NHS Education for Scotland

Pharmacy

Chronic Medication Services

Implementation Pack

Implementation Resource Pack to support the Chronic Medication Service (CMS)

Acknowledgements

NHS Education for Scotland gratefully acknowledges the hard work and effort of all who contributed to this implementation resource pack. Much of the content of this pack is from:

Ritchie L. *Establishing Effective Therapeutic Partnerships – A generic framework to underpin the Chronic Medication Service element of the community pharmacy contract.* Scottish Government. Edinburgh. December 2009.

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This resouce should take approximately 10 hours to complete

Produced by NES Pharmacy
Published February 2010

Foreword

The introduction of the Chronic Medication Service (CMS) will ensure continuity of pharmaceutical care for patients with long-term conditions, as well as reinforce the place of community pharmacists within the NHS family.

The Chronic Medication Service is underpinned by a generic framework as outlined in the report, *Establishing Effective Therapeutic Partnerships.* This report, produced by an Advisory Group under the chairmanship of Professor Lewis Ritchie, provided a very sound base on which to build CMS. The major theme was improving patient care through the establishment of therapeutic partnerships between patients, general medical practitioners and community pharmacists. It also builds upon the existing strengths of the NHS in Scotland; a collaborative, integrated approach based on traditional values.

Medicines are one of the most commonly used healthcare interventions in the NHS and play a vital role in improving patient care. However, the incidence of medicine-related adverse events, as well as medicine wastage, is well documented and both continue to present challenges to NHS Scotland. The purpose of CMS is to address these challenges by further strengthening joint working between general medical practitioners and community pharmacists and assisting patients to obtain the best outcomes from their medication.

It is a service which will need to be customised for each patient. CMS also reflects the vision set out in the Scottish Government's Action Plan *Better Health, Better Care,* which is patient-centred and aims to ensure better, local and faster access to healthcare.

In order to support community pharmacists in delivering the Chronic Medication Service, NES Pharmacy has developed this CMS Implementation Resource Pack. It aims to provide the practical knowledge and skills to assist pharmacists when providing CMS. It is the third in a series of community pharmacy contract implementation resource packs and is complemented by similar resource packs aimed at general medical practitioners and practice managers.

I am grateful to all the individuals who have contributed to the development of this resource pack and, in particular, the team at NES Pharmacy for their ongoing support. I would also like to thank the pharmacists involved in the initial paper-based serial prescribing and dispensing pilots and CMS Early Adopter sites for their assistance in contributing to the methods described in this pack. I am delighted to commend this resource pack to all of you providing the Chronic Medication Service.

Professor Bill Scott
Chief Pharmaceutical Officer, Scottish Government

About this implementation resource pack

One copy of this pack will be sent to each community pharmacy premises in Scotland. Further copies will be available for locums and additional employee pharmacists on request from NES Pharmacy. A NES Pharmacy Care Record User Resource Pack will also be sent to each community pharmacy premises. In addition, NES is preparing specific implementation resource packs for GP practices and GP Practice managers.

Overall aims of this pack

This implementation resource pack will enable you to:

- describe how CMS will operate
- understand how eCMS will facilitate the delivery of each of the stages of CMS
- outline the main steps involved in submitting both electronic claims and paper prescription forms for payment processing
- identify the key personnel who will support the implementation of CMS
- provide CMS as a core service within the community pharmacy contract in Scotland.

Format of the pack

This is not a conventional distance learning pack. It can be used in a variety of ways as each section is designed as a 'stand alone' section with specific learning objectives stating what you should know, or be able to do, on completion of that particular section.

Using your pack effectively

Take a few minutes to browse through the pack and get an overview of the contents. Pick out the sections that you feel will be most helpful for you in implementing this new service. If you want to go straight to the practicalities then you can begin at Section 2. If, however, you prefer to familiarise yourself with the background and context of CMS you should start at Section 1. This pack should also be considered alongside the Electronic Transfer of Prescriptions (ETP) implementation resource pack which supports eAMS. This is because ETP introduced most of the ePharmacy infrastructure which also underpins CMS such as scanning prescriptions, electronic endorsing and sending electronic claims.

This pack is divided into **eight sections.**

Section 1
Provides the background and policy context for the introduction of the Chronic Medication Service as a core service within the Community Pharmacy Contract (CPC) in Scotland.

Section 2
Outlines the general elements of the Chronic Medication Service (CMS) to help provide you with an overview before you start to implement the service.

Section 3
Focuses on stage 1 of CMS – the process of patient registration – and includes information on the eCMS elements which underpin the registration process.

Section 4
Outlines stage 2 of CMS – the pharmaceutical care planning element – and describes how to use the web-based pharmaceutical care planning programme.

Section 5
Looks at stage 3 of CMS – the shared care element – and outlines how to dispense serial prescriptions and generate end-of-care treatment summaries using the eCMS software.

Section 6
Describes the general 'housekeeping' tasks required to underpin CMS.

Section 7
Looks at how you submit your electronic claim messages and paper forms for processing.

Section 8
Outlines where to find help in implementing the service both locally and nationally.

Additionally you may wish to:

- complete the Multiple Choice Questionnaire (MCQ) at the end of the pack to check your learning
- use the pack as a quick reference to trouble shoot specific queries – there is a selection of Frequently Asked Questions (FAQs) in the Appendices and updates will be posted on the SHOW community pharmacy website
- use the material as a training resource for your pharmacy support staff
- encourage any employee pharmacists or locums to apply for their own personal copy of this pack from NES Pharmacy.

Practice points

Practice points are presented as discrete activities intended to trigger thought and action related to some aspect of this service. They can be a useful tool for identifying good practice and also provide an opportunity for you to think through the steps required to implement elements of this service.

Key points

Key points are highlighted for you throughout the text.

Summary boxes

There are summary boxes at the end of each section which highlight the key learning points.

Reflection points

These are included at the end of each section to get you thinking about what you need to find out or do next.

Assessment

There is no formal requirement to complete any assessment before providing CMS. However, as a practising pharmacist, you have a legal and ethical obligation to ensure that you are working within your own sphere of competence whatever type of pharmaceutical services you are providing.

Continuing Professional Development (CPD)

You can use this pack to support your CPD. Consider what your learning needs are in this area. You may find it useful to work with the information and activities in this pack in a way that relates to your personal circumstances. You can use the RPSGB CPD system to plan and record actions you have taken or need to take.

Multiple Choice Questions

Multiple Choice Questions (MCQs) have been designed to test your overall knowledge of the contents of this pack. To obtain a Record of Completion, work through the MCQs at the end of the pack and return the response form to the NES Pharmacy office for marking. Alternatively you can complete the MCQs online at **www.nes.scot.nhs.uk/pharmacy** where you will receive an instant score.

Please note that you do not have to complete these questions to be able to provide the Chronic Medication Service.

Exercises

Exercises are included throughout the course as a form of self-assessment to test your knowledge and understanding of key learning points. You should address each question within the context of your own working practice. If appropriate, answers to exercises will be found at the end of the chapter.

eCMS Quick Reference Guide

As with the Minor Ailment Service (MAS), we have produced an eCMS quick reference guide to serve as a quick reminder of how eCMS underpins CMS. This will be sent out with the Pharmacy Care Record User Resource Pack. You may wish to keep this near to your Patient Medication Record (PMR) system.

Contents

Glossary and Abbreviations

AMS
Acute Medication Service

Assessment
The identification and review of an individual patient's pharmaceutical care issues

Clinical guideline
Systematically developed statements which assist in decision making about appropriate healthcare for specific clinical conditions

CMS
Chronic Medication Service

Compliance
Adherence to a course of instructions for the use of a medicine or appliance

Concordance
A negotiated agreement between a healthcare professional and a patient which aims to optimise the health gain from the best use of medicines and is compatible with what the patient desires and is capable of achieving

CPC
Community Pharmacy Contract

CPD
Continuing Professional Development

Counselling
The interactive process involving a consultation about medicines or appliances between a pharmacist and a patient

Desired outcome
A statement of what the pharmacist aims to achieve for a patient in relation to a pharmaceutical care issue, i.e. the expected effect from a pharmaceutical care action

EHR
Electronic Health Record

ePMS
ePharmacy Message Store

ETP
Electronic Transfer of Prescriptions

End-of-care treatment summary
A report which details any relevant data such as summary compliance reporting, pharmaceutical care issues, desired outcomes and recommended actions for the GP

GMS
General Medical Services

GP
General Medical Practitioner

IM&T
Information Management and Technology

Long-term condition
A condition that requires ongoing medical care, may limit what one can do and is likely to last longer than one year

MAS
Minor Ailment Service

NES
NHS Education for Scotland

NSS
National Services Scotland

PCMS
Pharmaceutical Care Model Schemes

PCR
Pharmacy Care Record

Peer review
A continuous systematic and critical reflection by a group of healthcare professionals on their own and colleagues' performances using structured procedures

Pharmaceutical action
An action by a pharmacist to address a pharmaceutical care issue for a patient

Pharmaceutical care
The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the patient's quality of life

Pharmaceutical care issue
An element of a pharmaceutical care need which is addressed by the pharmacist

Pharmaceutical care need
A patient's requirement for a pharmaceutical product or service

Pharmaceutical care plan
One or more pharmaceutical care issues for an individual patient, together with the desired outcome/s and the action/s planned to achieve the outcome

PMR
Patient Medication Record

Protocol
An adaptation of a clinical guideline to meet local conditions and requirements

PRS
Patient Registration System

PSD
Practitioner Services Division (of National Services Scotland)

QOF
Quality and Outcomes Framework (of the General Medical Services Contract)

Quality
A level of excellence related to structure, process and/or outcome

Scottish Patient Safety Programme
A programme to improve the safety of hospital care using evidence-based tools and techniques to improve the reliability and safety of every day healthcare systems and processes

Serial prescription
A prescription for medicines, medical sundries or appliances covering a time period of up to 48 weeks

Shared care
An agreement between a patient, GP and pharmacist which outlines the arrangements and clearly defines the respective roles and responsibilities of the healthcare professionals when a patient receives a serial prescription

Standard
A specification of process and/or outcome against which performance can be measured

Targeting
The process of selecting patients and/or patient groups to receive a service (in relation to CMS in this case)

Section 1

Introducing the Chronic Medication Service (CMS)

1

Section 1: Introducing the Chronic Medication Service (CMS)

The Chronic Medication Service is one of the four core services in the Community Pharmacy Contract (CPC) in Scotland. It aims to further develop the contribution of community pharmacists in the management of patients with long-term conditions. This section takes a brief look at the background to the provision of this service and outlines the key elements supporting its introduction.

Objectives

- Outline at least four policy drivers which support the Chronic Medication Service
- Name two pharmacy initiatives that led the development of the Chronic Medication Service
- Summarise the key elements of the Chronic Medication Service
- List and access at least two resources where further information about the Chronic Medication Service can be obtained

Section Contents

Section 1.1
Policy Drivers

Healthcare systems world-wide are faced with the challenges of responding to the needs of people with chronic medical conditions such as diabetes, heart failure and mental illness.

World Health Organisation, 2002

A focus on long-term conditions

NHS Scotland faces a number of challenges:

- changing demographics
- an increasing prevalence of multiple long-term conditions (co-morbidity)
- a widening gap in health inequalities
- growing expectations on the healthcare system itself.

The increasing number of people with long-term conditions presents a major challenge to the NHS in Scotland.

Scotland's demographic landscape is changing; the population is ageing. In 2001, those aged over 65 years of age made up 15.9% of the population and by 2031 this is set to increase to 26.6%[1,2]. Whilst people of all ages are affected by long-term conditions, the risk increases directly with age and this has a subsequent impact on hospital admissions, bed availability and adds to the problems of delayed discharge.

In primary care, healthcare professionals currently co-ordinate diagnosis, treatment and care to ensure that these services are provided as close to home as possible. Evidence shows that at a UK-level, patients with long-term conditions account for 80% of all GP consultations[3]. A quarter of patients aged 65 or over are seeing their GP or another member of the primary care team for hypertension[1]. Data also shows that the other main conditions resulting in GP consultations are coronary heart disease, diabetes, respiratory problems, depression, anxiety and osteoarthritis.

Whilst Scotland's health is improving, the health inequalities gap is widening and, in particular, the differences in life expectancy and mortality are significant and expanding in deprived communities. As a result, people living in these circumstances are more than twice as likely to suffer from a long-term condition.

1 Scottish Practice Team Information as part of the ISD Primary Care Information Programme contains data for GP contacts for long-term conditions identified in the General Medical Services (GMS) contract.

2 Scottish Executive. *Building a Health Service Fit for the Future.* May 2005.

3 British Household Panel Survey, 2002.

Exercise 1

The following statements are accurate definitions of a 'long-term condition'. Please specify True or False.

1. A condition that requires ongoing medical care, may limit what one can do and is likely to last longer than one year.

true ☐ *false* ☐

2. A health problem that requires ongoing management over a period of years or decades.

true ☐ *false* ☐

3. Physical or mental impairment which has substantial and long-term adverse effects on a person's ability to carry out normal everyday activities.

true ☐ *false* ☐

Supporting self care

Self care can take many forms, but the greatest potential for self care is most likely within the context of the management of long-term conditions. Self care involves individuals taking action to:

- stay healthy
- prevent illness
- access and comply with appropriate treatments
- manage symptoms and side effects
- manage chronic conditions and disabilities
- manage recovery and rehabilitation.

A person's ability to self care can vary over time as their condition changes through relapse or improvement. So, to deliver sustainable improvements in patient-centred services, there is a need to balance professional care with enhanced support for self care which is customised to reflect a patient's circumstances.

This can be done by:

- building partnerships with, and between, informed and motivated patients and their healthcare professionals
- ensuring good communication and collaboration between healthcare professionals across the interfaces
- having a clear understanding of respective roles and expectations.

Reducing drug wastage

Reviews of drug wastage have demonstrated that 28% of returned medicines are unopened, 75% are returned within one year of dispensing and that, in many cases, two or more containers of the same medicine are returned, implying that many of these medicines are issued as repeat prescriptions[4]. One study showed that those aged over 65 years of age accounted for 23.4% of prescribed drugs in the country but were responsible for 52% of drugs returned in the survey[5]. Drug wastage, therefore, represents a significant lost resource within the NHS.

Compliance

The effectiveness of medication depends not only on the appropriateness of the medicines used, but also on a patient's compliance or adherence with the intended therapy. The consequences of failing to take medicines as intended can be damaging for an individual, as well as for their family and carers.

A recent survey reported that a significant proportion of newly prescribed medicines (between 30% and 50%) are not being taken as intended, due to insufficient information on side effects[6]. It concluded that this had a direct impact on health outcomes and may lead to:

- minimising the potential benefits of drug therapy
- waste of medicines which are not taken properly or are unused
- the extra cost of treating the avoidable consequent morbidity
- increased potential for hospital admissions.

Studies have shown that the most important factors are the physical and social vulnerability of the patient (for example their age, ethnicity, mental illness) and failure in communication between the healthcare professional and patient (with a subsequent impact on patient perceptions of efficacy, dependence, risk benefit balances, addiction). Other well recognised sources of non-compliance can be due to increases in either the frequency of dosing (over twice daily) or the number of medicines a patient takes.

4 *The Pharmaceutical Journal.* 2001. 'Drug wastage – what is acceptable?' Volume 267, No 7167, page 424.

5 Cameron S. 1996. 'Study by Alberta pharmacists indicates drug wastage a "mammoth" problem'. *Canadian Medical Association Journal.* Volume 155, Issue 11, pages 1596-1598.

6 N Richards & A Coulter. *Is the NHS becoming more patient centred? Trends from the national surveys of NHS patients in England 2002-07*, The Picker Institute Europe, September 2007.

Concordance

The literature suggests that there are two main areas related to non-compliance[7]. The first is based on patient values; the patient's motivation, their ability and their beliefs. The second is related to healthcare professionals; their awareness of, and attention paid to, patients' values.

One of the main reasons for non-compliance is a failure to establish effective therapeutic partnerships between healthcare professionals and patients.

In order to address this, there needs to be a common understanding between healthcare professionals and patients with agreed therapeutic outcomes which support patients in making decisions about their health and healthcare as genuine partners in their care.

Drug-related morbidity and mortality

Medicines are the most commonly used therapy in the NHS and they form part of the backbone of modern healthcare. Medicines are used for the purpose of:

- improving a patient's quality of life
- prolonging life, for example by reducing or eliminating symptoms
- slowing the progression of a disease
- preventing a disease or symptoms
- assisting in diagnosis.

But with these benefits can sometimes come risks. In certain circumstances, there is the potential for outcomes that reduce a patient's quality of life and place them at increased risk of drug-related morbidity and mortality.

Research has identified eight categories of drug-related problems which tend to increase the risk of drug-related morbidity[8].

7 The Royal Pharmaceutical Society of Great Britain and Merck Sharpe & Dohme. *From Compliance to Concordance; Achieving Shared Goals in Medicine Taking.* 1997.

8 'Pharmaceutical care'. *American Journal of Hospital Pharmacy.* March 1990, Volume 47.

Exercise 2

Write in the answer box what you think these eight categories of drug-related problems might be.

1

2

3

4

5

6

7

8

Impact on hospital admissions

Research has demonstrated that between 3%[9] and 6.5%[10] of hospital admissions are associated with adverse drug reactions and this can increase up to 17%[11] in the elderly population. Once in hospital, 6-17% of older patients will suffer an adverse drug reaction during their stay.

Some drug-related morbidities are unpredictable, for example an allergic reaction. However most adverse drug reactions are predictable from the known pharmacology of the drugs and many represent known drug interactions, therefore most of these are likely to be preventable. Research has shown that this problem represents a considerable burden on the NHS. Over 2%[10] of patients admitted with an adverse drug reaction will die.

System re-design

Evidence from the USA[12] has identified that one of the main causes of preventable adverse drug reactions can be the way in which healthcare systems operate. The conclusion drawn from the work suggests the need to redesign services by applying a systematic approach to both the use of medicines and the review of medicines use, with a greater focus on the consequences of medicines as opposed to purely the cost.

9 Pouyanne P et al, 'Admissions to hospital caused by adverse drug reactions'. *British Medical Journal*, 2000; Volume 320: page 1036.

10 Pirmohamed M, James S, Meakin S, Green c, Scott AK, Walley TJ et al. 'Adverse drug reactions as cause of admission to hospital: prospective analysis of 18820 patients'. *British Medical Journal*, 2004. Volume 329: pages 15-19.

11 Department of Health. *Medicines and Older People* (a supplement to the NSF for Older People). 2001.

12 'Preventing drug-related morbidity'. *The Pharmaceutical Journal.* 20 May 2000; Volume 264, page 782.

Section 1.2
Responding to the therapeutic challenge

Policy

The Right Medicine[13] outlined the Scottish Government's commitment to make better use of pharmacists' skills and expertise to improve patient care. It called for the development of quality services based on a patient-centred approach to pharmaceutical care. It set out an action plan for the redesign of community pharmacy services based on the introduction of a new Community Pharmacy Contract (CPC) to support community pharmacists in the delivery of pharmaceutical care.

Pharmaceutical care

Pharmaceutical care can be defined *as the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the patient's quality of life*[14].

Pharmaceutical care is an effective tool in the management of long-term conditions.

It represents a holistic approach to patient care, involving the healthcare team in a much wider and ongoing responsibility for a patient's medicine-related needs. It aims to help patients get the most benefit from their medicines and to minimise the associated risks.

This is done by anticipating, identifying, resolving and preventing medicine-related problems so the patient understands and reaches the desired therapeutic goal for each medical condition being treated.

The following principles are embodied in this approach:

- patient-centred care
- professional responsibility
- partnership working
- shared outcome measures
- concordance
- medication surveillance
- robust communications
- quality system of work.

13 Scottish Executive. *The Right Medicine; a strategy for pharmaceutical care in Scotland.* 2002.

14 Hepler CD, Strand LM. March 1990. 'Opportunities and responsibilities in pharmaceutical care'. *American Journal of Hospital Pharmacy,* Volume 47, pages 533-543.

Section 1.3
Building on the evidence base

CMS integrates two previous policy initiatives: serial dispensing and Pharmaceutical Care Model Schemes (PCMS). Both have played an important part in the preparatory work for the introduction of the Chronic Medication Service element of the CPC.

Serial dispensing

The outline for the serial dispensing element of CMS has been built on earlier pilots. They showed that involving the pharmacist more formally with the patient and their repeat prescription(s) identified medicines that patients may not require and addressed many issues around non-compliance with treatment, leading to reduced wastage. It also provided an opportunity for pharmacists to manage their workload more effectively.

Pharmaceutical Care Model Schemes

Pharmaceutical Care Model Schemes (PCMS) were first introduced in 1999 in order to support the development of a more responsive patient-centred approach to pharmaceutical care.

The purpose of PCMS was to ensure that patients with pharmaceutical care needs were identified and assessed, and action taken to optimise the benefits of therapy, minimise the risk and improve quality of life.

The initial three areas covered by the PCMS were older people, people with severe and enduring mental illness and palliative care. This was extended to include a number of long-term conditions such as asthma, epilepsy, coronary heart disease and diabetes.

The PCMS provided an opportunity for community pharmacists to improve the pharmaceutical care of patients with specific conditions through the implementation of evidence-based practice, screening tools and standardised documentation.

