



Chronic Medication Service

Guidance for General Practice

Authors: Suzanne MacCrimmon & Kirstin McIntosh
Version: V1.0 November 2012

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Acknowledgements

NHS Forth Valley gratefully acknowledges the hard work and effort of NHS Greater Glasgow and Clyde in producing documentation on which this pack is based.

Special thanks to Rowen Paton, Catherine Scoular and Elaine Paton.

Best Practice Guidance for General Practitioners and Community Pharmacists

The Chronic Medication Service (CMS) commenced across Scotland as part of the community pharmacy contract in May 2010. Its implementation is a phased approach to allow community pharmacy and general medical practice staff to familiarise themselves with new processes, software and approach to managing patient care. The service itself comprises of three key elements:

- Pharmacy registration and patient priority profiling
- Pharmaceutical care planning
- Serial prescriptions

CMS is designed to complement existing medical care plans with pharmaceutical care, focusing on improving support for patients, including compliance and concordance with their drug regime. The service is also designed to improve the patient journey and clinical outcomes as well as enhancing the relationship between the patients, GPs and community pharmacists (CPs). It will also allow community pharmacists to manage repeat prescriptions, which will benefit patients and general medical practices in terms of convenience for both and helping to manage workload more effectively. Biological or near-patient testing is not part of the service.

Electronic messages for registration, prescribing and dispensing associated with a serial prescription will be shared between the medical and pharmacy clinical systems. Explicit consent is provided by the patient at the point of registration to support the sharing of this information. Full records of the care plan will be held as part of the web-based Pharmacy Care Record (PCR), accessible only by the pharmacist(s) on duty within the pharmacy on any particular day. The pharmaceutical care plan will not be shared electronically between pharmacy and GP; any urgent issues should be communicated in the current manner by the pharmacist.

1. Patient Registration

1.1 Selection of patients

Patients have the option to register at a community pharmacy of their choice but must meet three criteria to be eligible for the service:

- They must have a confirmed long term condition and be receiving regular medication to treat this condition (a long term condition within context of CMS is one which has or is expected to last longer than 12 months).
- They are registered with a general medical practice in Scotland but not as a temporary resident.
- They are not resident in a care home (as determined by Care Commission).

Consideration point: GPs and Pharmacists:

- GPs and CPs may identify patients who will have a clinical benefit from CMS and may suggest to patients that they register for the service
- Registration can only be carried out by the pharmacist. GPs may choose to recommend patients, but cannot actually participate in the registration process.
- In addition, it may be beneficial for GPs and CPs to collaborate and jointly identify potential suitable patients

1.2 Registration and Withdrawal of Patients

1.2.1 Registration

Patients choose which pharmacy to register for the service with and are encouraged to use this pharmacy as their regular pharmaceutical provider.

Consideration point: GPs and Pharmacists:

- GP practices are recommended to check for new registrations on a monthly basis. This will allow the practice to review the registered patient and to move medication onto a CMS script if appropriate.
- It is advisable that the CMS registered pharmacy details correspond to the preferred pharmacy recorded on the clinical system i.e. the pharmacy in the CMS registration message should match the destination (EMIS) pharmacy field within the prescription record.
- CPs should use the PMR registration reports to list patients and cross reference to the PCR report to identify those who require to have a PCR opened and initial assessment carried out within the 3 month time frame.

1.2.2 Withdrawal

Whilst CMS encourages patients to identify and use one particular pharmacy, on occasion, patients may move from one pharmacy to another and/or move GP practice. In all situations, there may be an active serial prescription which should be cancelled. However, the primary consideration should be given to the patient having access to medication before any cancellation is carried out.

Patient moves pharmacy

If the patient has a planned move of pharmacy, then ideally the patient should notify the original pharmacy and ask to be withdrawn from CMS before registering with a second pharmacy. However, if this does not happen, the second pharmacy must have a conversation with the patient about the consequences of moving their registration and the impact on any active serial prescriptions. The second pharmacy must consider the implications of registering the patient immediately i.e. consider whether there is enough dispensing history and knowledge of the patient's condition(s) to register at this stage. (The second pharmacy will need to repeat all the PCR assessments as this is not transferred with a registration move.)

The pharmacist should withdraw any patients who are no longer accessing pharmaceutical services from their pharmacy. If the patient has an active CMS script, the script should be finished and the paper copy submitted for payment at the point of withdrawal. The pharmacist is advised to contact the GP practice to inform them of the reasons for the script being finished and to request that the remaining dispensing intervals are cancelled.

Patient moves GP practice

If the patient moves GP practice, the cancellation of the CMS script should be included within the process for a patient deduction.

Pharmacy and Practice move

As above, though consideration must be given to ensure that the patient has sufficient medication during the interim period before registering with another pharmacy and GP practice.

2. Pharmaceutical Care Planning

Consideration point: Pharmacist

- The pharmacist should review any care plan with each dispensing interval.
- Those patients with no care issues should be formally reviewed within the Pharmacy Care Record framework every 12 months, using the risk assessment questions. Any changes should be recorded on the PCR.
- Any care issues which require actions by another member of the healthcare team should be recorded on the PCR and followed up by the pharmacist.
- PCR should be annotated with the outcome of any action taken.

