NHS Education for Scotland

Serial Prescribing: MCR Implementation

Acknowledgements

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This resource can be used in conjunction with online resources which are also available from NHS Education for Scotland (Pharmacy) on Turas Learn.

All clinical images were generated on test systems using simulated patient data.

Disclaimer

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Foreword

Medicines: Care and Review (MCR) is a new service from community pharmacies which provides a person-centred approach for managing medications for those who are living with a long-term condition. The service replaced Chronic Medication Service (CMS); building on its principles of supporting patients with a long term condition but taking learning from CMS to develop into MCR, particularly the management and processes associated with serial prescribing though care planning was also further enhanced to complement changes within primary care.

MCR has also addressed the challenges voiced by patients, Community Pharmacy contractors, General Practices and NHS Boards.

MCR was formally launched in February 2021 and included some key changes to its predecessor:

- Eligibility of patients who reside in a care home to access the service.
- Extension of the time frame for a stage 1 medication review to be completed.
- Requirement for an annual stage 1 medication review.
- Removal of the need for a registration for a seral prescription to be [produced by a prescriber.
- Expanding the prescriber to certain non-medical prescribers as part of the new GPIT provisioning

The inclusion of serial prescribing as an integral component of the pharmacotherapy service in the General Medical Services (GMS) contract provides many opportunities for General Practice and Community Pharmacy to work in partnership, alongside practice- based pharmacy teams to benefit both patients and health care professionals.

This implementation guide is the fourth edition to support the implementation of MCR, particularly with a focus on management of serial prescribing processes to support a once for Scotland approach. It can be used to complement all other MCR resources, including Healthcare Improvement Scotland (HIS) serial prescribing toolkit.

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Introduction

Medicines: Care and Review (MCR) service was launched in February 2021 as a replacement for Chronic Medication Service (CMS) and was developed for community pharmacy teams to support people with long term conditions in managing their condition and supporting them with their medication.

MCR was redesigned to further complement existing medical care plans with pharmaceutical care, focusing on improving support for patients, including compliance and concordance with their drug regime. It was also designed to improve the patient journey and clinical outcomes as well as enhancing the relationship between patients, GP practice teams and community pharmacy teams. The service allows community pharmacy teams to manage serial prescriptions (SRx), which benefits patients and GP practice teams in terms of convenience for both and help to manage workload within the pharmacy more effectively. There is no biological or near-patient testing as part of the service.

The service will support community pharmacy teams to support and deliver:

1. Medication reviews.
2. Pharmaceutical care planning.
3. Serial prescribing.

The main drivers for MCR are to:

- improve patient safety;
- improve person-centered care;
- focus on pharmaceutical care planning to improve patients' compliance, concordance and understanding of their medicines;
- improve patient experience;
- improve the patient journey and access to their medication;
- reduce medication errors;
- support a reduction in hospital admission/readmission due to medication errors; and
- create capacity for GP practice and community pharmacy contractors by introducing serial prescriptions (SRx) for patients.

MCR service changes

MCR has some fundamental differences to the previous service, CMS. Patients who are resident within a care home setting are now allowed to be registered for the service. As this was a new provision for the service, this continues to be tested for

feasibility of the processes associated with managing serial prescriptions within a care home setting 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.

The other major change with MCR to CMS is an expansion of the range of prescribers who are able to prescribe a SRx. This now includes some non-medical prescribers e.g. pharmacist independent prescribers or independent nurse prescribers. However, this is interdependent on the new GP IT clinical system. Your local health board will provide further information with regards to this and training for NMPs in line with each Board's roll out plans as part of the new GPIT roll out.

Serial prescriptions will be issued by the GP practice team dependent on patient suitability. A community pharmacy MCR registration is not required for a SRx to be produced. However, a MCR registration is required before a SRx can be dispensed. MCR registration requires a patient to consent to sharing electronic messaging between the GP clinical system and the community pharmacy PMR. Every patient registered for MCR should receive a Stage 1 medication review on an annual basis. The frequency of any care planning interventions will depend on the individual patient's needs.

Serial prescription management at GP practices is included as part of the Level 1 tasks within the pharmacotherapy service in the 2018 General Medical Services contract.

Pharmacy Care Record (PCR)

The Pharmacy Care Record (PCR) is a web-based application which is accessible from all community pharmacy premises in Scotland. It facilitates the creation and maintenance of pharmaceutical care records for patients in a secure and central repository, maintaining confidentiality. Community pharmacy teams must maintain a pharmaceutical care plan for their patients registered for MCR. The complexity of each care plan will depend on the individual patient's needs.

The PCR can be accessed by authorised pharmacists and pharmacy technicians. All users have a unique username, validated by a password. Although PCR is a nationally accessed system, users will only see the PCR records for the patients at the pharmacy the user is associated with on the day. Note: currently Pharmacists are able to view and update all records, whereas pharmacy technicians can view and update only certain screens as detailed in the PCR user guide. Details on how to access the PCR are available on the NSS website here.

For a user account to be created, the pharmacist, trainee pharmacist or pharmacy technician must complete a Health Board provided PCR login application form (See Appendix 1). On receipt of this application the e-Pharmacy Help Desk will generate a user account and email the user asking them to contact the e-Pharmacy helpdesk on 0131 275 6600 the next time they are on site in a pharmacy. The helpdesk advisor will provide a temporary password which is valid for 4 hours. It is essential that all

pharmacists, including locums, and pharmacy technicians apply for their own username and password. Trainee pharmacist applications should be returned to their Designated Supervisor for processing.

Full records of the pharmaceutical care plan will be held as part of the PCR, accessible only by the pharmacist(s) and pharmacy technician(s) on duty within the community pharmacy on any particular day. The pharmaceutical care plans are currently not shared electronically between the community pharmacy and GP practice; any urgent issues should be communicated by the community pharmacist/pharmacy technician to the GP practice team as appropriate. The SBAR communication tool within the PCR) is a useful format to provide clinical information and supports the audit trail between community pharmacy and GP practice.

Components of MCR

1. Medication review: Every registered patient must receive a stage 1 medication review within 16 weeks of registration at the pharmacy. Stage 1 helps to identify potential care issues around a patient's compliance with their medications and understanding of them, including missed doses and presence of side effects. The medication review tool includes an option in the Stage 1 review to note the patient's suitability for a SRx. PCR also contains tools to support stage 2 and stage 3 medication reviews. Stage 2 medication review is equivalent to a level 1 medication review in GP practice and a stage 3 medication review is equivalent to a polypharmacy review without patient notes.
2. Pharmaceutical Care Planning: This provides the opportunity for the community pharmacist and patient to identify care issues and agree plans to improve outcomes collaboratively. Stage 2 and 3 medication reviews are both tools/resources that should be used as part of this care planning process. Best practice is to share results of these reviews with GP practice team to avoid duplication.

PCR tools currently available to support care planning include:

- Patient profile
- Stage 1, Stage 2 and Stage 3 medication reviews
- Gluten- free food annual health assessment
- Smoking cessation
- New medicines intervention
- High risk medicines assessments
- SBAR (communication tool)

3. Serial prescribing: A therapeutic partnership, between the GP practice team, patient and the community pharmacy team supports the continuous supply of medication for stable patients with a long-term condition(s). Patients will be assessed for a SRx individually for suitability and can be nominated by the

community pharmacy or the GP practice teams.

The clinical assessment to determine a patient's suitability is necessary before commencing a SRx. This could be completed by the GP practice team in consultation with the community pharmacy team, or vice versa. If suitable, the patient will receive a SRx for 56 weeks (recommended), 48 weeks, or if there is a clinical need, 24 weeks.

Serial prescribing is supported by electronic messages between the community pharmacy and GP practice, via the ePractitioner Message Store (ePMS). The three types of messages are:

1. Registration: The pharmacy cannot dispense a SRx until the patient has registered for the MCR Service at the community pharmacy. The registration status will then update on the GP IT clinical system the following day.