The evaluation of the PCMS showed that patients with long-term conditions had unmet pharmaceutical care needs that community pharmacists could address as part of their day-to-day activities and that this complemented the work carried out by other members of the healthcare team.

Section 1.4
A brief overview of the Chronic Medication Service

The introduction of the Chronic Medication Service (CMS) provides an ideal opportunity to:

- build on and strengthen existing good pharmacy practice
- encourage joint working between GPs and community pharmacists
- further improve patient care.

The purpose of CMS is to further develop the contribution of community pharmacists in the management of individual patients with long-term conditions by improving their understanding of their medicines and working in partnership with them and other healthcare practitioners to maximise the clinical outcomes from their therapy.

By applying a systematic approach pharmacists will help patients manage their long-term conditions in order to:

- identify and prioritise risk
- minimise adverse drug reactions
- address existing and prevent potential problems with medicines
- provide structured follow-up with referral interventions where necessary.

CMS is underpinned by a generic framework for pharmaceutical care planning based on the Clinical Resource and Audit Group (CRAG) Framework document, *Clinical Pharmacy Practice in Primary Care*[15]. It is described in more detail in *Establishing Effective Therapeutic Partnerships*[16], the CMS Advisory Group report commissioned by the Chief Pharmaceutical Officer and produced under the chairmanship of Professor Lewis Ritchie.

CMS outline

CMS is a service requiring voluntary patient opt-in before participation. There are three specific stages in the Community Pharmacy CMS process (see Sections 2, 3, 4 and 5 for more details) each of which is underpinned by the ePharmacy Programme.

- **Stage 1** involves the **registration** of patients for CMS.
- **Stage 2** introduces a generic framework for **pharmaceutical care planning.**
- **Stage 3** establishes **the shared care** element which allows a patient's general practitioner (GP) to produce a **serial prescription** for up to 48 weeks (generally 24 or 48 weeks) and which is dispensed at appropriate time intervals determined by the patient's GP. This stage is supported by **disease specific protocols** for a number of pertinent disease conditions which outline common potential **pharmaceutical care issues, referral criteria and reporting requirements.**

There are also three stages in the General Practice CMS process and these are described in more detail in section 2.

15 Clinical Resource and Audit Group. The Scottish Office. *Clinical Pharmacy Practice in Primary Care; a framework for the provision of community-based NHS pharmaceutical services*. 1999.

16 Ritchie L. *Establishing Effective Therapeutic Partnerships: A generic framework to underpin the Chronic Medication Service element of the new community pharmacy contract*. Scottish Government. December 2009.

Summary

- The increasing number of people with long-term conditions presents a major challenge to the NHS in Scotland.
- A recent survey reported that a significant proportion of newly prescribed medicines (between 30% and 50%) are not being taken as intended.
- One of the main reasons for non-compliance is a failure to establish effective therapeutic partnerships between healthcare professionals and patients.
- Pharmaceutical care is an effective tool in the management of long-term conditions and promoting partnership working.
- CMS integrates serial dispensing and Pharmaceutical Care Model Schemes (PCMS).
- CMS outlines the community pharmacist's contribution to the care of patients with long-term conditions.

Reflection Box

How will the service work in your pharmacy?

What do you need to do to deliver this service?

What training do you need?

How can you address these training needs?

What support is available?

Further reading

1. Ritchie L. *Establishing Effective Therapeutic Partnerships: A generic framework underpinning the Chronic Medication Service element of the community pharmacy contract.* Scottish Government. December 2009. **http://www.scotland.gov.uk/Publications/2010/01/07144120/0** Accessed January 2010.

2. Strath A. *Repeat Prescribing and Dispensing Systems: An Option Appraisal.* June 2001. **http://www.show.scot.nhs.uk/publications/publications/RepeatPrescribing.PDF**. Accessed December 2009.

3. Audit Scotland. *Supporting Prescribing in General Practice: a progress report*. June 2003.

4. Department of Health and the Royal Pharmaceutical Society of Great Britain. *Pharmaceutical Care: the future for community pharmacy.* 1992.

5. Scottish Consumer Council. *Consumer Views of Community Pharmacies*. September 2002.

6. Bond C, Matheson C, Williams S, Williams P, Donnan P. *Repeat Prescribing: a role for community pharmacists in controlling and monitoring repeat prescriptions*. British Journal of General Practice. April 2000. Volume 50, pages 271-275.

Resources

1. SHOW Community Pharmacy contract website **http://www.communitypharmacy.scot.nhs.uk**

Answers to Section 1 Exercises

Exercise 1

1. True. Scottish Executive. *Building a Health Service Fit for the Future.* 2005. Volume 2, page 50.

2. True. World Health Organisation.

3. False. This represents the definition of disability under the Disability Discrimination Act 1995.

Exercise 2

1. Untreated indications
2. Sub-therapeutic dosages
3. Improper drug selection
4. Failure to receive appropriate medication/s
5. Over-dosage
6. Adverse drug reactions
7. Drug interactions
8. Medication prescribed with no clear indication.

The next section continues the general elements of the Chronic Medications Service (CMS) to help provide you with an overview before you start to implement the service.

Section 2

Understanding the Chronic Medication Service

Section 2: Understanding the Chronic Medication Service

This section outlines the Community Pharmacy and General Practice components of CMS in more detail, defines the information flows between GPs and Community Pharmacists and describes the benefits of CMS.

Objectives

- Describe the Community Pharmacy component of the Chronic Medication Service
- Describe the General Practice component of the Chronic Medication Service
- Explain why fully informed consent is needed
- Define a serial prescription
- Describe three benefits associated with CMS

Section Contents

Section 2.1
Introduction

The aim of CMS is to improve patient care through a systematic approach to the pharmaceutical care for patients with long-term conditions.

This involves collaborative working between GPs and their practice teams, community pharmacists and patients. CMS puts systems in place to:

- ensure that drug therapy is evidence-based
- help minimise adverse drug reactions
- address and prevent potential problems
- promote health
- maximise patient safety
- provide a structured follow-up intervention where necessary
- reduce wastage
- improve outcomes from therapy.

There are three defined stages to both the Community Pharmacy and General Practice components of CMS and they are described in this section. Sections 3, 4 and 5 contain further details on each of the pharmacy stages with information relating to the corresponding GP components.

Information exchange and explicit patient consent

It is important that GPs and Community Pharmacists are aware of, and are comfortable with, their respective roles when delivering CMS. The service also introduces a more formalised communication process between GPs and Community Pharmacists with some new information flows between the two healthcare professionals. These are illustrated in Figure 1.

These new information flows bring an associated requirement to seek the patient's explicit consent to allow you to exchange any relevant clinical data with the patient's GP, where appropriate, for the shared care element of CMS. The consent is sought at the pharmacy where the patient is registering for CMS, as part of the registration process. The CMS patient information leaflet explains the information that may be shared and why their consent is required. You can use the leaflet when registering a patient to help ensure that they are fully aware of the implications and can therefore provide explicit and informed consent. There is a statement on the back of the registration form which they must acknowledge by annotating the statement when registering.

Patients registering for CMS must consent to the sharing of agreed information between their GP and community pharmacist in order to receive the service.

Serial prescription

CMS also introduces the concept of a serial prescription which is a prescription for medicines, medical sundries or appliances which is dispensed in instalments for up to a 48-week period. The GP IT systems are configured to offer a choice of either 24- or 48-weeks. The use of serial prescriptions is at the discretion of a patient's GP.

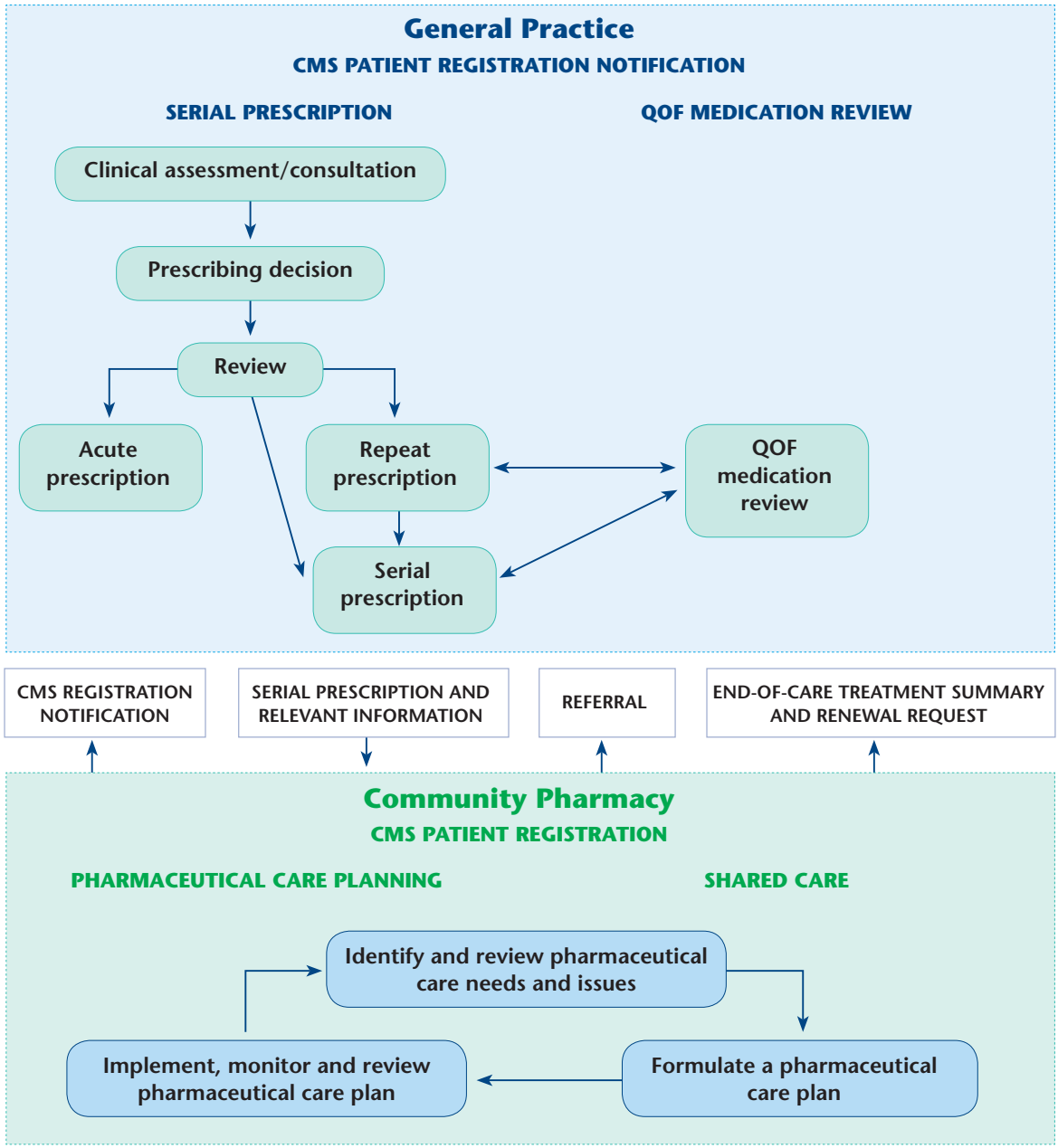


Figure 1. Information and communication flows as a result of CMS

Section 2.2
CMS outline – the Community Pharmacy component

The three stages to the community pharmacy component of CMS are outlined in Figure 2.

Community Pharmacy

Patient Registration (stage 1)

- A patient with a long-term condition registers with the community pharmacy of their choice.
- A patient must be registered with a GP practice in Scotland.
- A patient can only register with a pharmacy in Scotland.
- An electronic registration notification message is sent to the patient's GP practice.

Pharmaceutical Care Planning (stage 2)

- The pharmacist identifies and prioritises patients with unmet pharmaceutical care needs.
- The pharmacist assesses the patient's condition/s, medicine/s and general health.
- The pharmacist identifies any issues / problems and agrees with the patient any actions to address these issues.
- The agreed actions are documented in a pharmaceutical care plan.
- The care plan is periodically monitored and reviewed.

Shared Care (stage 3)

- The patient's GP decides on their suitability for a 24- or 48-week serial prescription.
- The pharmacist cares for the patient over the time period according to national, evidence-based clinical protocols supported by the care plan.
- Relevant information is shared between the GP and pharmacist with informed patient consent.
- The GP can carry out the Quality Outcomes Framework (QOF) medication review at the end of the duration of the serial prescription.

Figure 2. A summary of the Community Pharmacy component of CMS

Section 2.3
CMS outline – the General Practice component

The three stages to the GP component of CMS are outlined in Figure 3.

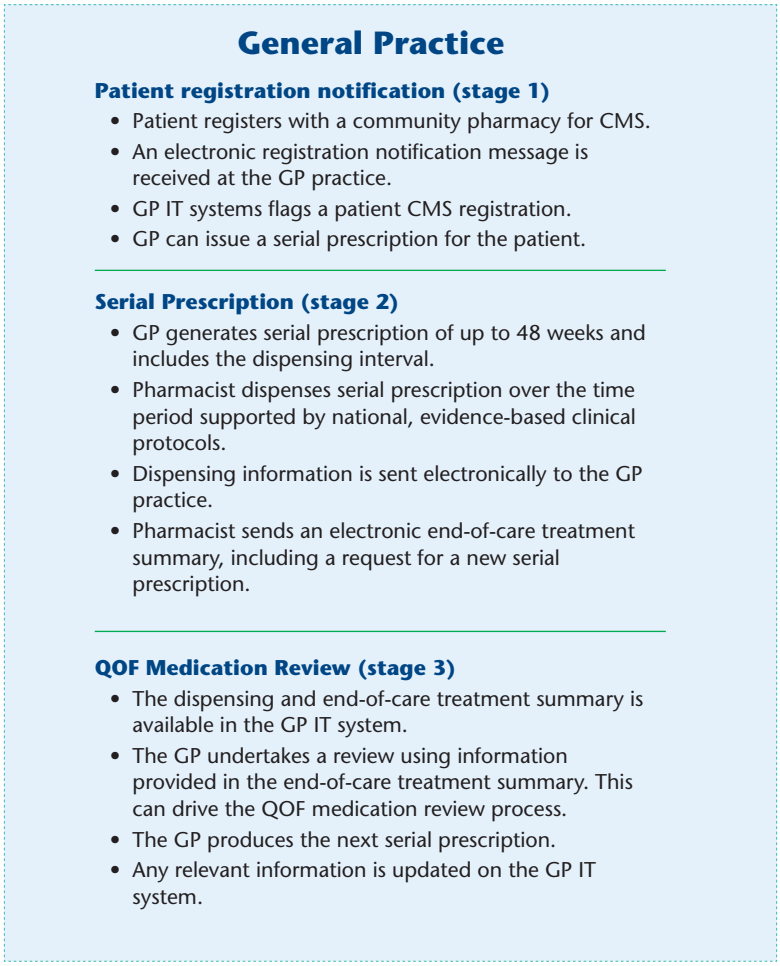


Figure 3: A summary of the General Practice component of CMS

Section 2.4
The benefits of CMS

CMS formalises the contribution of community pharmacists in the management of patients with long-term conditions, assists in improving patients' understanding of their medicines and optimises the clinical benefits of their therapy.

It facilitates a holistic approach to promoting health, ensuring that disease prevention, health education and health protection are all integral elements of CMS.

It is a model of practice which helps patients to care for themselves and promotes therapeutic partnerships between community pharmacists, patients and general practice teams.

It introduces an approach to practice which helps to minimise adverse drug reaction, address existing problems with medicines and prevent potential ones. It also provides structured follow-up and referral interventions where necessary.

From a wider NHS perspective, CMS will support key aspects of healthcare policy and quality improvement by:

- facilitating the shift in the balance of care for the management of long-term conditions
- improving multidisciplinary and collaborative working and minimising any duplication of effort between healthcare professionals
- establishing a framework to improve the monitoring and continuity of care for patients with long-term conditions
- improving efficiency of information transfer locally
- assisting in NHS planning processes by improving data capture both locally and nationally.

Summary

- **A systematic approach to prioritise pharmaceutical care planning is a key part of CMS.**
- **CMS should improve health outcomes for patients with long-term conditions.**
- **There are 3 distinct stages to both the Community Pharmacy and GP components of CMS.**
- **Communication and working in partnership are fundamental to the success of CMS.**
- **CMS supports the pharmacist's role in improving the management of long-term conditions.**

Reflection Box

How will you identify patients that are likely to benefit from CMS?

How will you plan your workload?

How will you reorganise the workload of the rest of your staff?

What IT support is available to help you provide the Chronic Medication Service?

Are there any practical hints and tips to help you?

Have you any training issues?

The next section focuses on stage 1 of CMS – the process of patient registration – and includes information on the eCMS elements which underpin the registration process.

Section 3

Stage 1 – Patient Registration

Section 3: Stage 1 – Patient Registration

This section focuses on stage 1 of CMS – the process of patient registration – and includes information on the eCMS elements which underpin the registration process.

Objectives

- List the eligibility criteria for CMS
- Outline the main steps involved in registering a patient for CMS
- List the mandatory data required for registration
- Explain how eCMS supports the registration process
- Outline the steps in withdrawing a patient from CMS

Section Contents

Section 3.1
The patient registration process

A patient must register with a community pharmacy in Scotland to use the Chronic Medication Service. In order to do this they must meet certain eligibility criteria.

Eligibility
Currently a patient must:

- be registered as a patient with a GP practice in Scotland
- have a long-term condition
- receive regular prescriptions.

The following individuals are **not** eligible for CMS at this time:

- a patient resident in a Care Home setting (Nursing and Residential homes)
- a temporary resident (a person who is a resident in Scotland for more than 24 hours but less than three months).

Registering for CMS also means that if a patient is prescribed a serial prescription by their GP then they must have it dispensed at the pharmacy where they are registered. They are still free to take non-serial prescriptions elsewhere, but should be encouraged to use the same pharmacy, wherever possible, to ensure continuity of care.

Selection of patients for CMS
The process of identifying patients for registration may vary. For example, patients may ask to register having seen NHS CMS patient information materials. They may be referred by their GP or another healthcare professional who thinks they would benefit from the service, or they may be identified by you or a member of your pharmacy team.

A standard NHS CMS patient information leaflet and publicity materials are available to you to help raise awareness of CMS. You are, however, ultimately responsible for ensuring that CMS is appropriate for each patient you register.

Exercise 3

How will you identify patients who may benefit from CMS?

Exercise 4

What do you think are the key points to explain to a patient registering for CMS?

It is also important that the patient fully understands the implications of CMS before registration, such as the exchange of information between you and their GP practice. You should always set aside time to explain the key elements of the service to any patient who is considering registering for CMS.

You should also make sure your pharmacy support staff are fully aware of the service and associated requirements.

The registration process

The registration process is simple and is similar to the process for MAS.

A patient with a long-term condition can register with the community pharmacy of their choice to receive CMS. They can only register with one pharmacy at any one time for the service. Participation in CMS is voluntary.

Remember from the previous section, registration also includes an explicit informed patient consent process to allow for the exchange of any relevant clinical data to support the shared care element of CMS. Before the patient agrees to register for CMS you should ensure that they understand that they are consenting to the exchange of this information.

You can assure them that robust systems for secure data exchange to maintain patient confidentiality are provided through the ePharmacy Programme.

You register a patient electronically using the eCMS software on your PMR system. This registers the patient using the national **Patient Registration System** (PRS) at National Services Scotland (NSS) and prints a **CMS CP3 registration form** (see figure 4) for you and the patient to sign.