3. Serial prescriptions

Following registration of a patient in a pharmacy, the GP electronic record will be automatically updated to indicate this. The GP then has the opportunity to decide if that patient should receive a serial prescription of 24 or 48 week duration. The GP will also have to state the dispensing interval for these items. Subsequently, when items are dispensed and claimed, the patient record within the GP system and Emergency Care Summary receives a dispensing claim the following day.

Drugs which are required to be supplied as complete packs only will continue to be dispensed in complete packs, regardless of the quantity prescribed for each instalment e.g. Persantin Retard[®] is supplied in packs of 60 for stability reasons.

If prescribed items are discontinued during the lifetime of the serial prescription, this item should be cancelled electronically on the GP system to prevent further dispensing by the pharmacy. The GP Practice should also notify the CP of the cancellation.

Consideration point: Pharmacist

The pharmacist must ensure that all active serial prescriptions are stored safely and securely within the pharmacy and can be accessed if required.

3.1 Suitability of Drugs for Serial Prescription.

The CMS is intended for stable patients on regular medication.

Consideration point: GPs

Drugs/situations to avoid are:

- Patients with unstable conditions.
- Drugs with regular monitoring requirements resulting in regular dose changes.
- Schedule 2, 3 and 4 controlled drugs.
- Cytotoxic drugs.
- Drugs requiring titration.
- Contraceptives.

Anti-coagulants may be considered for a serial prescription if the GP is of the opinion that the patient is suitable for a longer term prescription.

3.2 “When required” (PRN medications)

Consideration point: GPs

Consider requirements for “when required” medication and dispensing frequency of over the 24 or 48 week period and select appropriately in EMIS. The Pharmacist can help with ongoing monitoring and report any increased usage if necessary.

3.3 Preparation for Serial Prescribing

Consideration point: GPs

It is advisable that the first serial prescription is produced when the next repeat request is received and not at the point of receipt of the registration message. This will reduce wastage and maintain a check for item synchronisation.

During the script preparation phase (following receipt of a registration message and production of the CMS script), it is recommended that the practice carries out a Level 1 Medication Review and synchronise dispensing intervals, align quantities etc.

Pharmacists will be unaware of the issuing of a serial prescription until it arrives at the pharmacy – there is no electronic feedback to the pharmacy system to draw their attention to the generation of a serial prescription

3.4 Dispensing Interval

Consideration point: GPs

When issuing a serial prescription, the GP has to specify the dispensing interval. Prescribers are asked to ensure that the dispensing intervals for all regular items are aligned.

3.5 Dispensing of Serial Prescriptions

All details on a CMS serial prescription must be correct before dispensing can commence. Any errors will require the issuing of a replacement CMS serial prescription before dispensing can begin.

Consideration point: Pharmacist

Community pharmacists are advised to work flow the dispensing for serial scripts. This can be achieved using the PMR system, where applicable, or a diary method to plan work load ahead of the patient presenting in the pharmacy.

Dispensing claims should be sent at the point of collection and **not** when the medications are labelled. It is advisable that items for collection are stored in a separate place from non-CMS scripts. This will ensure they are easy to identify and claims are processed at the point of collection. It will also make sure that the dispensing data sent to the GPs accurately reflects when items are supplied to the patient.

CMS serial prescriptions must be retained in the pharmacy until the final dispensing has taken place before submitting the form to PSD.

3.6. Unavailable stock

In the event of a prescribed item being out of stock or being otherwise unavailable, the pharmacist should ensure that they have carried out all appropriate steps to fulfil the request on the prescription. On the rare occasions that this is not possible, the prescription cannot be returned to the patient to take to another pharmacy.

Consideration point: GPs and Pharmacists

The pharmacist should contact the prescriber to explain the situation and request a one-off AMS script for the item for the patient to try elsewhere or, if there is a widespread manufacturing problem, an alternative could be requested.

3.7 Patient Advice

Consideration point: GPs and Pharmacists

- The practice staff should discuss the serial prescription with the patient and encourage them to advise their community pharmacist that a serial prescription has been agreed.
- GP staff and pharmacists should remind the patient that there is no need to request further repeat prescriptions but to contact the pharmacy when their next supply is due.

3.8 Serial Prescription Reordering

The community pharmacist will request the next serial prescription after the final dispensing of a serial prescription, usually at 20 weeks (the PMR will prompt at this point) for a 24 week CMS script. Further information on suggestions for serial prescription re-ordering is available in this pack.

Consideration point: GPs

Patients could receive an annual medication review before issue of the next 48 week serial prescription. Serial scripts valid for 24 weeks could have a medication review on alternate requests.

Consideration point: Pharmacists

It is recommended that all items are synchronised and requested at this stage. Drugs with outstanding dispensing intervals should be “finished” when the request is made.

4. Management of Drug Changes

Dispensing of a CMS serial prescription cannot commence unless all details are correct.

Amendments to CMS serial prescriptions are not permitted. If there are changes to the medication during the lifetime of a serial prescription, the individual item(s) must be cancelled electronically to prevent further dispensing and a replacement prescription generated.