2. Collection notification: when the community pharmacy team sends a claim for a SRx item, an electronic collection notification message is created. This message is then sent to the patient's GP practice clinical system and the patient's record is updated with the claim date. Sending the claim on the date the patient collects SRx medication ensures accuracy of information on both the patient record at the GP practice and the Emergency Care Summary (ECS)

3. Treatment Summary Report (TSR): when the last dispensing has been collected and claimed an electronic TSR is sent by the community pharmacy team to the GP practice clinical system to request the new SRx. This TSR contains the collection dates and quantities, it must also include any additional information in relation to care issues.

Information Point: Community pharmacy

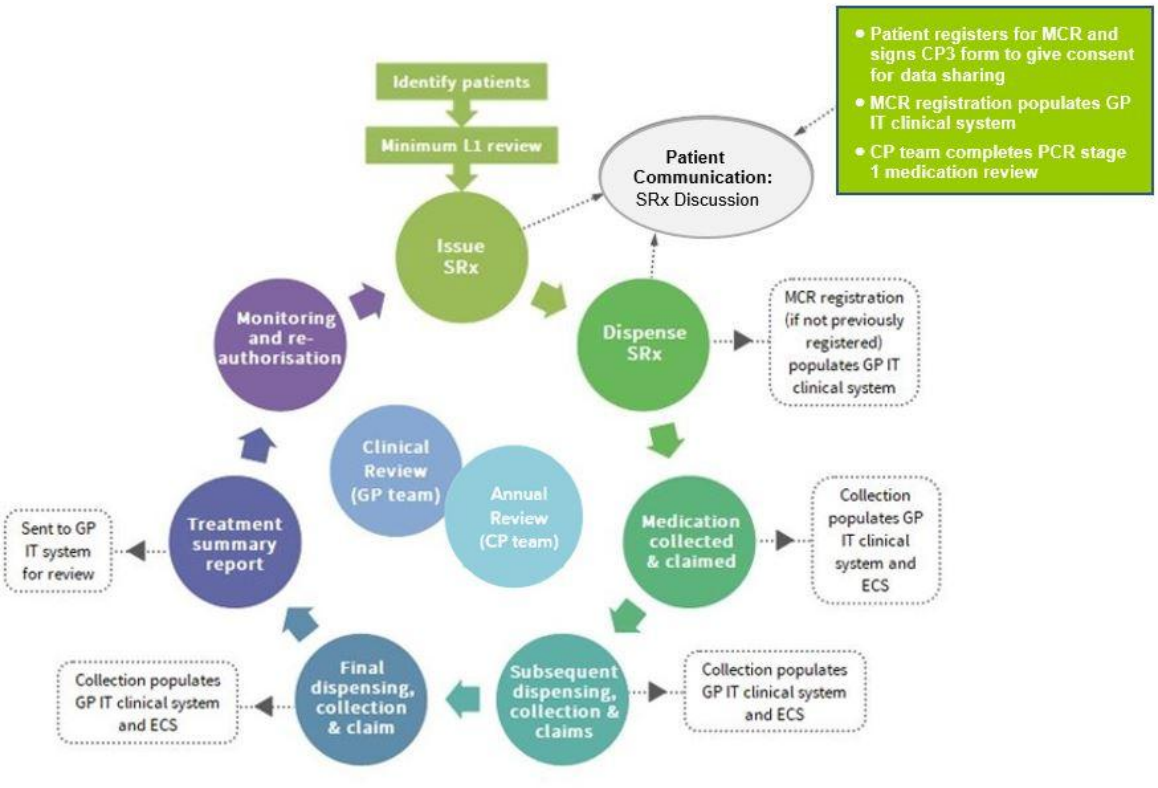
ECS is a national system containing records of patient's basic health information. It is updated at regular intervals daily from all GP Clinical systems. ECS is accessed by healthcare professionals as required, often used during out of hours or at hospital admission.

To maintain the integrity of the data on ECS SRx claims must be sent on the day the medication has been collected.

If you do not send SRx claims on the day of collection ECS data will be compromised and could adversely affect patient care.

Figure 1 demonstrates the integrated approach for serial prescribing and dispensing and the electronic message links. The detail for each step is discussed in the remaining chapters of this document.

Figure 1: Serial Prescribing Life Cycle



Shared Care Agreement (SCA)

Serial prescribing relies on good communication pathways within the GP-CP partnership. Defining your processes and parameters of your partnership is vital for team working and shared care.

A Shared Care Agreement has been developed for use across NHS Scotland to facilitate the decision making around the process, patients, and joint working. The SCA allows each party to contribute to the success of the process and increases awareness of each other's role and responsibility in the day-to-day management of serial prescribing and dispensing. The SCA document and other resources are available to download from the NSS website here.

It is advisable to include practice-based pharmacy teams/prescribing support in these discussions. This document allows all parties to discuss and agree fundamental points in relation to patients, items, prescribing quantity, notification of changes and local exclusions (if any). For smaller areas, it may be possible to have a 1:1 agreement between a GP practice and a community pharmacy but in larger towns or cities this may not be practical. However, discussions are encouraged for both GP practice and community pharmacy teams to be aware of the wider processes and to support one another.

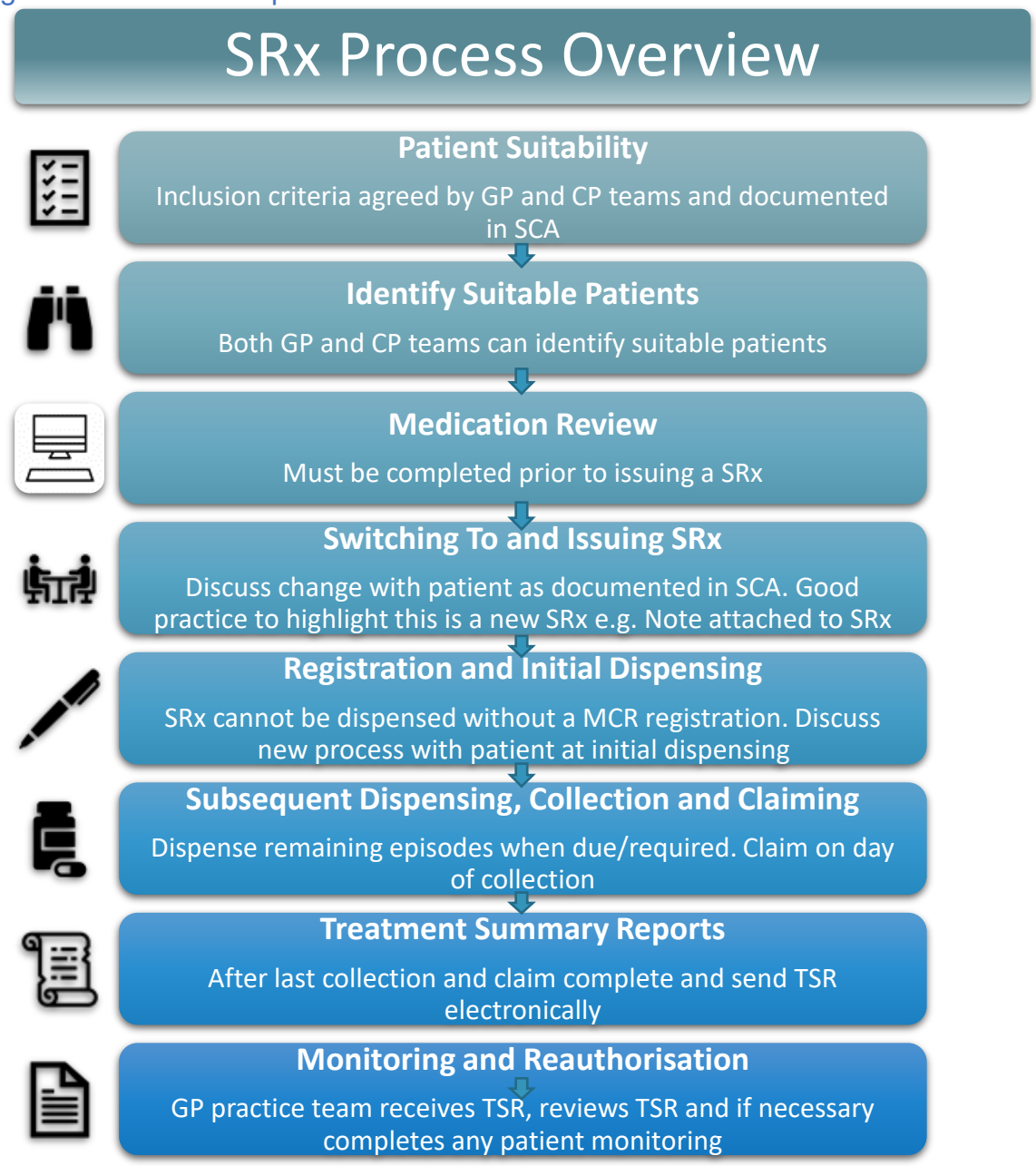
This implementation guide will focus on the serial prescribing aspect of MCR; other educational and supporting resources for care planning and medication review can be found on Turas Learn.