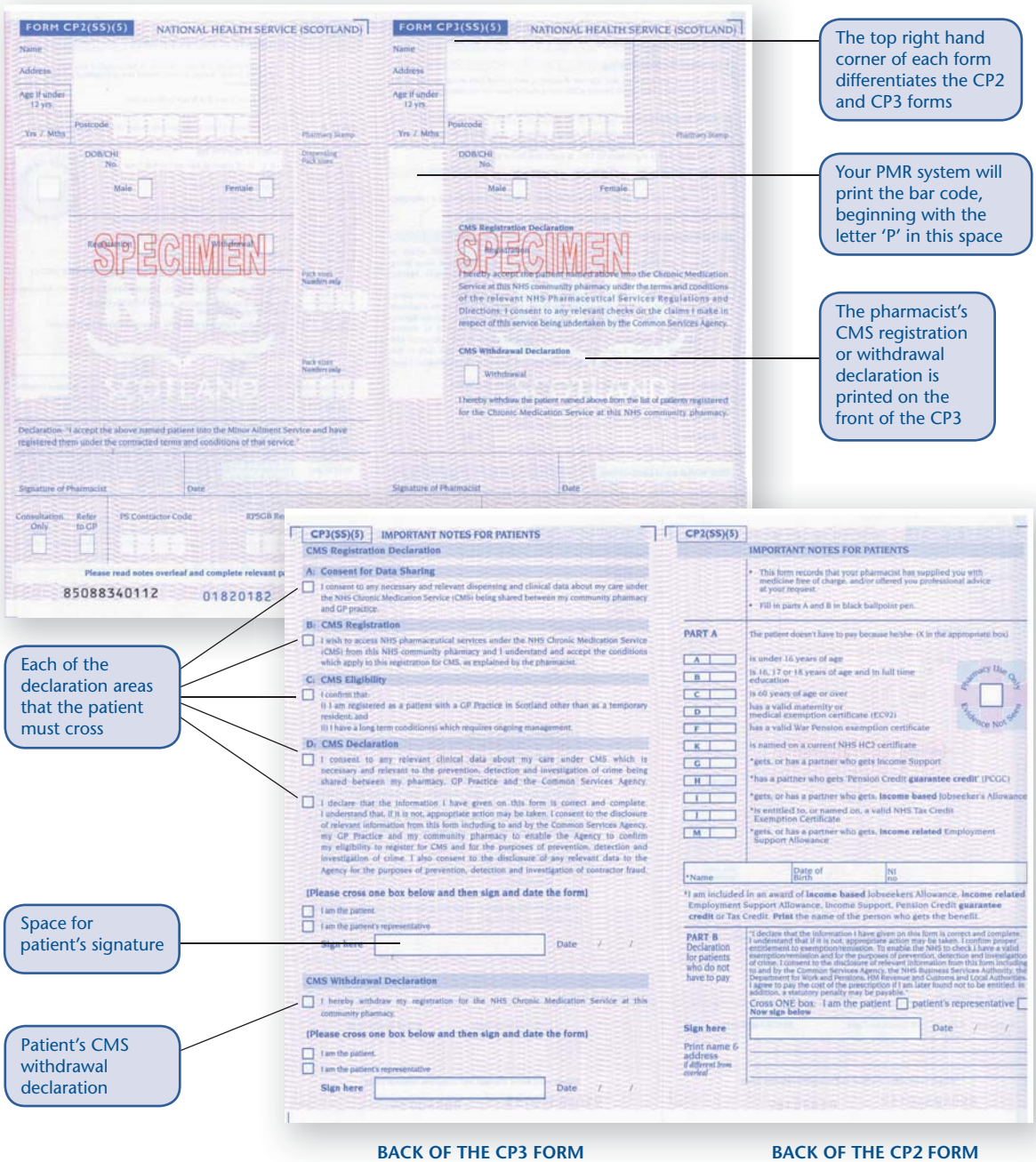
You can register a patient at any point when the patient is in your pharmacy. You should focus on patients who regularly use your pharmacy and are known to you. **You must not register a patient in advance of them agreeing to register.** This includes generating a CMS CP3 form ahead of a patient attending your pharmacy. This is because the registration is triggered by the electronic CMS registration request and not on receipt of the signed CMS CP3 paper form.

Just like MAS, registration only needs to occur once for CMS, unless a patient is moving their registration from one pharmacy to another or has previously withdrawn from the service (see sections 3.3 and 3.4). Again, like MAS, there is no limit to the number of patients any pharmacy can register once the service is live.

One difference between CMS and MAS is that there is no patient lapsing for CMS; once a patient is registered they remain registered until they are withdrawn.

The CMS CP3 registration form

Figure 4 overleaf, shows the new dual MAS CP2/ CMS CP3 form. The left hand side of the form remains the MAS CP2 form and the previously blank right hand side becomes the new CMS CP3 form used for CMS registrations.



The top right hand corner of each form differentiates the CP2 and CP3 forms

Your PMR system will print the bar code, beginning with the letter 'P' in this space

The pharmacist's CMS registration or withdrawal declaration is printed on the front of the CP3

Each of the declaration areas that the patient must cross

Space for patient's signature

Patient's CMS withdrawal declaration

BACK OF THE CP3 FORM

BACK OF THE CP2 FORM

Figure 4. MAS CP2/ CMS CP3 registration form front and back

Practice Point

→ ***Consider your own pharmacy's population profile and the patients who may register with you. What impact will CMS have on your way of working and the roles of your pharmacy support staff?***

Signing the CMS CP3 registration form

The patient (or their representative) needs to sign the back of the CMS CP3 form crossing the appropriate declaration boxes. You also need to sign the front of the CP3 form confirming that you have registered them at your pharmacy for CMS.

All the CMS registration declaration boxes (section A 'consent for data sharing, section B 'CMS registration', section C 'CMS eligibility' and section D 'CMS declaration') should be completed by the patient or their representative. If the patient does not agree, nor wishes, to complete all the declarations then their CMS registration should be withdrawn.

Neither you, nor a member of your pharmacy support staff, should sign the registration form on behalf of a patient unless in very exceptional circumstances (for example, the patient has severe dexterity problems or is blind). In such circumstances you should make sure that you have been given their permission to do so.

GP patient registration notification

At the same time as confirming a patient is registered for CMS at your pharmacy, PRS also informs the patient's GP that they have registered for CMS at your pharmacy.

Section 3.2
How eCMS underpins registration

eCMS patient registration process

Figure 5 shows the end-to-end process for CMS registration and how all the different IT systems interact with each other.

A patient must have a record in your PMR system in order for you to register them for CMS. In almost all situations this should be the case because you will be registering patients who regularly have their prescriptions dispensed in your pharmacy.

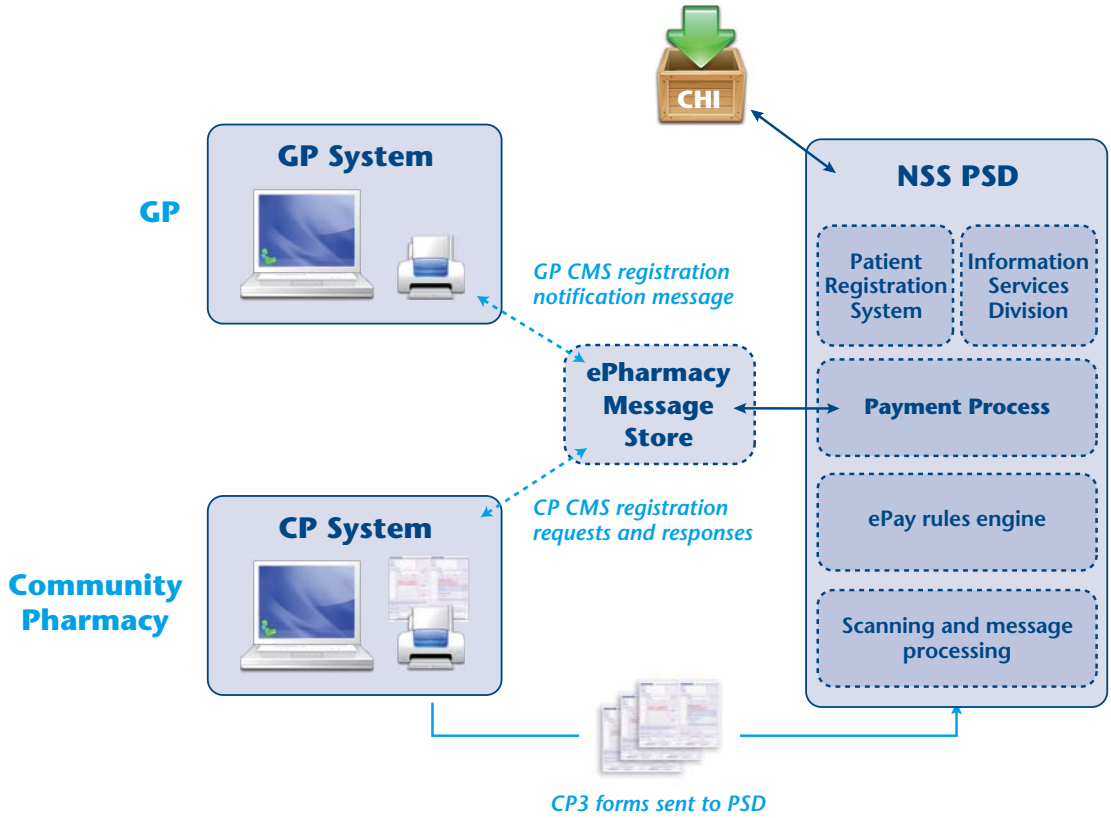


Figure 5: eCMS registration overview

If you are registering a new patient then you will need to create a patient record for them in the usual manner.

You register a patient electronically using the eCMS software on your PMR system via the national Patient Registration System (PRS) at National Services Scotland (NSS).

The data required to register a patient is the patient's:

- name
- gender
- address
- postcode
- date of birth
- exemption category (including not exempt)
- Community Health Index (CHI) number.

This is similar to MAS with the exception of the patient's CHI number which is mandatory for CMS registration. However, you will already have a CHI number in the patient's record if you have previously dispensed an AMS prescription for them or they are registered for MAS at your pharmacy.

You may need to update a patient's existing record ahead of registration, if their details have changed since you last recorded them.

Once all the mandatory data has been entered, you can then register the patient using the 'register' function on your PMR system. This will simultaneously:

- print a CMS CP3 registration form
- send a CMS patient registration request message to PRS via the **ePharmacy Message Store (ePMS).**

Printing the CMS CP3 form

A CMS CP3 form, like the MAS CP2 form, has a unique bar code which is printed on each form. All bar codes on a CMS CP3 registration form start with the letter 'P'. This bar code links the paper form to the electronic registration message. The other details on the form are identical to those sent in the electronic registration request message. It will also print the date, your contractor code and your registration number.

Your PMR system will know which side of the form to print based on the service you are undertaking at that time - registering a patient for either MAS using the CP2 or CMS using the CP3 or recording the outcome of a MAS consultation on a CP2.

PRS's response

PRS then attempts to match the patient on the CHI database and register them for CMS at your pharmacy. It will return an electronic **CMS registration response** message to your pharmacy, again via ePMS, informing you if the registration has been successful or not. In most cases this will be received in less than one minute.

Your PMR system then updates the patient record with the result of the CMS registration response message so that the correct status is held on your system.

PRS registration response messages

There are four possible registration request responses which can be sent from PRS: registered, pending, rejected or registered elsewhere.

Registered

If the response is registered then your pharmacy PMR system automatically updates the patient's record to show that they are registered at your pharmacy for CMS.

Pending

It may not always be possible to receive a positive registration response straight away. For example there may be an N3 network communication problem or PRS may be unavailable due to routine upgrades or maintenance work, all of which can prevent an immediate response. Under such circumstances the response will result in a patient's registration being held as pending. It is likely that you will not receive a registration response until at least the following day. This is because where messages are not reaching PRS they will be batched and re-submitted each night. (See section 6 for more information.)

It may take up to seven days for the results of a pending registration to be received. If you have not received a result after seven days then you should contact the ePharmacy Helpdesk on 0131 275 6600 who will attempt to resolve the problem.

Rejected

If a patient's registration has been rejected then PRS will send a message notifying you that the registration has been not been successful. This is most likely to occur if the patient is not eligible for the service, e.g. they are a resident in a Care Home.

Registered elsewhere

If a patient is already registered for CMS at another pharmacy, PRS will return a message stating that the patient is registered elsewhere. **This differs from the MAS registration process where there is not a 'registered elsewhere' response and instead the registration will simply move to the new pharmacy. CMS requires an additional confirmation step** (see section 3.4 for further details).

Matching the CMS CP3 forms with the electronic response messages

If the CMS registration response message comes back with a registered, not registered or pending response then you and the patient should complete and sign the appropriate parts of the printed CMS CP3 form and then send it to Practitioner Services. This maintains a record of the result for any future audit trail. Section 3.4 covers dealing with a 'registered elsewhere' response.

Electronic GP patient registration notification

At the same time as confirming a patient is registered for CMS at your pharmacy, PRS also sends a **GP CMS registration notification message** to ePMS. This message is pulled down the next day from ePMS by the relevant GP IT system. This, in turn, flags the patient as CMS registered and the details of the pharmacy where they have registered in the patient electronic record at the GP practice. This informs the patient's GP that they can generate a serial prescription for a patient if they think it is appropriate.

Section 3.3
Withdrawing a patient from CMS

Patient / pharmacist triggered

A patient can choose to withdraw from CMS at any time. You may also choose to withdraw a patient, for example, if they move away or become confrontational or difficult in your pharmacy. Withdrawal is electronically supported in the same way as registration.

Each PMR system has a withdrawal procedure under their eCMS registration function. You will need to select the patient record in your PMR and then use the 'withdrawal' facility. This will automatically send a patient withdrawal request message to PRS and simultaneously print a CMS CP3 withdrawal form for you and the patient (or their representative) to sign.

PRS will send you a response message of either withdrawn or pending. For a withdrawn response, the patient's registration status will automatically be updated to 'not registered' on your PMR system. For a pending response the results of the withdrawal request will be sent to your PMR via the registration update process (which happens automatically on a daily basis). Again, as with a pending registration, this can take up to seven days.

The patient's GP practice will also be alerted to a registration withdrawal via PRS and ePMS.

PRS triggered

A patient may be withdrawn for CMS by PRS. This will happen automatically if they die, move into a Care Home or are no longer registered with a GP practice in Scotland. The patient's registration status will automatically be updated to 'not registered' on your PMR system via the **registration update process** (see section 6 for further details).

Section 3.4
Patients registering for CMS at another pharmacy

If you try to register a patient for CMS at your pharmacy and you receive a registration response of 'registered elsewhere' from PRS then the patient is registered for CMS at another pharmacy. You will then be prompted by your PMR system to check that the patient wishes to move their registration to your pharmacy.

You must confirm with the patient that they wish to move their CMS registration.

If they do want to move their registration, then you need to positively confirm the patient's wish to transfer their CMS registration by verifying this on your PMR system. It then sends a message to PRS confirming the transfer.

A second CMS CP3 form will not be printed; you should just use the original one.

PRS then automatically withdraws the registration from the original pharmacy and the patient's registration status is updated to 'not registered'. Your PMR system is also updated to record the patient's registration status as registered at your pharmacy.

It is worth noting that you must always consider whether a registration transfer is suitable and appropriate for the patient – especially if it is not the patient in person who has made the request. If they have any outstanding serial prescriptions still to be dispensed at their original pharmacy moving their registration means that they will no longer be able to be collect any further instalments from their original pharmacy.

Section 3.5
Related processes

Sending CMS CP3 registration and withdrawal forms to Practitioner Services

You include all your CMS CP3 registration and withdrawal forms, bundled separately, in the exempt section of your monthly / bi-monthly submission (see section 7). They should be sent to Practitioner Services via your normal route. From there the forms will be imaged and stored. Remember the registration or withdrawal has already taken place electronically and the paper is for records only.

Your PMR system is able to report on patients registered with your pharmacy.

Requesting an on-line registration status request

Your PMR system can also send an online request to PRS to provide a patient's current CMS registration status. This will not change their current status, merely inform you of any existing one. You might want to do this to find out if a new patient presenting in your pharmacy is already registered elsewhere.

To do this, you need the same details required to register a patient (their name, gender, address, postcode, date of birth, CHI number and exemption status).

There are four possible responses to a registration request:

Registered
The patient is already registered at your pharmacy

Not registered
The patient is not registered at any pharmacy

Registered elsewhere
The patient is already registered at another pharmacy

Unknown
The person's details could not be matched by PRS and there is no information available about their registration status.

Identifying suitable patients for registration

You are well placed to identify suitable patients for CMS from existing repeat dispensing episodes. Your PMR systems should also allow you to highlight patients on regular repeat prescriptions and flag them as potential CMS patients.

Incentives, gifts, rewards and inducements

Under the current NHS Regulations and Directions for CMS you must not promise, offer or give any incentives, gifts, rewards or inducements to people to register with your pharmacy for CMS. You should also follow any professional and regulatory guidance on this matter.

Additionally, community pharmacy contractors should not offer financial rewards or incentives to, or set targets for, employees (pharmacists and pharmacy support staff) to recruit patients for CMS.

Advertising CMS

National NHS CMS publicity materials to support CMS are available, including a patient information leaflet and poster.

CMS is an NHS service and is based on unsolicited care.

Again, the Regulations and Directions for CMS state that you must not unilaterally advertise CMS. You can include information on CMS in your pharmacy practice leaflet.

Summary

- **A patient must be registered with a GP practice in Scotland, have a long-term condition and receive regular prescriptions to be eligible to register for CMS.**
- **A patient can only register with one pharmacy for CMS.**
- **Registration for CMS is similar to MAS and uses the national Patient Registration System (PRS) based at National Services Scotland.**
- **A patient is electronically registered for CMS using the PMR system which prints a registration form called a CMS CP3 form.**
- **The patient's GP practice receives an electronic CMS registration notification message informing them that a patient has registered for CMS and the details of the pharmacy where they are registered.**
- **A patient can withdraw, or be withdrawn, from CMS.**
- **The ePharmacy Helpdesk can be contacted on 0131 275 6600 to follow up any pending registration requests that have not been received in seven days.**
- **NHS CMS patient information materials will be available to help raise awareness of the service.**

Reflection Box

How do you order the MAS CP2/CMS CP3 forms?

What housekeeping tasks are associated with patient registration?

How do you re-order supplies of patient information leaflets ?

What else do you need to know about the service to help you deliver it?

The next section outlines stage 2 of CMS – the pharmaceutical care planning element – and describes how to use the web-based pharmaceutical care planning programme.

Section 4

Stage 2 – Pharmaceutical Care Planning

Section 4: Stage 2 – Pharmaceutical Care Planning

This section outlines stage 2 of CMS – the pharmaceutical care planning element – and describes how to use the web-based pharmaceutical care planning tool.

Objectives

- Describe the systematic approach to, and each of the steps involved in, pharmaceutical care planning
- List three medication risk factors that can contribute to a pharmaceutical care issue
- Explain the process that helps you to identify patients who will most benefit from pharmaceutical care planning
- Record a pharmaceutical care plan for a patient
- Describe CMS elements in the web-based Pharmacy Care Record

Section Contents

Section 4.1

The pharmaceutical care planning process

Pharmaceutical care planning essentially forms a dynamic model of care as identified in Figure 6 below. It is based on the method described in the CRAG Framework document, Clinical Pharmacy Practice in Primary Care. It formalises and documents much of what you already do in your day-to-day practice.

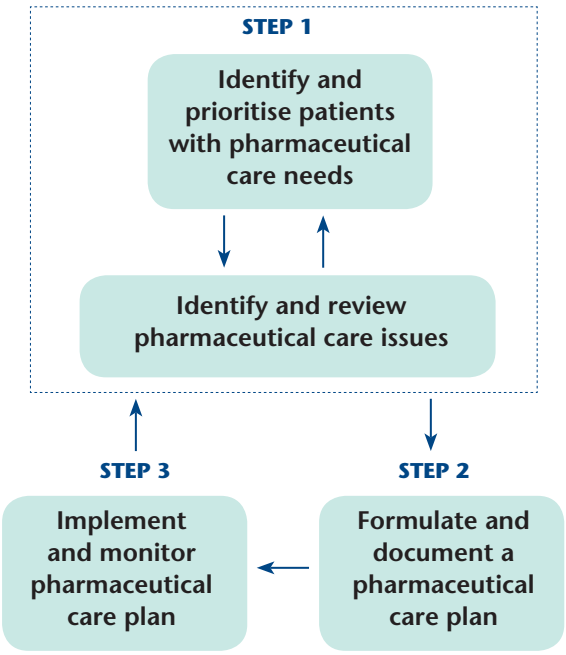


Figure 6. Pharmaceutical care planning

You undertake an initial risk assessment to help you to identify and prioritise individuals or patient groups who have unmet pharmaceutical care needs and, as a consequence, may be at risk from sub-optimal therapeutic management, side effects or poor compliance. This assists you in introducing CMS in a planned and achievable manner, using your time effectively to initially target patients most in need of your support.

For the patients you prioritise, you then go on to identify each patient's **pharmaceutical care needs, care issues**, any **desired outcomes** and the **actions** needed to deliver the outcomes. You then record this information in a **pharmaceutical care** plan which you implement, and then monitor and review on a regular basis.

Pharmaceutical care planning promotes a holistic approach by focusing on the whole patient, involves the patient in their own care and takes into account co-morbidity as well as disease-specific issues. The care planning process also supports the continuity of pharmaceutical care with the introduction of a care plan.

The care planning process is supported electronically by a web-based care planning tool (see section 4.4). This assists in both undertaking the initial risk assessment and in documenting a care plan.

Section 4.2
Identifying and prioritising patients with unmet pharmaceutical care needs

Undertaking the initial risk assessment for CMS registered patients

You need to undertake an initial risk assessment for each patient you register for CMS within **three months** of registering them. This allows you to develop a patient profile and risk profile rating; low, medium or high. This then helps you to identify those patients who have sub-optimal therapeutic management, side effects or poor compliance and, as a result, should be prioritised for further pharmaceutical care planning. The web-based pharmaceutical care planning tool assists you in carrying out and recording the risk assessment.

Pharmaceutical care risk assessment

You can start by either populating some of the general fields in the patient profile, then completing the risk assessment questionnaire and finally finishing the profile by selecting an overall risk factor to the patient or you can undertake the risk assessment questionnaire first, then complete the patient profile and finally attribute the risk factor.

The pharmaceutical care risk assessment questionnaire requires you to annotate the questionnaire against a choice of responses – yes, no or not recorded – for a series of questions. There is also a free text panel beside each set of responses where you can add any other details or notes you may wish to record. An example of one of the questions is included in Figure 7.

