Serial Prescribing FAQs for General Practice

Initial Set Up

Q1: Will GP practice and Community Pharmacy teams be receiving any training if they haven't had this previously?

A: Training should be provided by the Health Board. It is likely to be provided by the Health Board Facilitator Teams.

Q2: The GP IT clinical system still refers to CMS (Chronic Medication Service). Is this correct?

A: Yes. 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 years to replace the naming formats.

Q3: What is the difference between a Repeat Prescription and a Serial Prescription?

A: The main differences between a repeat prescription and a Serial Prescription 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. A Serial Prescription is valid for up to 56 weeks and the Community Pharmacy team will dispense items in accordance with the dispensing frequency defined by prescriber. Alongside the increased quantities, there are some visual differences e.g. SRx is printed on bottom right corner. In practical terms, the Community Pharmacy team will work with the patient to supply the medicines as and when they are each needed. This avoids over supply and helps monitor compliance and concordance.

Q4: How long does a Serial Prescription last?

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

Q5: Who can receive a Serial Prescription?

A: Any eligible 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
- frequency of ordering

Q6: Are there any groups of patients who cannot be considered eligible for serial prescribing?

A: Yes. Patients who are **not** registered with a GP practice in Scotland, temporary residents and patients not currently receiving repeat medication cannot receive a Serial Prescription.

Q7: Are Care Home residents eligible for serial prescribing?

A: Yes. Patients who are resident within a care home setting are now allowed to be registered for the service. However, this is subject to ongoing testing and remains part of a national pilot. Health Board teams will continue to work closely with community pharmacy contractors as the pilot evolves to ensure that the processes are robust for all care home settings and all known scenarios before this will become part of the "business as usual" model for MCR. More information will be made available from your local health board.

Q8: Can I undertake a medication review during the lifetime of the Serial Prescription?

A: Yes. 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 generating and printing a Serial Prescription and a full medication review as per normal practice process e.g. during the month of the patient's birthday.

Q9: 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.

Q10: Can controlled drugs be added to a Serial Prescription?

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

Q11: What is the Shared Care Agreement and when should it be used?

A: The Shared Care Agreement is a document that should ideally be used before a practice begins to implement serial prescribing. It is designed to allow a two-way discussion between the GP practice team (including the practice based pharmacy team) and Community Pharmacy team and agree on certain aspects of the service as a partnership. This will include how to manage medication changes, any drugs/ patient groups who could be excluded from serial prescribing and management of the Treatment Summary Reports/next prescription request.

Once all the questions have been answered and agreed, it can be saved and printed as a reference document.

In urban settings, it could be more practical to have one shared care agreement between a GP practice Team and cluster of Community Pharmacy teams.

Q12: Does the patient need to be registered with a Community Pharmacy to get a Serial Prescription prescribed?

A: No. A Serial Prescription can be generated and printed within the practice for any suitable patient. 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.

GP practice teams are encouraged to seek consent from patients prior to switching them on to a Serial Prescription. This may be done in an 'opt out' approach.

Q13: Why has the Pharmacy already registered a particular patient?

A: Patients are registered for the MCR service to allow the community pharmacy team to provide documented pharmaceutical care. If a patient is registered, this does not mean that a patient is suitable for a Serial Prescription.

Q14: How are patients identified for serial prescribing?

Patient selection should be a joint decision between the community pharmacy and GP practice teams. There are two ways in which a patient can be identified and nominated for a SRx. The community pharmacy team can nominate an MCR registered patient. A Nomination Form for a SRx could be used to inform the GP practice team. The GP practice team, including their pharmacy support team, proactively identify patients at annual review or by using the Scottish Therapeutics Utility (STU) tool, medication review and/or reports.

Q15: Can "when required" medicines be prescribed on a Serial Prescription?

A: Yes, they can and should be printed on a separate GP10. 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.

Q16: The patient's compliance of some repeat medications is variable, are they still suitable for a Serial Prescription?

A: Yes, the patient is suitable. By moving the patient to a Serial Prescription, there is the opportunity for the Community Pharmacy team to support the patient to understand their medications better, identify potential side effects or reasons for non-compliance and the provision of pharmaceutical care will help, ultimately, to improve compliance as well as management of their condition.

Q17: The patient has a defined course length medication (e.g. iron), are they still suitable?

Yes. The medication with a defined duration can be left as a repeat/acute medicine and all other items should be changed to a serial script. You could also consider issuing the full quantity or use a shorter serial duration such as 24 weeks.

