



Shared Care Agreement Serial Prescriptions

This agreement is developed in partnership with the GP practices, practice-based pharmacy teams and the Community Pharmacies.

If a GP practice works collaboratively with several Community Pharmacies, and it is practical to do so, the Shared Care Agreement should be updated to reflect that. Similarly, if the parameters outlined in this document can be agreed on a 'cluster' basis then Key Contact Details should be recorded to reflect this.

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Approved By:	Serial Prescriptions Implementation Group (SPIG)
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Consultation and Change Record

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Change Record			
Date	Author	Change	Version
16/3/2021	KC	Initial set up changed from pharmacotherapy to General Practice Team	1.1
16/3/21	KC	Serial prescription exclusions, statement on care home residents removed.	1.1
16/3/21	KC	Housebound/delivery service section removed	1.1
19/10/21	VY	Formatted document	1.1
19/09/2023	VY	Inclusion of information leaflet	1.2
19/09/2023	VY	Repeat request to be submitted through the Treatment Summery Report.	1.2
29/02/2024	VY	Dispensing interval discussion	1.3

Key Contact Details

GP Practice	Key Contact	Contact Number

Community Pharmacy	Key Contact	Contact Number

Date of Agreement:	Click here to enter a date.
Approved By:	Click here to enter text.

Background Information

NHS Forth Valley estimates that GP Practices and Community Pharmacies benefit from the change in processes required to accommodate Serial Prescriptions when at least 20% of patients with a repeat prescription are issued with a Serial Prescription instead of a standard repeat.

For reporting purposes, Serial Prescription numbers will be monitored from data supplied by NHS National Services Scotland.

The 'initial set up' and 'medication for consideration' information contained in this agreement, specifically the maximum number of 6 repeat items and exclusion of more than 3 'when required' items, applies to new serial prescription patients, identified as part of the Pharmacotherapy service. In some areas, there will be existing serial prescriptions which were set up prior to the Pharmacotherapy service being implemented - **if these are working well, they should not be cancelled.**

Initial Set Up

The General Practice Team will mainly be responsible for identifying patients for a serial prescription.

The General Practice Team will undertake the initial medication review of potentially suitable patients.

The General Practice Team will be responsible for converting suitable patients on to a serial prescription.

Patients initially considered unsuitable for a serial prescription will be reassessed every 12 months **YES**

The maximum number of repeat items that will be considered initially for new patients will be **6**

A serial prescription will be prescribed for a period of **56 weeks**.

The preferred dispensing interval will be **8 weeks**. Dispensing intervals may vary depending on individual patient circumstances and medication prescribed. Any variations will be discussed with the Community Pharmacy Team prior to prescribing.

The Community Pharmacy team will check serial prescriptions for accuracy when received. If there are any discrepancies in total quantity, dispensing interval or duration, the Community Pharmacy team will contact the GP Practice team by **telephone/e-mail**.

Communication

The Community Pharmacy team may decline a serial prescription for patients who they consider unsuitable based on their knowledge of the patient and their circumstances. This may be because of known issues with compliance, prescription collection or repeat ordering, for example. In these cases, the patients prescribed items should be changed back to repeat/acute. The Community Pharmacy Team will contact the GP Practice Team to notify them of this by [telephone/e-mail](#).

The GP Practice team and Community Pharmacy team will both be responsible for discussing the move to a serial prescription with the patient.

The GP Practice will use a patient letter or information leaflet to inform the patient that a serial prescription is being issued **YES**

Serial Prescription Exclusions

- The GP IT clinical system will prevent a SRx being issued for Controlled Drugs and cytotoxic drugs.

Patients prescribed Schedule 2, 3 and 4 Controlled Drugs, including tramadol, gabapentin, pregabalin and benzodiazepines, are currently excluded from receiving a serial prescription.

Patients who receive daily or weekly instalments are currently excluded from receiving a serial prescription.

Patients who are prescribed cytotoxic drugs, including methotrexate, are currently excluded from receiving a serial prescription.

The following patients are also excluded from receiving a serial prescription (deselect all that do not apply):

- ☒ Non-compliant patients – STU shows the latest issues of all prescriptions on repeat and so highlights issues with non-compliance
- ☒ Prescribed lithium
- ☒ Prescribed warfarin
- ☒ Prescribed DMARDS
- ☒ Prescribed multiple 'when required' items on repeat e.g. creams, inhalers
- ☒ Prescribed antidepressants
- ☒ Prescribed strong opioid analgesia
- ☒ Those who do not attend long term conditions clinics
- ☒ Those who do not attend for the required monitoring
- ☒ Those on oral contraceptives (if they have no other long term condition medications)
- ☒ Those who appear to be unstable with their medication
- ☒ Those with a new diagnosis of a long term condition in the last 3 months

Other comments or exclusions:

Other Considerations

Medication for consideration

'When required' medications are not excluded from serial prescriptions but require careful consideration.

Initially, the practice will include 'when required' medicines on a serial prescription.

YES

If yes, then these items should be prescribed on a separate GP10 form.

If no, the GP practice team will review this exclusion with the community pharmacy team in

N/A

Adding New Medication

If a SRx patient requires new repeat medication, this will be prescribed as

ACUTE

Managing Changes

An electronic cancellation message should be sent for all changes and cancellations but should not be the only method of communication.

The GP Practice team will communicate any serial prescription changes to the Community Pharmacy team by **telephone/email**.

The GP Practice team will be responsible for informing the patient if there are any changes.

Managing Compliance

The Community Pharmacy team will contact the GP Practice team if the patient does not collect or declines a 'regular' item. This will be communicated by **telephone/e-mail**.

End of Treatment

The Community Pharmacy team will request the next SRx by sending a Treatment Summary Report.

As part of the Treatment Summary Report the following questions should be discussed with the patient and responses included in the TSR.

Compliance: Is patient taking medication as prescribed?

Side Effects: Is the patient experiencing any side effects from medication?

Smoking Status: Smoker/Non smoker. Any recent changes or if smoker have they considered stopping/aware of Community Pharmacy Stop Smoking Service?

Any other interventions: Please include any other relevant information including if you have measured patients BP (include reading), checked inhaler technique or any other relevant information.

Examples:

Patient takes all medication and no side effects noted. Stopped smoking 2 years ago, BP reading today was 134/72.

Patient takes all medication, still smoking 10 cigarettes per day (reduced from 25 previously). Not keen to stop at moment. Inhaler technique checked, please consider prescribing spacer. Patient reports buying gel for oral thrush twice in past year.

To plan any clinical review or follow-up, the Community Pharmacy team will indicate on the Treatment Summary Report that the next serial prescription is required. This will be submitted **8 weeks** before it is due/ at the last point of dispensing.

The Community Pharmacy team will synchronise all items on a serial prescription as appropriate.

Additional Notes