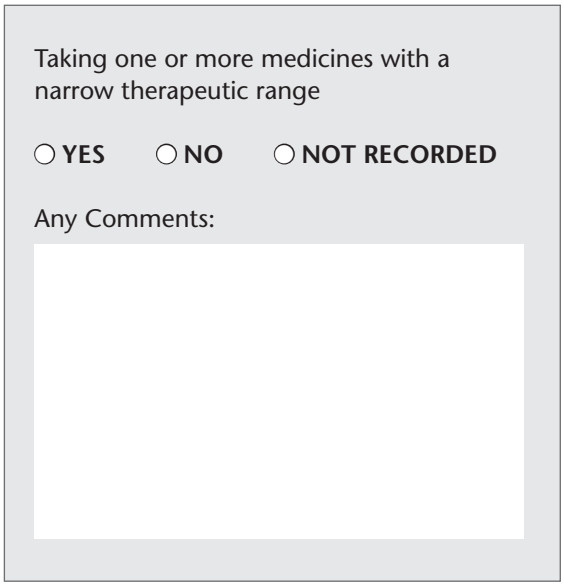


Figure 7. An example of the check list format of the risk assessment questionnaire

The 'not recorded' category can be used where you may not be sure of the response or where it is not relevant. You can also record any general pharmaceutical care issues of note.

Figure 8 details the questions that form the basis of the questionnaire. These questions on their own, however, do not determine the overall risk and need to be considered within the context of other important patient factors such as organ function.

Once you have completed the risk assessment questions you need to complete, or return to, the patient profile to allow you to determine the overall level of risk for your patient and record it in the patient profile section. This then allows you to prioritise the patients you want to target initially.

You can repeat the risk assessment as and when appropriate, for example, if your patient is prescribed new medication. Each individual risk assessment is recorded and saved.

Pharmaceutical Care Risk Assessment

Pharmaceutical care issues which affect the patient:

Care issue with the appropriateness of the medicines

Care issue with the formulation of the medicines

Care issue with the dosage and frequency of the medicines

Care issue with a contraindication

Drug interaction with one or more medicines

Side effects with one or more medicines

Problems with concordance

Care issue in relation to polypharmacy

Pharmacokinetic risk factors

Pharmacodynamic risk factors

Disease risk factor

Taking one or more medicines with a narrow therapeutic index

Taking one or more black triangle medicines

Duplication of medication

Figure 8. The questions that form the risk assessment questionnaire

Completing the patient profile

The patient profile contains five sections:

- general health
- medical conditions
- allergies and sensitivities
- patient factors
- overall risk profile.

The first three sections are free text although there are plans over time to look at how these may be pre-populated, for example using Read Codes.

Read Codes are used to record clinical summary information, including diagnosis, allowing some standardisation of the way that information is recorded.

Under each of the first three sections you can record any information you think appropriate based on your general knowledge of the patient and their medicines.

General health

You can enter any observations on the general health of the patient. You can also ask the patient for their view.

Medical conditions

You can enter any medical conditions that you are aware the patient is suffering from. Often, you can tell these from the medication a patient is taking but you can also ask the patient. In the future it may be possible to pre-populate this data from the patient's GP record.

Allergies and sensitivities
In this section you can add any allergies or sensitivities. You may already have this recorded on your PMR system but it may also be helpful to include it here. Again, it may be possible, in the future, to pre-populate this data.

Patient factors
The patient factor section has a number of specific questions which require a yes or no answer.

In this section you record information such as any physical or visual impairment, impaired or compromised organ function (e.g. lung, hepatic, renal or immune) or whether they are pregnant or breastfeeding.

Overall risk profile
Before you complete a risk assessment questionnaire, or any other part of the pharmaceutical care plan for a patient, their risk profile will be set at 'not recorded'. You need to determine the overall patient risk profile for therapeutic failure or toxicity based on a combination of the risk assessment responses and the pre-disposing patient factors.

For example, a patient who is on a number of medicines that are metabolised in the liver, and who has impaired liver function, will have a higher risk of toxicity or therapeutic failure and you would want to consider allocating a high rating to that individual as opposed to a patient on the same medication who does not have impaired liver function.

You select the appropriate level – **high, medium or low** – from the drop down menu and record this in the patient's profile.

You can upload the patients details and dispensing history, from your PMR system (see section 4.4 for more details) to support you in completing the risk profile assessment.

Section 4.3
The Pharmaceutical Care Planning Process

Once you have identified patients for whom you wish to develop a pharmaceutical care plan, you can get started on the care planning process. For each individual patient, you need to identify pharmaceutical care needs and issues. You then confirm and prioritise these with your patient and document them in a pharmaceutical care plan. The care plan also includes actions, which again you have agreed with the patient, to solve the identified problems over a period of time. Some actions may involve other members of the healthcare team, for example the requirement for a biochemical test or blood pressure measurement, and you will be responsible for communicating those actions to the appropriate individual.

Pharmaceutical Care Planning involves generating a pharmaceutical care plan, based on the pharmaceutical care issues identified during the assessment process, which is agreed with the patient.

Taking each step of the care planning in turn.

Identifying pharmaceutical care needs and issues – Step 1

This step allows you to:

- judge the patient's understanding of their condition and if they know what each of their medicines is for
- identify any unresolved pharmaceutical care needs and issues which you wish to address.

You need to consider the patient, their general health and assess each of the medicines they have been prescribed. This involves developing a medication profile by evaluating the therapeutic efficacy of each drug and the progress of the condition being treated. This helps to gauge the patient's understanding of their condition and medication and to identify any pharmaceutical care needs and actual or potential care issues. Your patient's own health beliefs are an important part of this process and the initial risk assessment and patient profile that you have developed will help you with this activity.

Pharmaceutical care needs

You can identify pharmaceutical care needs as part of day-to-day practice through face-to-face dialogue with your patients, their carers and other healthcare professionals, as well as from your PMR system

Pharmaceutical care needs can be product-specific needs or service-specific needs.

Product-specific needs

These might include the requirement for an additional or alternative medicine, addressing sub-optimal therapy, prescribing a different formulation or providing some form of compliance support.

Service-specific needs

These might include the need to provide patient counselling and advice, identifying any monitoring requirements or the need for a full medication review.

Pharmaceutical care issues

You should identify pharmaceutical care issues, whether actual or potential, from your patient's pharmaceutical care needs. You need to take into account any patient and medication risk factors. It is often the combination of these factors which predisposes a patient to the risk of adverse reactions or treatment failure. Again, identifying these care issues is best achieved by talking to your patient, as well as eliciting and interpreting information from any appropriate records available. You should record any care issues identified in the pharmaceutical care plan.

Patient factors

These might include age, current relevant medical problems (including any relevant indications and past history), functional and cognitive factors such as mobility and comprehension, social and environmental factors and a patient's own health beliefs.

Medication risk factors

These might include responses to current and previous therapy, drug disposition factors such as reduced renal clearance, potential drug toxicity factors (including special precautions and contraindications), polypharmacy, complexity of drug regimen and the use of other medicines (purchased medicines and complementary therapies). The review of current and past medication highlights important risk factors such as drug interactions, duplication of therapy and possible inappropriate drug regimens.

Formulating a pharmaceutical care plan – Step 2

This step allows you to:

- prioritise pharmaceutical care issues
- identify any desired outcomes
- propose any necessary actions required to address the issues
- document the issues, outcomes and actions in a pharmaceutical care plan.

As with the previous step you should agree the desired outcomes and proposed actions with your patient. Some of these may require the patient to do something; others may require the support of other healthcare practitioners.

Prioritising pharmaceutical care issues
You should prioritise your patient's pharmaceutical care issues within the context of the overall clinical management of your patient. This allows you to address each issue based on its importance, where appropriate, in a phased approach over a period of time.

Once the care issues are prioritised you need to identify the outcomes you wish to achieve.

Identifying desired outcomes
You need to describe any desired outcomes, in other words, what you want to achieve for your patient in relation to their pharmaceutical care issues. These need to be measurable outcomes within a defined timescale. You then need to consider what pharmaceutical actions are required to achieve these outcomes.

Desired outcomes

Examples of desired outcomes include ensuring that patients understand their medicines and know how to take them appropriately, improving health outcomes, improving compliance, reducing side effects or preventing an adverse drug reaction.

Proposing pharmaceutical actions
With any actions that you propose to address, the desired outcomes need to take account of the particular needs of your patient, any previous adverse reactions or sensitivities, your patient's own beliefs and expectations and evidence-based practice and guidelines. You will need to take responsibility for communicating any actions that require the involvement of other members of the healthcare team.

It may be worth discussing with your local practice how best to engage with them on any actions that require their involvement. It is likely that in the future you will be able to use the end-of-care treatment summary (see section 5) to electronically communicate specific concerns or actions with the patient's GP practice.

Pharmaceutical actions
These include providing advice to your patient on their condition or medicine, contacting their GP, discussing a change in medication or requesting some additional patient monitoring.

Exercise 5

You may wish to discuss with your local GP practices how they would like you to communicate with them in relation to the care of patients registered for CMS. What should you do about GP practices that are not coterminous with you? This may be something to discuss in any local awareness sessions your Board runs on CMS.

Documenting pharmaceutical care planning

You then need to document the pharmaceutical care issues, desired outcomes, proposed actions and any monitoring or follow-up requirements in a pharmaceutical care plan. This plan then forms the basis for the ongoing monitoring and review of the actions to ensure you achieve the desired outcomes. The plan also helps to ensure continuity of care by having a documented record of what you and your patient have agreed.

Pharmaceutical care plan
The pharmaceutical care plan is jointly agreed with your patient and, where appropriate, is supported by other practitioners. It is subject to ongoing review, in order to respond to any changes in a patient's needs. The care plan supports continuity of patient care, quality improvement and facilitates audit of practice. It also underpins effective communications between you, your patients and other healthcare professionals.

You may also want to think about how you provide your patients with any relevant details of the care plan, for example, if there are specific actions for them to undertake. In the future, it may be possible to print a copy of the care plan for the patients, providing them with a record to help them self care.

Implementing, monitoring and reviewing the pharmaceutical care plan – Step 3

This step allows you to:

- put the care plan into action
- monitor progress towards each of the desired outcomes
- review the care plan over time.

You need to monitor and review the pharmaceutical care plan on an ongoing basis. This can be driven by a number of influencing factors such as patient contact, links to the dispensing process or as a result of the completion of specific actions.

Implementing the pharmaceutical care plan

You should implement the pharmaceutical care plan with the agreement and support of your patient and, where appropriate, other members of the healthcare team who may have specific actions to undertake or review. These can be at specified intervals and for a defined period of time prior to further review. In instances where there is a reliable indicator of disease progression, drug efficacy or drug toxicity, you should monitor the indicator to assist you in managing and addressing the ongoing needs of your patient.

Implementation activities

Implementing the care plan can involve a range of activities: such as patient counselling on their medicines, monitoring the effects of therapy, referral to a GP, confirming the indication for a medicine or arranging for new medication to be commenced.

Monitoring the patient and the pharmaceutical care plan

You need to monitor progress of actual outcomes against desired outcomes in order to determine whether the pharmaceutical care issues previously identified have been resolved. Where desired outcomes are not met you may need to review the pharmaceutical care plan and other actions may have to be considered. In some cases the actual outcome may be the best achievable one; in other cases an alternative approach may be required to achieve the desired outcome. Once an issue has been resolved then no further action may be required, resulting in closure of the action.

Pharmaceutical care planning is a dynamic and iterative process. Therefore you need to continue to undertake a holistic review of the care plan.

Reviewing the pharmaceutical care plan

You need to review the care plan on an ongoing basis in order to update it in line with progress against the actions and desired outcomes, or with any changes to your patient's pharmaceutical care needs, resulting in new care issues and new actions.

Practice Point

➔ ***Consider your own pharmacy's population. From your PMR records, list at least two groups of patients and identify five individuals who you think may be most in need of your support and pharmaceutical care planning. Write down why you chose them?***

Exercise 6

Identify and record one of these patients in the pharmaceutical care plan provided (do not record patient name or other identifiable information on the worksheet). Remember you need to consider:

- **your patient's pharmaceutical care issues**
- **any desired outcomes**
- **any actions required to deliver those outcomes.**

Alternatively you may wish to use this case study below:

Case study – Male 50-year-old asthmatic

Mr Wilson has recently registered for the CMS.

His current prescription is:

- *Salbutamol 100 micrograms inhaler two puffs as required*
- *Salmeterol 50 micrograms inhaler two puffs twice daily*
- *Beclometasone 200 micrograms inhaler two puffs twice daily.*

From your initial assessment you have identified the following pharmaceutical care issues:

- *poor inhaler technique*
- *using salmeterol as reliever*
- *prone to oral thrush*
- *no asthma plan.*

Pharmaceutical care issues	Desired outcomes	Proposed actions

Completed care plans illustrating a number of disease states will be available on the NES website during 2010. Go to **www.nes.scot.nhs.uk/pharmacy/supporting the new contract/cms**. By storing these care plans on the web, NES pharmacy can ensure they are clinically up-to-date.

In addition, a range of continuing education options, including NES Pharmacy CORE Chronic Disease materials, are already available to support you in providing CMS.

Ensuring continuity of care

Each patient who has a pharmaceutical care plan established must be given the name of the pharmacist who has overall responsibility for their pharmaceutical care, including the monitoring and review of their care plan. This helps to ensure the continuity of care and provides patients with an individual named pharmacist in the event that they have any queries or concerns. The named pharmacist should normally practise in the community pharmacy at which the patient has registered for CMS.

Section 4.4
Using the web-based pharmaceutical care planning tool

Introduction

A pharmaceutical care planning tool as part of a wider web-based **Pharmacy Care Record** (PCR) has been developed as part of the ePharmacy Programme to assist you in providing elements of CMS. This is a secure IT system solution that, because it holds patient data, has been subject to a full security review. It is also fully robust with data recovery and data replication to a back-up site.

The PCR can be used to record patient demographic information, a patient profile (including general health, medical conditions, allergies and sensitivities), patient factors and an overall risk profile. In addition the PCR can record individual care issues, pharmaceutical care risk assessments and a medication and dispensing history summary.

NES Pharmacy has developed a user resource pack for the web-based Pharmacy Care Record and pharmaceutical care planning tool.

NES is sending a copy of the user guide to each community pharmacy, and NHS Board IM&T facilitators will have additional copies if required. The following information is to give you a flavour of the contents of the user guide.

There is potential in the future to use the Pharmacy Care Record to support the Public Health Service element of the CPC.

User names and passwords

This level of security means that the system needs to be protected with a user name and password level of entry. This is at pharmacist level and each pharmacist who needs access to the system requires their own user name and password. These are supplied via your local NHS Board. You must keep these safe and should not leave your details lying around. You should keep a note of the contact details of who issues them in case you ever forget your password.

A Pharmaceutical Care Plan is for an individual patient at a single pharmacy. However a number of pharmacists will regularly operate at more than one pharmacy. A security solution has been implemented that requires each user to associate (link) themselves, for that day, to the pharmacy they are working in before accessing the PCR. More than one pharmacist can be associated in a pharmacy at any time. The link will last until 1am the day after the association is made. The advantages of this approach are:

- Each pharmacist will have one single username and password (as opposed to one username and password per pharmacy they work in)
- The association can be done securely from a single machine in each pharmacy without the need for new ePharmacy digital certificates and PIN numbers
- The linking function could be extended to support the requirement for recording the responsible pharmacist in the future.

Uploading relevant patient data from your PMR to the PCR

There are two specific data feeds – patient information and dispensing history – which can be uploaded into the PCR from your PMR system. You will need to upload this on an individual patient level and you may also need to tidy up any duplications that may appear in the dispensing history fields.

Patient information

A patient's name, address, postcode, date of birth, CHI number, gender and telephone number can be uploaded from your PMR system into the patient information section of the PCR.

Dispensing history

Medication dispensed, the quantity dispensed, the last dispensing date, the dose and the service it was prescribed through, e.g. MAS, AMS, CMS, can be uploaded from your PMR system into the dispensing history section of the PCR.

Each PMR system has designed its own way of uploading this data and you should refer to their instructions.

In Figures 9, 10, 11, and 12 the mocked-up screen shots will give you an idea of some of the fields in the PCR.

Search screen

Once you have logged on to the Pharmacy Care Record you can search for patients by typing in appropriate data such as their name, date of birth or post code just like you do when searching for a patient on your PMR system. Figure 9 illustrates the search screen function proposed for the PCR.

Alternatively you can link to PCR from your PMR system. Your PMR system will pass the details to the search function to find the required patient PCR record. If no record is found the PCR system will allow a new record to be added (using the information passed from the PMR).

You can also enter a patient manually but it is better to upload patient details from your PMR as this reduces the risk of any transcribing errors.

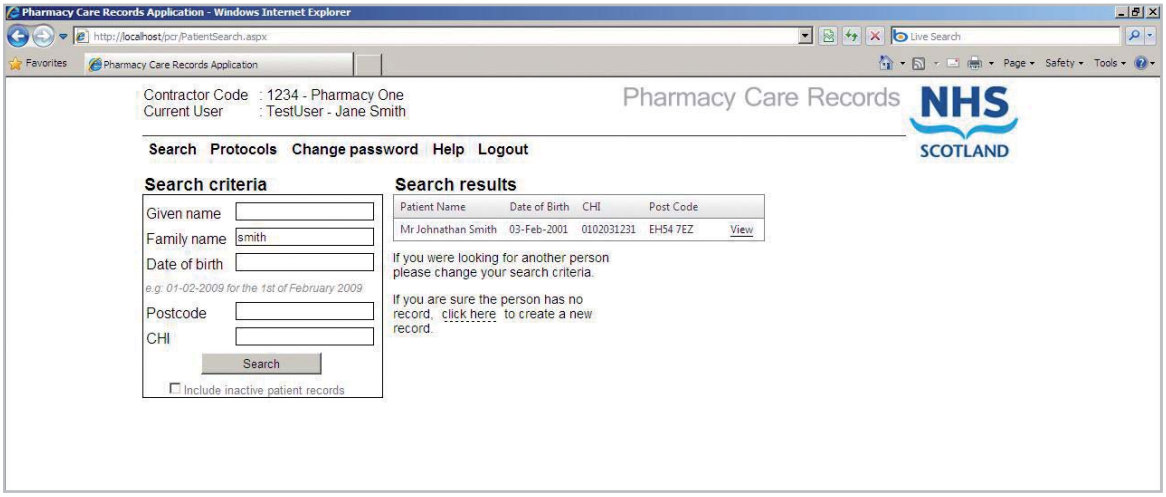


Figure 9. PCR search screen

Pharmaceutical care risk assessment

Pharmaceutical care risk assessments are supported with a questionnaire style screen where 'yes' or 'no' or 'not recorded' answers can be given to each of the questions. It also provides a place for free text against each question. This is illustrated in Figure 10.

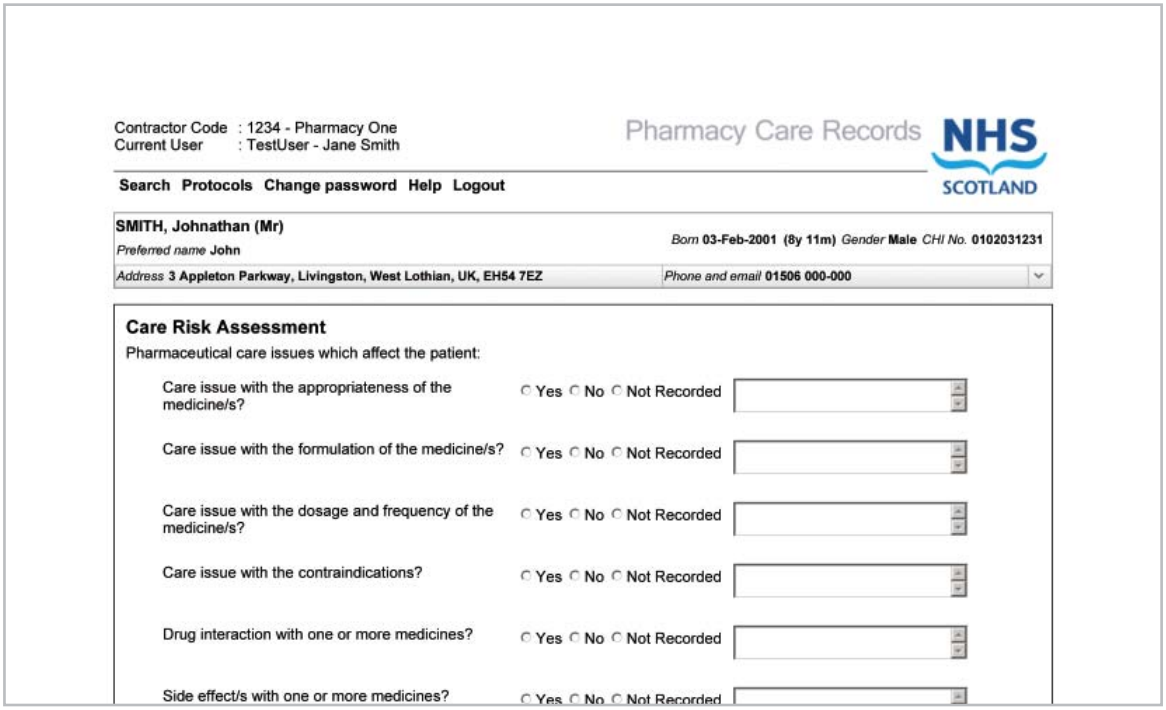


Figure 10. Pharmaceutical care risk assessment screen

Pharmaceutical care plan

The PCR system supports all elements of the Pharmaceutical Care Plan as detailed in Figures 11 and 12. There are individual screens for the detailed viewing and updating of the main elements as well as an overarching summary page.