Serial Prescribing Process

There are various steps that should be followed to allow for successful implementation of SRx in the pharmacy and practice. Whilst there are some legal limitations on the service (see next section), many patients and drugs can be managed on a SRx once the process is known and becomes more embedded into daily tasks.

Figure 2 summarizes the steps involved in setting up and managing a serial prescription. The sections in the following pages will describe each step in more detail.

Figure 2: Serial Prescription Process - Overview



Serial Prescription Suitability

Suitable patients for MCR must be registered with a GP practice in Scotland, have a long term condition[1] and be stable on their medication. Clinical and non-clinical factors can influence a patient's suitability. The medication to be prescribed is also an important consideration as some types e.g. controlled drugs and cytotoxic drugs cannot be prescribed on a SRx (see Table 1 below). **However, this should not exclude their participation within MCR as they are still entitled to the medication review and care planning components of the service.**

[1] A long term condition is defined as one which has lasted, or is expected to last, longer than 12 months.

Table 1: Drugs not suitable for inclusion on a Serial Prescription

- Schedule 2, 3 and 4 controlled drugs. Prescriptions are only valid for 28 days and it is strongly recommended that they are prescribed for a maximum of 30 days a time (Schedule 3 and 4 controlled drugs include all benzodiazepines)
- Pregabalin and gabapentin, as controlled drugs
- Cytotoxic drugs including methotrexate
- Lithium
- Drugs requiring near-patient testing (see below)
- Drugs requiring titration

Patients subject to close monitoring or frequent medication changes are likely to be **unsuitable** for SRx. However, these patients should be reassessed for a SRx by the practice pharmacy team annually in case of any changes that would impact on suitability. Other patient groups who may be less suitable are shown in below.

Table 2: Examples of Patients currently not suitable for a Serial Prescription

- Unstable conditions and subject to frequent medication changes
- Patients who require weekly or daily instalments
- Patients prescribed PPI with no long-term indication (to ensure that the patient receives regular reviews)
- Patients who do not attend for required monitoring
- Patients who are non-compliant with their medication
- Patients with a new diagnosis of a long-term condition in the last 3 months as medication may need to alter whilst condition is stabilised
- Patients on medication with no clear indication*

*These patients should have an appropriate medication review at the GP Practice and, following this review, the patient may then be suitable for a SRx. The clinical record will require clear indications to be recorded for therapy.

Identifying patients

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:

1. 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 (see Appendix 2).

2. 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.

There is no maximum to the number of items prescribed on a SRx, though practice and pharmacy teams should be mindful of the complexity of managing a SRx for many repeat items. It is possible to manage a number of items on a SRx if processes and education of GP practice teams, community pharmacy teams and patients are in place.

Medication Review

A medication review must be undertaken before switching a patient onto a SRx, ideally by the GP practice team. At a minimum, this should be a level 1 medication review. This will enable some housekeeping, and removal of obsolete medications, aligning quantities and removing duplicate medications. This review will provide the opportunity to consider the suitability of drugs, total quantities for all medication, especially for 'when required/PRNs'.

However, a full medication review should be undertaken during the next year in line with normal GP practice processes. This can be carried out by any appropriate member of the GP practice clinical team or by the community pharmacist if processes are in place to support this development.

Please note, community pharmacists should also undertake a Stage 1 medication review as part of the MCR registration process and information shared back to the practice if appropriate. A MCR Stage 2 medication review may also help to identify any SRx housekeeping issues as well.

Switching to and Issuing SRx

Patient consent

Patient consent will ideally be sought prior to switching over to SRx. If the switch to a SRx occurs in the practice during a consultation, the practice team member should discuss the implications with the patient and encourage them to advise their community pharmacy team that a SRx has been agreed

Prescribing Quantities

The total quantity of any medication prescribed on a SRx must be divisible by the number of dispensing episodes. For example, a 56 week SRx dispensed every 8 weeks generates 7 dispensing episodes.

Drugs which are required to be supplied in full packs will continue to be dispensed in full packs, regardless of the quantity prescribed, for example, ranitidine, nicorandil, dipyridamole MR, Madopar® are all supplied in packs of 60. This needs to be considered when deciding on quantities. This is more evident the longer the SRx duration if quantities are given in multiples of 28 but the original pack is in multiples of 10 or 30. This means the patient will "accrue" 2 more each pack (of 30).

This can be managed by the pharmacy checking with the patient at the point of dispensing or collection what is required, and removing any excess without claiming. (See Synchronisation section for more information)

'When Required'/PRN Medications

'When required' or 'PRN' medicines can be prescribed on a SRx. PRN items must be printed on a separate script to the regular items i.e. on a separate GP10 to allow for easier management.

Consideration must be given to the quantities prescribed so they last the duration of the SRx. Accurately prescribed quantities will ensure that there is reduced wastage as patients will only receive what they actually need when they need it. It also allows for the identification of potential care issues if PRNs are requested more frequently by the patient than expected – see information point below.

Information Point: GP practice

GP practice team should always check if the registered pharmacy printed on the SRx remains the patient's pharmacy of choice. If not, advise the patient to take the SRx to their chosen pharmacy.

Every new set of SRx's needs to be highlighted to the community pharmacy team by following the process agreed in your Shared Care Agreement. It is good practice to separate SRx from AMS scripts when sending a bundle of scripts to a pharmacy.

