eCMS Quick Reference Guide

CMS Overview



Figure 1. A diagrammatical overview of the CMS process

Patients with a long-term condition and who are registered with a Scottish GP, but not residing in a care-home setting, are eligible to register for CMS.

Within three months of registering a patient for CMS, you must complete a **pharmaceutical assessment**, which consists of a **medication profile** (also referred to as a pharmaceutical care risk assessment) and a **patient profile**, and then assign a **pharmaceutical care plan priority** (low, medium or high). This priority setting helps you to identify those patients who would most benefit from a **pharmaceutical care plan**. The results of the assessment can help in developing a patient's personalised care plan as appropriate.

If a patient is exempt from prescription charges on age or medical grounds, an **electronic patient notification message** is sent automatically to the patient's GP practice. This informs the GP practice of the patient's registration and details of the pharmacy where they have registered for CMS.

If a GP considers it appropriate, they can then generate a 24- or 48-week **serial prescription** for a CMS registered patient. A serial prescription must be dispensed in the pharmacy where a patient has registered for CMS. It is retained in the pharmacy and dispensed at the intervals defined by the GP.

Stage 1 – CMS Registration

Patients can be registered with only one pharmacy at any one time.

- Patients eligible for CMS registration must:
 - have a long-term condition
 - o be registered with a Scottish GP practice
 - o receive regular prescriptions.
- Patients not eligible for CMS registration include:
 - o temporary residents
 - residents in a care-home setting.

Mandatory data required to register a patient is as follows:

- Patient name
- Date of birth
- Exemption category (including not exempt)
- Address

Gender

- Community Health Index (CHI) number
- Postcode



Exemption category is a mandatory field for CMS registration. The CHI number is also a mandatory field. PMR systems should previously have captured patient CHI numbers from scanned AMS prescriptions.

Currently, only patients who are exempt on **age** or **medical exemption** grounds, and who are registered for CMS, will be flagged as CMS-registered in the GP system. This means that, initially, it is the only these groups of patients who will be eligible for a **serial prescription** if the GP considers it to be appropriate.

CMS Registration Declaration	E sea and	IMPORTANT NOTES FOR PATIENTS
Consent for Data Sharing Tooment to any necessary and relevant dispensing and clinical data about my care under the Nils Cluonic Medication Service (CMS) being shared between my community pharmacy and GP percence.	•	This form records that your plarmacist has supplied you with medicine free of charge, and/or ultered you professional advice at your request. Fill in parts A and B in black ballpoint pen.
B: CMS Registration		
I wish to access NHS pharmaceutical services under the NHS Chronic Medication Service (CMS) from this NHS community pharmacy and 1 understand and accept the conditions which apply to this regularation to CMS, are explained by the pharmacist.	PARTA	The patient doesn't have to pay because he/she. (X in the appropriate box) is under 16 years of age
C: CMS Eligibility	в	is 16, 17 or 18 years of age and in full time
Confirm that 0.1 am registered as a pattent with a GP Practice in Scotland other than as a temporary resident and 0.1 have a long term condition(s) which requires ongoing management.		Is 60 years of age or over has a valid maternity or medical exemption certificate (ECV2) has a valid War Pension exemption certificate
D: CMS Declaration	K	is named on a current NHS HC2 certificate
1 consent to any relevant clinical data about my care under CMS which is necessary and relevant to the prevention, detection and investigation of orme being shared between my pharmacy. OP Practice and the Common Services Agency.	G H	*gets, or has a partner who gets income Support *has a partner who gets 'Pension Credit guarantee credit' (PCGC)
I declare that the information I have given on this form is correct and complete. I understand that, II is not, appropriate action may be taken. I consent to the disclosure of asieness information both form inductions to and how the Common feariors. Reserved.		*gets, or has a partner who gets, Income based Jobseeker's Allowa *is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
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IDianse cross one box below and then sign and date the form!	Name	Bern Ino
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Sign here Date 7 7	PART B Declaration for patients who do not	"I declate that the information have given an this form a correct and complete funderstand that if it is not appropriate action may be taken. I continue proper entitiement to exemption/remission. To enable the NMS to check have a valid semption/remission and to the purposes of prevention, detection and investigat of crime, Tcoment to the disclosure of relevant information from this form inclus us and by the Common Services Aperc, but NMS factores Services Authority.
CMS Withdrawal Declaration	have to pay	Department for Work and Pensions. HM Revenue and Customs and Local Authors I agree to pay the cost of the prescription if I am later found not to be entitled.
1 hereby withdraw my registration for the NHS Chronic Medication Service at this community phaemacy.		Cross ONE box: I am the patient patient's representative Now sign below
(Please cross one box below and then sign and date the form)	Sign here	Date / /
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Figure 2. Back of the CMS CP3 registration form

CMS requires a patient's explicit consent to allow the exchange of data between the community pharmacy, the GP practice and the Common Services Agency.

