NHS
Greater Glasgow and Clyde

For instructions point here.

Chronic Medication Service

Toolkit for Community Pharmacy

February 2013

Using Acrobat Reader version 8 or higher, contact details can be typed in the yellow boxes below. Save the PDF on your system to keep (or update) the information.

Contacts

Community Pharmacy

Please complete for your pharmacy:

PMR supplier

name

helpdesk telephone number

Pharmacy champion

name

contact details

PSD Helpdesk

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Chronic Medication Service (CMS)

Overview

The fourth and final component of the community pharmacy contract, Chronic Medication Service (CMS), commenced in May 2010. It brings together much of the work that has been developed within the new contract since 2002, both in terms of new services associated with the contract but also other aspects such as pharmaceutical care model schemes and other clinical services. CMS has been designed to improve patient care and to help community pharmacists to work more closely with general practice staff in a patient centred approach.

Main drivers for the service are:

- To improve patient journey, reduce errors, increase/ improve compliance and concordance and help contribute to reduction in hospital admission/ readmission due to medication errors.
- To focus upon pharmaceutical care planning to improve patients' compliance, concordance and understanding of their medicines in a documented fashion.
- To create future capacity to incorporate serial dispensing for suitable patients in partnership with the patient's GP.

There are three stages to the service:

- Patient registration.
- Pharmaceutical care planning.
- Therapeutic partnership, including provision of serial prescriptions.

Patient registration is patient driven and they register with a community pharmacy of their choice. Each patient must meet three eligibility criteria and sign an explicit consent form as part of this process. GP systems will receive a message alerting them to a patient registering for the service. These messages will begin to arrive in GP systems once all GP IT systems have their software enabled to accept CMS messages. Please note that patients who are resident in a care home will not be eligible to register for this service.

Following patient registration, the community pharmacist must complete a patient profile and risk assessment to identify potential unmet care needs and this should be completed within three months from point of registration. All of this is recorded on the secure web-based tool developed for this service, the Pharmacy Care Record (PCR).

Pharmaceutical care planning stage identifies any care issues and provides the opportunity for the pharmacist and patient to agree outcomes to address these issues. At present, the focus is on compliance and concordance of patients with their medications. Both the patient profile and care planning will be carried out using the PCR. This component commences immediately after a patient registers for the service.

Therapeutic partnership involves the **serial dispensing component**. The GP requires receipt of the patient registration to enable generation of a serial prescription. GPs will decide if the patient is suitable to receive a serial prescription. This means that the GP agrees to a registered CMS patient receiving a serial prescription for 24 or 48 weeks duration. The GP will also state the dispensing interval for these items and there will be an electronic message into the GP system to alert them once a dispensing episode has occurred. This item collected data will update the patient record and Emergency Care Summary data. Please note that if any drug is altered during the lifetime of the serial prescription, this item must be electronically cancelled to prevent further dispensing by the pharmacy and a new prescription generated. The pharmacy will scan the prescription and use the electronic message for each dispensing episode, thus creating the messages for the GP record.

Best Practice Guidance

The Chronic Medication Service (CMS) commenced across Scotland as part of the community pharmacy contract in May 2010. The 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. 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. There is no biological or near-patient testing as 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.

Patient Registration

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 lasted 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 Inspectorate).

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 good practice for GPs and CPs to collaborate and jointly identify potential suitable patients.

Patients who are subject to close monitoring, or subject to frequent medication changes may not be deemed suitable for serial prescriptions.

Any patient who is initially deemed unsuitable should be reassessed for suitability on an annual basis using the Read Code search (EMIS) or a date parameter search (Vision).

Registration and Withdrawal of Patients

Registration

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

GPs and Pharmacists

GP practices are recommended to check for new registrations on a monthly basis. This will allow the practice to review the 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 preferred (Vision)/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.

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 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. When following the normal practice process for deductions, practice staff must ensure that the cancellation of the CMS items occurs after running the report but before accepting the 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.

Pharmacists

Community pharmacists must consider the implication of not dispensing medication to a patient. If the patient presents in a pharmacy with a serial script where they are not registered and do not intend to move registrations, the pharmacist may consider dispensing the medication required using the Unscheduled Care PGD if the patient cannot return to their registered pharmacy nor access a replacement script.

Pharmaceutical Care Planning

Pharmacists

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 in the care 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.

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 item collected notification the following day.

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.