The pharmaceutical care plan is built from each pharmaceutical care issue that you identify and enter into the PCR. There is a section which allows you to record each care issue individually and then an outcome section where you can note any desired outcome for that issue, any actions required to deliver the outcome, the response to the actions, the status of the issue (open or completed) and the date the issue was last modified (see Figure 11 below).

In the initial stages all these fields are free text but over time it should be possible to develop a coding system which will reduce the amount of data entry and also allow outcomes to report on the impact of the care you are providing to your patients.

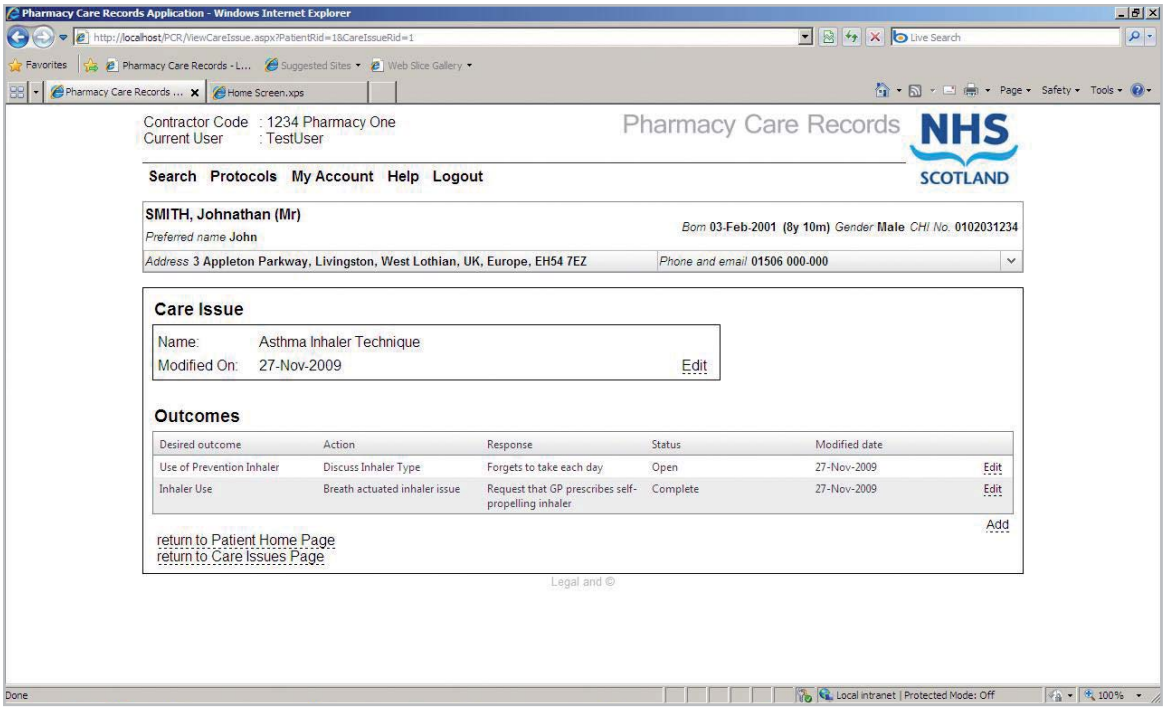


Figure 11. Detailed Care Issue entry and update screen

For each patient there is an overarching care issue summary screen, as can be seen in Figure 12, which provides an overview of all of the outstanding care issues for a patient.

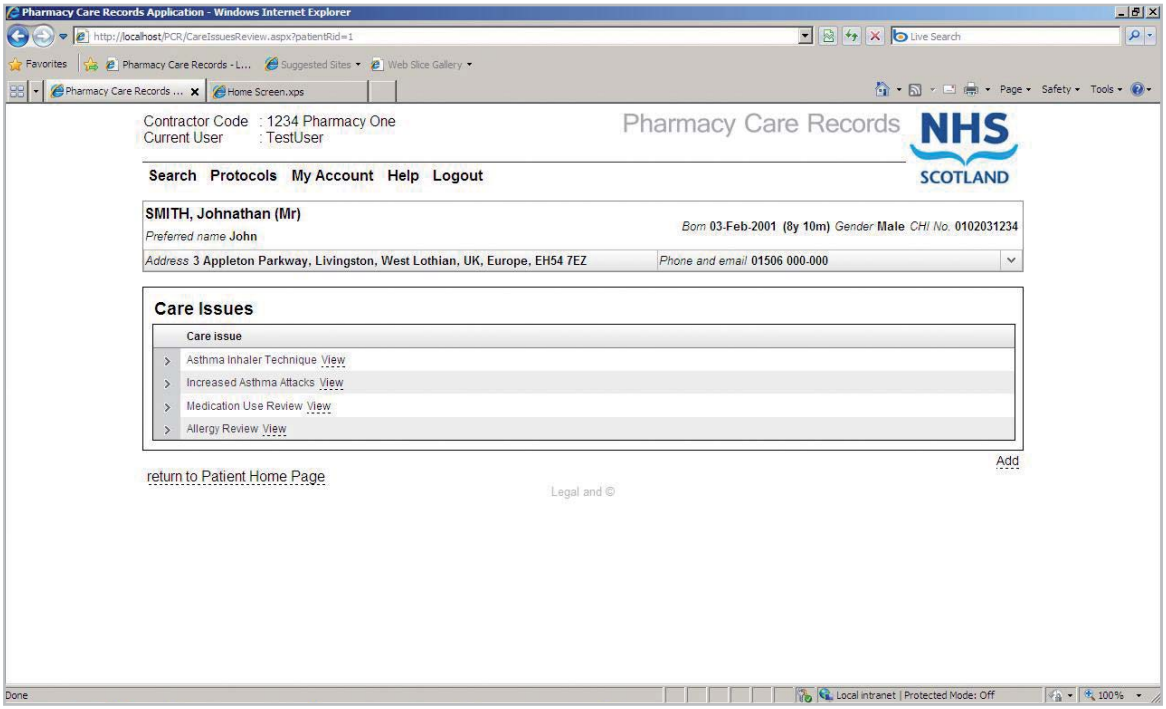


Figure 12. Care Issue summary screen

Section 4.5
Related issues

Counselling and advice

It is important that patients understand their therapy and how to use the products prescribed for them to achieve maximum therapeutic benefit. Therefore, you must also consider the counselling and advice needs of your patients in relation to their medicines both during the initial assessment and on an ongoing basis.

This is highlighted in the CRAG Framework for *Counselling and Advice on Medicines and Appliances in Community Pharmacy Practice*[17].

This should also:

- complement and reinforce information provided by other members of the healthcare team
- present opportunities for the patient to ask questions
- allow you to educate the patient.

Reporting Adverse Drug Reactions

In the event of an actual or suspected Adverse Drug Reaction you need to consider whether you should report it through the Medicines and Healthcare Products Regulatory Agency (MHRA) Yellow Card Reporting Mechanism. You can also encourage your patients to self report. You can report on-line or use a postage-paid yellow card.

Further details can be found at **http://www.yellowcard.mhra.gov.uk/** – you can also use this link to report online.

Summary

- **Pharmaceutical care planning is a dynamic process based on the CRAG Framework, *Clinical Pharmacy Practice in Primary Care.***
- **It formalises the day-to-day activities that occur in a community pharmacy.**
- **It consists of an initial risk assessment to help you to identify and prioritise individuals or patient groups who have unmet pharmaceutical care needs and, as a consequence, may be at risk from sub-optimal therapeutic management, side effects or poor compliance.**
- **The risk assessment must be undertaken within three months of registering a patient for CMS.**
- **The care planning process comprises of the identification of each patient's pharmaceutical care needs, care issues, any desired outcomes and the actions needed to deliver the outcomes. These are recorded in a pharmaceutical care plan which is monitored and reviewed regularly.**
- **A pharmaceutical care planning tool as part of a wider web-based Pharmacy Care Record (PCR) has been developed as part of the ePharmacy Programme.**
- **This is a secure IT system solution with robust data recovery and data replication to a back-up site.**

17 Clinical Resource and Audit Group, The Scottish Office. *Counselling and Advice on Medicines and Appliances in Community Pharmacy Practice. 1996.*

Reflection Box

When will you be able to access the PCR and use the pharmaceutical care planning tool?

Who will provide you with your user name and password?

How will the pharmaceutical care planning element work alongside serial prescriptions?

Are there any gaps in your knowledge that you need to address?

The next section looks at stage 3 of CMS – the shared care element – and outlines how to dispense serial prescriptions and generate end-of-care treatment summaries using the eCMS software.

Answer to the case study example

Pharmaceutical care issues	Desired outcomes	Proposed actions
Poor inhaler technique	Improve inhaler technique	Counselling on, and testing of, inhaler technique
Using salmeterol as reliever	Improve the patient's understanding of use of B^2 agonists	Provide patient counselling and information
Prone to oral thrush	Improve oral hygiene	Discuss oral hygiene such as rinsing mouth after use of steroid inhaler
No asthma plan	Asthma plan in place	Draw up an asthma plan with the patient and inform GP practice

Section 5

Stage 3 – Shared Care

Section 5: Stage 3 – Shared Care

This section outlines stage 3 of CMS – the shared care element – and describes how to dispense serial prescriptions and generate end-of-care treatment summaries using the eCMS software.

Objectives

- Describe the processes involved in generating a serial prescription at the GP practice
- Outline the steps involved in dispensing a serial prescription
- Summarise the purpose of the CMS Disease Specific Protocols
- Explain how the ePharmacy Programme supports serial prescribing and dispensing
- Describe an end-of-care treatment summary

Section Contents

Section 5.1
Introduction

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

A serial prescription can be for medicines, medical sundries or appliances.

However, controlled drugs, with the exception of those in Schedule 5 of the Misuse of Drug Regulations 2001, and cytotoxics such as methotrexate cannot be written on a serial prescription.

It is up to the GP to determine an individual patient's suitability for this particular part of the service.

A GP can produce a serial prescription for up to 48 weeks (generally 24- or 48-weeks). You then dispense the prescription at the time intervals which have been determined by the GP and specified on the serial prescription e.g. every 56 days.

Serial prescriptions are supported by **national CMS disease specific protocols** which outline common potential pharmaceutical care issues, **referral criteria** and **reporting requirements.**

Both serial prescribing and serial dispensing use the Electronic Transfer of Prescription (ETP) technology underpinning the Acute Medication Service (AMS). Figure 13 is a reminder of the ePharmacy Programme infrastructure.

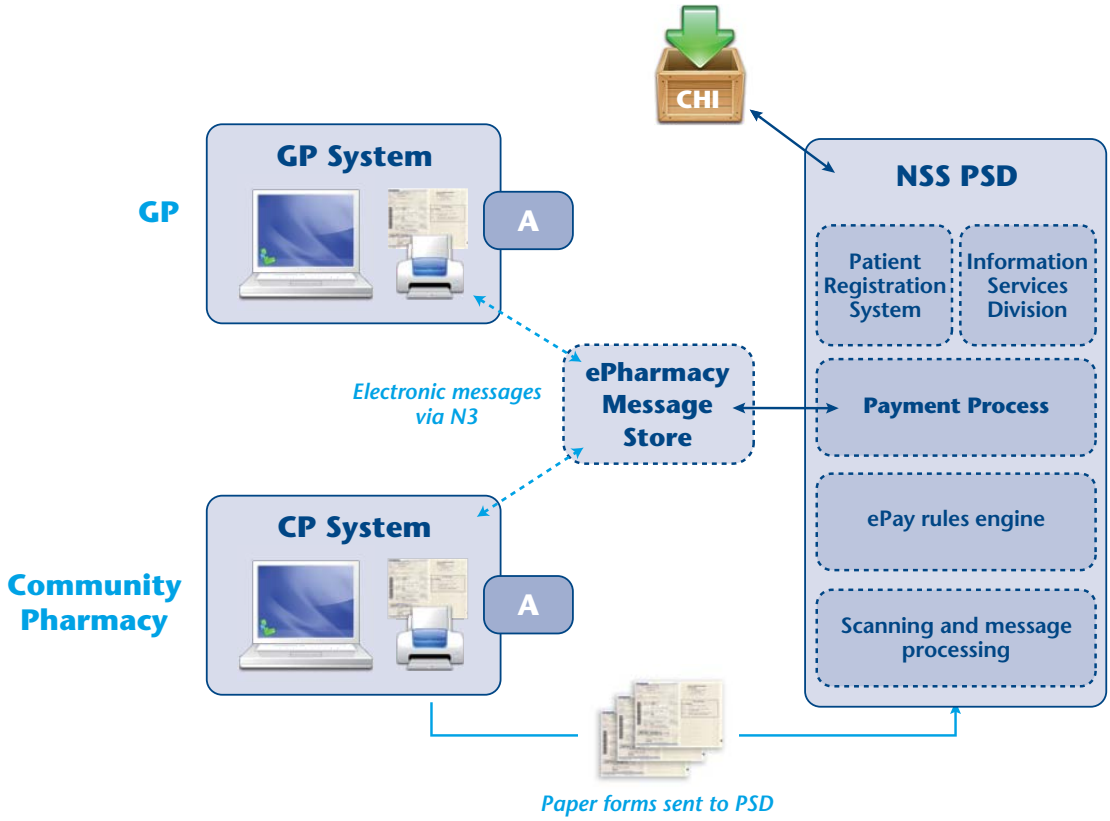


Figure 13. The ePharmacy Programme infrastructure

With AMS, at the same time as printing a GP10 form, the GP IT system automatically sends an electronic prescribe message to ePMS. The electronic message contains exactly the same information as printed on the GP10.

On receiving a prescription in your pharmacy, you scan the bar code which pulls down the electronic message from ePMS.

You can then use the information in the electronic message for dispensing purposes, reducing the need for data entry and transcription.

Dispensing a prescription triggers the creation of a corresponding electronic claim message which you send, via ePMS, to Practitioner Services for payment processing through ePay.

CMS builds on AMS. Once your patient's GP practice is notified electronically that they have registered for CMS their record is flagged. This flag acts as a trigger for the GP when they open the patient record and they know that they can enter into Stage 3 of CMS and generate a serial prescription for that patient.

If a GP chooses to produce a serial prescription for a patient then this is transmitted by ETP to ePMS. When the paper form is scanned in the pharmacy the electronic prescription is retrieved.

You retain the serial prescription in your pharmacy and dispense it at the time intervals indicated on the prescription.

The electronic prescription data is re-requested at each dispensing interval to ensure that the GP has not cancelled an item on the prescription since the last dispensing was performed.

As with AMS each dispensing triggers the creation of an electronic claim message which you send to ePMS from where it is accessed by Practitioner Services for processing through ePay.

CMS claims are only electronic; there is no paper method for claiming re-imbursement for items dispensed as part of CMS.

With CMS, the GP practice receives feedback on the dispensing of serial prescriptions each time they are dispensed. They also receive an end-of-care period treatment summary electronically via the ePMS after the final dispensing episode.

The end-of-care treatment summary includes a serial prescription renewal request.

On the last dispensing of a serial prescription you must get the patient (or their representative) to cross their exemption declaration on the back of the paper serial prescription and sign it. You then send the paper form to Practitioner Services in the normal manner. This completes the audit trail and allows them to carry out any Counter Fraud Service (CFS) checks.

Section 5.2
Serial prescribing

Generating a serial prescription

A GP can choose to generate a serial prescription for a patient through a number of routes:

- during a patient's annual QOF medication review
- during a routine appointment
- at a chronic disease management clinic
- as a result of a patient or pharmacist request.

The GP takes into consideration the stability of the patient's condition, the medicines they consider to be appropriate for a serial prescription and the length of the prescription [24- or 48-weeks]. Their IT system will calculate the total quantity to be prescribed to cover all the dispensing episodes and this is printed on the form in the quantity field. They will also need to select the serial prescription's dispensing interval, e.g. dispense every four weeks or dispense every eight weeks which is also printed below the instructions field.

A serial prescription is a prescription for medicines, medical sundries or appliances which is dispensed in instalments for up to a 48-week time period (generally a 24- or 48-week period).

A serial prescription is printed on a standard GP10 form. It is, however, clearly identified as a CMS prescription as illustrated in Figure 14; CMS is printed by the GP IT system in the bottom left corner of the prescription along with the duration of the prescription.

Initially, only certain groups of patients are eligible for serial prescriptions; other groups of patients will be considered at a later date.

The initial group of patients eligible for serial prescriptions are those exempt from payment on:

- age grounds
- maternity grounds
- medical grounds.

The GP system generates paper serial prescriptions and associated **electronic prescribe messages** using the eCMS software. The electronic messages are automatically sent to ePMS in the same way as an AMS prescription.

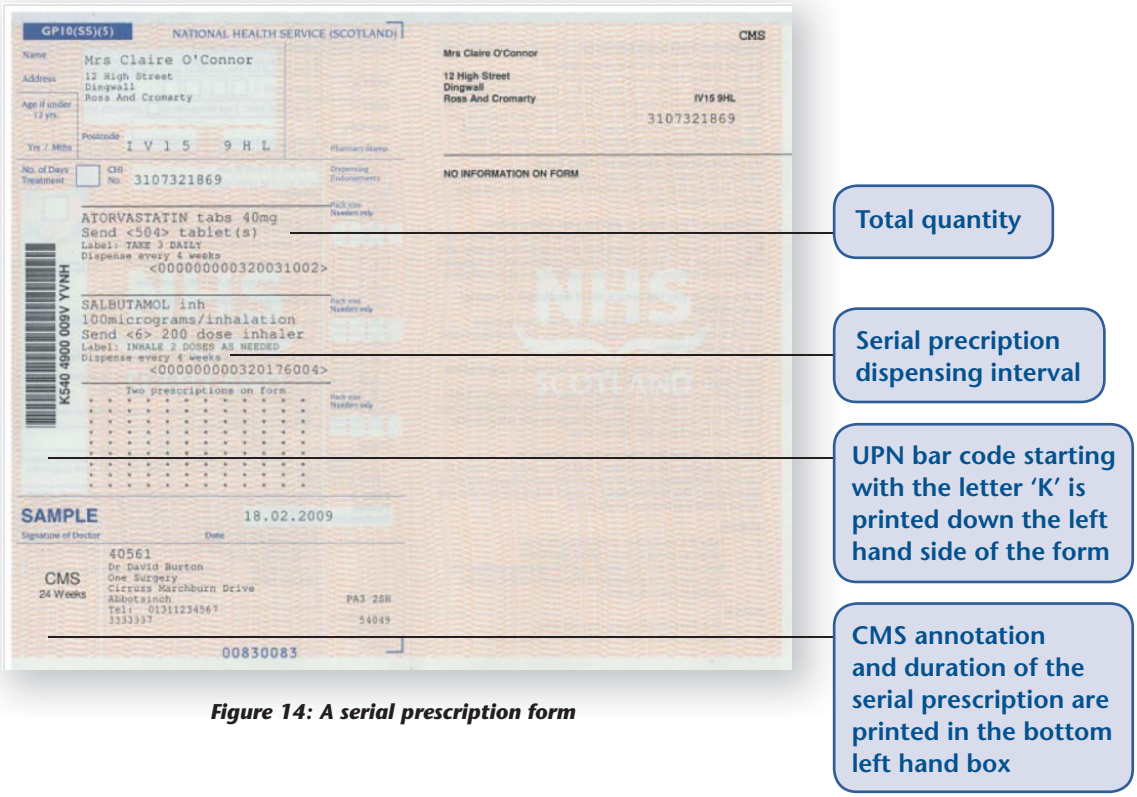


Figure 14: A serial prescription form

Dispensing feedback

Each time an item on a serial prescription is dispensed and claimed a message providing the date of the dispensing is made available to the GP practice.

Once a day the GP's IT system will pull down any electronic messages for the practice from ePMS. This process also retrieves any **end-of-care treatment summaries** (see section 5.4). These electronic messages populate the GP IT system with any dispense date messages from the serial prescriptions that they have issued and that have had an item dispensed. This is a new data flow and one of the reasons CMS requires explicit patient consent.

Cancelling a serial prescription item

A GP can cancel an item on a serial prescription electronically at any point; a patient's medication may have been stopped or altered or a patient's circumstances may have changed – they may have been admitted to hospital or their condition is no longer stable. Once cancelled, you can no longer dispense any outstanding instalments for that item. If a GP wants to cancel all the items on a serial prescription they must do so on an item by item basis.

CMS electronic prescription information must be re-requested before each dispensing event – your PMR system will support you in this.

Reporting

The eCMS software in the GP IT system allows the GP or a member of their staff to generate reports on CMS patients. This reporting functionality includes reporting on patients who are registered for CMS, those recorded by the GP as being suitable for CMS and serial prescriptions and those who are receiving serial prescriptions.

Section 5.3
Serial dispensing

A patient must take a serial prescription to the pharmacy where they are registered for CMS. They can still get non-serial prescriptions dispensed at any community pharmacy.

Your PMR system will prevent the dispensing of items from a CMS serial prescription if the patient is not flagged as 'registered' for CMS on your PMR; dispensing will be allowed if an attempt has been made to register the patient and they have a 'pending' registration status.

The first letter of the Unique Prescription Number (UPN) barcode will be used by your PMR system to identify the prescription as a CMS serial prescription. All CMS serial prescriptions begin with the letter 'K' (AMS prescriptions all begin with the letter 'A').

First dispensing episode on a serial prescription

When you receive a serial prescription form you scan it just as you would do with any bar-coded AMS form. This retrieves the electronic prescription.