If the replacement script is likely to be subjected to close review and monitoring until the patient is stable on the new therapy, it is suggested that this is not issued as a serial prescription.

Consideration point: GPs

- GP practices are encouraged to communicate changes with the community pharmacist.
- Replacement prescriptions could be non-serial to allow for monitoring and be re-aligned once the next serial prescription is due for renewal.

5. Communication

Discussion between GP, CP and patient is essential to maintain pharmaceutical care for the patient.

6. Governance

6.1 Clinical Governance

Consideration point: Pharmacists

Community Pharmacists are

- Advised to contact patients if their medication is overdue.
- Responsible for any follow up required from issues identified as part of CMS and annotating these within the patient's PCR care plan.
- Required to contact the GP with any issue requiring urgent attention.
- Expected to annotate the PCR as completely as possible based on information available to the pharmacist.

6.2 Non-compliance issues

Consideration point: GPs

- Compliance information for CMS items is available on an individual item basis by double clicking on the item in the patient's prescribing record.

Consideration point: Pharmacists

- The pharmacist will be expected to monitor and follow up any serial prescriptions which are not collected within 7 days of expected dispensing date. Any continual issues should be communicated to the practice and recorded by the pharmacist on PCR as a potential care issue.

It will be necessary to identify newly registered patients on a regular basis to allow their suitability to be assessed and, if appropriate, their drugs changed to Chronic Medication Service (CMS). It is suggested that this is done on at least a monthly basis.

Outlined overleaf is a suggested process, which your practice can choose to use or act as a starting point for developing your own standard operating procedures.

It is recommended (where possible) all patients' medication is moved (including when required/PRN medication) to CMS. This is to prevent any confusion for both patient and staff in managing different routes of supply.

Further, it is recommended that practices take the opportunity to review the patient's medication record and make any necessary adjustments. For example - inactivate/cancel any unwanted medications or call patients in for review (if required).

Managing the patient's expectations and understanding is key to the success of CMS. It is therefore vital that at the point of receiving their first CMS script they are informed that they should now deal direct with their registered pharmacy to manage their repeat medication.

Medication review has been defined as ‘a structured, critical examination of a patient’s medicines with the objectives of reaching an agreement with the patient about treatment, of optimising the impact of medicines and minimising the number of medication related problems and reducing waste’.

A Level 1 medication review was described in ‘Room for Review’ in 2002 as
‘Prescription review: a technical review of a list of patient’s medicines (paper-based)’

A level one review consists of the following tasks:

- Inactivation of duplicate repeat drugs – removal of one drug when there are two or more of exactly the same drug on repeat (drug / strength / directions)
- Inactivation of obsolete drugs – removal of active repeat drugs which have not been ordered for practice specified time period (there may be some exclusions, GPs to advise)
- Compliance assessment – Check for whether or not a patient is ordering too frequently or not frequently enough
- Align patient prescribing records – Making sure that the number of days supply for each repeat medication is equal (there may be some exclusions, GPs to advise)

Managing CMS in Practice

Re-run the CMS Registrations search
e.g. monthly

Review new CMS registrations

Manually add
'GP Assessed – Suitable for CMS Serial Rx'
local READ Code to relevant patient records

Add CMS prescription/s to
relevant patient records

Re-run the CMS registrations search
Patients coded in the previous step will now
be omitted from the search results

Batch Processing: add the
'GP Assessed – NOT Suitable for CMS Serial Rx'
local READ Code to the remainder of the new
CMS registrations

Repeat request received at GP practice

Print CMS script
Ensure the 'Script Destination Text' is the patients
CMS registered pharmacy

CMS prescription sent to appropriate pharmacy

NOTE: The Batch Adding process can be used to add the 'NOT Suitable' local code to relevant assessed patients. This may not be the preferred option for practices if all registered patients cannot/have not been assessed. The other option would be to manually add this 'NOT Suitable' code to assessed patients on an individual basis.

Creating EMIS CMS local READ Codes

Before a search can be created to identify new CMS registrations, you should set up two new local READ Codes:

- GP Assessed – NOT Suitable for CMS Serial Rx
- GP Assessed – Suitable for CMS Serial Rx

Adding EMIS CMS local READ Codes

1. Search for a dummy or test patient within EMIS and select them
2. Click to select '**Medical record**'
3. Click to select '**A – Add**' > '**1 – Any Clinical Term (Read Code)**'
4. Type the number '9' and press return on your keyboard
5. Right mouse click '**A Administration**' > select '**Clinical Term (Read Code) Properties**'
6. Click the '**New Code**' button
7. In the '**Term:**' field type: *GP Assessed – NOT Suitable for CMS Serial Rx*
Please note you cannot edit this text once you have confirmed this step!
8. Click '**OK**'
9. Right mouse click '**A Administration**' > select '**Clinical Term (Read Code) Properties**'
10. Click the '**New Code**' button
11. In the '**Term:**' field type: *GP Assessed – Suitable for CMS Serial Rx*
Please note you cannot edit this text once you have confirmed this step!
12. Click '**OK**'
13. Click '**Cancel**' to close the Clinical Term (Read Code) Browser window
14. Click '**Cancel**' to come back to the patient record.