Drugs which are required to be supplied in full packs only will continue to be dispensed in full packs, regardless of the quantity prescribed e.g. ranitidine; nicorandil and Persantin Retard® are all supplied in packs of 60.

It is recommended that all "when required"/PRN medications are also moved to CMS scripts to allow the pharmacist to dispense what the patient needs at the time. This also removes the risk of confusion if some of the medication is on a serial script, and other remains on an AMS script.

Pharmacists

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

Suitability of Drugs for Serial Prescription

The CMS is intended for stable patients on regular medication.

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 (as these scripts are only valid for 28 days and are also strongly recommended to be prescribed in quantities of max 30 days).**
- **Cytotoxic drugs.**
- **Drugs requiring titration.**
- **Contraceptives.**

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

"When Required"/PRN Medications

GPs

Consider requirements for "when required" medication and possible frequency of use over 24 or 48 week period. In order to calculate the average need of a PRN medication, the frequency within the clinical system has to be amended appropriately to allow for a 24 or 48 week time frame. The Pharmacist can help with ongoing monitoring of use via the serial prescription and report any increased usage if necessary.

Preparation for Serial Prescribing

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.

Practices using the Vision system will need to generate the CMS script at this point. Currently, the system will not allow the practice to print a serial script at a later date after creation.

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 harmonise dispensing intervals, align quantities etc.

GP practice staff should check that the prescription destination (pharmacy) text/ preferred pharmacy text must match the CMS registration location.

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

Dispensing Interval

GPs

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

Dispensing of Serial Prescriptions

Pharmacists

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.

Pharmacy staff should dispense regular repeat items up to 7 days before the patient's expected date of collection. PRN

medication should only be made up after speaking to the patient to confirm if the items are required. Repeated requests for PRN medication may constitute a care issue and should be recorded on the PCR and/or discussed with the GP. Pharmacy staff should confirm with the patient what drugs are required at the point of collection and remove/ update the PMR and claims to reflect the changes.

Any items made up but repeatedly not collected or refused by the patient should be recorded as care issue on the PCR. Pharmacists should inform the GP practice if the patient fails to uplift after 7 days.

CMS serial prescriptions must be retained in the pharmacy for the duration of the script (until the final dispensing has taken place) before submitting the form to PSD. Pharmacy staff must not give the forms to the patient. All forms must be stored securely in the pharmacy during the lifetime of the CMS script and should be easily accessible for subsequent dispensing checks at the point of scanning and clinical checks.

Patients may choose to access the pharmacy on multiple occasions to collect medication. Whilst every effort should be made to reduce the inconvenience to the patient, any synchronisation of journeys should be done in collaboration with the patient and with their permission.

Claiming for Serial Prescriptions

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 item collected data sent to the GPs accurately reflects when items are supplied to the patient.

Pharmacy staff have 14 days to amend any CMS claim. Any amendments required out with this time frame, the pharmacy staff should contact the ePharmacy Help Desk and notify them of the change.

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 be able to fulfil the request on the prescription. In the rare occasions that this is not possible, the prescription cannot be returned to the patient to take to another pharmacy.

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 to seek a replacement item.

Patient Advice

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.

Patients should be reminded of the need to return to the pharmacy where they registered for CMS and encouraged to maintain their registration at one pharmacy where possible.

Repeat Requests: Treatment Summary Reports (TSR)

Future functionality

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. This will be carried out using the Treatment Summary Report (TSR) function and a request will be sent electronically to the practice.

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 medication review on alternate requests.

GP practices should refer to the process guidance on how to manage the repeat request within their own clinical systems. Consideration should be given as to the timing of generating the serial prescription.

Pharmacists

Pharmacists should send the TSR no earlier than 4 weeks before a new prescription is required, and no later than 2 weeks before. This document should also contain a request for another serial prescription (if appropriate).

It is recommended that all items are synchronised and requested at this stage, including PRN or concurrent items on other serial scripts. Drugs with outstanding dispensing intervals should be "finished" when the request is made.

Community pharmacists should be aware that the next script may arrive up to 3 weeks before the next dispensing. Prescriptions should be work-flowed for that time and not dispensed immediately.

Current situation

Due to technical issues, the TSR functionality is not being utilised within NHS GG&C. In the interim, pharmacists should request repeat four weeks in advance of the next due date. This should be carried out using the right hand side repeat form or by telephone (depending on the GP practice normal process). The request must be clearly annotated with "CMS" and if any items are ordered early as a result of synchronisation, this must also be clearly marked.

