

Serial Prescribing FAQs for Community Pharmacy

Initial Set Up

Q1: What is the difference between Chronic Medication Service (CMS) and Medicines: Care and Review (MCR)?

A: MCR evolved from a review of the CMS service. It now focuses on three key elements:

- Medication reviews
- Pharmaceutical care planning
- Serial prescribing

Another fundamental change between the two models is that a patient does not require to be registered for MCR before a Serial Prescription can be generated by the GP practice team.

Q2: Will GP practice and Community Pharmacy teams receive training if they haven't had this previously?

A: Training should be provided by the Health Board. It is likely to be provided by ePharmacy Facilitators or GP IT facilitators. To complement the Board-led training, eLearning modules and associated resources are also available from NHS Education for Scotland (NES) on Turas Learn.

Q3: 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.

Q4: Who can receive a Serial Prescription?

A: Anyone registered with a GP practice in Scotland and receiving regular medication for a long term condition - but is not a temporary resident - may be suitable for a Serial

Prescription. Currently, care home residents should not be considered until further information is available.

Q5: Is registration required for Serial Prescriptions?

A: A patient does not need to be registered at a community pharmacy to be issued a Serial Prescription by the GP practice team. However, they must subsequently be registered by the community pharmacy team to allow dispensing and enable eMessages to be transmitted.

Q6: Can patients be registered for each individual element(s)?

A: No. There is only a single registration that covers all three elements. Although, a patient may not require or be suitable for all elements, each patient should be considered subject to their individual needs.

Q7: What should the Community Pharmacy team do if a patient presents with a Serial Prescription but is not registered?

A: The Community Pharmacy team should explain to the patient that their GP has selected them for a Serial Prescription. This means the pharmacy will hold a prescription for them that will be dispensed over the term on the script at intervals determined by their GP. They should explain the need for information sharing and consent to registration to allow eMessages to flow and that having a Serial Prescription does not stop them for contacting the Community Pharmacy team or the GP practice team if they have any health concerns

Q8: Is patient consent required before a Serial Prescription is dispensed?

A: No, but all effort to seek consent prior to this stage should be made. A Serial Prescription can be issued, the patient registered and the first episode dispensed without explicit consent.

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.

Q9: What happens if the patient declines to consent to a Serial Prescription that has already been sent to the pharmacy?

A: The Community Pharmacy team has a legal prescription and should supply the first dispensing episode, including any required PRNs. The patient will need to be registered to allow dispensing of the first episode. In all cases, the medication should be supplied, Serial Prescription claimed (at point of handover), TSR sent and finally, the MCR registration withdrawn. Sending a TSR will complete the Serial Prescription on the pharmacy system. On the TSR select "Never reorder" for each Serial Prescription item and add a note that consent was declined by the patient and their medication should be reverted to AMS repeat(s).

This should be treated as an exception and all reasonable efforts should be made to seek the patient's consent before the Serial Prescription is generated.

Q10: Can the Community Pharmacy team suggest patients who may be suitable for a Serial Prescription?

A: Yes. Depending on patient understanding and consent, stability of medication list and exclusions, the Community Pharmacy team could proactively suggest suitable patients to the practice team to review and move onto a Serial Prescription.

Q11: 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.

Q12: Will all MCR registered patients move onto a Serial Prescription?

A: No. Patients will need to be screened for suitability by the GP practice team. Those who are subject to frequent medication changes or may not be able to understand the process for managing a Serial Prescription may not be suitable and therefore, should not receive a Serial Prescription.

Post- Registration Specifics

Q13: What is the process when a patient moves to a different GP Practice?

A: A patient's Serial Prescription cannot transfer with them, therefore the practice team should liaise with the Community Pharmacy team to ensure the patient has enough medication whilst in transition. The practice should not cancel the Serial Prescription(s) and deduct the patient until after the final claim has been received. The Community Pharmacy team should send a Treatment Summary Report (TSR)* to complete the Serial Prescription(s). It would then be the decision of the new practice if they wish to re-instate Serial Prescription(s) for the patient.

*see further questions for explanation on use of TSR

Q14: Can a patient move their MCR registration?

A: Yes. A patient can move their MCR registration, but their Serial Prescription will not go with them. The new Pharmacy team should check the reason the patient wishes to move and make them aware that new Serial Prescriptions would need to be requested. The new

Community Pharmacy team should also inform the original Community Pharmacy team of the move.

Q15: What is the process if the patient wants to move to a different pharmacy when a Serial Prescription is still valid at first pharmacy?

A: Ideally, the reasons for changing should be explored. It may be that the patient doesn't realise that there is a "live" Serial Prescription still available from the first pharmacy. If the need to change is appropriate, a registration at the second pharmacy will cause the withdrawal of the original registration. The new Community Pharmacy team should inform the original team of the patient's move, allowing them to complete claims/return uncollected items and send a TSR to the GP practice. The New Community Pharmacy team must contact the GP practice team to make them aware of the move.

In addition, the new Community Pharmacy team will also be required to undertake any reviews within the Pharmacy Care Record as this is also not transferrable with a registration move.