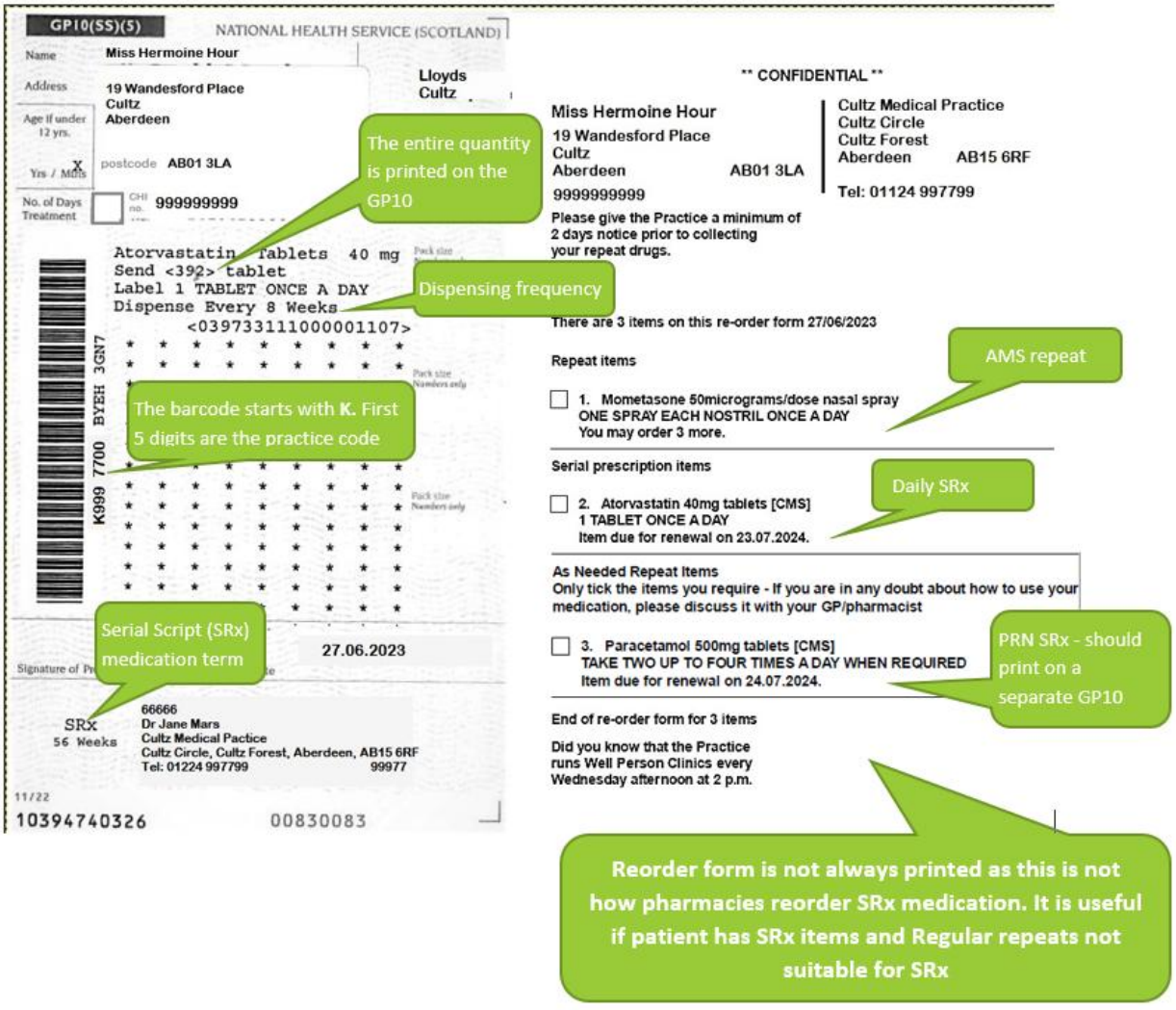
Further information on quantities for PRN medications is available here.

Issuing SRx

Having considered the patient, medication and other relevant clinical/non-clinical factors, a decision is made whether to switch the patient to a SRx. Ideally this should be done after communication with the patient so that they are aware of the anticipated change and what this will mean for them in terms of managing their prescriptions in the future.

There are a number of differences between a SRx and a repeat GP10 (see Figure 3).

Figure 3: A sample Serial Prescription and key elements



*The above SRx has been made up to look as close to a real SRx as possible, but all patient, pharmacy and prescriber details are fictional and do not relate directly to any person, pharmacy or prescriber.

Once generated, the SRx should be provided to the community pharmacy where the patient is registered or to the patient's pharmacy of choice (if not already registered). It is good practice to highlight to the Community Pharmacy that this is a new SRx

patient, e.g. attaching a new SRx patient leaflet or note to the front of the SRx.

Registration and initial dispensing

A new SRx can arrive at the community pharmacy along with AMS prescriptions from the practice or via the patient. The practice should highlight that this is a new SRx patient and the CP team may need to register the patient for MCR prior to dispensing the SRx'

Patient Registration

There are many benefits to patients registering for the MCR service and receiving both pharmaceutical care and medication from a single community pharmacy. Registering for MCR supports a more person-centered approach to addressing any care issues.

MCR patient registration also enables the dispensing of a SRx and is the trigger to allow the electronic message flows to commence.

As part of the MCR registration process patients are required to sign the CP3 consent form agreeing to electronic data sharing. CP3 forms are submitted to PSD as normal.

Patients are still required to meet certain criteria to be eligible for the service:

- Registered with a GP practice in Scotland and receive medication.
- Not be a temporary resident.
- Not be in prison, or classed as a prisoner.

On receipt of a new SRx the community pharmacy team will explain the SRx process and inform patients that they should come directly to the community pharmacy for their medication and there is no requirement for them to reorder from the GP practice.

If the patient declines to give consent, then the switch to a SRx should not proceed. However, if a SRx has already been printed, a process to dispense and revert is discussed later in this toolkit.

Dispensing Process for Serial Prescriptions

Community pharmacists are advised to review and amend their workflow to support dispensing of SRx to ensure medication is available when due.

SRx items should be dispensed up to 5 working days in advance. At collection the CP team will confirm with the patient if all items are required. Any items not required should be noted and the dispensing event deleted from the PMR prior to claiming. Note: The

Information Point: Community pharmacy

A SRx must be first dispensed within 6 months of the date the prescription was written, and is then valid for 56, 48 or 24 weeks from that first dispensing. Patient registration does not have to be in place in advance of the first dispensing; registration can be done at the same time.

ND endorsement is not available for SRx items.

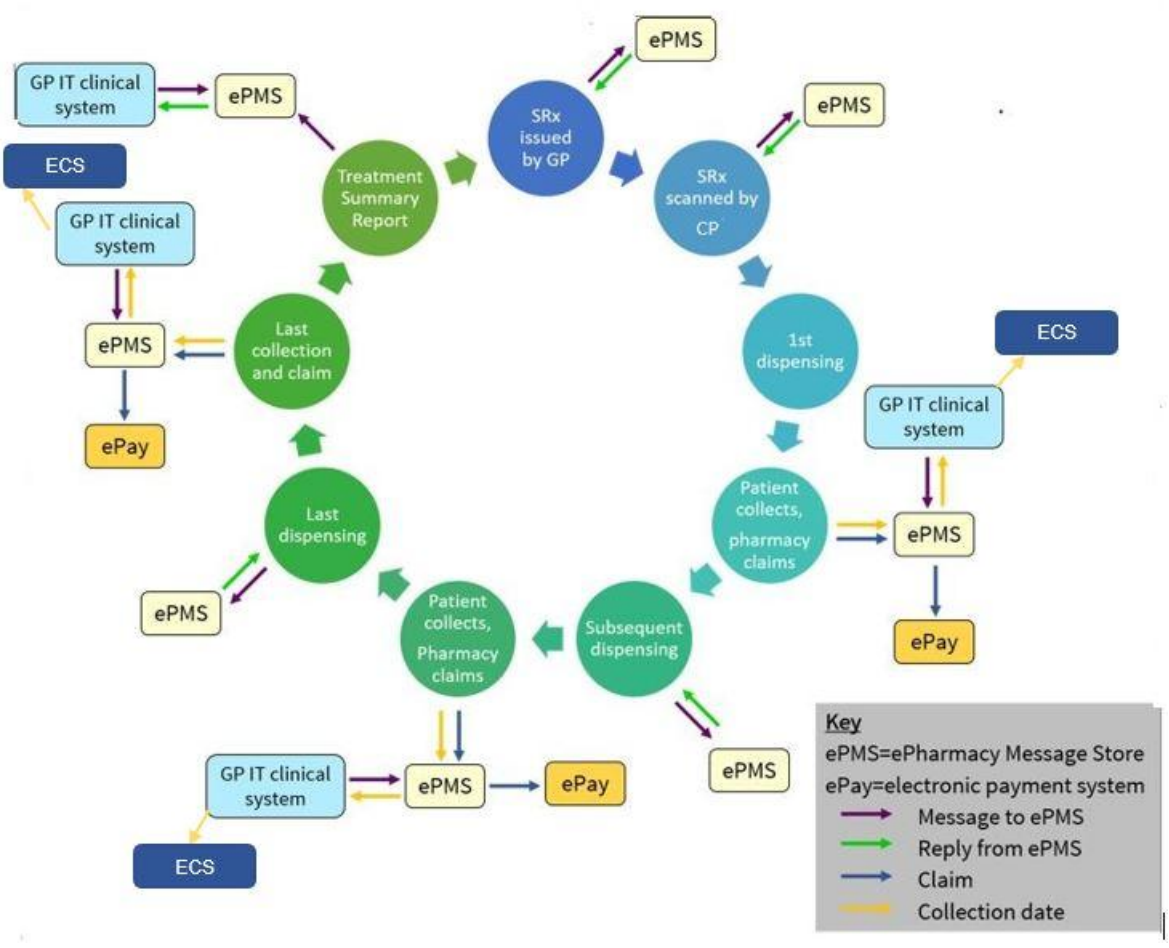
Any care issues that arise should be added to the patient's care record on the PCR. Urgent issues should be communicated to the GP practice team at the point of discovery. Non-urgent issues can be shared with the GP practice team at the point of submission of the Treatment Summary Report (TSR).