Q18: The patient hasn't ordered an item in almost 12 months. Should I add this item?

You should apply the same principles you would use when carrying out a Level 1 medication review. The item may be appropriate to remove after discussion with the patient/GP.

Q19: How are the quantities worked out to last the duration of a Serial Prescription?

A: Quantities must reflect the duration of the Serial Prescription. For example, a prescription for furosemide 40mg, two daily for 56 weeks will have a total quantity of 784.

The calculation being (quantity daily x number of days a week to be taken x term of the script) = total quantity

The total quantity prescribed should be divisible by the number of dispensing episodes allowed, e.g. if a 56 week script is provided with an 8 week dispensing frequency then the quantity prescribed should be divisible by 7.

Care needs to be taken when calculating the quantity required for creams, inhalers or analgesia but the Good Practice Guide for Prescribing Quantities will help with this.

Managing the Process

Q20: How often will electronic claims be sent from the Community Pharmacy?

A: Electronic claims should be sent every time the patient collects medication from a Serial Prescription. This ensures medication collection information is contained within the GP IT clinical system and the Emergency Care Summary (ECS).

Q21: 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 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.

Q22: What happens if a patient requests their medication earlier than the dispensing interval specified by the GP?

A: The Community Pharmacy Patient Medication Record System (PMR) will allow some flexibility to supply medication early e.g. if the patient is going on holiday.

However, if there are persistent requests for early dispensing, this should be considered as a care issue by the Community Pharmacy team and discussed with the patient to identify reasons, providing feedback to the prescriber as appropriate.

Q23: What happens if a patient does not collect some or all of their medication?

A: If the patient frequently misses out a particular medication, this should be considered as a care/compliance issue and discussed further, especially if the medication is expected to be taken on a regular basis. The Community Pharmacy team will inform the GP practice team of all compliance issues. If any 'when required' medications are not needed, they will not be supplied although they will remain available for the patient to request at a later date.

Q24: What happens at the end of the Serial Prescription and a new one is required?

A: The Community Pharmacy team will send a request for new Serial Prescription via an electronic Treatment Summary Report (TSR). This is an opportunity to synchronise all items; therefore it may include requests for items which were not fully dispensed e.g. PRN's or items added at a different time. This will be transmitted after the final collection and claim thereby providing the practice with time to make appointments for blood tests, checks etc. that are required prior to a new Serial Prescription being issued.

Q25: 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.

Q26: The patient has not attended for their recall/ review?

Regular reviews may not happen in practice due to several reasons e.g. national pandemic. The patient's medications could be added as a serial script and a note added to their consultation that the review is overdue.

Q27: I am working remotely. How do I ensure scripts and patient letters are printed?

This is something to discuss within your practice. Processes may already be in place for remote printing of prescriptions.

Managing Changes

Q28: 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 and the community pharmacy team informed. 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.

Q29: Can a Serial Prescription be amended?

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

Q30: What happens if a patient moves to a different practice?

A: The practice team should alert the Community Pharmacy team that the patient is moving/moved. A supply can be made to ensure that the patient does not run out of their medication during this transition. The practice should not cancel the Serial Prescription(s) and deduct the patient until after the final claim has been received.

Q31: What happens if a patient moves to another Pharmacy?

A: If the patient chooses to have their Serial Prescription dispensed by another Pharmacy, a new Serial Prescription will be required by the new Pharmacy. The original Pharmacy should be advised of the move in order they can send a TSR to complete the Serial Prescriptions on their IT system, on receipt of the TSR the new SRx should be issued and presented at the new pharmacy.

Misc

Q32: What happens if there is a medium to long term 'out of stock' issue with a medication on a Serial Prescription?

If a prescribed item is out of stock or unavailable, the Serial Prescription cannot be returned to the patient or taken to another pharmacy. The Pharmacy may be able to supply an alternative strength or form (as per national Unscheduled Care PGD) or may contact the GP surgery and request a one-off AMS prescription.

Q33: Can contraception be prescribed on a Serial Prescription?

A: Yes if in the professional judgement of the prescriber and Community Pharmacist that this is in the best interest of the patient.

Q34: 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 confusion for the patients, Community Pharmacy and practice teams. A pragmatic approach should be taken and agreed with the Community Pharmacy team at least in the initial period.

Q35: The patient doesn't have a preferred Pharmacy listed. How do I know where they take their prescription?

You can use the ePharmacy Prescription Tracker Tool to see where the patient usually has their script dispensed or telephone the patient. NB this tool can only be accessed via a SWAN connection.