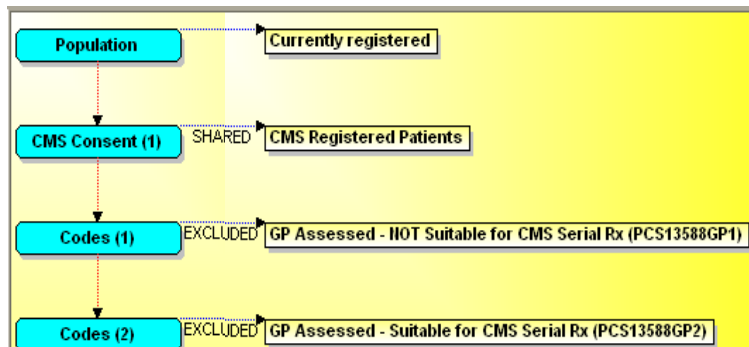
The new codes have now been added to your local READ Code dictionary.

Identifying New CMS Registrations

To identify registered CMS patients it is necessary to create a search. This document outlines how to create the required search and has been developed to allow it to be run on a regular basis to identify newly registered patients.

CMS Registrations Search

1. From the main **Modules** screen in EMIS select '**Searches and Reports**'
2. Click to select '**Search population manager**'
3. Select an appropriate folder to save the search into (we would recommend creating a 'CMS' folder). Right click on this folder and select '**New Population**'
4. Double click '**A Currently Registered Patients**'
5. Double click '**E Registration**'
6. Double click '**A Patient Consent**'
7. Double click '**C CMS Consent**'
8. Click to highlight '**CMS Registered Patients**' in the **Available** status list, click the '>' button to move it over to the **Selected** list
9. Click '**OK**'
10. Click the '**Previous**' button TWICE
11. Double click '**C Clinical Codes**'
12. In the '**Find:**' field type *cms* and press return on your keyboard
13. Double click '**GP Assessed – NOT Suitable for CMS Serial Rx**'
14. Click '**OK**' TWICE
15. Double click '**C Clinical Codes**'
16. In the '**Find:**' field type *cms* and press return on your keyboard
17. Double click '**GP Assessed – Suitable for CMS Serial Rx**'
18. Click '**OK**' TWICE
19. On the right hand side of the screen (yellow 'search structure' area) left click the FIRST of the two '**SHARED**' links
20. Double click '**B Excluded**' option which appears on the left (the '**SHARED**' link should have been updated to '**EXCLUDED**')
21. Again, on the right hand side, left click the SECOND of the two '**SHARED**' links
22. Double click '**B Excluded**' option which appears on the left (both '**SHARED**' link should now read '**EXCLUDED**')
23. Click '**OK**' to complete the search
24. Enter the search name *CMS Registrations* and click '**OK**' to finalise



Choose to run the search if you are ready to begin the CMS Serial Prescription suitability review process.

Adding EMIS CMS Local READ Codes

After running the search and assessing the patients' suitability for serial prescriptions, there is a requirement to add one of the local READ Codes that we have created. This will ensure the next time the CMS Registrations report is run, only patient's who have not been assessed will be identified.

Below is a short list of the steps to clarify this process:

1. Review the CMS Registrations report for suitable patients.
2. Manually add the local READ Code '**GP Assessed – Suitable for CMS Serial Rx**' to the patients who will have/have had a serial prescription issued.
3. Manually add the local READ Code '**GP Assessed – NOT Suitable for CMS Serial Rx**' to the patients who have not been deemed suitable for a serial prescription.

and/or

4. To save manually adding the local READ Code '**GP Assessed – NOT Suitable for CMS Serial Rx**' you may choose to employ the EMIS '**Batch Adding the 'GP Assessed – NOT suitable for CMS Serial Rx' READ Code**' process (page 16) to add to the majority of reviewed patients who have not been deemed suitable for a serial prescription.

Batch Adding the 'GP Assessed – NOT suitable for CMS Serial Rx' READ Code

Please note You must ensure you have individually coded 'GP Assessed – Suitable for CMS Serial Rx' for patients returned in the **CMS Registrations search**, that have been assessed, and will be issued with a serial Rx before you batch code the rest as 'NOT Suitable'.

Step 1 – Refresh the search

1. From the main **Modules** screen in EMIS select '**Searches and Reports**'
2. Click to select '**Search population manager**'
3. Locate the '**CMS Registrations**' search > Right click the search > select '**Re-Run Population Search**'

The resulting patient list displayed should not include any patients you are intending on issuing serial prescriptions for. If it does, refer to the NOTE above.