Dispensing

Q16: How long is the Serial Prescription valid for before it expires?

A: A Serial Prescription must be dispensed within 24 weeks of the date on the prescription. It is then valid for the full term of the prescription e.g. 56 weeks from that first dispensing date.

Q17: Should the pharmacist be dispensing before the patient comes in or waiting for them to come in?

A: The Community Pharmacy team should dispense Serial Prescriptions within 5 working days of the patient's due date. This allows for the team to manage their time and stock. Owings should never be part of serial prescribing.

Q18: How does the pharmacist synchronise new/changed Serial Prescription medication?

A: Supply from Serial Prescriptions works best when all items are synchronised into a four or eight week cycle. This should be done by checking when patient is next due to collect their Serial Prescription and giving them enough of the new/changed medication to take them up to that next due date.

Community Pharmacists must not use the Unscheduled Care PGD for the purposes of synchronisation.

Q19: When should PRN/‘when required’ medications be dispensed?

A: Ideally, these should be made up after the patient/ rep confirms what is needed for that dispensing episode. If, however, the items have been dispensed and are not subsequently required, they should be returned to stock and the dispensing event removed from the PMR.

Quantities for PRNs should be reflective of the expected use of that medication during the lifetime of a Serial Prescription. Early requests or exhaustion of quantities too early in a Serial Prescription may indicate a care issue and should be passed to the prescriber.

Q20: Can the pharmacist dispense early, for example, if a patient is going on holiday?

A: Yes, the pharmacist should use their professional judgement to supply as close to the due date as possible. During dispensing, a dispensing note should be added explaining the early dispensing and the next due date should be amended if necessary. Some PMR systems will perform this calculation for the user, but not all of them have this capability.

Q21: What does the pharmacist do if an item on a Serial Prescription is temporarily unavailable?

A: This will (hopefully) be an uncommon occurrence as serial prescribing can improve stock control within the Community Pharmacy. If this is necessary e.g. due to short supply, the pharmacist must use their professional judgement within the normal legal and contractual constraints to supply an alternative or refer back to the prescriber for an alternative treatment.

Q22: What can prevent a Serial Prescription item from being dispensed?

A: The following scenarios will prevent an item from being dispensed:

- it has been requested for repeat or marked as no longer required on a TSR
- it has been cancelled by the GP/GP practice team
- the patient is no longer registered at the pharmacy
- the Serial Prescription has expired

Q23: How should the Community Pharmacy team communicate issues to the prescriber relating to patients receiving a Serial Prescription?

A: Depending on local agreement, the options are:

- Treatment Summary Report (TSR) – see below
- the SBAR function within PCR to produce a succinct communication
- by email using secure NHS Mail or
- by phone

Treatment Summary Report

Q24: What is a Treatment Summary Report (TSR)?

A: A TSR is an electronic document used to provide a care summary to the GP and/or to request the next Serial Prescription, or both. It is sent electronically from the pharmacy and contains a summary of all dispensing dates, a new Serial Prescription request (if required) and any free text containing information relating to care issues. The TSR is the key document for communicating clinical information relating to serial prescribed items with the practice team and should be considered as a clinical document rather than a prescription request form.

Q25: Can a TSR be sent for items which have not been fully dispensed?

A: Yes. It is good practice to use the TSR to bring Serial Prescriptions items in line. For example PRNs (used infrequently) or items issued at different times which will not have reached their full dispensing quantity.

Q26: What does the pharmacist do if an item on a Serial Prescription has never been supplied at the expiry date or when the TSR is being sent?

A: The pharmacist must communicate this to the prescriber via the locally agreed route. It is incumbent on the Pharmacist to explore why the patient has not needed this item and share that information with the practice. Any item not dispensed within a 24 week window from the date of prescribing will automatically expire. As a result, the item may not appear in the TSR.

Endorsing and Claiming

Q27: Does the pharmacist add endorsements to the paper copy?

A: No, endorsement/claims must be all electronic for Serial Prescriptions. Any handwritten endorsements will not be processed.

Q28: Does the pharmacist add instalment dispensing endorsement to a Serial Prescription?

A: No. instalment dispensing endorsement should **never** be added to a Serial Prescription. Instalment dispensing is not supported for Serial Prescriptions.

Q29: How often do electronic claims need to be sent?

A: Electronic claims should be sent every time the patient collects their medication for the items supplied. This is important not only to ensure prompt payment to the pharmacy, but also to ensure accurate information is contained within the GP IT clinical system and the Emergency Care Summary (ECS).

Q30: Why is there a need to claim at point of collection and not at point of dispensing?

A: This is to ensure accurate information on what has been provided to the patient and the date of the collection. The claim message triggers information to the GP IT clinical system which in turn will update ECS.

End of Process

Q31: When does the Community Pharmacy team submit the Serial Prescription to PSD?

A: The form(s) are submitted to PSD when the Serial Prescriptions are no longer needed for dispensing.

Where possible, the patient should sign the declaration on the back of the form prior to submission, though in some of the situations (including current pandemic arrangements), this may not be possible.