CMS serial prescriptions are dispensed in a similar way to AMS prescriptions. Your PMR system user guide will give full details of this process.

That said, on the first dispensing of a serial prescription you will be asked to select the dispensing interval for each item. This procedure will then form the basis of this and subsequent dispensing episodes from the serial prescription.

Your PMR system will help you with this by suggesting the quantity to be dispensed and the frequency of dispensing, e.g. dispense 56 every 56 days. It does this using the duration and dispensing interval information in the electronic prescription message.

CMS prescriptions are dispensed (and claimed) on an item-level rather than on a form-level basis. This means that if you do not dispense a particular item on a serial prescription – for example a patient may not require a beta-agonist inhaler each time they request their steroid inhaler – it does not increment the episode count meaning that you can still dispense it at a later stage if required.

Apart from this, you go on to dispense the prescription in the usual way.

Sending an electronic claim message

As explained earlier, you claim for each individual item on a serial prescription. This is slightly different to AMS where claiming is for individual items but is form-driven rather than item-driven.

In addition with CMS there are two messages; a dispensing notification message and a claim message for each item. Both messages are sent to ePMS; the claim message is retrieved by PSD every 14 days in the same way as it does for AMS claims and the dispensing notification message by the patient's GP practice on a daily basis.

The dispensing notification message only notifies the GP practice that the item has been dispensed (providing the date of the dispensing); the GP practice is not informed of the quantity dispensed nor the actual medication (brand, manufacturer, etc.) dispensed to the patient.

You do not need to add any endorsements to the paper CMS serial prescription forms because, as previously mentioned, CMS claims are only electronic.

If you do not dispense an item on a serial prescription you do not need to mark anything against it. In other words, you do not have to electronically endorse 'ND' or send a 'not dispensed' electronic message. This is because you are claiming at an item level and therefore only claiming for what you have actually dispensed.

Storing the serial prescription forms

You retain the serial prescription in your pharmacy until you have completed dispensing from it.

Practice Point

→ ***Consider how and where you will safely store serial prescriptions in your dispensary. Will you log all patients alphabetically? Do you need to invest in some secure storage equipment?***

Subsequent dispensing episodes

Subsequent dispensing episodes are either actioned using your PMR system which has a repeat facility as part of its eCMS software or by scanning the paper serial prescription form. Either way your 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 the prescription.

If there are no cancellation messages your PMR system offers you the dispensing schedule that you set for the first dispensing episode and you can then dispense the prescription and claim electronically. Section 5.5 contains some information on how to deal with exceptions to this, such as a patient requesting an additional supply.

Your PMR system uses the quantity and directions that you chose when initially dispensing the item but you can modify them for each individual dispensing episode if necessary.

Whilst you do not have to scan the paper form to trigger the dispensing episode it is good practice to check what you are dispensing against the paper form.

Your PMR system has a diary facility which you can use to allow you to prepare the prescription in advance of the patient returning. If you do use this facility then you should always check that the patient requires all of the items before issuing the prescription. If an item is not required, your PMR system will have a process for cancelling the dispensing episode for that item.

You also need to think about how far in advance you should prepare a dispensing episode; once you retrieve / refresh the prescription you will not be aware of any possible subsequent cancellations until the next dispensing episode.

Remember to file the serial prescription until the next instalment is due.

Final dispensing episode

When you complete the final dispensing episode and the claim message has been sent to ePMS your PMR system may offer you the option to generate an electronic **repeat prescription renewal request**. You can also enter free text which allows you to include an appropriate comment or message for the patient's GP. For example, you may wish to suggest a change to the dosage or quantity.

The repeat request is sent as part of the **end-of-care treatment summary**. End-of-care treatment summaries must be sent at regular intervals – ideally after you have dispensed the last instalment from a serial prescription and in sufficient time for the GP practice to review the patient and issue a new serial prescription if required. They can also be sent on an ad hoc basis.

The patient or their representative must sign the back of the prescription form and indicate their exemption category at the final dispensing.

If you still have an outstanding dispensing episode for an item at the end of a serial prescription when all (or most) other items have been dispensed then you should treat the prescription as dispensed and request a new one. You do not need to endorse the paper form and you will not be reimbursed for any items you have not dispensed.

You must send the paper serial prescription form to PSD no later than three months after the final dispensing episode.

Dealing with a cancelled item

If, on the back of re-requesting CMS prescription information prior to dispensing, you receive notification of a cancelled item then you will not be able to dispense that item. It is most likely that the GP practice will already have notified the patient. You may wish to consider if it would be helpful for the practice to notify you in person too.

If an item cancellation message is received in your PMR then the item will be removed from the patient's repeat CMS medication list.

Practice Point

→ ***You may wish to discuss a process with your local practices on how you should deal with cancelled items on a serial prescription. For example, would you like them to contact you in person to inform you of a cancellation?***

Reporting

The eCMS software in your PMR system allows you to generate reports on CMS patients. This reporting functionality includes reporting on suitable candidate patients and those you have registered for CMS.

Your PMR system will also let you review the number of completed dispensing episodes, and the details of each of those episodes. This means that you have an audit trail of all dispensing episodes for a serial prescription.

A report is available that details the number of CMS claims sent within a defined period and it will enable you to cross check against your advance payment from Practitioner Services. An example of the proposed PAY report is included in Appendix A1.

National CMS Disease Specific Protocols

Stage 3 is also supported by a number of national CMS disease specific protocols which outline any **pharmaceutical care issues, referral criteria** and **reporting requirements** for a number of important disease states.

The disease states covered by the CMS protocols have been based on evidence reported from both England[18] and the USA[19] which identified that thirteen long-term conditions represent the most frequent indications for therapy (over 50%).

18 Royal Pharmaceutical Society of Great Britain. 2006. *Long Term Conditions: Integrating Community Pharmacy.*

19 Cipolle, Strand, Morley & Frakes. 2004. Peters Institute of Pharmaceutical Care. *Pharmaceutical Care I Module.*

These are:

- Hypertension
- Hyperlipidaemia
- Asthma
- Diabetes
- Angina
- Heart Failure
- COPD
- Epilepsy
- Rheumatoid arthritis
- Parkinson's disease
- Osteoporosis
- Chronic pain
- Hypothyroidism

It is also worth remembering that many of these conditions do not occur in isolation; patients have co-morbidities.

The CMS disease specific protocols will be based on current best practice, such as Scottish Intercollegiate Guidelines Network (SIGN) guidance and will complement the pharmaceutical care planning process.

Pharmaceutical care issues

The protocols will highlight common pharmaceutical care issues associated with that condition. For example, in the case of an asthmatic patient common pharmaceutical care issues might include the patient's knowledge of their condition and medicines, their inhaler technique, whether they had an asthma plan and their smoking status.

Referral criteria

If necessary, you can **refer** a patient to an appropriate health care professional (usually the patient's GP) based on either referral criteria within the disease specific protocols or using your own professional judgement. The protocols will describe the referral criteria that will assist in supporting you identify any requirement to refer the patient over the period of a serial prescription. For example, using the earlier asthma case, the referral criteria might be a sudden significant fall in peak flow reading or if their peak flow reading consistently falls by 10%. Otherwise you should continue to dispense the prescription until it is complete.

Reporting requirements

The protocols will also highlight any reporting requirements, including any information that supports the GP's Quality and Outcomes Framework (QOF) process. This facilitates partnership working with other members of the primary care team. Again, using the asthma example, you may wish to inform the GP practice if you have developed an asthma plan for the patient or of their most recent smoking status.

The CMS disease specific protocols will be available in the web-based Pharmacy Care Record as well as hosted on the NES Pharmacy and SHOW Community Pharmacy Contract web-sites.

Pharmaceutical Care Planning

Any pharmaceutical care plan that you may have in place for a patient still forms the basis of the ongoing care for that patient in Stage 3. If you have a pharmaceutical care plan already in place from Stage 2 then you should continue to monitor the control of the patient's conditions and symptoms, side effects and compliance as agreed.

The process of serial dispensing provides you with an opportunity for a more planned and structured follow up of your patients. It also allows you to manage your workload more effectively.

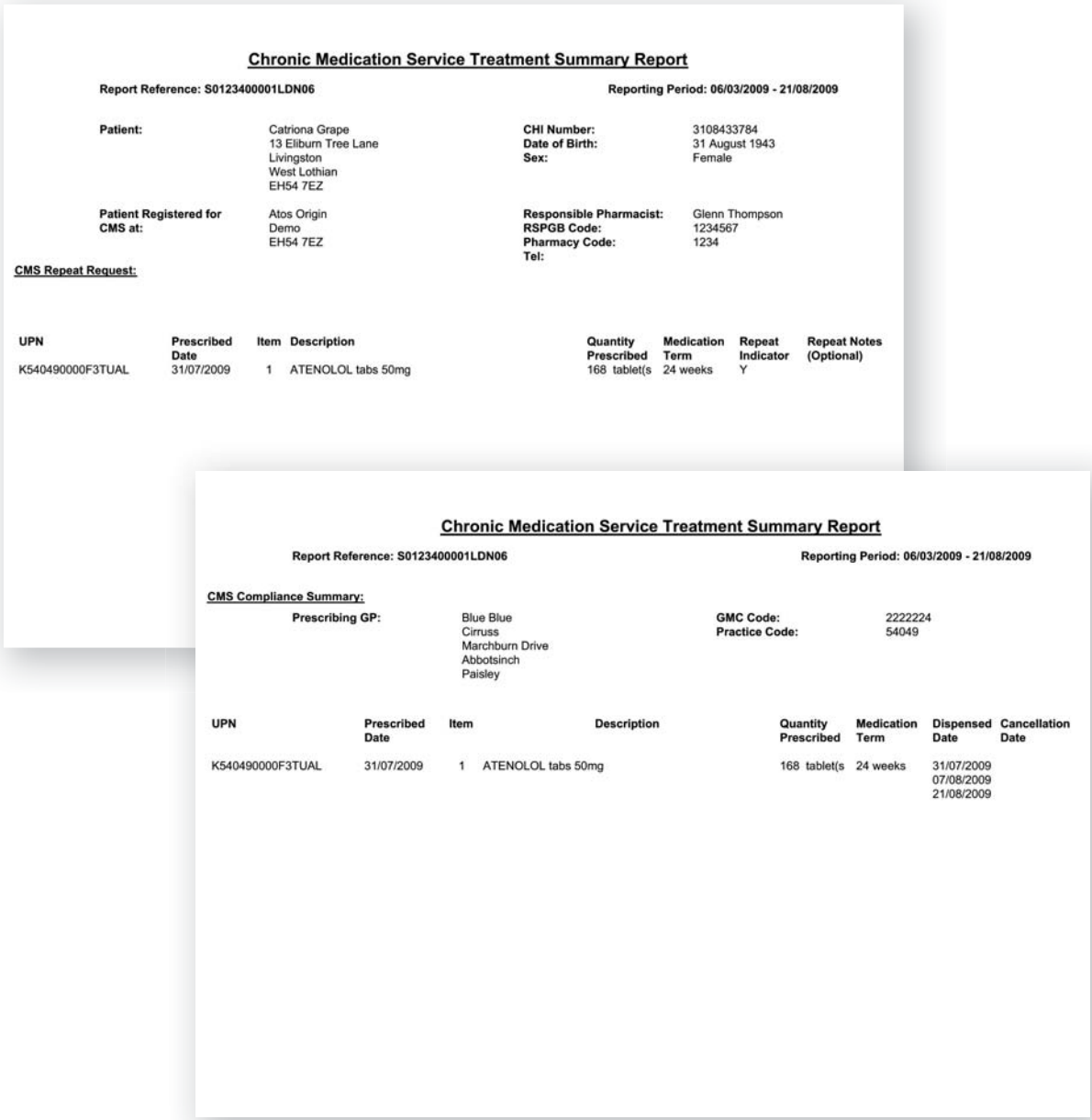
Where a patient receives a serial prescription but has not had a pharmaceutical risk assessment profile completed, then you should undertake the assessment in order to identify whether they would benefit from a care plan alongside their serial prescription.

Section 5.4
End-of-care treatment summary

You can generate an **end-of-care treatment summary** (see figure 15) at any point in the life cycle of a serial prescription; however, it is most likely that you will do so after you have completed the last dispensing episode for a serial prescription as that way it can be combined with the electronic repeat prescription renewal request.

Your PMR system helps you in remembering to prepare one. It automatically requests that you send an end-of-care treatment summary 20 weeks after the first medication is dispensed to a patient and then at regular 24-week intervals.

You can choose to send subsequent treatment summaries at any time but these will not change the automatic 24-week interval. The 20- and 24-week intervals were selected to ensure that the GP receives a repeat renewal request within a relevant time window.



Chronic Medication Service Treatment Summary Report

Report Reference: S0123400001LDN06 **Reporting Period: 06/03/2009 - 21/08/2009**

Patient: Catriona Grape, 13 Elburn Tree Lane, Livingston, West Lothian, EH54 7EZ
CHI Number: 3108433784
Date of Birth: 31 August 1943
Sex: Female

Patient Registered for CMS at: Atos Origin, Demo, EH54 7EZ
Responsible Pharmacist: Glenn Thompson
RSPGB Code: 1234567
Pharmacy Code: 1234
Tel:

CMS Repeat Request:

UPN	Prescribed Date	Item	Description	Quantity Prescribed	Medication Term	Repeat Indicator	Repeat Notes (Optional)
K540490000F3TUAL	31/07/2009	1	ATENOLOL tabs 50mg	168 tablet(s	24 weeks	Y	

Chronic Medication Service Treatment Summary Report

Report Reference: S0123400001LDN06 **Reporting Period: 06/03/2009 - 21/08/2009**

CMS Compliance Summary:

Prescribing GP: Blue Blue, Cirruss, Marchburn Drive, Abbotsinch, Paisley
GMC Code: 2222224
Practice Code: 54049

UPN	Prescribed Date	Item	Description	Quantity Prescribed	Medication Term	Dispensed Date	Cancellation Date
K540490000F3TUAL	31/07/2009	1	ATENOLOL tabs 50mg	168 tablet(s	24 weeks	31/07/2009 07/08/2009 21/08/2009	

Figure 15. End-of-care treatment summary

The end-of-care treatment summary details any information pertinent to the GP, such as a history of the dispensing information for the serial prescription, relevant QOF data and any recommended actions for the GP to consider.

The end-of-care treatment summary supports the sharing of information between the GP and pharmacist with the explicit informed patient consent you sought during the patient's registration for CMS.

The end-of-care treatment summary, including the electronic repeat prescription renewal request, is received in the GP IT system for review along with any other relevant patient correspondence, hospital letters and information that the GP needs to consider when reviewing the patient. This also establishes a formalised system for follow up and can form the backbone of the annual **QOF medication review**.

When the GP reviews the shared care arrangement, prompted by the serial prescription renewal request, they will take into account the information in the end-of-care period treatment summary to inform the review process. They can then update or continue with the existing package and issue a new serial prescription, having considered any suggested actions. Any relevant information is recorded and/or updated in the GP system. **The QOF medication review** marker and any other relevant **QOF domains** are also updated and stored.

You have some options available to you in deciding when to generate and send prescription renewal requests and end-of-care treatment summaries. For example, you may choose to develop and send them straight away or you may prefer to set aside time as a specific point each day or week to work them up and send them. You will want to factor in the dispensed quantity/dispensing interval to ensure you leave yourself and the practice plenty of time to consider and repeat the renewal request, taking into account the GP practice processes and timescales. For example, a GP may wish to see the patient before issuing another serial prescription.

Practice Point

→ ***You may wish to discuss with your local practices how best to deal with repeat serial prescription renewal requests. What timescales do you need to factor in to fit with their working practices? Will they want to see each patient before issuing a new serial prescription? Will they want to have different processes depending on the length of the serial prescription?***

You also can send an End-of-care treatment summary if you wanted to refer a patient back to their GP on the basis of the CMS referral criteria, documenting your concerns.

Section 5.5
Related issues

Patients requesting more than one dispensing episode at a time

A patient may, from time to time, request to have two dispensing episodes from a serial prescription at one time. This might happen if they were going on holiday.

The preferred method for dealing with multiple episode dispensing requests is to dispense two separate episodes and send two electronic claims on the same date. Your PMR system may include an option to allow you to automatically dispense the second episode after completing the first dispensing episode.

Dispensing two distinct episodes allows the GP to receive two dispensing notification messages; if only one dispensing episode was performed with the quantity having been doubled the GP may think that the patient has not received one episode. This is because the GP is not notified of the quantity dispensed – only the date.

In line with good prescribing practice for GPs, you should not issue more than a three-month quantity at any one time.

Patients with outstanding serial prescriptions who move their CMS registration to another pharmacy

If a patient moves their CMS registration from your pharmacy to another pharmacy then it will not be possible to dispense any outstanding items on a CMS serial prescription for the patient.

Moving their registration to another pharmacy means that the patient will not be able to collect any further instalments from the serial prescription at your pharmacy. The patient will have to request a new serial prescription to take to their new pharmacy from their GP practice.

If the patient chooses to re-register for CMS at your pharmacy then their serial prescription will once again be available for dispensing.

Expiry of serial prescriptions

A serial prescription must be presented for the initial dispensing episode within 24 weeks of the date that the serial prescription was signed by the GP. It is then valid for the duration originally intended by the prescriber. Of course, you must also use your professional judgement as to whether it is still appropriate to dispense against the serial prescription, especially if a significant time period has passed.

Completing a CMS Prescription

There may be occasions when a CMS prescription has item episodes that have not been dispensed but you have dispensed all the other items in total or the prescription has expired. Your PMR system will allow a CMS prescription to be marked as complete and therefore remove any repeat information relating to the completed script from your system. You can do this before you send the paper form to Practitioner Services. Completing a CMS prescription is an irreversible action.

Signing serial prescriptions

In order to support Counter Fraud Services (CFS) in their role you must ask the patient (or their representative) to sign and date the last instalment of a serial prescription.

This allows them to carry out their check back from the date of signature across a particular time period.

A patient (or their representative) should sign the serial prescription form when collecting the last instalment.

In the event of a patient not returning for further instalments of a serial prescription (including their last instalment) or it has expired, you should sign the back on their behalf and note the reason for doing so, both on the back of the prescription form and in their PMR record.

Remember you, or members of your staff, should not sign CMS registration forms or serial prescriptions on behalf of patients unless there are exceptional circumstances.

Dispensing More than the Prescribed Quantity

Your PMR system will warn you if you attempt to dispense more than the prescribed quantity. This is only a warning as there may be occasions where the GP has based the total quantity on a pack of 28 tablets but the pack size used for dispensing is 30 tablets. In this case a warning would be displayed on the final dispensing due to the fact that the quantity has been exceeded but each dispensing episode will have been within the agreed limits.

Summary

- A GP can generate a serial prescription for up to 48 weeks – although generally it is either 24- or 48-weeks – for a patient as part of a shared care arrangement.
- It is up to the GP to determine an individual patient's suitability for this particular part of the service.
- Serial prescriptions are supported by national CMS disease specific protocols.
- The CMS disease protocols outline common pharmaceutical care issues, referral criteria and reporting requirements.
- A patient must take any serial prescriptions to the pharmacy where they are registered for CMS.
- Scanning the bar code on the serial prescription retrieves the electronic prescription.
- On the first dispensing you will be asked to select the dispensing interval for each item. This will then form the basis of this and subsequent dispensing episodes from the serial prescription.
- You claim for each individual item on a serial prescription.
- A dispensing notification is also sent to the patient's GP practice.
- You retain the serial prescription in your pharmacy until you have completed dispensing from it or it has expired or been cancelled.
- Once you have dispensed the final instalment of the serial prescription then you need to submit it to Practitioner Services.
- You can send an electronic repeat prescription renewal request along with the End-of-care treatment summary to the patient's GP practice.

Reflection Box

What 'housekeeping' tasks must you undertake to ensure that you manage the electronic messages as part of CMS?

Do you need to count the electronic claims you send from serial prescriptions in the GP 34 form?

What is available nationally and locally to help you deliver CMS?

The next section describes the general 'housekeeping' tasks required to underpin eCMS.

Section 6

General 'housekeeping' requirements

Section 6: General 'housekeeping' requirements

This section describes the general 'housekeeping' tasks required to underpin CMS.

Objectives

- Summarise the regular 'housekeeping' tasks that you need to undertake
- Outline how to manage the electronic messages for CMS registrations and CMS dispensing claims
- Describe how to manage any paper forms associated with CMS (CMS CP3 registration forms, GP10 AMS and serial prescriptions)

Section Contents

Section 6.1
Introduction

You must undertake the necessary 'housekeeping' tasks to support CMS as you do for other ePharmacy services such as MAS and AMS. Basically this is just an extension of what you are already doing.

You or a member of your dispensary staff should check your PMR system, at least once daily, to make sure that you are:

- receiving electronic messages
- sending electronic claim messages and they are being received by ePMS.

There are a number of reasons for carrying out these tasks on a regular basis. The main one being that if you are unable to send messages, then any CMS registrations or claims will not be processed, with the result that you will not be reimbursed for this activity. You do not want to allow the management of the electronic messages, or any associated problems that may have occurred, to build up over a long period of time. A build up of messages will affect both the registration of patients at your pharmacy and the processing of your prescriptions through ePay.