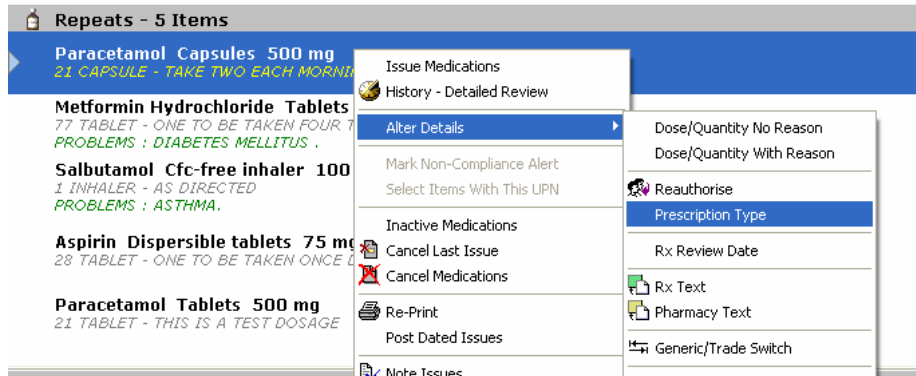
4. Click '**OK**' to close the search results window

Step 2 – Batch add the 'GP Assessed – NOT Suitable for CMS Serial Rx' READ Code

5. From the main **Modules** screen in EMIS select '**Searches and Reports**'
6. Click to select '**Batch processing**'
7. Double click '**A Batch add a clinical code**'
8. In the '**Find:**' field type *cms* and press return on your keyboard
9. Double click '**GP Assessed – NOT Suitable for CMS Serial Rx**'
10. Click '**OK**' to confirm the selection of this READ code
11. Navigate to find and then click to select your **CMS Registrations** search
12. Click '**OK**'
13. Click '**OK**' again
14. Click '**OK**' again at the batch processing confirmation screen

Changing Repeat Medication to CMS

1. In 'Prescribing', right click on the drug to be changed to CMS > select 'Alter Details' > select 'Prescription Type'



2. From the 'Prescriptions Type' dropdown select 'CMS'
3. In the 'Change Dose & Quantity' dialog box, select the duration (24 or 48 weeks) and the Dispensing Frequency (the dispensing frequency should be same as the previous repeat dispensing cycle i.e. 4 weeks or 8 weeks).

Please note In order for the quantity for the serial prescription to be calculated correctly, there must be a default daily quantity associated with the dose you have selected. Default daily quantities for dosages can be tidied up in 'Modules' > 'Dictionaries' > 'Drug Dosage Maintenance'. For 'when required' items or creams and inhalers, for example, you will have to enter the total quantity for the serial prescription.

4. To issue the CMS serial prescriptions highlight the items then select 'I – Issue', ensuring the 'Script Destination Text' field is populated with the name of the community pharmacy the patient is registered with.
5. After issuing the prescriptions, switch off the compliance checks in 'Modules' > 'Registration' > 'Edit Patient' > 'Edit Registration' > 'AMS\CMS Details' > 'Compliance Check' > 'No'

AMS\CMS Details	
AMS Consent	Yes
CMS Status	Registered
Pharmacy Details	BOOTS PHARMACY-EDINBURGH,(EH24 6YY
Compliance Check	No

Please note Compliance can be monitored in Prescribing by clicking on any CMS item. The 'History' > 'Detailed Review' will display the dates and quantities for each claim made by the community pharmacy.

Background

The Chronic Medication Service (CMS) will support practices in managing patients' repeat prescribing:

1. Providing practices with an opportunity to align scripts at the point of request
2. Involving Community Pharmacy (CP) in the ongoing maintenance of script alignment
3. Reducing over ordering and stock piling of medication by patients
4. Encouraging joint working to improve patient compliance
5. Support communication between CP and medical practices

It is envisaged with the growth of the service, benefits, in terms of waste reduction and staff time saving, will also be realised.

Level 1 Medication Review

It is good practice for patients with repeat medication to be reviewed on a regular basis with the creation of a CMS script(s) acting as a suitable trigger for this. Please refer to the **Level 1 Medication Review Guidance** section in this pack for more information.

Script Alignment

CPs are being advised that all items including PRN and concurrent items on other serial scripts are synchronised at the point of generating repeat requests. To facilitate this, pharmacies are expected to review all of the patient's drugs and mark any outstanding instalments as not supplied, submit the scripts to PSD and make the necessary repeat requests.

Where early requests are made for synchronisation purposes, it is recommended that pharmacies annotate the request to highlight this to the practice and all CMS requests are clearly marked CMS.

There are several factors which will lead to items becoming misaligned:

New drugs - It is expected that if a new drug is prescribed for a patient, the GP will want to monitor this and it is therefore recommended to prescribe as a non CMS repeat. Once stabilised, the item can be moved to CMS. This should be done in line with a request by the pharmacy for the next CMS script issue.

Modification of dosage of existing drugs – If there are changes to the medication during the lifetime of a serial prescription, the individual item(s) must be cancelled electronically to prevent further dispensing and a replacement prescription generated. Again, once the patient is stabilised, the item can be moved to CMS in line with a request for the next CMS script issue. The CP should be advised of the change.

Drugs supplied as complete packs - Drugs which are required to be supplied as complete packs will continue to be dispensed as complete packs, regardless of the quantity prescribed e.g. ranitidine; nicorandil and Persantin Retard® are all supplied in packs of 60. It is recommended that these products are ordered along with each CMS script as normal.

Wastage

CPs are encouraged to check with the patient prior to supplying medication to determine their needs, paying particular attention to 'When Required/PRN' medication. CMS allows them to dispense individual items when necessary and independently of other drugs on the script.

