

To Community Pharmacy Contractors

13 December 2010

Dear Colleague

CHRONIC MEDICATION SERVICE UPDATE

We are writing to update you on progress on implementing the Chronic Medication Service (CMS), in particular:

- Serial prescribing and dispensing early adopters
- The establishment of a PCR user group and
- AMS enhancements

The initial implementation phase of the Chronic Medication Service (CMS) will shortly be drawing to a close. We hope that you have made the most of the opportunity that this phase has presented by allowing you the maximum flexibility to start to provide CMS in an orderly way and at a pace which allows you to fully prepare for and provide the service. That said, we recognise that the serial prescribing and dispensing element of CMS has not been available to date and there is an update on our plans for this later in this letter.

CMS has been designed to formalise the current contribution of community pharmacies to the management of individual patients with long-term conditions by building on existing best practice with pharmacists working in partnership with patients and GPs to help improve patients understanding of their medicines and maximise the clinical outcomes from their therapy. To this end we see CMS contributing to a significant part of the quality agenda as highlighted in the recently published *Delivering Quality in Primary Care Action Plan*.

Progress with implementation

Slow but steady progress is being made with the implementation phase of CMS. All 1,223 community pharmacy contractors have signed up to provide CMS. At the end of November 2010 there had been almost **19,000** patients registered for CMS by **1,100** community pharmacies.

Beyond the implementation phase

As set out in Circular PCA (P)(2010)19 we have agreed with Community Pharmacy Scotland (CPS) that from 1 January 2011 community pharmacy contractors will start to extend the registration, assessments and where appropriate, care planning elements of CMS beyond the initial 50 patients at the pace which suits their own particular circumstances.

Pharmacy Care Record (PCR) system

By the end of November almost **700** community pharmacies had opened over **5,000** patient records on the Pharmacy Care Record (PCR) system and had undertaken almost **3,000** assessments, identifying nearly **1,000** pharmaceutical care issues to be resolved. This is extremely useful data in itself in that it demonstrates the care provided by community pharmacists on a day to day basis. This is evidence that we have not been able to produce other than anecdotally until now. Contractors are reminded that as well as registering patients they are required to complete an assessment within 3 months.

We are also in the process of establishing a PCR User Group to assist with identifying necessary changes and enhancements to PCR. The group's remit will include providing help and support on the use of PCR, sharing best practice and identifying future enhancements for PCR.

Serial prescribing and dispensing Early Adopter Phase

We have reviewed, in conjunction with CPS, the timescales for the roll out of the serial prescribing and dispensing element of CMS. For a variety of reasons, including issues relating to changes in GP IT systems, we have decided that the next step should be to establish a small number of Early Adopter (EA) serial prescribing and dispensing GP practices and community pharmacies in each NHS Board. This will allow time to ensure that:

- any necessary AMS enhancements are in place to support community pharmacy contractors when sending electronic claims for dispensing episodes from a serial prescription in the absence of the paper prescription form;
- there is appropriate national guidance and agreed working processes in place to support serial prescribing and dispensing in both community pharmacies and general practice;
- GP IT system suppliers can migrate CMS data for GP practices moving from GPASS to one of the two other GP IT systems; and that
- there are local GP and community pharmacy 'champions' for the service to help with the wider roll out.

The serial prescribing and dispensing Early Adopter phase will start in January 2011 with a number of GP practices and community pharmacies participating in the first phase. We are grateful to those who have agreed to take part. It is likely that there will be one further EA phase to ensure that all the systems and processes are robust before wider roll out. As a consequence of the decision to start with an EA phase for serial prescribing and dispensing, the CMS patient registration notification messages to GP practices when patients register for CMS will remain switched off at this point.

Enhancements to AMS

We are also currently working on a series of enhancements to the Acute Medication Service (AMS) with both PMR system suppliers and National Services Scotland (NSS) based on feedback from CPS and community pharmacy contractors. The focus will be to maximise the benefits provided to both pharmacy contractors and Practitioner Services. This will subsequently help improve the throughput of prescriptions that can be downloaded and claimed electronically, as well as simplify some of the steps for community pharmacists to better support the day to day business processes in the community pharmacy. These changes will also positively impact on claiming for serial prescriptions as part of CMS going forward.

Online reporting

Practitioner Services Division (PSD) is currently testing an online reporting system with 6 community pharmacy contractors. The aim is to provide contractors with a clearer breakdown of their monthly remuneration and easy access to reports. Contractors involved in this pilot are providing feedback to PSD to help finalise the new system. It is hoped that online reporting will be rolled out to all community pharmacy contractors during the 2011-12 financial year starting with independent contractors and followed by corporate and multiple contractors.

The pharmacy profession is playing an increasing vital role in patient care and we very much hope you will continue to work with us to support the development of CMS and to ensure that the patients and communities you serve benefit from the pharmaceutical care that you provide through the service and the other community pharmacy contract services.

Yours sincerely



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W SCOTT
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