GP practices should be aware of this holding position and manage the repeat request within the four week lead period as above.

Early Dispensing Requests

On occasions, a pharmacist may be asked to supply an additional dispensing iteration earlier than anticipated e.g. patient going on holiday, public or bank holidays when the pharmacy is closed etc. In these situations, the pharmacist should dispense the current iteration as normal and request that the patient returns to the pharmacy as close as possible to the date when the next script would be due, rather than issuing two iterations at a time which would be at least double the quantity intended for the dispensing episode.

For example, patient is going on holiday in 7 weeks and presents in pharmacy for an 8 week supply. The pharmacist should issue 8 weeks as normal, but ask the patient to return in 6 weeks to receive the next full 8 week supply to cover them for their holiday period.

Management of Drug Changes

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.

In addition, if a new drug is to be added to the regime, it is advisable that this is produced using an AMS script until the patient is stabilised.

It is also good practice to communicate any changes to medication to the community pharmacist.

GPs

GP practices are encouraged to communicate change 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.

Communication

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

Governance

Clinical Governance

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.

Non-compliance Issues

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.

Any items which are requested more frequently than the stated dispensing interval should also be recorded on PCR and discussed with GP.

GPs and Pharmacists

Any items which are not collected by the patient, or returned to the pharmacy as they are not required should be communicated to the practice.

The practice should add a note to the patient record until such time as the function to remove item collected notifications is available.

Financial Governance

Monitoring of the service will be carried out by the Health Board.

Pharmacy Care Record (PCR)

As agreed by the Scottish Government (SG) and Community Pharmacy Scotland (CPS) a "web-based" centralised application, known as the Pharmacy Care Record (PCR), has been designed and implemented to enable pharmacies to create and maintain pharmacy care records for their patients.

With the introduction of the Chronic Medication Service (CMS) in April 2010 all pharmacies in Scotland must have the ability to maintain a pharmaceutical care plan (PCP) for their CMS patients and this plan will form part of the patient's pharmacy care record. The PCR and CMS PCP must be available at the launch of CMS.

Each pharmacy's set of pharmacy care records will be held in a secure central repository. Maintaining the confidentiality and integrity of this information is of paramount importance.

The PCR application must be accessible in all 1,200+ community pharmacies in Scotland but initially, user access to the PCR repository will be limited to authenticated pharmacists (PCR Users). As the PCR holds and maintains confidential patient records access must be strictly managed and controlled through agreed protocols.

All users that have access to the PCR for any purpose shall be identified with a unique username validated by a password.

User Creation Request Form

In order to have a user account created for the PCR each pharmacist must complete the attached form and return to the Health Board. A process will then be followed to create the user account and provide a password securely to each user (details of the password arrangement will be communicated to you in due course). Please ensure that all pharmacists working within your pharmacy complete the form (including locums).

! **Note: It is imperative that locums, who are not based in any one community pharmacy, provide an alternative address that can be used for communication of the password. Failure to provide an address may result in a delay to this process.**

Pharmacy Care Record (PCR) user creation request form

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS USING BLACK INK

NHS Board Name:	NHS Greater Glasgow & Clyde
Form return details:	Community Pharmacy Development Queens Park House Langside Road GLASGOW G42 9TT Fax No: 0141 201 5637 Email: GG-UHB.cpdevteam@nhs.net

TO BE COMPLETED BY THE REGISTERED PHARMACIST APPLYING FOR A PCR ACCOUNT

Pharmacist GPhc registration number: (will be PCR user ID)	
Given Name (First name):	
Family Name (Surname):	
Please supply your existing pharmacy contact details: Contractor No: Address:	If you are a locum pharmacist please supply a contact address for password distribution purposes: Address:

SIGNATURES OF APPLICANT

Sign when form initially completed and submitted:	
Date:	

****ONLY COMPLETE AFTER YOU HAVE RECEIVED YOUR PASSWORD****

Sign when password letter is received:	
Date:	

Frequently Asked Questions

Serial Prescriptions

How do I identify a serial prescription presented for dispensing?
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 much larger than normal.

How do I store serial prescriptions in the pharmacy?
Serial scripts needs to be stored safely and securely within the pharmacy but also needs to be easily accessible. Forms could be stored either alphabetically or in due date order.