Information Point: Community pharmacy

A care issue may exist should the PRN medication end before the expected end of the SRx. For example, a patient requesting a salbutamol inhaler at each dispensing could imply uncontrolled asthma.
These potential care issues should be discussed with the patient and the GP practice team.

Serial Prescription Electronic Message Flow

Figure 4: Flow of SRx messages



When a SRx is issued by a GP practice team, a message with the SRx information is

sent to the ePractitioner Message Store (ePMS)

- The SRx is scanned by the community pharmacy and a message request is sent to ePMS. If a matching barcode is found, a SRx prescribed message will be downloaded to the community pharmacy. If there is no matching barcode, an error message will be downloaded.

- Every time a patient collects SRx medication, the community pharmacy team will send an electronic claim which should be sent on the day of patient collection. This generates two messages: a claim message to ePMS for drug reimbursement costs and a collection date message to update the GP IT clinical system (and ECS).

- Each day the GP IT clinical system requests any new messages from ePMS. If there are new messages, these will download onto the GP IT clinical system – these include MCR registrations, collection dates and TSRs.

- At the start of every dispensing episode, the community pharmacy system requests any electronic cancellation messages generated by the GP practice team. Hence, the importance of not scanning and dispensing SRx too far in advance.

Patient declines a Serial Prescription

Every effort should be made to ensure that the patient is both aware of the change to a SRx and is happy for the change to progress before a SRx is printed. However, there will be occasions when it is not possible to agree in advance and the prescription is printed and sent to the community pharmacy without the patient being fully aware. This scenario should be the exception rather than the normal/usual process.

If the patient has declined to participate in the SRx process, then the community pharmacy team can still supply medication from the SRx as it remains a valid and legal prescription. There may be a need to explain the registration process to enable the dispensing and should be followed with an explanation of the immediate withdrawal once the process has been completed (if appropriate – see below). This ensures that the patient receives the medication that they require but without inconveniencing them or the GP practice team for a replacement prescription.

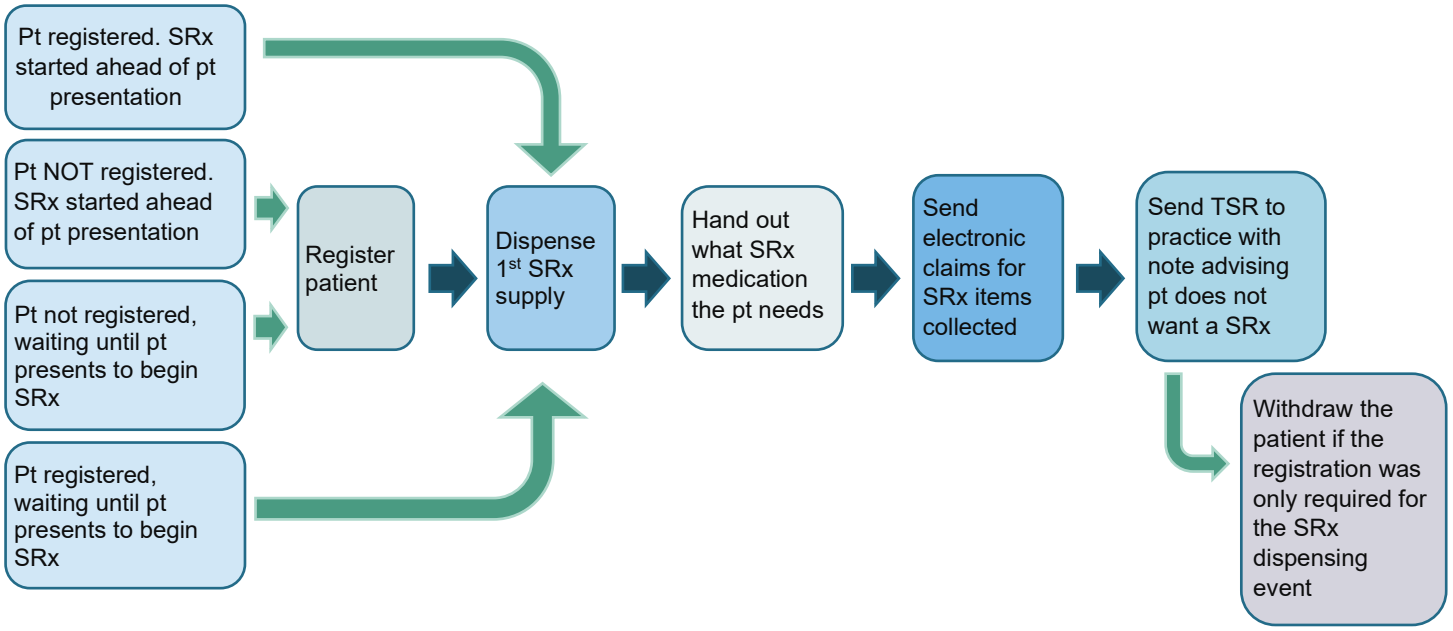
After the items have been dispensed by the pharmacy, collected by the patient and claimed electronically by the pharmacy, the pharmacy team should send the Treatment Summary Report (TSR) to the practice advising them the patient does not wish to proceed with their SRx and requesting they be converted back to ‘standard’ repeat prescriptions. It is good practice to supplement the TSR with a call or email to the practice as documented within the Shared Care Agreement. By sending the TSR SRx items are ended on the community pharmacy PMR system and can no longer be dispensed. The SRx form should be submitted to National Services Scotland PSD in the usual manner.

Following the submission of the TSR, patients only registered to enable first dispensing must be withdrawn.

The patient should be encouraged to sign both the registration and withdrawal CP3 forms. However, if the patient refuses, then both forms could be signed by the

pharmacist, annotating the reason for the pharmacist signature, prior to being sent to PSD in the normal submission.

Figure 5: A flow diagram of the process if patient declines a SRx



Claiming for Serial Prescription Items

Claims should be sent at the point of collection and **not** when the medication is labelled. When a claim is sent for a SRx item a collection notification message (compliance message) is also sent. By sending the claim on the date of collection, the GP IT clinical system, will accurately reflect when the medication was collected by the patient and ECS will be updated accordingly.

All SRx items are claimed electronically; therefore, the community pharmacy team must know how to add electronic endorsements, cancel and amend claims.

The community pharmacy team has 14 days to amend any SRx claim. The e-Pharmacy helpdesk (0131 275 6600 Mon to Fri) should be contacted with any amendments outside this timeframe.

Each time the community pharmacy team sends a SRx claim, an 'item collected' notification will be sent to the GP IT clinical system. It is therefore important to ensure that the claims are submitted at the correct time to maintain accurate patient records. This will also update ECS for the patient to show when a supply was made, and not when the SRx was labelled. It also ensures that ECS shows what was issued to the patient, and not just prescribed/dispensed.

Claims can be sent individually or claimed in batches after patients collect their medication.

The community pharmacy team must undertake weekly housekeeping to identify any incomplete/unsent claims or issues and resolve them. Please note that the terminology differs in each PMR.

Information Point: Community pharmacy

1. SRx items can only be claimed electronically: manual endorsements on the paper prescription form will not be recognised.
2. The timing of the claim is important: the claim should be sent when the medication is collected and not at the point of dispensing.

Subsequent Dispensing, Collection and Claiming

The community pharmacy team will continue to dispense the SRx items for the duration of the prescription and in accordance with the dispensing intervals, usually every 4 or 8 weeks.

Community pharmacy staff can dispense regular items up to 5 working days before the patient's expected date of collection. Any further in advance may result in cancellation messages from the Prescriber being missed. If items are made up in advance and awaiting collection, then the community pharmacy team should check for any cancellations prior to handover.