It is a pharmacist's responsibility to explain this aspect of data sharing, ensuring a patient understands it in full. Patients **MUST** cross all five declaration areas before signing.

Remember: within three months of registration, a pharmaceutical assessment must be completed for every CMS registered patient.

Stage 2 – Web-based care planning tool – Pharmacy Care Record (PCR)

The Pharmacy Care Record (PCR) is a web-based application to support you when providing CMS. You can access PCR only from Scottish community pharmacies via an N3 connection or gateway. Any pharmacist who requires access to PCR must have a personal User ID and password. Your NHS Board is responsible for identifying users of PCR and for distributing the User IDs and passwords. You can access PCR records only for patients registered with the community pharmacy where you are currently working. All access to PCR is audited. There are two steps to accessing PCR:

- associating with the community pharmacy; and
- PCR login.

Associating with a Community Pharmacy

You must first 'associate' yourself with the pharmacy where you are working to be able to access PCR.



In most pharmacies the association process can only be performed on the main 'server' computer in the pharmacy. Some pharmacy 'multiples' may allow association from any computer in the pharmacy.

The association process validates your association request against the ePharmacy Certificate currently installed on the pharmacy computer.

An icon may be visible on the computer desktop for accessing the PCR association website. You can also link to the association page from the SHOW Community Pharmacy website – <u>www.communitypharmacy.scot.nhs.uk</u>. Alternatively, you can use the following website address to access the PCR association website – <u>https://pcrua.mhs.scot.nhs.uk</u>

Upon accessing the PCR association website you will be presented with a screen warning you that the PCR Association website requires access to the digital certificate on your computer.

	Pharmacy Care Record
Please enter your details to	associate with a Pharmacy
User ID	1234567
Password	•••••
Contractor Code	1234
	Associate User
	Forgotten your password?

Once you have clicked 'Yes' on the Security Alert window, you will be able to enter your User ID and password and the pharmacy contractor code of the pharmacy you wish to be associated with.

Figure 3. PCR user association page

After entering the relevant details you click on the 'Associate User' button. You will then be presented with a final Security Alert dialogue box and, for the association to work, you must click 'Yes'. If the association is successful you will receive a message confirming this.



If you are a new PCR user and associating yourself for the first time, you will be instructed to change your password at this stage. You will need to re-enter your User ID and original password and then enter a new password. Your password must be a minimum of 8 characters and include at least one digit and one non-alphanumeric character (e.g. '&', '*', etc.). This is similar to the password requirement for your NHS Mail account.

After you have changed your password, the association page will be re-displayed and you will have to **repeat the association process** using your new password. You only have to do this the very first time you associate yourself. At this stage, you are only associated with a pharmacy. You will still need to login to the main PCR application to access patient records.

After the initial password change, passwords expire **every 60 days** and upon expiry you will be requested to change your password. Your password will need to be different to one you have previously used.

Your password can also be changed at any time by selecting the 'Change Password' option on the high-level PCR Menu.

PCR Login

You can login to the PCR application from any computer in the pharmacy where you are working. You must have associated yourself with the pharmacy before you can login.

The main method of accessing PCR is from either an icon on your computer desktop or the following website address: <u>https://pcr.mhs.scot.nhs.uk</u> .

To login to PCR, enter your User ID and password and click 'Login'.

PCR – an overview

The PCR web-based system supports two specific CMS processes:

- the pharmaceutical assessment which **MUST** be carried out within **3 months** of you registering a patient for CMS; and
- the pharmaceutical care plan which you develop for those patients you have **identified and prioritised** as benefiting from a care plan.



More information on using PCR is contained in the NES Pharmacy PCR User Manual which can also be found on the SHOW Community Pharmacy website.

Pharmaceutical assessment

This is completed within three months of registration and is based on:

- a patient profile; and
- a medication profile (or pharmaceutical care risk assessment).

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Care issue with the dosage and frequency of the medicine's?	" Yes " His # Hot Recorded		-9
Care issue with the contraindications?	* Yes * No # Not Recorded		-
Drug Interaction with one or more medicines?	"Yes" No # Not Recorded		-8
Side effects with one or more medicines?	✓ yes < No # Not Recorded		-
Problem/s with concordance?	Yes ← No # Not Recorded		-
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Summary. Are there any pharmaceutical care issues of note?	• Yes C No C Not Recorded	Parmutation - spean to OP	

These two steps help you to prioritise those patients who you think would benefit from a pharmaceutical care plan and assign an overall **priority** of **low, medium or high**.