How will potential patients for serial prescriptions be identified?
Any patient who is stable on their medication, i.e. do not have changes could be suitable for a serial script. Controlled Drugs or those medications that require close monitoring are also not suitable e.g. methotrexate. Patients who are stable on warfarin may be considered for a serial prescription.

What do I do if the patient arrives early for a dispensing episode?
Patients can request an early iteration by exception if they are going on holiday or if the pharmacy will be closed. The serial prescription can be dispensed as normal. However, routine requests for early dispensing would suggest a care issue that requires further action. (See training section of folder)

What do I do if I submit the form to PSD for payment to early?
If the script is sent to PSD before the final iteration has been completed, the pharmacy needs to ask the GP practice to reprint (not reissue) the script in order to fulfil all the dispensing iterations.

When do I send the electronic claim for drug costs after a serial prescription dispensing?
Electronic claims should be sent at the point at which the patient uplifts the medication and not at the point of dispensing. Amendments can be made up to 14 days after the claim has been sent. Any changes after this time frame must be carried out by contacting the ePharmacy Help Desk.

When should the patient/ patient rep sign the rear of the prescription?
Patient should sign the script at the last dispensing iteration.

What do I do if the patient moves their registration to another pharmacy and I have a serial prescription?
The pharmacist should withdraw any patients who are no longer accessing pharmaceutical services from their pharmacy and any active CMS scripts should be finished and the paper 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 on the GP system.

What do I do if the patient changes GP?
The first GP practice will cancel the active serial script and should inform the pharmacy of this cancellation. The patient may then present with a replacement serial script from their new GP, subject to the new practice agreement.

What do I do if I am presented with a serial prescription and the patient is not registered for CMS at my pharmacy?
The pharmacist 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.

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.

How do I request a repeat of a serial prescription once the script is completed?
Currently, the paper repeat request (the right hand side of the prescription as normal) or telephone request should be used. Clearly annotate the repeat request with "CMS" and any reasons for early ordering e.g. to synchronise multiple CMS scripts. Once the Treatment Summary Report (TSR) is fully functional, it is expected that this will contain a repeat request function.

How far in advance should I make up serial prescriptions that are due for uplift?
It is recommended that the pharmacy workflows any serial script up to 7 days in advance if appropriate and practical.

What do I do if the patient fails to collect a serial prescription dispensing?
The pharmacist should endeavour to contact the patient who fails to uplift their medication within 7 days of the expected date of collection. The GP should also be advised and this should be recorded as a care issue on the PCR.

What is the process for dispensing "When Required"/PRN medications from a serial prescription?
"When Required"/PRN medication should not be made in advance until the pharmacy staff have asked the patient if the items are required.

What do I do if the electronic message fails with a serial prescription?
All PMR systems have the functionality to allow the pharmacy staff to build a CMS script manually and submit the claim electronically. (See Training section)

Pharmacy Care Record

Should a Pharmacist (e.g. Locum) fill in a separate form for each pharmacy they may work in?
No. Each user only requires a single PCR user name and password. This will enable them to use PCR in any pharmacy they may work in. Ideally each Pharmacist will only complete a single PCR user request form (even if they may work across multiple boards).

The user creation process will identify if multiple requests are received for the same Pharmacist and will only create a single user.

What if a Pharmacist submits PCR user requests forms in each Board area they may work in?
Only a single PCR user will be created. The process of user creation will detect any duplicates requests. Therefore user password will be distributed to the Board from where the 'first' user request information was processed.

E.g. if the same Pharmacist submitted forms to both Lothian and Fife Boards, and the Lothian request information was processed first, then when the Fife information is processed the duplicate will be identified and no further user will be created. The user password letter will be distributed to Lothian. The Lothian user request spreadsheet will show that they DO have the letter for the user, the Fife user request spreadsheet will indicate a user was not created.

Can a Pharmacist change the password they are issued with?
Yes. In fact the user will be forced to change their password when they first log in. The password chosen has to meet NHS standards and be strong password defined as follows:

- Minimum 8 characters in length.
- Contains at least 1 non-alphanumeric character (e.g. * & ? etc).

What does a pharmacist do if they lose or forget their PCR password?
Pharmacists need to contact the ePharmacy Help Desk (0131 275 6600), stating their name, contractor code and their user ID (either their old RPSGB number if PCR password initially issued before October 2010; or their GPhC for passwords initially provided after October 2010). A temporary password will be issued which is valid for four hours, within which time the pharmacist must associate to the PCR and reset the password from the temporary one to a personal, memorable one.