Information Point: Community pharmacy

When starting the next dispensing process, the PMR will send a SRx refresh request message to the ePMS. This refresh request message triggers a check by ePMS for any cancellations received from the GP IT clinical system since the last request e.g. the last time it was dispensed.

Community pharmacy staff should confirm with the patient which medications are required at the point of collection for that dispensing (i.e. not future dispensings!) and remove/update the PMR to reflect the changes before claiming.

Repeated or frequent requests for 'when required'/PRN medication may constitute a care issue and should be recorded on the PCR and discussed with the GP practice team if appropriate. This is one reason why the prescribing quantity should be based on expected clinical need and not on historic prescribing data.

Information Point: Community pharmacy

Any items made up but repeatedly not collected or refused by the patient should be recorded as a care issue on the PCR. Community pharmacy team should inform the GP practice team if the patient fails to collect after an agreed period of time (within the Shared Care Agreement) as this may be indicative of other issues.

Early Dispensing Requests

Although a SRx has a defined schedule, dispensing can occur outside this at the patient's request and if clinically appropriate. Examples include dispensing medication early to cover a patient going on holiday or working offshore. In these situations, the community pharmacy team should dispense the current episode and any further episodes in line with the patient's needs.

Payment Processing

All SRx paper forms should be sent to PSD when there are no more items on the form to be collected and claimed for. This could be due to items being complete and new SRx

being requested, or items expired or items having been cancelled by the prescriber.

At present, each SRx form is counted as one form and zero items, 1- 0 on the GP34. This is because the items have been already processed for reimbursement using the electronic claim messages. The total number of electronic claims should **not** be included monthly on the GP34 form submission.

SRx claims are only accepted by PSD electronically. The supporting paper SRx form is not used within the reimbursement process. It is therefore important to ensure that:

- The information on the electronic claim message is accurate and of good quality.
- Regular housekeeping activities are undertaken on the community pharmacy PMR system to make sure claim messages are being sent to, and received by, ePMS.
- All SRx forms are sent to PSD within 3 months of being completed, expired or cancelled.

Information Point: Community pharmacy

SRx forms must be retained in the community pharmacy for the duration of the prescription (until the final dispensing has taken place) before submitting the form to PSD. Community pharmacy staff must not give the SRx form back to the patient. All SRx forms must be stored securely in the community pharmacy during the lifetime of the SRx and should be easily accessible for subsequent dispensing and clinical checks.

Unavailable Stock and Managing Shortages

In the event of a prescribed item being out of stock or unavailable, the community pharmacist should carry out all appropriate steps to be able to fulfil the request. If this is not possible, the serial prescription cannot be returned to the patient to take to another pharmacy.

The community pharmacist should contact the prescriber to explain the situation and request a one-off AMS prescription for a replacement item to be dispensed by the original pharmacy (if stock for the replacement item is available) or to allow the patient to take to another community pharmacy for replacement medication.

If the item is expected to be out of stock long term, it would be sensible to request for an alternative to be prescribed (on a SRx if appropriate).

In the event that the medication is subject to a known shortage and a Serious Shortage Protocol (SSP) is applicable, the process associated with the SSP can be applied to the SRx as it would to an AMS prescription.

Pharmaceutical advice on managing specific drug shortages will be available from each Health Board. This should be taken into consideration when discussing a suitable course of action with prescribers in relation to an item on a SRx.

Management of Drug Changes and Cancellations

Amendments to a SRx are not permitted. If there are changes to any items during the lifetime of a SRx, the individual item(s) must be inactivated electronically at the GP

practice to prevent further dispensing and a new prescription generated.

If a drug is added or changed it is advisable that this is prescribed as an AMS item until the patient is stabilised. It can then be added and aligned when the patient's SRx is due for renewal.

Information Point: GP practice

It is good practice to communicate any changes to medication to the community pharmacist. Discussion between GP practice teams, community pharmacy teams and patients is essential to maintain pharmaceutical care for the patient.

Synchronisation

A benefit of serial prescribing is that it gives the community pharmacy team control over the management of repeat requests. A patient's medication can be aligned during any of the dispensing episodes. However, consideration must be given to wastage and associated cost implications. GP practice teams are advised that all suitable patients' medication(s), including 'when required' medicines, are migrated to SRx. This reduces confusion and avoids mixed models of medicines management for patients and healthcare staff members.

There are several factors which lead to items becoming misaligned some of which are listed below:

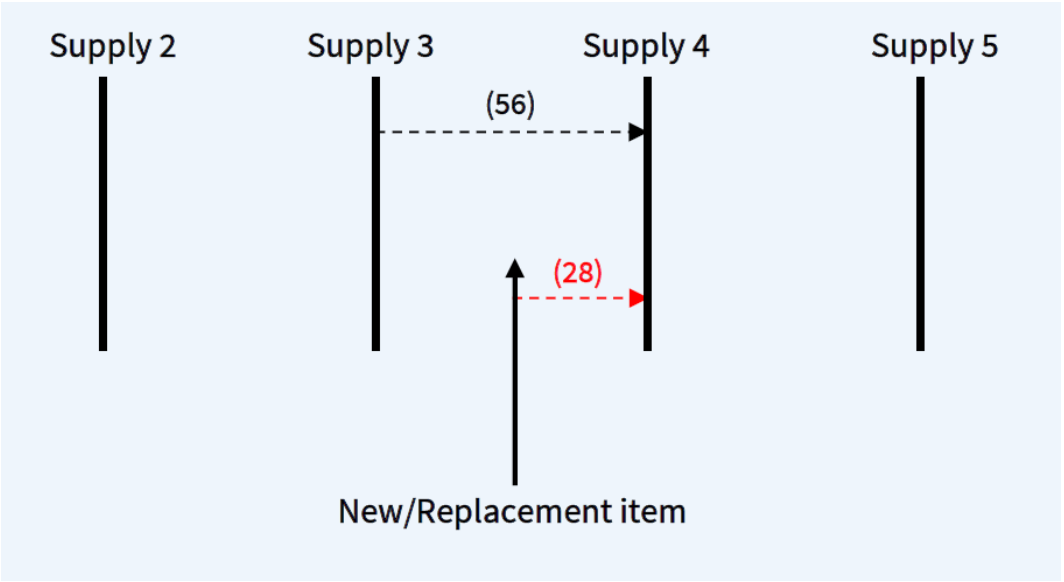
a) New drugs: If a new drug is prescribed for a patient, the GP practice team may want to monitor this and therefore prescribe the item as an AMS (either as an acute or a normal repeat item). Once stabilised, the item can be moved onto a SRx. Alternatively, the GP practice team may want to send a SRx for that new item immediately. If so, they should issue a new SRx for the new item with the same dispensing frequency and full term of the patient's existing SRx.

b) Modification/change of existing drugs in terms of dosage or quantity: If there are changes to the medication during the lifetime of a SRx, the individual item(s) **must** be cancelled electronically to prevent further dispensing and a replacement AMS GP10 or SRx issued. If a new SRx is preferred it should be issued for the same dispensing frequency and term of the patients existing SRx.

c) Drugs supplied in full packs: Drugs required to be supplied in full packs will continue to be dispensed in full packs, regardless of the quantity prescribed. This will result in misalignment; however, there is no advantage to adjusting quantities. It is recommended that these items are ordered along with each SRx as normal. This is more likely if the item is prescribed in multiples of 28 but is dispensed in multiples of 10 or 30 therefore increasing quantity supplied by 2 every 4 weeks.

SRx are flexible and allow the community pharmacy team to align current medication and/or manage the addition of new items during the lifecycle of an existing SRx. This can be done by partially dispensing the quantity authorised for a dispensing episode. However, this will count as a dispensing episode. The alignment/synchronisation process is illustrated in Figure 6.

Figure 6: Synchronising medication



The diagram shows supplies number 2 to 5 of a patient's existing SRx cycle. A new SRx then arrives at the pharmacy with a new or replacement item between supply 3 and supply 4.