Section 6.2
Managing electronic messages

You need to make sure that you actively manage any electronic messages you send or receive. This includes monitoring the status of messages sent to and received from the ePMS.

Registration request updates

Section 3.2 outlines the registration response messages you can expect to receive from PRS – 'registered', 'rejected', 'registered elsewhere' and 'pending'.

Your PMR system will undertake a daily **registration request update** to update on any **pending** CMS registration responses and withdrawals. In reply, a message containing updates to patient registrations at your pharmacy will be sent to your PMR system by PRS. Your PMR system will then process these updates and apply any changes to the corresponding patient's record.

There are three different types of CMS registration update messages:

- 'pending registration' response – which will return a 'registered' or 'rejected' response to a registration request that is pending.
- 'pending withdrawal' response – which will return a 'withdrawn' or 'rejected' response to a withdrawal request that is pending.
- 'withdrawal notification' response – which will return a 'withdrawn' response if a patient has been withdrawn from your pharmacy by PRS because they are no longer eligible for the service (e.g. deceased) or they have moved their registration.

Your PMR system automatically sends these registration update requests to ePMS on a daily basis.

Managing electronic claim messages

As well as generating and sending an electronic claim message you must also actively manage the various stages of that electronic message held in your PMR system up until you have sent the message and received a subsequent 'completed' acknowledgement from ePMS.

ETP: a quick reminder of the AMS process

Once you have scanned a bar-coded prescription, your PMR system maintains a record of the electronic prescription message that you have requested and its status.

As you process the electronic prescription it moves through various stages reflecting its status at that time. You can apply filters so that you can view any electronic prescription, for example by date or message status.

Reviewing the electronic prescription and its status ensures that it is passing through your PMR and alerts you to any outstanding actions that you need to complete.

You can manage the electronic prescription messages to be reviewed, for example, by selecting all electronic messages which are 'ready to claim' and can be sent before moving on to those 'in progress'.

The following is a reminder of the statuses of an electronic prescription message from the point when you scan the bar code to request the electronic prescription through to being ready to send an electronic claim message. Remember each PMR system may use a slightly different name for the status.

Requested
Scanning the bar code sends a request to ePMS to ask if there is an electronic message associated with the bar code on the GP10 paper form; at this point the electronic prescription has not yet arrived in your PMR.

Retrieved
Once the electronic prescription message has arrived in your PMR system it is recorded as received. At this point you can dispense the prescription using the information in the electronic message.

Ready to claim
Once you have dispensed the prescription and completed all the information required for the electronic prescription claim message (e.g. endorsements and the patient's exemption status) the claim message is ready to be sent.

In progress
You can stop progress of an electronic prescription at certain points in the process, for example, if you had an owing or there was outstanding information, such as the patient's exemption status that prevented you from sending the electronic claim message. Once you have the information required, the status will move to 'ready to claim'.

Sending electronic claim messages

Submitting an electronic claim is just like endorsing and submitting a paper prescription form to NSS, except in this case it is posted to ePMS instead (see section 7 for further information on ePay).

Once the message status is at 'ready to claim' you can send an electronic claim message whenever you like. You may chose to do this at the point of dispensing on a patient-by-patient basis, by batch claiming at a set point in the day or after a patient has collected their prescription.

If you are claiming at the point of dispensing for a serial prescription, then you should bear in mind that sending the electronic claim message also sends a dispensing notification message to the patient's GP practice.

Your PMR system may let you list all electronic prescriptions that are 'ready to claim'.

Responses from ePMS

ePMS sends an acknowledgement back to your PMR for every electronic claim message that you have processed and sent, including any cancelled, amended or reclaimed messages. Again it is important that you check these regularly.

The response will be one of the following:

Complete
The electronic claim has been sent (claimed) and acknowledged and the transaction is now complete.

Sent
The electronic claim has been claimed but not acknowledged by ePMS

In exception
The electronic claim message has been claimed but ePMS has sent a response message to indicate that there has been a problem with the claim message and it is not 'complete'. The response message should also indicate what further actions need to be taken to resolve the problem.

Time expired
The electronic claim message has been sent to ePMS but the message timer has expired before it was received. You can still resend the message at this stage.

Checking for incomplete messages

You should check for any incomplete messages at least on a weekly basis to help you identify any messages that are taking too long to be processed. Any relevant message that is incomplete will be displayed and you need to do something to move it on.

The two main message types that must be checked are:

- registration request messages
- electronic prescription claim messages.

Your PMR system will have a process for identifying incomplete messages and you should follow that.

If there is any message that has not been resolved after seven days then you should contact the ePharmacy Helpdesk on 0131 275 6600 who will attempt to resolve the issue on your behalf. They will carry out an investigation and identify the appropriate course of action. In doing so, they will provide you with any information necessary to update your PMR system.

For more information about this you should refer back to the NES Electronic Transfer of Prescriptions Implementation Resource Pack.

Cancelling CMS claim or re-claiming

There may be occasions when you wish to change what you have claimed for or cancel a claim altogether. For example if items were prepared and claimed in advance of the patient collecting them or if an error was made in the original claim. As with AMS, your PMR system will support sending either a claim cancellation message or allowing a revised claim to be submitted (this will supersede the original claim). As with AMS you have 14 days from the submission of the original claim to submit a cancellation or revised claim before the original claim is passed to Practitioner Services for processing.

If you require to make a change after the 14 day period then you need to contact Practitioner Services directly.

Section 6.3
Managing paper prescription forms

CMS relies on both GP10 AMS prescriptions and serial prescriptions. This means that you need to be able to accommodate both paper-reliant and paper-light processes.

In the case of an AMS prescription you scan the bar-coded prescription, retrieve the electronic prescription message, dispense the prescription, generate and send an electronic claim message, endorse the paper form and store it ahead of sending your submission to Practitioner Services. You will have captured, both in the electronic claim message and on the paper GP10 form, the patient's exemption details (the paper form will also have their signature) and any additional endorsements. ePMS sends a claim acknowledgment and once you have received this it denotes the end of the process.

There will, of course, be times when you cannot complete the dispensing event in full immediately, for example, you may have an owing on a prescription item or you may not have the patient's exemption information. In these circumstances the prescription is 'in progress' until you complete the dispensing event or add the missing information. Whilst the prescription is 'in progress' you will need to keep the paper form separate from completed ones to help you to keep track of outstanding claims that require action. Once addressed you can then send the electronic claim message and endorse and store the paper form for forwarding to Practitioner Services.

In the case of a serial prescription you scan the bar-coded prescription or send an electronic request to retrieve and/or refresh the electronic prescription message each time you dispense an instalment from the prescription. You then generate and send an electronic claim message which will contain the patient's exemption details and any additional endorsements. Finally after receiving the claim, ePMS sends a claim acknowledgment signifying the end of the process.

You do not need to add any endorsements to the paper form.

When dispensing the last instalment of a serial prescription you need to get the patient to sign the paper prescription form annotating their exemption status at that time and you submit the paper form to Practitioner Services in the usual manner.

Practice Point

→ ***Think about what system you need to put into place to manage the electronic messages and paper forms. How will you manage serial prescription claims? Do you need to develop a procedure for your staff to follow?***

Summary

- Housekeeping tasks allow you to check that you are:
  - receiving registration updates from PRS via ePMS
  - receiving electronic prescription messages from ePMS
  - sending claim messages to ePMS
  - receiving acknowledgements from ePMS
  - acting on any messages that require further action.
- Some housekeeping tasks are automatic, e.g. registration updates, whilst others require to be actioned.
- Housekeeping is required to prevent the build up of any problems with electronic messages.

Reflection Box

What happens next to both the paper forms and electronic claim messages?

What business processes and form management procedures do you need to update or put in place in your pharmacy to make sure that CMS operates smoothly and safely?

What training do you need to give your staff?

The following section looks at how you submit your electronic claim messages and paper prescriptions for payment processing.

Section 7

Payment processing (ePay)

Section 7: Payment processing (ePay)

This section looks at how you submit your electronic claim messages and paper forms to Practitioner Services for processing.

Objectives

- Outline the main steps involved in submitting your CMS CP3 registration forms
- Describe the payment processing principles for CMS
- Complete your GP34 form taking into account eCMS claims and CMS CP3 registration forms

Section Contents

Section 7.1
Submitting electronic claim messages and paper forms

This section builds on what you already do to support both MAS and AMS.

Submitting CP3 registration forms

All CMS CP3 registration and withdrawal forms should be submitted to PSD along with all other prescription forms.

They are included in the exempt part of your bi-monthly (or monthly if this is your current practice) submission.

They should be bundled separately from other documents, i.e. all your CMS CP3 registration forms and CP3 withdrawal forms together.

You should also make sure that the bar-coded form is presented face side up with the barcode on the left-hand side as this helps the scanners read the prescriptions without interruption.

Remember the registration has already happened using the electronic registration message but the paper forms still need to be imaged and stored by NSS.

Submitting serial prescription electronic claims

Serial prescriptions rely on electronic claims to ensure you are reimbursed for what you have dispensed.

The reliance on the electronic claim message, as opposed to paper, for almost all of the CMS dispensing process makes it critical that you undertake regular housekeeping activities.

You need to make sure that you send all your CMS claim messages to ePMS and that they are received successfully.

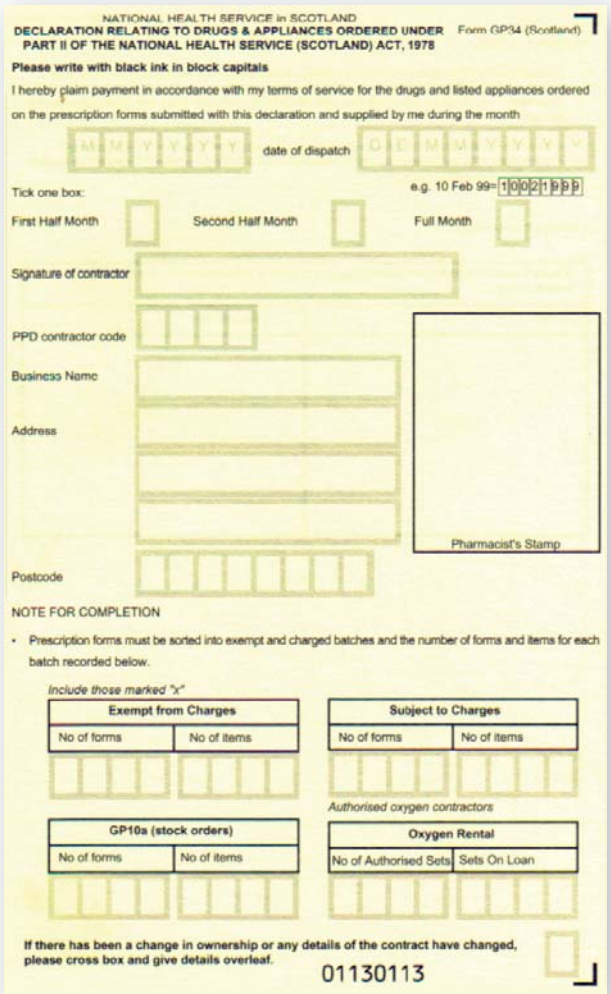
Submitting serial prescription paper forms

All paper serial prescription forms should be sent to PSD when:

- you have completed all the dispensing episodes for that prescription
- the serial prescription has expired
- all the items on the form have been cancelled
- you have chosen to manually complete the prescription.

The serial prescriptions are included in the exempt part of your bi-monthly/monthly submission (remember serial prescriptions are only available initially for patients who are exempt from prescription charges on the grounds of age, medical or maternity exemption).They should be bundled separately from other documents, i.e. all your serial prescription forms together. As before, you should also make sure that the bar-coded form is presented face side up with the barcode on the left-hand side as this helps the scanners read the prescriptions without interruption. All serial prescription forms should be sent in within **three months** of having been dispensed in full, expired, completed or cancelled.

Serial prescription forms should not be endorsed manually as reimbursement is derived solely from the electronic claim message.



NATIONAL HEALTH SERVICE in SCOTLAND

DECLARATION RELATING TO DRUGS & APPLIANCES ORDERED UNDER PART II OF THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT, 1978 Form GP34 (Scotland)

Please write with black ink in block capitals

I hereby claim payment in accordance with my terms of service for the drugs and listed appliances ordered on the prescription forms submitted with this declaration and supplied by me during the month

M M Y Y Y Y — date of dispatch D D M M Y Y Y Y

Tick one box: e.g. 10 Feb 99= 1 0 0 2 1 9 9 9

First Half Month | Second Half Month | Full Month

Signature of contractor

PPD contractor code

Business Name

Address

Pharmacist's Stamp

Postcode

NOTE FOR COMPLETION

- Prescription forms must be sorted into exempt and charged batches and the number of forms and items for each batch recorded below.

Include those marked "x"

Exempt from Charges		Subject to Charges	
No of forms	No of items	No of forms	No of items

Authorised oxygen contractors

GP10a (stock orders)		Oxygen Rental	
No of forms	No of items	No of Authorised Sets	Sets On Loan

If there has been a change in ownership or any details of the contract have changed, please cross box and give details overleaf.

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Figure 16. A GP34 form

CP3 registration forms

As for MAS, the following information about CMS CP3 registration forms should be included on your GP34 form (see figure 16).

You should count **ONLY** the form, i.e. **form = 1, item = 0**.

These figures are recorded on the GP 34 form under the Exempt from Charges area.

Serial prescription forms

When you come to submit the paper serial prescription forms you count only the paper forms, i.e. form = 1, item = 0 (items will have been processed using electronic claims).

You do NOT need to include a total for any electronic claims that you submit on a monthly basis.

GP34 arrangements for advanced payments still apply to serial prescription items, which will be determined on the basis of electronic claims received.

Section 7.2
Payment processing

Practitioner Services currently scan any bar coded prescriptions that they receive to retrieve the associated electronic claim message/s. These messages contain both the prescribing (GP prescribe message) and the dispensing information (your electronic claim message).

The electronic message is then used to process the prescriptions through ePay.

ePay uses this information to inform the systems for remuneration, reimbursement and information gathering.

ePay: a quick reminder

ePay is simply the application of the Practitioner Services pricing rules to your electronic claim messages. The electronic claim message includes both the prescribing information generated by the GP IT system and retrieved from ePMS, and the subsequent claim information produced by your PMR system and actioned by you. The electronic claim messages are produced as a result of the data you enter when dispensing and labelling a prescription, including:

- the product supplied
- the pack size
- the quantity dispensed
- the unit of measure.

Serial prescriptions

In the case of serial prescriptions Practitioner Services will be working only from the electronic CMS claim messages they receive from you to process any serial prescription items through ePay. This is because there is no supporting paper form for them to use.

This is why it is critical that you ensure:

- the information in your electronic claim message is of good quality and is accurate
- you undertake regular housekeeping activities to make sure your claim messages are being sent to, and received by, ePMS.

Summary

- **All CMS CP3 registration and withdrawal forms should be submitted to PSD in your bi-monthly / monthly submission.**
- **PRS records and reports on all CMS registrations on the PAY 006b schedule.**
- **CMS reports from PRS correspond with the same payment cycle as other pharmacy activities for that month i.e. two months in arrears.**
- **You should count ONLY the CP3 registration/withdrawal form, i.e. form = 1, item = 0 and record the total on the GP 34 form under the Exempt from Charges area.**
- **When you come to submit the paper serial prescription forms you count only the paper forms, i.e. form = 1, item = 0 and record the total on the GP 34 form under the Exempt from Charges area.**
- **You do NOT need to include a total for any electronic claims that you submit on a monthly basis.**
- **GP34 arrangements for advanced payments still apply to serial prescription items.**
- **All serial prescription forms should be sent to PSD within three months of having been completed (dispensed in full), expired or cancelled.**
- **Practitioner Services will be working only from the electronic CMS claim messages they receive from you to process any serial prescription items through ePay.**
- **You must ensure that the information in your electronic claim message is of good quality and is accurate and that you undertake regular housekeeping activities to make sure your claim messages are being sent to, and received by, ePMS.**

Reflection Box

Who completes the GP34 form in my pharmacy?

Do they need some further training on counting and entering totals for CMS CP3 registration forms and serial prescription items?

Do you need to have a system to make sure that completed, or expired, serial prescription forms are submitted to NSS within the three-month timescale?

The following section outlines where to find help in implementing the service both locally and nationally.

Section 8

Key steps to implementation of CMS

Section 8: Key steps to implementation of CMS

This section outlines where to find help in implementing CMS at both a local and national level. There will be a range of support measures to help both community pharmacists and GP practices implement the service.

Objectives

At the end of this section you will be able to:

- Identify who will be supporting this service locally and nationally
- Discuss training implications for you, your staff and your locums
- Plan and prepare for the implementation of CMS in your pharmacy

Section Contents

Section 8.1
Supporting implementation of CMS

Good communication is critical to the successful implementation of CMS.

In order that patients understand how the service works, you should provide them with the NHS CMS patient information leaflet advising about the service and explaining the implications of sharing relevant clinical data between GPs and community pharmacists, including associated aspects of consent. These leaflets will be available both in GP practices and community pharmacies.

You can order further copies of this leaflet. Details on how to do this will be available on the SHOW community pharmacy contract website at - **www.communitypharmacy.scot.nhs.uk.**

Patient information

It is also important to ensure that the information patients receive about their disease condition/s, advice on taking their medication and any other pertinent issues is consistent across the healthcare team. Experience from NHS 24 has demonstrated success in standardising information and advice given to patients and carers. NHS 24 has a dedicated, maintained website, - **www.NHS24.com** - containing relevant information that can be used by patients or healthcare professionals.

Another helpful website for patient information is the NHS Choices website, - **www.nhs.uk/pages/homepage.aspx.**

Inter-professional working

It should be obvious by now the importance of inter-professional working in order to maximise the benefits to be gained from CMS. GPs and Community Pharmacists should be clear about each other's roles in order to support delivery of the service, prevent any overlap or duplication of actions and ensure there are appropriate referral pathways in place. This includes the role of the secondary care team who may receive referrals from or refer to Community Pharmacist colleagues.

It may therefore be beneficial for you to discuss and agree with your local GPs colleagues and practice managers the most effective ways of working together.

For example:

- how do you want to communicate over specific patient care activities which the practice may need to undertake?
- what information might you have that would be helpful to your GPs, for example an up to date smoking status for a patient?
- can you identify, in advance of the service starting, a list of suitable candidate patients who would benefit from a serial prescription to let you get started?
- how do you want to manage the re-ordering of serial prescriptions – should this be driven by you sending an end-of-care treatment summary with a prescription renewal request or by the patient?

To assist with this, NHS Boards will be running local CMS awareness sessions, supported by NES Pharmacy, to facilitate discussions on some of these issues between GP practices and Community Pharmacists. This will help to address some of the practicalities and ensure a level of consistency in working processes locally.

IM&T

With the increasing reliance on technology to help you to deliver services, you must remember to put in place the necessary checks and safeguards to ensure the continued smooth running of these services and the supporting IT infrastructure.

For example, it is important to make sure that you back up your data on your PMR system regularly (daily) and that you store any back up disks safely.

If you notice a problem with receiving or sending messages, then this should be reported to the ePharmacy Helpdesk as soon as possible to ensure that the messages continue to flow through the system in support of the ePharmacy services.

If you are relocating your pharmacy or even just embarking on a refit, you need to make sure that you plan accordingly for your IT requirements and do so in plenty of time. This may include the need to re-connect your N3 connection if you have carried out work in your dispensary.

If you have queries on what impact any changes you are planning in your pharmacy may have on your IT requirements, then contact the ePharmacy Helpdesk on 0131 275 6600 who can advise you on what associated actions you need to consider.

Section 8.2
Local training and support for CMS

The following individuals are involved locally in providing training and support for CMS.

Community Pharmacy IM&T Facilitators

The CP IM&T facilitators are able to support you and your staff in using the systems and applications to deliver CMS. The contact details for your local CP IM&T facilitator(s) can be found on the SHOW community pharmacy contract website at:

http://www.communitypharmacy.scot.nhs.uk/nhs_boards.html

In addition, there are GP IM&T facilitators supporting your local GP practice(s) to make sure that they are able to use the CMS software on their GP IT systems.

Make sure that the contact details for your facilitator(s) are kept in an easily accessible place for reference by your employees/ locums and support staff.

Local Community Pharmacy Practitioner Champions

Your local CP practitioner champion(s) works alongside your IM&T facilitator(s) to support you in delivering CMS. They have been developing expertise in the principles of CMS and will be able to use their knowledge and experience to help you.

Contact details for your local champion(s) can also be found on the community pharmacy website at:

http://www.communitypharmacy.scot.nhs.uk/nhs_boards.html

NHS Boards

Your NHS Board has a role to play in both raising awareness and providing ongoing support for CMS. They have a local implementation group for the contract which supports the champions and IM&T facilitators and acts as a focus for communication at both a local and national level.

Your NHS Board is also responsible for providing you with you user name and password for the Pharmacy Care Record. Further information on this will be made available on the SHOW Community Pharmacy Contract website.

Just like for MAS, your Board is responsible for distributing the CP2/CP3 forms. You will receive an initial allocation and then you are responsible for re-ordering further supplies when necessary. You should keep a note of the contact details for ordering forms.

Remember to keep your supply of CP2/CP3 forms well stocked.

