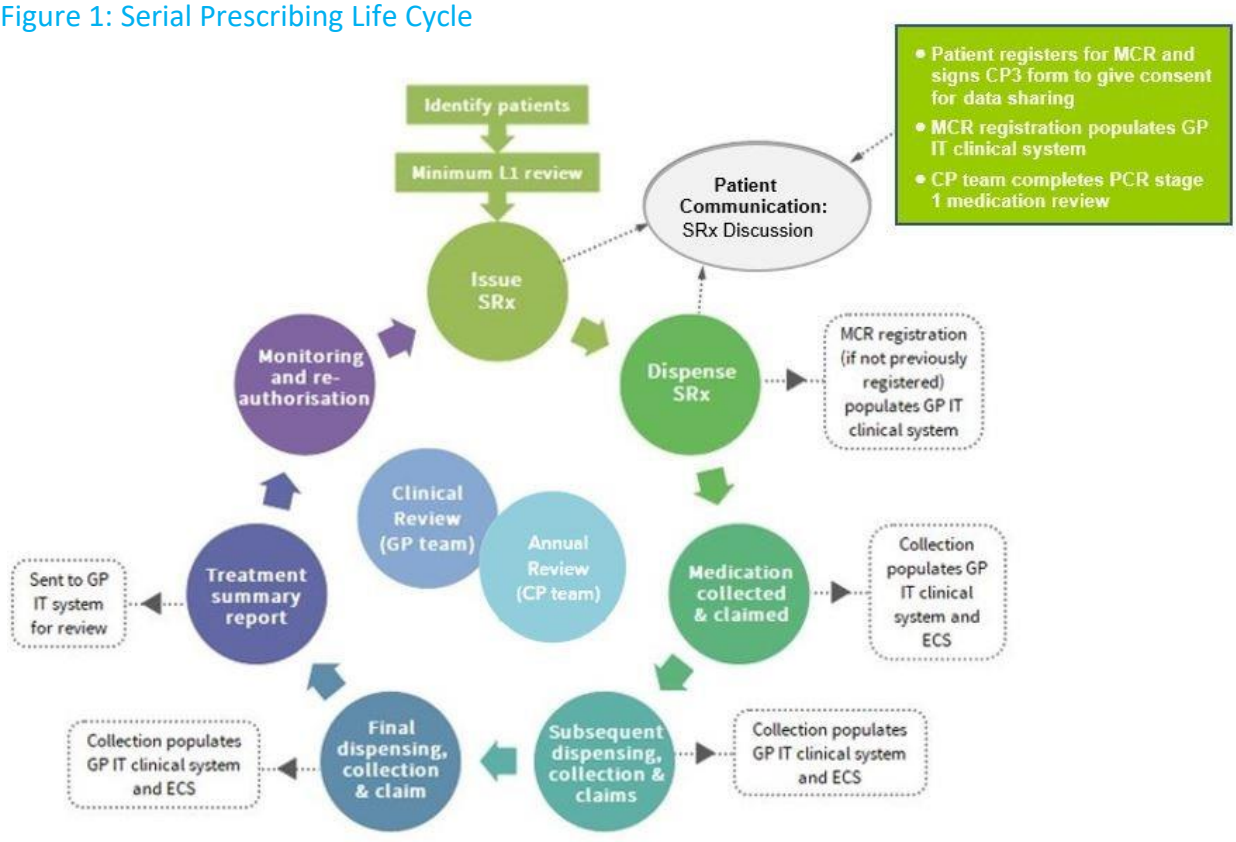
Medicines: Care and Review (MCR) is an updated and refreshed service for Community Pharmacy contractors. It has three key elements and patients are entitled to any depending on their individual need(s):

- 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 56, 48 or 24 weeks without having to return to their GP practice for repeats.