The community pharmacy team should review the existing dispensing schedule and determine the quantity of new/replacement medication required for alignment with the existing SRx medication. The diagram indicates a supply of 28 being dispensed.

Even though only a part quantity has been dispensed (28 instead of 56), from a PMR system and SRx perspective, this is considered as a 'full' dispensing episode and the episode 'count' will move forward for the new/replacement item.

When the original SRx finishes, any remaining or outstanding items, (i.e. the new/replacement item), should be completed and requested on the TSR for reauthorization at the same time as the other items. A note should be added to the TSR indicating the reason for the early request of the new/replacement item, i.e. to synchronise with the patient's other medication.

Treatment Summary Reports (TSR)

The TSR is a communication tool with three functions:

1. To request the next SRx. The timing of the TSR will give the GP practice team time to undertake any reviews or monitoring before authorising the next SRx, as agreed in the Shared Care Agreement.
2. To summarise the collection dates and quantities for each item.
3. To provide the GP practice team with additional feedback from the community pharmacy team in relation to care issues, collection dates, requested changes and synchronisation requests.

Information Point: Community pharmacy

Community pharmacy teams are advised to send the TSR no later than 4 weeks before a new prescription is required. The timing for the submission of the TSR should be defined within the Shared Care Agreement. The community pharmacy team must ensure that all claims for dispensed items have been sent successfully before sending the TSR.

GP practice teams should have a process in place to manage TSRs. This process should involve reviewing the TSR, monitoring the patient and reauthorising the issue of the next SRx. Figure 7 on the following page provides an example of a TSR.

TSR Housekeeping

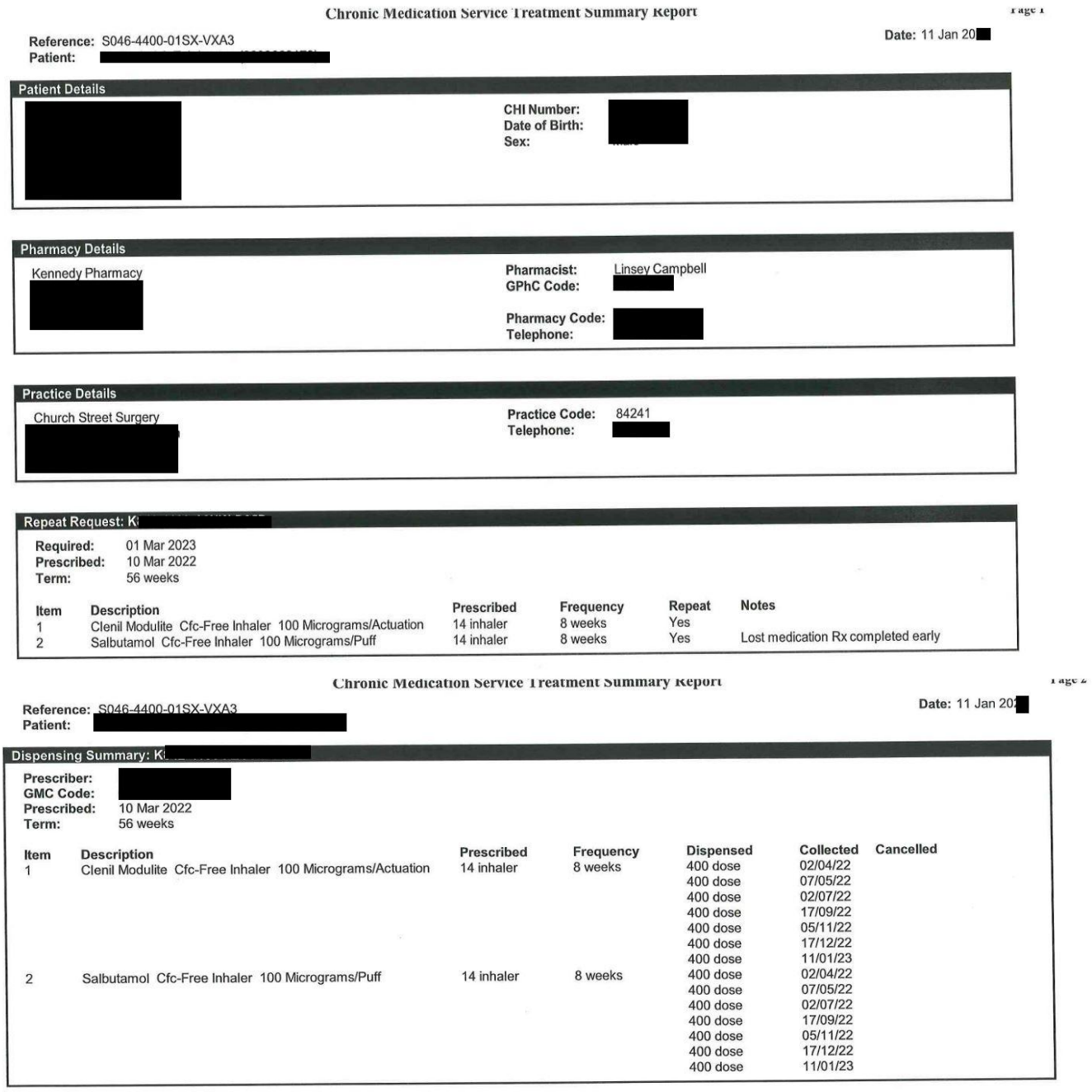
It is possible that a patient's SRx may get reauthorised early by the GP practice team, resulting in a new SRx being generated before the previous one is completed at the community pharmacy, e.g. the Prescriber completed an unplanned medication review whilst the patient was attending an appointment.

When the community pharmacy team receives a new set of SRx before the previous set were fully dispensed, they should check that all dispensed and collected items from the previous set have been successfully claimed. They should then send a TSR marking each item as 'no repeat required'. This process inactivates the incomplete items and maintains the accuracy of the PMR.

Monitoring and Reauthorisation

The GP practice team can use the arrival of a TSR to undertake any reviews and tests associated with chronic disease management processes that the patient may require e.g. blood pressure checks, asthma reviews, blood etc.

Figure 7: Example of a Treatment Summary Report



Chronic Medication Service Treatment Summary Report

Reference: S046-4400-01SX-VXA3
Patient: [redacted]
Date: 11 Jan 20[redacted]

Patient Details

[redacted]
CHI Number: [redacted]
Date of Birth:
Sex:

Pharmacy Details

Kennedy Pharmacy
[redacted]
Pharmacist: Linsey Campbell
GPhC Code: [redacted]
Pharmacy Code: [redacted]
Telephone:

Practice Details

Church Street Surgery
[redacted]
Practice Code: 84241
Telephone: [redacted]

Repeat Request: K[redacted]

Required: 01 Mar 2023
Prescribed: 10 Mar 2022
Term: 56 weeks

Item	Description	Prescribed	Frequency	Repeat	Notes
1	Clenil Modulite Cfc-Free Inhaler 100 Micrograms/Actuation	14 inhaler	8 weeks	Yes	
2	Salbutamol Cfc-Free Inhaler 100 Micrograms/Puff	14 inhaler	8 weeks	Yes	Lost medication Rx completed early

Chronic Medication Service Treatment Summary Report

Reference: S046-4400-01SX-VXA3
Patient: [redacted]
Date: 11 Jan 20[redacted]

Dispensing Summary: K[redacted]

Prescriber: [redacted]
GMC Code:
Prescribed: 10 Mar 2022
Term: 56 weeks

Item	Description	Prescribed	Frequency	Dispensed	Collected	Cancelled
1	Clenil Modulite Cfc-Free Inhaler 100 Micrograms/Actuation	14 inhaler	8 weeks	400 dose	02/04/22	
				400 dose	07/05/22	
				400 dose	02/07/22	
				400 dose	17/09/22	
				400 dose	05/11/22	
				400 dose	17/12/22	
				400 dose	11/01/23	
2	Salbutamol Cfc-Free Inhaler 100 Micrograms/Puff	14 inhaler	8 weeks	400 dose	02/04/22	
				400 dose	07/05/22	
				400 dose	02/07/22	
				400 dose	17/09/22	
				400 dose	05/11/22	
				400 dose	17/12/22	
				400 dose	11/01/23	

Care Planning

Care planning, regardless of the setting, underpins the whole of the process but is not prescriptive as to when a care plan or annual review is carried out during the lifetime of a SRx. If a 56 week SRx is issued then it would be reasonable to plan the review to fit around the normal processes within the GP practice e.g. during the month of the patient's birthday. If medication changes as a result of the review, the prescriber should follow the processes described above for cancellations.