Details of all useful contacts within your NHS Board can also be found on the community pharmacy website at:

http://www.communitypharmacy.scot.nhs.uk/nhs_boards.html

Section 8.3
National training and support for CMS

NES Pharmacy
NES Pharmacy has developed this educational resource to help you implement CMS. They will also be producing the user manual for the web-based Pharmacy Care Record. One copy of this will be sent to your pharmacy when the software is available. Further copies will be available on request.

You can visit the NES website for updates at:

www.nes.scot.nhs.uk/pharmacy

Here you will find the disease specific protocols and detailed worked examples of CMS care plans as they are developed in 2010.

You can access details of all education and training offered to support the community pharmacy contract, as well as other educational opportunities offered by NES Pharmacy. Employee or locum pharmacists and registered technicians can also apply to NES Pharmacy for their own personal copy of this resource. This can be done by applying online via the NES website or by emailing **pharmacy@nes.scot.nhs.uk** with full name, postal address and RPSGB registration number.

National Services Scotland (NSS)
NSS provides a range of support services for CMS and the other CPC services.

The Community Pharmacy Contract website
Scottish Health on the Web (SHOW) sponsors the community pharmacy website which is the central point for all information relating to the implementation of the community pharmacy contract. It includes:

- sections for community pharmacists and CP practitioner champions on the contract and its implementation
- technical information on the ePharmacy programme
- IM&T facilitator information
- information regarding N3 pharmacy connections
- a customer services section
- access to pharmaceutical publications such as eMartindale and eBNF.

ePharmacy Help Desk
NSS has also established an ePharmacy Helpdesk to act as a single point of contact for all community pharmacists regarding the ePharmacy programme and any associated issues that arise. Although the Helpdesk can handle most inquiries at the time of the call, some will have to be dealt with by specialist groups called Resolver Groups. They consist of representatives from PMR suppliers, other business groups such as Community Pharmacy Scotland, NHS Boards and technical groups such as PSD Technical Support.

The ePharmacy Helpdesk can be contacted via email or telephone:

Tel: 0131 275 6600
Email: NSS.PSDHelp@nhs.net

Existing supplier and local NHS Board support and help desk services will continue to provide the first line call support services for any GP or Community Pharmacy IT system queries.

ePharmacy Programme

The ePharmacy Programme delivery team have led on the development of the web-based Pharmacy Care Record. They are working to have this available to link with the start of CMS being rolled out. They are also responsible for working with all the stakeholders, including GP and Community Pharmacy IT system suppliers to develop the eCMS software.

Exercise 7

List the people and contact details of those who can support you with CMS in the table below.

You should think about how you make this information accessible to your support staff and locums.

ORGANISATION	KEY CONTACT	PHONE NUMBER	eMAIL
ePharmacy Helpdesk		0131 275 6600	NSS.PSDHelp@nhs.net
PMR supplier / Head Office software contact			
NHS Board Director of Pharmacy			
NHS Board Primary Care Pharmacy Lead			
Pharmacy Champion			
IM&T facilitator			
Local contact for CP3 stationery			
Contact for PCR user name and passwords			

Section 8.4
Getting started

Having worked your way through this CMS pack you should have covered all the key activities required to help you to operate CMS in your pharmacy. There may however be specific additional activities that you may wish to undertake to ensure that you, your staff (including locum pharmacists) and your pharmacy are ready for CMS.

Practice Point

➔ ***You may wish to produce an action plan to identify what actions you need to take, recording the level of importance to help you prioritise what to do first.***

You can use the table on the following page to help develop your action plan. There are some headings to get you started but you may wish to add some of your own.

ACTION LIST				
To do	**Importance (1-3)** **1= very important**	**Priority** **High, medium or low**	**Details**	**Review date**
Identify additional personal training				
Identify staff training needs				
Consider support for locums				
Address training and support requirements				
CMS software requirements				
Premises requirements				
Public awareness of CMS				
Communications with GP practices				
Referrals & serial prescription arrangements				

Summary

- Your local IM&T facilitator and CP practitioner champion can provide you with support in using the eCMS software, the web-based Pharmacy Care Record and 'housekeeping' activities.
- The ePharmacy helpdesk acts as a single point of contact for all community pharmacists regarding the ePharmacy Programme and any associated issues that arise.
- Your NHS Board has a role to play in both awareness raising and ongoing support for CMS.
- The SHOW Community Pharmacy Contract and NES Pharmacy websites both host information in relation to CMS and other CPC areas.

Reflection Box

How will CMS change your current way of working and that of your staff?

How will you ensure that all your staff and locum pharmacists are adequately trained?

Are there any practical tips to get started?

Should you begin action planning now?

Appendices and Multiple Choice Questionnaire

Appendix A1
PAY report layout (draft)

Commercial in Confidence
Community Pharmacy Payment Details
Date : dd/mm/yy h:mm:ss
Chronic Medication Service
XXXXXXXXXXXXXX Health Board

Payment Authorisation for Month… Year…
Contractor Code No.
Pharmacy Name
Business Address – line 1
Business Address – line 2
Post Code

Registrations

Dispensing Month	Registered Patients
Month	Number

Claims – indicative item count and GIC.

Dispensing Month	Item Type	Number of items	GIC
Month	Part 7	Number	£
Month	Non-Part 7	Number	£
		----------	----------
		Total number	£ Total

Practitioner Services (Pharmacy), National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB. 0131 275 6356

Appendix A2
Frequently Asked Questions (FAQs)

Stage 1 - Patient Registration

Q. Who is eligible to register for CMS?

A. To be eligible to register for CMS a patient must be registered with a GP practice in Scotland, have a long-term medical condition such as asthma, diabetes or heart disease and receive regular prescriptions. In addition they must not be a resident in a Care Home setting or a temporary resident in Scotland.

Q. So patients in Care Homes are excluded from CMS?

A. Yes. Currently Care Home patients are excluded. Support for patients with long-term conditions residing in Care Homes is being considered as a separate service.

Q. Is it like MAS and only available to patients who are exempt from prescriptions charges?

A. No. Any patient with a long-term condition can register for CMS regardless of their exemption (or paying) status. However, the serial prescribing and dispensing stage of CMS is restricted in the initial year to patients who are exempt from prescription charges on the grounds of their age and maternity and medical exemptions.

Q. Can a patient register with any community pharmacy for CMS?

A. Yes. A patient who is eligible to register for CMS can register with any community pharmacy in Scotland.

Q. Can a patient who lives in Scotland but is registered with a GP practice in England register for CMS?

A. No, to be eligible for CMS the patient must be registered with a GP practice in Scotland.

Q. What information is needed to register a patient for CMS?

A. You need to provide the patient's:

- name
- gender
- address
- postcode
- date of birth
- exemption category
- Community Health Index (CHI) number.

All of this data should already be held in the patient's PMR record.

Q. Is there a new form for registering patients for CMS?

A. Yes. Your NHS Board will replace the CP2 forms used for MAS with a new dual form for both CMS and MAS. The left-hand side of the form will remain as the CP2 form and the previously blank right-hand side becomes the new CP3 form used for CMS registrations.

Q. So I will not have to change paper in my printer for each service?

A. No. Your PMR system will know on which side of the form to print, based on the service you are undertaking at that time – registering a patient for either MAS using the CP2 or CMS using the CP3 or recording the outcome of a MAS consultation on a CP2.

Q. Who do I contact to get further supplies of the CP2 / CP3 forms?

A. Your NHS Board will keep supplies of the forms. They will send you an initial batch and then you re-order from the same contact you previously used for CP2 forms. Remember to order in plenty of time so that you do not run out of forms before you receive a further supply.

Q. What do you mean by explicit patient consent?

A. Explicit patient consent is required for CMS because it involves different information being shared between healthcare professionals – for example, you will be sending dispensing data back to a GP practice and an end-of-care treatment summary which contain patient related data. Patients must be told about the use of their information and their consent obtained before their information is used in different ways. Patient consent should be informed (i.e. they understand the implications of agreeing to its use) and freely given. Explicit consent means asking a patient to actively express consent – which is best practice.

Q. Can a patient transfer to another community pharmacy for CMS?

A. Yes. As part of the transfer, the original community pharmacy will be notified of the withdrawal of the patient, as will their GP practice, who will also be notified of the registration at the new community pharmacy.

Q. As the GP gets notification of CMS registrations, will they now also get notification of MAS registrations?

A. No. MAS is a pharmacy-only service.

Q. How will I know if a patient is registered for CMS elsewhere?

A. You can request an on-line CMS registration status request to check if a patient is already registered for CMS at another pharmacy.
A patient can only be registered with one pharmacy at any one time. If you try and register a patient who is already registered with another pharmacy then your PMR system will inform you that the patient is already registered elsewhere and you will be prompted to check with the patient that they wish to move their registration. If they do not want to move their registration then you can proceed to register them. Their registration will be withdrawn from the original pharmacy and their GP practice notified of the change.

Q. Does a patient's CMS registration lapse like a MAS registration can?

A. No. CMS registrations do not lapse. Their registration can be withdrawn – for example, if they die or move their registration to another pharmacy – but it will not lapse.

Stage 2 – Pharmaceutical Care Planning

Q. How do I access the Pharmacy Care Record?

A. The Pharmacy Care Record (PCR) is a web-based resource that can be accessed via the computer/s in your pharmacy. Your PMR system supplier will make sure your computer/s are configured to do this. You will also be given a user name and password by your NHS Board. You use these to log on to the PCR.

Q. What happens if I forget my password?

A. You will be given a contact at your NHS Board who will be able to provide you with a new password.

Q. Do I leave a note of my user name and password for my locums to allow them to log onto PCT in my absence?

A. No. You must keep your user name and password confidential – just like the PIN number for one of your bank cards. Work is being progressed to ensure that all locums are given their own user name and password to allow them to access PCR. There will also be a process for newly qualified pharmacists and those coming to work in Scotland to request a user name and password.

Q. Who will provide me with information about how to use the Pharmacy Care Record?

A. Your PMR system supplier provides you with information about how to access PCR from your PMR system. They will also advise you on how to upload any relevant patient data from your PMR system to PCR. NES Pharmacy is producing a user manual for PCR and this will be sent to each community pharmacy ahead of CMS starting.

Q. When will I be able to access the PCR?

A. It will be available ahead of CMS starting.

Q. What do I do if I need help or have to report a problem with it?

A. You should contact the ePharmacy Helpdesk in the first instance on 0131 275 6600 or email at NSS.PSDHelp@nhs.net.

Q. Will I have to develop a pharmaceutical care plan for every patient that I register for CMS?

A. No. You should identify and prioritise individual patients who may be at risk of sub-optimal therapeutic management, suffering side effects or showing signs of poor compliance and develop a pharmaceutical care plan for them in the first instance. This allows you to introduce CMS in a planned way, using your time effectively by initially targeting those patients most in need of your support.

Q. How will I identify these patients?

A. You must undertake a risk assessment of any patient that you register for CMS within the first three months of registering them for the service. This risk assessment helps you to identify and prioritise those most in need of your support. To assist you with this, PCR has a risk assessment tool which you can use to develop an overall risk profile for each of the patients you have registered.

Stage 3 Serial Prescribing and Dispensing

Q. Can any patient registered for CMS be given a serial prescription?

A. No. It is not a requirement of CMS that every patient is provided with a serial prescription/s. In addition, in the first year of CMS only people with age-related, maternity or medical exemptions may be given a serial prescription. This is because serial dispensing relies mainly on electronic claim messages and this means that the regular Counter Fraud Service (CFS) checks cannot be undertaken because there is no patient signature associated with the electronic claim. This position will be reviewed in 2011.

Q. Who decides on the dispensing intervals for a serial prescription?

A. The patient's GP decides on the dispensing intervals.

Q. Can controlled drugs be provided on serial prescription for CMS?

A. Only controlled drugs listed in Schedule 5 of the Misuse of Drugs Regulations 2001 can be prescribed on a serial prescription. No other controlled drugs are allowed. In addition, cytotoxic medicines, such as methotrexate, are not prescribable on a serial prescription.

Q. Can a GP amend a CMS serial prescriptions as they can with AMS prescriptions?

A. No. A GP can not amend a CMS serial prescription. They can only cancel an item on a serial prescription. Therefore, if a GP wishes to change an item, for example increase or decrease the strength of the medication, then they will have to cancel the original CMS item and produce a new prescription. This can be a standard GP10 prescription or a serial prescription depending on the GP's clinical opinion.

Q. Where do I find the CMS disease specific protocols?

A. The disease specific protocols are available in the Pharmacy Care Record and on the SHOW Community Pharmacy Contract and NES Pharmacy websites.

Q. What happens if a patient requests a dispensing episode slightly earlier or later than the GP has outlined on the serial prescription, for example if the prescription states dispense every 56 days and the patient comes in a week earlier than expected?

A. You can use your professional judgement, within reason, to decide on the appropriateness of any request for a dispensing episode, whether earlier or later. It is not mandatory that you only supply an episode at rigid 56 days intervals. It is worth noting that patient who comply well with medication frequently order their supplies slightly earlier to ensure that they do not run short. You should monitor regular late requests for poor compliance.

Appendix A3
CMS Checklist

CMS CHECKLIST			
ACTION	**DATE**	**BY WHOM**	**COMPLETED**
NES CMS Resource pack completed			
QED payment claimed			
eCMS software ordered			
eCMS software loaded and training completed			
CP2 / CP3 forms received			
User name and password received for all pharmacists normally working in that pharmacy			
eCMS local awareness session attended			
PCR user manual completed			
Standard Operating Procedures (SOPs) developed to accommodate CMS			
Liaison with local GP practices to discuss ways of working together to support CMS			

Congratulations!

You have now made it to the end of the pack.

However, we require one more task of you – to complete the attached self-assessment questionnaire. This allows you to test your understanding of the package and to receive feedback on the answers.

Tick the most appropriate answer to each question.

Detach the answer sheet on the last page along the perforation and copy your choices onto this sheet. We would also really appreciate any of your comments about all aspects of the pack. Your comments allow us to improve future packages. Once completed with your name and address details, return it to:

NHS Education for Scotland (Pharmacy)
3rd floor, 2 Central Quay
89 Hydepark Street
Glasgow G3 8BW

Alternatively, you may wish to complete the multiple choice questions online at the NES Pharmacy website at **www.nes.scot.nhs.uk/pharmacy/**

Please note there is no negative marking, so do attempt **all** the questions.

Multiple Choice Questionnaire

- Please answer the following questions by ticking the appropriate box.
- Transfer your answers on to the enclosed answer sheet at the back and return it in the envelope provided for marking.
- Please choose the most accurate answer for each of the statements in questions 1-11.

1. NHS Scotland faces a number of challenges which will make it essential for us to focus on chronic disease management. Which of the following represent these challenges?

a) An increase in the deterioration in the health of the population of Scotland. *true* ☐ *false* ☐

b) An increasing prevalence of multiple long-term conditions (co-morbidity). *true* ☐ *false* ☐

c) A widening gap in health inequalities and increasing pressures. *true* ☐ *false* ☐

d) An increase in patients' expectations on the health care system itself. *true* ☐ *false* ☐

2. Evidence shows that currently patients with chronic conditions account for a proportion of GP consultations. What percentage of all GP consultations are for a chronic condition ?

a) 40% *true* ☐ *false* ☐

b) 50% *true* ☐ *false* ☐

c) 70% *true* ☐ *false* ☐

d) 80% *true* ☐ *false* ☐

3. Which of the following statements are true and which of the following statements are false?

a) All drug-related morbidities are predictable. *true* ☐ *false* ☐

b) Once in hospital, 67-72% of older patients will suffer an adverse drug reaction during their stay. *true* ☐ *false* ☐

c) Pharmaceutical care is defined as 'the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the patient's quality of life.' *true* ☐ *false* ☐

d) The Chronic Medication Service [CMS] includes a generic framework for pharmaceutical care planning. *true* ☐ *false* ☐

4. Within the UK, what is the percentage of returned medicines unopened?

a) 12% *true* ☐ *false* ☐

b) 20% *true* ☐ *false* ☐

c) 28% *true* ☐ *false* ☐

d) 42% *true* ☐ *false* ☐

5. Refelecting on CMS Stage 1, patient registration, which of the following statements are true or false?

a) A patient must be registered with a GP practice in Scotland. *true* ☐ *false* ☐

b) A patient can register with more than one pharmacy. *true* ☐ *false* ☐

c) The patient must have a long-term condition. *true* ☐ *false* ☐

d) After registration an electronic message is sent to the GP Practice. *true* ☐ *false* ☐

6. Reflecting on Pharmaceutical Care Planning (CMS Stage 2)

a) The pharmacist identifies and prioritises patients with unmet pharmaceutical care needs. *true* ☐ *false* ☐

b) The patient and pharmacist discuss the patient's condition/s, medicine/s and general health and agree actions to address any issues. *true* ☐ *false* ☐

c) The agreed actions are documented in a pharmaceutical care plan. *true* ☐ *false* ☐

d) The care plan is a legal document, which cannot be altered once agreed at this stage by the patient. *true* ☐ *false* ☐

7. Reflecting on the shared-care stage of the CMS process (CMS Stage 3)

a) The patient's GP decides on their suitability for a 48-week only serial prescription. *true* ☐ *false* ☐

b) The pharmacist cares for the patient over the time period according to national, evidence-based clinical protocols. *true* ☐ *false* ☐

c) Relevant information is shared between the GP and pharmacist with or without informed patient consent. *true* ☐ *false* ☐

d) The GP can use the CMS data to assist in carrying out the Quality Outcomes Framework (QOF) medication review at the end of the duration of the serial prescription. *true* ☐ *false* ☐

8. The ePharmacy Programme will:

a) Support only eCMS. *true* ☐ *false* ☐

b) Uses an N3 network connection for communication. *true* ☐ *false* ☐

c) Introduce electronic endorsing and payment processing in eCMS. *true* ☐ *false* ☐

d) Require each pharmacy to move to one specific system supplier. *true* ☐ *false* ☐

9. Your PMR system will let you make an electronic claim:

a) When you have created the label(s) for the prescription. *true* ☐ *false* ☐

b) After you have completed the assembling of the product. *true* ☐ *false* ☐

c) Once you have given the dispensed prescription out to the patient. *true* ☐ *false* ☐

d) At the point you receive an electronic prescription message. *true* ☐ *false* ☐

10. Which of the following statements are true and which are false?

a) Once a patient has registered, the pharmacy PMR system generates a CMS registration notification message. *true* ☐ *false* ☐

b) The CMS registration notification message is pulled down from the ePharmacy Message Store by the relevant GP IT system. *true* ☐ *false* ☐

c) The CMS registration notification message allows identification of the patient as CMS registered in the patient electronic record at the GP practice. *true* ☐ *false* ☐

d) Withdrawal from the CMS service at present is not electronically supported in the same way as registration. *true* ☐ *false* ☐

11. A GP can choose to generate a serial prescription for a patient through a number of routes. Which of the following statements are true and which are false?

a) During a patient's annual QOF medication review with the GP. *true* ☐ *false* ☐

b) At a hospital chronic disease management clinic. *true* ☐ *false* ☐

c) During a routine appointment with a GP. *true* ☐ *false* ☐

d) As a result of a patient or pharmacist request. *true* ☐ *false* ☐

In questions 12-20 who is the major responsibility holder for the following tasks?

Choose option *a, b, c* or *d.*

a. ***The community pharmacist***

b. ***The GP***

c. ***The patient***

d. ***All of the above***

12. To register with a community pharmacy for CMS. *a* ☐ *b* ☐ *c* ☐ *d* ☐

13. To generate a CMS CP3 form electronically. *a* ☐ *b* ☐ *c* ☐ *d* ☐

14. To generate a serial prescription. *a* ☐ *b* ☐ *c* ☐ *d* ☐

15. To complete a GP34 form. *a* ☐ *b* ☐ *c* ☐ *d* ☐

16. To carry out a QOF medication review. *a* ☐ *b* ☐ *c* ☐ *d* ☐

17. To send an end-of-care period treatment summary and repeat prescription renewal request. *a* ☐ *b* ☐ *c* ☐ *d* ☐

18. To document a pharmaceutical care plan. *a* ☐ *b* ☐ *c* ☐ *d* ☐

19. To dispense a serial prescription. *a* ☐ *b* ☐ *c* ☐ *d* ☐

20. To cancel an item on a serial prescription. *a* ☐ *b* ☐ *c* ☐ *d* ☐

Multiple choice questionnaire *Answer sheet*

1 a ☐	**2** a ☐	**3** a ☐	**4** a ☐
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☐	c ☐
d ☐	d ☐	d ☐	d ☐
5 a ☐	**6** a ☐	**7** a ☐	**8** a ☐
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☐	c ☐
d ☐	d ☐	d ☐	d ☐
9 a ☐	**10** a ☐	**11** a ☐	**12** ☐
b ☐	b ☐	b ☐	
c ☐	c ☐	c ☐	
d ☐	d ☐	d ☐	
13 ☐	**14** ☐	**15** ☐	**16** ☐
17 ☐	**18** ☐	**19** ☐	**20** ☐

Your Details

Name

Address

Postcode

RPSGB registration number

Post to
NHS Education for Scotland (Pharmacy)
3rd floor, 2 Central Quay
89 Hydepark Street
Glasgow G3 8BW

Telephone: 0141 223 1600
Fax: 0141 223 1651
Email: pharmacy@nes.scot.nhs.uk
Website: www.nes.scot.nhs.uk/pharmacy

Comments

Attach stamp

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