A Shared Care Agreement (SCA) 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



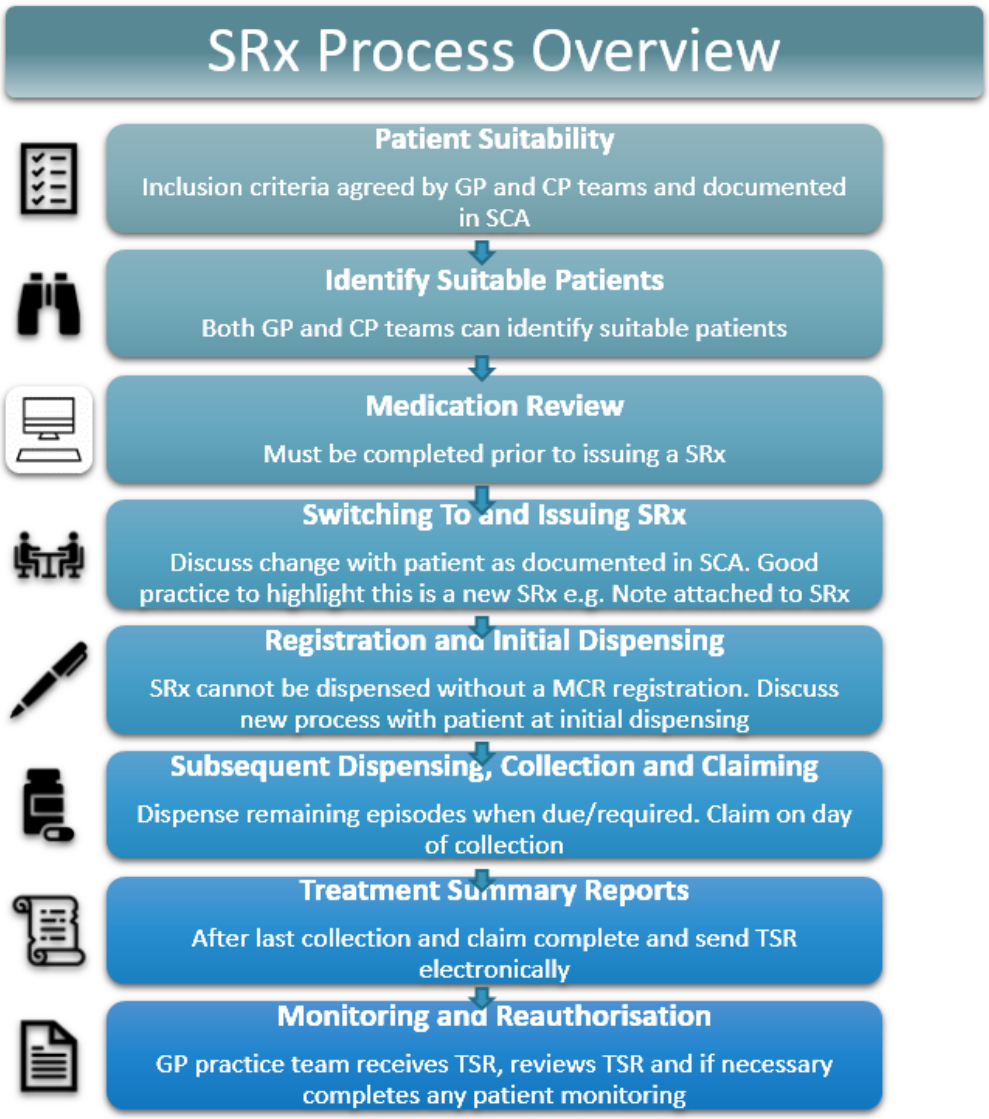
Serial Prescriptions (SRx)

A 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 with items dispensed in accordance with a dispensing frequency defined by the prescriber. The main differences between a repeat prescription and a SRx are that the patient does not need to reorder each time an item is required and the GP IT Clinical system is updated with an electronic notification each time the patient collects their medication. Alongside increased quantities, there are some visual differences e.g. SRx is printed on the bottom right corner and the barcode begins with a K. Items prescribed on a SRx cannot be amended; they must be cancelled and a new SRx issued if appropriate. In addition, Community Pharmacy teams should not endorse the paper; claims and endorsements must all be electronic.