Within the community pharmacy, tools are available in the PCR to support ongoing pharmaceutical care planning for patients. The annual review date will be based on the anniversary of the patient's registration and will require completion of a Stage 1 medication review within PCR.

Reauthorisation and generation of next SRx

A new SRx may be received by the community pharmacy team a number of weeks before the patient's next due date. A community pharmacy Standard Operating Procedure (SOP) should include details of the process for integrating the new SRx into the dispensary workflow to prevent early dispensing or the SRx expiring.

When the community pharmacy team receive the new SRx and scan the barcode for this next cycle the PMR will calculate the start date based on the last dispense date of the previous cycle. The community pharmacy team should adjust the next due date in line with the last collection date.

Information Point: Community pharmacy

When a new SRx cycle begins, always check the calculated start date for accuracy and edit if required. This ensures the new SRx is in sync with the patient's visits. All PMR systems have the functionality to edit the start/due date.

Housekeeping

Clinical Governance

Community pharmacy teams are:

- advised to contact patients if their medication is overdue;
- responsible for any follow up to care issues and subsequent updating of the patient's PCR;
- expected to update the patient's PCR based on information available to the pharmacist as part of care planning; and
- required to contact the GP practice team with any issues requiring urgent attention using an appropriate means.

GP practice teams are:

- advised to contact the patient's community pharmacy with any SRx drug changes or cancellations; and
- expected to contact the community pharmacy team to advise of SRx patient deductions.

Non-compliance

The community pharmacy team is expected to monitor and follow up patients whose SRx is not collected within a reasonable time of the expected dispensing date. Ideally this should be within 7 days but may occur monthly depending on the community pharmacy's local protocols. If agreed as part of the Shared Care Agreement discussions, non-compliance should be communicated to the GP practice team and

recorded on the patient's PCR as a potential care issue. Any 'PRN' items requested by the patient more frequently than the SRx allows should be communicated to the GP practice team for possible investigation or change to the prescribed quantity if appropriate.

Registration Housekeeping

Following a registration attempt, the community pharmacy PMR system will display a response from ePMS showing one of four registration statuses:

- Registered – The patient is successfully registered, should sign the CP3 form and the community pharmacy should submit it to PSD as part of their next GP34 submission.
- Pending – The registration needs to be confirmed manually by PSD. A pending registration will change to registered or rejected within 7 days.
- Rejected – The patient is not registered. The patient may not be eligible or the registration was pending because they were registered elsewhere and the registration transfer was not completed within 7 days. Destroy the CP3 form and discuss with the patient when they next present. The e-Pharmacy helpdesk should be contacted if the patient is eligible and will offer support to rectify this issue.
- Registered elsewhere – The patient is registered at another community pharmacy. Patient consent is required before transferring a registration. The community pharmacy team should consider whether the transfer of a registration is suitable and appropriate for the patient. It is not recommended to transfer a registration if the patient is not present and/or has an active SRx with another community pharmacy.

GP Practice and Community Pharmacy Registration Transfers

Whilst the principles of this service encourage patients to use one community pharmacy, patients may choose to change community pharmacy and/or move GP practice.

a) Patient changes community pharmacy: MCR registration can be transferred, but an existing SRx cannot. The current pharmacy should process a withdrawal of the registration after ensuring that the patient has sufficient medication.

   If the patient confirms that they want to transfer their MCR registration and they have an existing SRx, the GP practice team should be informed of the change in registration and a new SRx will be required.

   The 'new' community pharmacy team should complete a new patient profile and stage 1 review on their PCR.

b) Patient moves GP practice: Cancellation of the SRx should be included within the process for a patient deduction. The GP practice team must inactivate the medication which will send an electronic cancellation message for all SRx items preventing any further dispensing. Practice staff must ensure that cancellation is completed after running the report but before accepting the deduction.

In this second scenario, it is important that this information is shared with the community pharmacy team. If the patient presents at the community pharmacy and a

SRx from the patient's new GP practice has not yet been received, the community pharmacist can issue a supply of medication under the Unscheduled Care PGD.

The primary consideration for both situations outlined above should always be that the patient has access to their medication.

In the event of a death of a patient, the deduction process, and update to the patient's CHI number will prevent further dispensings of the SRx. However, please note that the changes to CHI and subsequent deduction at the practice are not instant, and can take several days to be processed. This is of particular note if dispensing within a care home setting.

Local Communication

Patient Education

Patient education is crucial. When the medication is supplied, it is important to reinforce the message that the community pharmacy is managing the patient's prescription for the duration of the SRx and there is no need to reorder SRx items from the GP practice team. .

A suitable process to manage patients' requests for when they need their medication is recommended also. Care issues should be discussed with the patient and logged on the PCR, as well as communicated to the GP Practice team as agreed.

Community Pharmacy and General Practice

Effective communication and completion of a Shared Care Agreement between community pharmacy and general practice teams is essential for the successful implementation of serial prescriptions. This document facilitates discussion and agreement of how, when and about what issues community pharmacy and general practice teams should communicate

The PCR contains a SBAR tool which provides a suggested structure for communication. The SBAR should be sent to the GP Practice. If using email to send electronically, NHS e-mail addresses (i.e. ending nhs.scot) should be used to protect patient identifiable information. Email advice is available from your Health Board.

Health Board

GP practices and community pharmacies will receive information about MCR and SRx from the Health Board by telephone, email and during face-to-face meetings.

For professional issues, contact the Health Board.

For e-Pharmacy issues contact your local Health Board Facilitator.

Other Support

For day-to-day business and urgent issues, e.g. not sending or receiving e-Pharmacy messages, being unable to produce pharmacy labels, GP practice and community pharmacy teams should continue to communicate using existing routes.

Appendix 1: PCR User Creation Request Form

PCR form for new users to be sent by email to nss.psdhelp@nhs.scot

NHS Board Name:	
NHS Board Contact: (*for NSS Use*)	

To be completed by the pharmacist/pharmacy technician applying for a password:-

Pharmacist GPhC registration number: (will be PCR user ID)	
Pharmacy technician GPhC registration number: (will be PCR user ID)	
Given Name (First name):	
Family Name (Surname):	
Email address:	
Contact phone No:	

Contractor Code if applicable:	

Password to be verbally communicated (weekday workers) ☐

or

Weekend worker only ☐

Appendix 2: Patient Nomination Form

Community Pharmacy Serial Prescription Nomination Form

Community Pharmacy Name and address

(or Pharmacy stamp)

Patient Name -

CHI -

GP practice -

Patient is registered for MCR – Yes/ No

All repeat items are suitable for Serial Rx - Yes/ No

Patient is receiving regular acute items - Yes/ No

Known issues with medication compliance – Yes/ No

Approximate due date for next prescription-

Patient counselled on serial dispensing – Yes/ No

Appendix 3: Abbreviations

CMS	Chronic Medication Service (now replaced by MCR)
ECS	Emergency Care Summary
EMIS	GP IT clinical system
ePMS	e-Pharmacy Message Store
InPS/ Vision	GP IT clinical system
MCR	Medicines: Care and Review
NSS	National Services Scotland
NES	NHS Education for Scotland (Pharmacy)
PCR	Pharmacy Care Record
PMR	Patient Medication Record
PRS	Patient Registration System
PSD/ P&CFS	Practitioner Services Division. Also known as Practitioner and Counter Fraud Services (P&CFS)
SRx	Serial prescription
STU	Scottish Therapeutics Utility
SWAN	Scottish wide area network
TSR	Treatment Summary Report