Serial Prescription Re-ordering

Following the final supply of medication from a CMS serial prescription:

1. The patient details on the repeat request form are checked as being correct by the pharmacy.
2. The items being requested on the next serial prescription are ticked on the re-order form by the pharmacy. The order date is calculated and written on the top right hand corner of the repeat request form. This form is also annotated with 'CMS'.
3. On a daily basis these forms are reviewed and those due for ordering are sent to the GP practice, allowing two weeks before the items are due for collection by the patient.
4. The GP Practice will be able to identify these requests as serial prescriptions due to the annotation on the request form.
5. The GP Practice will process these requests and issue new CMS serial prescriptions as appropriate within one week of the requests being received.
6. When received at the pharmacy, serial prescriptions will be checked against an order log and may be queried if there are any changes or omissions, to ensure continuity of treatment.

Changes in Patient Registrations – General Practice

This document outlines the implications of patients changing GP and/or Community Pharmacy in relation to their CMS registration and any associated serial prescriptions.

Patient Moves GP Practice

If the patient **does not have any serial prescriptions** the impact in a change to their GP Practice is minimal. The CMS registration including details of the pharmacy will be sent directly from the Patient Registration Service (PRS) to the new practice. The original practice's clinical system will still show the patient as CMS registered but the record will have been inactivated as part of the record transfer process (see the Deductions document in this pack for further details).

Where a patient **does have serial prescriptions** these will be inactivated by the original practice during the deductions process. It will be the new practices decision whether to reissue as a normal repeat, CMS prescription or not at all.

Patient moves their CMS registration to another community pharmacy


The pharmacy holding the CMS registration should be the pharmacy the patient accesses for their pharmaceutical care. This is to ensure that the pharmacist has the necessary history and knowledge to undertake and maintain a Pharmacy Care Record (PCR).

Before proceeding to take over a patient registration, Community Pharmacists are advised to check whether the patient has any serial prescriptions. If they have, pharmacists must ensure that the patient understands the implications of moving their registration. Where the registration move is to proceed, the patient/pharmacy should inform the practice regarding the change. The original pharmacy will mark the CMS serial prescriptions as complete within their system and submit the paper to Practitioner Services Division (PSD). It will be necessary for new prescriptions to be printed for dispensing by the second pharmacy.

Please note Only the pharmacy with the active registration can dispense against a CMS prescription. Therefore, the original pharmacy will be prevented from dispensing further supplies by their system.

EMIS CMS Housekeeping

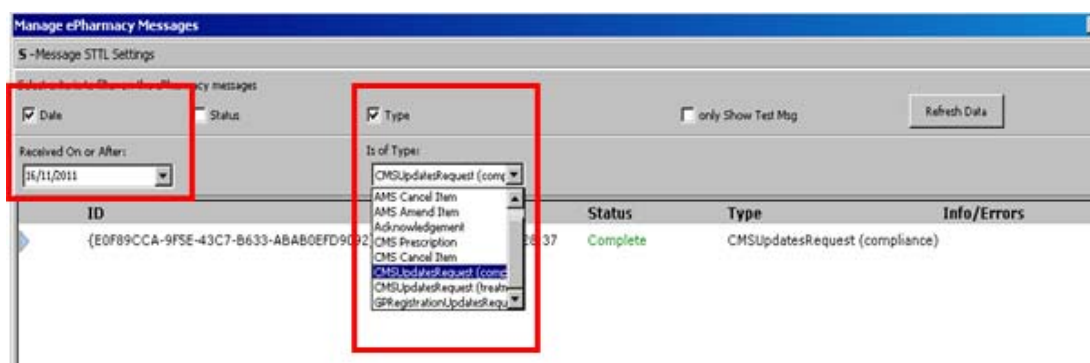
The Chronic Medication Service is reliant on electronic messages flowing between GP Practice, ePharmacy Store and Community Pharmacies. The different message types sent from a GP system are outlined below:

GP Practice	ePharmacy Store	Community Pharmacy
CMS Prescription		Script is scanned and the prescribing message retrieved from the store.
CMS Cancel Item		At each dispensing interval the pharmacy must re-request the prescribing message. If a cancellation has been sent they will be prevented from dispensing the item.
CMS updates request (compliance)		Automatic daily task – Checks for dispensing dates sent from the pharmacy. Please Note This is the date the claim was sent by the pharmacy.
CMS updates request (Treatment Summary)		Automatic daily task – Checks for new Treatment Summary Reports sent from a pharmacy including any repeat requests.
GP Registration Update Request		Automatic daily task – Checks for changes in patients CMS status e.g. Registrations and Withdrawals.

On a daily basis it is recommended these message types are checked to identify any problems. This will ensure that your patient records are kept up to date and pharmacies receive information in a timely manner.

