ePharmacy News

NHS SCOTLAND

Welcome to ePharmacy

News - the newsletter of the ePharmacy Programme, NHS Scotland and Scottish Government.

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If you would like to make suggestions on future topics for this newsletter please contact:

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♻ **Read it, recycle it**

PCR Phase 10

The next developments for the PCR application have been identified which will cover Pharmacy Technician access and an enhanced reporting summary.

The Pharmacy Technician Role delivery will allow for a new user role of Pharmacy Technician to be available within PCR and administered via the Service Management Console application. Pharmacy Technicians will have access to a reduced set of PCR functions in comparison to the Pharmacist role. These functions will primarily support the delivery of the Smoking Cessation service and Gluten-free food service.

A new 'Pharmacy Home' page (optionally configurable to be the PCR landing page) will address user feedback to provide an intuitive reporting and activity summary readily available to PCR users. This will be underpinned by the existing reporting capability.

ePharmacy Programme Update

Scottish pharmacies continue to make excellent progress in utilising electronic prescription messages and submitting electronic claims for reimbursement/remuneration. The current position is detailed in the ePharmacy Results article below. This is a great result and reflects the efforts being made by community pharmacists (CPs), their support staff and NHS Board staff.

Additional tools have recently been added to the Pharmacy Care Record (PCR) application to support CPs in delivering the Gluten-free food and Smoking Cessation services. The Patient Care Record (PCR) User Guide has been updated to include screen shots and advice on how to complete the tools in PCR.

There continues to be steady progress in the areas of Chronic Medication Service (CMS) registration, assessment and care planning in addition to continued growth in serial prescribing and dispensing through CMS.

Automation Updates

ePharmacy Results

CPs are now submitting over 87% of all GP10 claims electronically, which is giving an average Quality & Efficiency claim level of eligible claims of almost 99%. Practitioner Services (PSD) are able to automate approximately 82% of these electronic claims which means just over 70% of all Acute Medication Service (AMS) dispensings have their claim payments automated. Automation of CMS claims exceeds 95%.

MAS Automation

From June 2015 processing, PSD intend to begin automation of Minor Ailments Service (MAS) claims. Please continue to ensure that all relevant endorsements are applied clearly, both electronically and on the paper form.

Barcodes are key to successful automation, therefore it is imperative that you check the quality of the print when the form leaves the printer. Best practice would be to visually check that all details on the form are clear – not faint, not smudged and not defaced by any marks, prior to submission to PSD. Failure to carry out these checks could result in you not being reimbursed correctly.

Removal of 14 Day Claim Modification Limit

A change was introduced in March 2015, making it possible to cancel, edit and re-claim the electronic message, as often as required, to support dispensing whilst the prescription form is still at the pharmacy. It should be noted that although a pharmacy can re-claim after the prescription form has been submitted to PSD, the information may not be used if the prescription form has already been used as part of prescription processing.

This change also supports electronic claiming of instalment dispensing. Currently where the instalments have not been fully dispensed according to the prescription e.g. 3 out of 4 instalments dispensed but an electronic claim for 4 has been submitted to PSD, previous guidance was to destroy the barcode and bartext. The above change allows the CP to edit the electronic claim and resubmit to PSD for payment, assuming the form has not already been submitted to PSD.

This change also removes the need to score out barcodes as the claim can be modified to correctly reflect the dispensing.

Chronic Medication Service (CMS)

CMS Now

At the end of February 2015, Community Pharmacists had created over 440,000 Chronic Medication Service (CMS) registrations supported by approximately 550,000 patient care records (PCR) for CMS, Gluten-free food service and Smoking Cessation. Almost all GP practices and Community Pharmacies are enabled for CMS with over 50,000 CMS dispensed items per month.

In line with the Acute Medication Service, automation of CMS claims was introduced in December 2012. Currently over 95% of CMS Claims are automated. Contractors are reminded that CMS claims should be made at point of collection to ensure correct notification to the patient's GP and timely re-imbursement for items dispensed. Checks should also be made on the date of the CMS master prescription to ensure that dispensing is within the intended time period.

CMS going forward

A workshop was held mid-September 2014 to review progress on CMS implementation and to gather lessons learned on where activity was high but also where it was challenging to deliver CMS. NHS Boards continue to review CMS serial prescribing and dispensing with plans being developed to increase activity where possible.

GP IT and CP Patient Medical Record (PMR) enhancements based on feedback from CMS serial prescribing and dispensing have been identified with all suppliers actively working to delivery of these into 2015/16. Positive Solutions, Rx systems and Lloyds Pharmacy system have all completed CMS enhancement 'Fitness for Purpose' and are rolling out those releases to their customers.

Smoking Cessation

From 1st July 2014, support and management of Smoking Cessation quit attempts as part of the NHS Scotland Public Health Service is provided through use of the Pharmacy Care Record (PCR) application.

Initial review of the service supported by PCR has identified a number of instances where duplicate records have been submitted for the same patient. These have come about where the PCR record has been closed off and a new record created that results in multiple records for the patient and potentially inaccurate payment and HEAT reporting.

An update is planned to identify these duplicate records and exclude them from the smoking cessation database and contractor payments. These will be communicated back to the health board to ensure that the correct recording is made in the smoking cessation database and that the contractor is remunerated appropriately.

A further update is planned to allow shared care records to be loaded into the smoking cessation database. Any duplication of quit attempts between specialist services and Community Pharmacy will be managed by the Health Board and will ensure correct reporting and management while still allowing the pharmacy to utilise the recording tools in PCR.

Contractors are reminded to regularly check when the 4 and 12 week follow-ups are due to ensure these are submitted at the required time in support of HEAT reporting and appropriate remuneration.

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Gluten-Free Food Service

The National Gluten-free Food Service (GFFS) commenced in April 2014. During an evaluation of the GFFS it appears there may have been issues with PCR input by Community Pharmacies with action required to improve the input at community pharmacy level. From the feedback received from pharmacies, it would appear that the information around gluten free recording in PCR has not been understood.

Some pharmacists have registered the patients in PCR but not actually gone on to complete the required parts of the assessment tool. The PCR record should be completed in full to allow the patient to be recorded and support notification of the annual health review based on the date of the last assessment completed.

Full instructions on the use of the gluten free assessment tool can be found in Section 7 of Version 9.2 of the PCR user guide at www.communitypharmacy.scot.nhs.uk/documents/epharmacy/cms/PCR_User_Guide_v9.2.pdf