

Primary and Community Care Directorate
Pharmacy Division
Bill Scott, MSc, DSc (Hon), FRPharmS
Chief Pharmaceutical Officer/Deputy Director



T: 0131-244 2518 F: 0131-244 2375
E: bill.scott@scotland.gsi.gov.uk

To all Pharmacists

13 December 2010

Dear Colleague

CHRONIC MEDICATION SERVICE UPDATE

The fourth and final core service of the new community pharmacy contract in Scotland is underway with the implementation phase of the Chronic Medication Service (CMS) running until the end of the year. It is an exciting development in community pharmacy as it gives us the opportunity to put into practice our training to provide patient centred pharmaceutical care as part of the wider primary care team. CMS recognises the role that community pharmacists play in offering advice and support to patients in the community. It also facilitates the development of our clinical skills to make a vital contribution to patient care and health improvement.

CMS has been designed to formalise the current contribution of community pharmacists 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. It 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 health care. CMS will contribute to a significant part of the clinical quality agenda and is highlighted within the *Delivering Quality in Primary Care Action Plan*. Specifically, the expertise of pharmacists is critical in the national patient safety programme, which is another important part of the Quality Strategy.

Progress with implementation

The initial implementation phase has been designed to afford each community pharmacy the maximum flexibility to provide CMS in an orderly way and at a pace which allows them to fully prepare for and provide the service. Slow but steady progress is being made with implementation. All 1,223 community pharmacy contractors have signed up to provide CMS.

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk



At the end of November 2010 there had been almost **19,000** patients registered for CMS by **1,100** community pharmacies.

We have worked with NES Pharmacy to provide the following resources to support the introduction of CMS:

- **NES CMS Implementation Resource Pack** - distributed to every community pharmacy in February 2010;
- **NES eCMS Quick User Guide** - distributed to all pharmacists in Scotland with the NES newsletter in July 2010;
- **NES PCR User Guide** - distributed to every community pharmacy in July 2010; and
- **NES GP Guidance** - distributed to every GP / GP practice in July 2010.

We have also worked with the team at Health Rights Information Scotland to produce **CMS Patient Information Materials** which were distributed to every community pharmacy in June 2010.

In addition to this we are working on:

- **Practice Manager Guidance** - currently being drafted and likely to issue after the serial prescribing and dispensing extended Early Adopter initiative (see below);
- **Exception Process Guidance** – drafting underway and being considered by CMS Reference Group; and
- **CMS protocols** – a small group of primary care medical advisors are meeting to draft a generic CMS serial prescription protocol with a view to the first draft being ready to support the serial prescribing early adopter sites and we are also working to produce some clinical protocols to support community pharmacists in the care planning element of CMS.

Pharmacy Care Record (PCR) system

As part of underpinning CMS, we have developed a web based care planning tool to assist community pharmacists in documenting the pharmaceutical care they provide to patients. 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.

I should like to make it clear that not every patient who registers for CMS will require a pharmaceutical care plan after their initial pharmaceutical assessment. Pharmacists should identify and prioritise individual patients who may be at risk of suboptimal therapeutic management, suffering side effects or showing signs of poor compliance and develop a care plan on PCR outlining the issues that the pharmacist and patient can work together to address in the first instance. This allows you to provide CMS in a planned way, using your time effectively by initially targeting those patients most in need of support. For example, you may wish to start by identifying patients who have recently been diagnosed with a long term condition, elderly patients taking four or more medicines or patients where you have identified compliance problems such as over usage of beta-agonist inhalers.

We have also decided to establish a PCR User Group in early 2011 to assist with identifying necessary changes and enhancements. The PCR user group will address a number of

issues such as providing help and support on the use of PCR, sharing best practice and identifying future enhancements for PCR.

Serial prescribing and dispensing Early Adopters and GP notification messages

We have reviewed, in conjunction with Community Pharmacy Scotland (CPS), the timescales for the roll out of the serial prescribing and dispensing element of CMS to allow us to initially establish a small number of extended Early Adopter (EA) serial prescribing and dispensing GP practices and community pharmacies in each NHS Board. This will allow time to ensure that the GP IT system suppliers can migrate CMS data as GP practices move from GPASS to one of the two other GP IT systems, assist in the development of national guidance and working processes to support serial prescribing and dispensing and develop 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.

As a consequence of the delay in fully rolling out serial prescribing and dispensing, the CMS patient registration notification messages to GP practices when patients register for CMS will not be switched on at this point and will instead be deferred until the Early Adopter phase/s complete.

The pharmacy profession is playing an increasing vital role in patient care and I 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



W SCOTT
Chief Pharmaceutical Officer