Pharmaceutical care plan

For those patients you identify as benefiting from a personalised care plan you then work with them to identify the care issues / problems they have, establish the outcomes you wish to achieve and agree any actions to address each issue.

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Stage 3 – CMS Serial Prescribing

Once a GP has received an electronic CMS notification message they can choose to generate a serial prescription for a patient as part of a shared care arrangement.

A GP can produce a serial prescription for 24- or 48-weeks. You then dispense the prescription according to the time intervals determined by the GP and specified on the serial prescription e.g. dispense every 8 weeks.



Figure 4. A Serial prescription form

As the serial prescription is being printed in a GP Practice, an electronic prescribe message is sent to the ePharmacy Message Store (ePMS). This message can only be retrieved by the pharmacy where the patient is registered. The message contains all of the information you require to dispense the specified quantities at the time intervals indicated by the GP.

It is at the discretion of a patient's GP whether or not the patient is considered suitable for a serial prescription.

A GP may not issue a serial prescription immediately on receiving the electronic CMS notification message because the GP may want the serial prescription to coincide with a patient's annual medication review.

In addition, you may never receive a serial prescription for a patient you have registered for CMS.

Stage 3 (continued) – CMS Serial Dispensing

You scan a barcode on a serial prescription in the normal way and this brings down the corresponding electronic prescribe message.

Additional information on a CMS serial prescription includes:

- the total quantity to cover the entire dispensing period; and
- the dispensing interval, e.g. dispense every 8 weeks.

INITIAL DISPENSING EPISODE

Using the information in the electronic prescribe message, your PMR will support you in creating a dispensing schedule for the entire dispensing period of a serial prescription. In most cases, your PMR system will correctly calculate the quantity for each dispensing episode but some items may require you to decide exactly what quantity should be issued e.g. creams, liquids and inhalers. Creating the correct schedule at this stage will prevent issues for subsequent dispensing activity. You should retain the paper form until all the dispensing is complete.

You can send the electronic claim message for each dispensing episode to ePMS immediately after dispensing or park it and send it at a later stage, e.g. when the patient presents to collect the prescription.



Figure 5. Electronic information exchange as part of serial dispensing

All CMS serial prescription **endorsements** and **payment claims** are **electronic** – the paper form is not used as part of the payment process.

SUBSEQUENT DISPENSING EPISODES Subsequent dispensing episodes are either actioned using your PMR system repeat facility or by scanning the paper serial prescription form. Either way, your PMR system sends a refresh message to ePMS to check for any item cancellations that may have been sent by the GP before you start to dispense. If there are no cancellation messages, your PMR system offers you the dispensing schedule that was set at the time of the first dispensing episode and you can then dispense the prescription and electronically claim very quickly.

FINAL DISPENSING EPISODE

When you complete the final dispensing episode and the claim message has been sent to ePMS, your PMR system helps you to prepare and send an end-of-care treatment summary to the patient's GP practice. It will prompt you to send it 20 weeks after the first medication is dispensed to a patient and then at regular 24-week intervals thereafter. It can also be sent on an ad hoc basis. Your PMR system will also offer you the option to generate an electronic repeat prescription renewal request which is sent as part of the end-of-care treatment summary.

CMS Claiming

Electronic claims are made after each dispensing episode from a serial prescription. Claims are sent on an **item by item basis** (remember AMS claims are sent on a form by form basis). Payments are made on **electronic claims only**.

You retain the CMS serial prescription in your pharmacy until the final dispensing episode has been completed. Upon collection of the final dispensed items, a patient should sign the back of the GP10 form, indicating their exemption category, before you submit the paper form to Practitioner Services Division (PSD). When PSD receive the paper, it will be scanned and stored for reference purposes only.

The paper GP10 is not used in the payment process for CMS prescriptions.

Submitting a GP34 form

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All serial prescription forms must be sent to PSD within **three months** of having been completed (dispensed in full), expired or cancelled.

For the **GP34 form** count **ONLY** the forms, i.e. Form = 1, Item = 0 Items are processed using electronic claims.

All **CP3 registration forms** should be submitted to PSD in the normal way (i.e. same as MAS). They should be bundled separately.

Figure 6. A GP34 form

If for any reason a GP cancels all the items on a serial prescription, you should submit the paper serial prescription form with your next submission.

More detailed information on each stage of CMS is available in the NES Pharmacy CMS Implementation Resource pack.

We would like to acknowledge the work of the Community Pharmacy IM&T Facilitator Group, and in particular, Dawn Balfour from NHS Fife and Catriona MacDonald from NHS Tayside, in assisting with the development of the Quick User Reference Guide.