Getting Ready

There are various steps that should be followed to allow for successful implementation of SRx in the pharmacy and GP practice, see Figure 2 below.

Figure 2: Serial prescription process



Patient Suitability and Identifying patients

Practice and Community pharmacy teams should discuss which patients would be suitable and how they will be identified and document it on the SCA. 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. A patient does not need to be registered before a SRx is issued

Medication review

Once potential patients have been identified it is advisable to undertake a medication review within the practice to clinically assess for suitability. It may not always be possible (or practical) to undertake a full medication review, the practice may undertake a non-clinical "housekeeping" review instead. A more comprehensive review can then take place by the appropriate person, at some point during the lifetime of the SRx.

Switching to and 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 the Community Pharmacy team contacts the practice to return them to a repeat prescription.

Registration and Initial Dispensing

Registration is still required before a SRx can be dispensed. The registration process includes explicit consent for the data sharing between the Community Pharmacy and GP practice. The Community Pharmacy should discuss their SRx process with the patient and reinforce the benefits of MCR.

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 accepting a SRx. Training resources are available to support this from Health Board ePharmacy facilitators and on NES Turas Learn.

Subsequent Dispensing, Collection and Claiming

Community Pharmacy teams should be aware of the process for management of due dates, shortages, early dispensing requests. Changes and synchronisation of medications should all be managed during the subsequent dispensing episodes.

SRx items should be made up no earlier than 5 working days before the due date. If making up in advance, prior to handover, Community Pharmacy teams are advised to check for any cancellation messages that may have been instigated during the period from dispense to collection.

All items on a SRx must be electronically endorsed. The claim must be sent at the point of collection and not at point of labelling. Reimbursement is at item level, the practice will be charged only for the exact items and quantities electronically claimed for by the Community Pharmacy team.

Treatment Summary Reports (TSR)

A TSR is an electronic report sent at the end of a SRx to summarise the dispensing history for a patient and request new SRx if required. All electronic claims for collected medication must be sent prior to processing a TSR.

TSRs should be sent directly after the final claim and should include fully dispensed and all unfinished SRx items. Thereby providing the practice with time to make appointments for blood tests, checks etc. that are required prior to a new SRx being issued.

Community Pharmacy teams should monitor for overdue requested SRx and contact the GP practice team if the new SRx has not been received 5 working days prior to the next due date.

Monitoring and Reauthorising

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.

Practice should reauthorise and re-issue SRx (if appropriate) 5 working days before the patient's next due date.

New Medication and Synchronisation for SRx

SRx operate at item level, therefore it is possible for a prescriber to cancel one item on a form whilst all other items remain active.

Amendments to SRx are not permitted, individual item(s) must be cancelled electronically to prevent further dispensing and a replacement prescription generated. In the event of medication changes and new item(s) being prescribed the new SRx should run alongside the original SRx. The first dispensing quantities of the new SRx can be altered to align with the next due date.

It is good practice for GP practice teams to communicate any changes to medication to the Community Pharmacy team.

When the original SRx items have been fully dispensed and claimed the TSR must also include

any unfinished SRx to facilitate synchronisation of medication.

Monitoring and Housekeeping

Each Community Pharmacy team must have a process in place for managing non-compliance. A process for contacting patients about uncollected SRx items, recording reasons for non-collection and communicating non-compliance with practice team.

Non-urgent compliance information e.g. late collection due to consuming stockpiled medication, can be communicated to practice team on the TSR. Clinically urgent concerns must be communicated with practice team when they arise.

Use of PRN medication should be monitored and any requests for changes to SRx due to over use or under use communicated with practice team.