Checking Message Manager

1. From the main menu select **Dictionaries [DT]**
2. Select **CMS ePharmacy messaging options [O]**
3. Select **View ePharmacy messages [V]**
4. Tick **Date** and set **Received On or After** to the date after housekeeping was last performed
5. Tick **Type** and select each of the relevant message types in turn from the **Is of Type** drop down (**CMS Prescription, CMS Cancel Item, CMSUpdatesRequest (compliance), GPRegistrationUpdateRequest**)



6. Having selected each type of message, scroll down and check for any which are displayed in red indicating that there is a potential problem
7. Use the table overleaf to determine the appropriate action
8. Once actioned, right click and select **Manually Action** to indicate that it has been dealt with

Please Note To gain further information regarding an error double click the row

Message Type	Status	Info/Error	Action
CMS Prescription	Timer Expired		Right click and Resend the message. This will ensure that the next time the pharmacy dispense against the script they will be able to make use of the electronic message.
CMS Cancel Item	Timer Expired		Right click and Resend the message. This will ensure that the next time the pharmacy dispense against the script they will be prevented from issuing the item.
CMSUpdatesRequest (compliance)	Timer Expired		If identified on date failed right click and select Resend . If identified on a subsequent date and one off no action required. If occurring on a regular basis log via usual route for investigation.
GPRegistrationUpdateRequest	Recoverable Error	Error 900020 – Adapter has not been activated	Follow action given for CMSUpdatesRequest (compliance)
	Recoverable Error	The emis NHS Adapter Service is not running	Follow action given for CMSUpdatesRequest (compliance)
	Timer Expired		Follow action given for CMSUpdatesRequest (compliance)

We are currently documenting the errors. If you find any other examples that are not detailed above, please e-mail:

FV-UHB.cmsforthvalley@nhs.net

Process for Deducted Patients

This document explains the possible ways that a practice can manage deductions for CMS patients. Once the patient has left your practice, you will want to have any outstanding CMS prescriptions inactivated to ensure no further charges are allocated against your practice. If the patient wishes to continue with CMS (either with the same or a different pharmacy), they will have to inform their new practice, who will produce new scripts.

Please Note Although you may already carry out these steps, it is important to take account of the order that your practice completes these. The summary sheet **MUST** be printed before inactivating the CMS script; otherwise the inactive drug will not appear on the printout. Likewise, the cancellation of the script **MUST** be done before the deduction has been approved, otherwise the patient record cannot be updated and the CMS prescriptions cannot be inactivated.

STEP 1 – Summary Sheet and Return Notes

The current process will not change. If you use Docman, scan or drop a summary sheet into Docman from the clinical system, then export the Docman record as normal. This ensures that the electronic record is sent to the new practice. If you don't use Docman, print a full summary sheet and add this to the patient's medical case notes. The case notes should then be placed in the weekly bag for return to PSD.



STEP 2 – Inactivate CMS Scripts

This step has to be completed AFTER you have generated the summary sheet, otherwise the new practice will not see details of the inactivated scripts.

It is important to check whether the patient has any current CMS Scripts and inactivate these scripts. This ensures that the pharmacy receive a warning message if they try to dispense a CMS item after the patient has left your practice. The patient would then be told by the pharmacist that they need to request a script (CMS or repeat) from their new practice.



STEP 3 – Approve PARTNERS Deduction

The practice receives a patient deduction once PSD have been notified of a change, most commonly that the patient has registered in a practice elsewhere. Once this deduction has been approved, the patient will be marked as inactive in the practice database.

Candidacy – General Practice

This document explains the purpose of candidacy and how it can be applied. Please refer to the '**CMS Patient Identification and Assessment**' section in this pack which explains how to identify your patients that are registered for CMS.

Candidacy can work in two ways:

1. Provides an opportunity to identify patients in advance of their registration and indicate if the patient is suitable for a serial prescription.
2. Once the patient registration flag is received indicate that they have been reviewed and should/should not be moved to CMS.

The choices are **Suitable for CMS**, **Unsuitable for CMS** and **Not Recorded**.

The scenarios below examine how each status can be used:

Suitable for CMS – This status would indicate the patient has been assessed and is suitable for a serial prescription, and once registered their medication should be changed to serial prescriptions.

Patient Unsuitable for CMS – This would indicate that the patient has been assessed and they are definitely not suitable for a serial prescription.

Not Recorded – This is the default setting and would indicate that no decision has been made regarding the patients suitability for a serial prescription.

Please Note

No electronic message is sent to the patient's community pharmacy (CP) indicating that they have been assessed.

CPs are also able to record candidacy in their clinical system to indicate a patient's suitability in regards to registering for the service.

Candidacy – EMIS

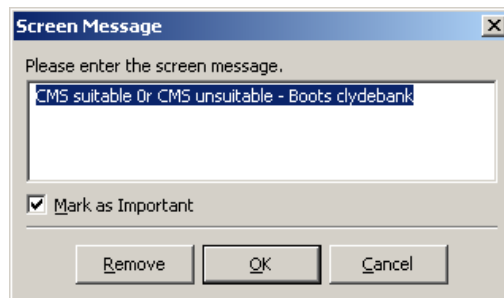
The current functionality for recording candidacy in EMIS does not work as intended. As a workaround you can record if the patient is suitable or unsuitable for CMS in the screen message.

Double click screen message in the prescribing screen:



Patient Information
Review Date : 25/06/2007
Dispensing Patient : No
Reminder Sent : No
AMS Consent : Yes
CMS Registration : Not Registered
Treatment Summary...

Type the patient's suitability in the screen and any other information you require:



Screen Message
Please enter the screen message.
CMS suitable Or CMS unsuitable - Boots clydebank
 Mark as Important
Remove OK Cancel

By marking the text as important it is displayed in red, easily identifying the patient's suitability in the prescribing screen.

Cancellations for Medication Changes

Any changes to a CMS serial prescription **must be communicated directly to the pharmacy** responsible for dispensing the prescription.

Amendments/Cancellations

With CMS, changing or stopping medication is handled the same way within the clinical system. The drug is cancelled and then for amendments, the prescriber must re-prescribe choosing a new strength, dose or a different drug.

When the change is made in the clinical system, an electronic cancellation message is automatically sent from the practice to the pharmacy to prevent further dispensing.

Further consideration should be given when changing CMS medication;

- If the new drug can be prescribed as a CMS item right away, follow your process for communicating changes to the pharmacy, print the new CMS prescription and arrange collection from the pharmacy.

Please Note This will result in patients' scripts starting at different times. Community Pharmacists will attempt to synchronise a patient's medication. This can lead to early requests. Pharmacies are advised to clearly annotate this on the repeat request.

- If you would like to monitor the patient's progress with the new medication/dose, and change to CMS at a later date, inform the pharmacist and arrange repeat prescriptions

Please Note Practices are advised to consider reviewing patients' medication at the point of a repeat request to determine if non-CMS items can now be converted.

- If the patient is no longer suitable for a serial prescription, change the medication back to "repeats" and notify the pharmacy and the patient.

The practice may have existing processes in place that can be amended to suit CMS.

1. How do I know that a patient is registered for CMS?

The current registration status of a patient is shown at the bottom of the prescribing screen. This will display one of the following: 'Not Registered' **or** the practice's suitability indicator **or** the details of the pharmacy holding the registration.

2. How do I identify a CMS item in my clinical system?

The item will display with CMS highlighted in yellow on the left hand side of the patient's prescribing screen.

3. How do I identify the pharmacy holding the CMS registration?

The details are shown at the bottom of the prescribing screen.

4. How do I identify potential patients for serial prescriptions?

Any patient whose medical condition and medication (including PRNs) is relatively stable i.e. does not require many drug changes, may be suitable for a serial prescription. Controlled Drugs (schedule 2-4) and cytotoxics cannot be supplied on a serial script. In addition, it is advised that those medications that require close monitoring are also not suitable, e.g. warfarin, if subject to frequent change

5. How do I identify a printed serial prescription?

A serial prescription has "CMS" annotated in the bottom left hand box. The barcode also commences with a "K". The quantities of the items are also usually much larger than normal repeat prescriptions.

6. What do I do if an early request for a CMS item is received?

Requests for CMS repeats should arrive 4 weeks before the next prescription is due. This is to allow the practice time to assess the patient, recall if necessary and return the script in time for the next dispensing. Should a request be received prior to this, it will generally indicate that the pharmacy is attempting to synchronise the patient's medication. Pharmacies have been advised to clearly annotate this on the repeat request.

7. How will patient compliance be monitored?

As part of CMS, practices will receive notifications at the point that the pharmacy claim for an item. Pharmacies have been advised to claim on the day of issue to the patient. The date will appear within your clinical record the subsequent day. If a patient has not collected their medication within 7 days, pharmacies will contact the patient in an attempt to determine the reasons why. If the issue cannot be resolved they will refer back to the practice.

8. What do I do if the patient moves their registration to another pharmacy and they have a serial prescription?

The patient or pharmacy should contact the practice prior to the change in registration. To continue on CMS, new prescriptions will be required. The original pharmacy will mark the items as complete in their system and submit the scripts to Practitioner Services (see the '**Changes in Patient Registrations**' section in this pack for further details).

9. What do I do if the patient changes GP?

Any CMS drugs should be cancelled to prevent any further dispensing (see the '**Process for Deducted Patients**' document in this pack for full details).

10. Can I request serial prescriptions for patients on compliance aids?

June 2012 – current advice is that patients receiving weekly dispensing are **not** suitable for serial prescriptions.

11. How will CMS repeat requests be received?

Although electronic requests for CMS prescriptions are built in to the clinical systems, currently this is not being utilised by the Board. Repeat requests will be received direct from the pharmacy using current routes of communication, 4 weeks before required.

12. How do I calculate PRN medication quantities?

Review the patient's history and base the calculation on the average usage and quantity that you would be happy for them to receive over the term of the serial prescription. To determine the dispensing frequency you must divide the script duration by the quantity prescribed e.g. 24 week script with a quantity of 2, results in a frequency of 12 weeks.

13. What is the process for dispensing PRN/ when required medications from a serial prescription?

PRN/ when required medication should not be made in advance until the pharmacy staff have asked the patient if the items are required. This is to reduce stock piling and wastage.

14. What if the patient requires a new medication?

Consider whether the item can be added as a CMS medication from the beginning or whether it is more appropriate to be prescribed as an acute/regular repeat (see the '**Script Alignment – Synchronisation**' document in this pack for further details)

15. If a CMS serial prescription contains any errors, can the pharmacy dispense it?

No – all the details on a CMS serial prescription are required to be correct and as intended before serial dispensing can commence. If a CMS serial prescription requires any amendments to correct it, a new CMS serial prescription should be issued.