What does a pharmacist do if they only work weekends and have forgotten their password?
Pharmacists who only work at the weekend should contact the ePharmacy Help Desk as above but must leave a message on the answer machine. Details should be left as above but also stating that they are a weekend working pharmacist. In this case, the Help Desk will issue a new password to the Health Board for onward cascade as if this was an initial password. Ie it will remain valid for more than 4 hours. The pharmacist can then reset the password at the next opportunity that they are working in a community pharmacy.

How long do the passwords remain valid on the PCR?
Passwords need to be changed every 60 days. A reminder will be issued in the top bar indicating how close the 60 day period is to its end. Passwords can be re-set within this 60 day period by the Pharmacist without contacting the ePharmacy Help Desk.

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Pharmacy Care Record SOPs

1 Pharmacy Care Record

Pharmacist receives user name and password for Pharmacy Care Record (PCR) access.

PCR phone numbers
* New account:
0141 201 5638
Forgotten password:
0131 275 6600

- Pharmacist requires PCR user name and password.
- Pharmacist obtains PCR user account creation form from Health Board* and returns completed form to designated person.
- On receipt of initial password, pharmacist must log on to PCR and reset to a memorable password. Also set security questions for password reset.
- Associate daily to PCR when commencing daily start up routine.
- Log into PCR as necessary during day.
- Log out of PCR when finished.

2 Patient Registration

Patient registers for CMS and opens PCR from PMR.

- Pharmacists discusses CMS with patient about service and explicit consent issues.
- Patient agrees to register and pharmacist generates CP3.
- Patient must sign and cross all boxes.
- Open PCR from PMR system – this migrates all demographic information across to PCR.
- CP3 is sent to PSD in bundle – 1 form, 0 items.

3 Initial Assessment

Pharmacist completes initial assessment on PCR and assigns care priority

* Some pharmacists may wish to annotate on paper. However, pharmacists must then ensure that the details are transferred to PCR at another time and paper destroyed safely.

PCR for patient is created (see SOP 2).

Complete patient profile section*, asking patient for details where appropriate. Ensure free text boxes are completed using appropriate language and abbreviations that patient or other pharmacists will be able to understand. Save section without assigning care priority or ticking box.

Complete 15 risk assessment questions*, again asking patient where necessary and using free text to annotate any positive responses.

Return to Patient Profile section. Using information obtained from risk assessment, assign care priority and tick initial assessment complete box.

Low Risk/ Care plan not required
No further action at this stage. Reassess in 6 or 12 months time or if any change in patient health or medication.

Medium Risk
Monitor patient and enter any relevant or important issues and interventions in care planning section of PCR. Reassess at least once every 12 months.

High Risk
Requires action fairly quickly. Record all issues and interventions on PCR. Discuss with patient and/ or GP as necessary. Use HRM or NMIST tools if appropriate. (See SOP 4.)

4 Care Planning

Care issues are transferred to appropriate section of PCR including High Risk Medicines and New Medicines Intervention Support Tool.

Dispense any CMS/ non CMS items as per existing SOP in pharmacy. Discuss any interventions and record in patient's PCR (see Serial Prescription SOP).

Care issues identified during initial assessment or other discussion with patient.

Use generic care plans on CPDT site to discuss any issues with patient.

Use HRM and NMIST tools to identify care issues and develop care plans.

Agree outcomes with patient, actions required and time to review. Complete section on PCR.

Carry out necessary actions and record outcomes on PCR. Mark as complete when appropriate.

Continue to review and monitor patient at regular intervals.

Serial Prescription Process SOPs

1 Presentation of Serial Prescription

Serial prescription is presented for dispensing.

Serial prescription is presented for dispensing either direct from GP or presented by patient.

Is the patient registered for CMS at the pharmacy? If yes, continue, if not, discuss implications with patient

If prescription is to be dispensed, check registration status on PMR.

If the patient is registered for CMS at the pharmacy, go to step 5.

If patient is not registered:

- Discuss with patient about moving registrations.
- Consider the implications of registering the patient immediately.
- Consider whether there is enough dispensing history and knowledge of the patient's condition(s) to register at this stage.
- Need to repeat all the PCR assessments.

Check if this is a new serial prescription or a repeat.

2 Assembly of Serial Prescription

If prescription is to be dispensed, check registration status and label items.

Is this the first iteration or subsequent iterations?

For first iteration, scan barcode and set up serial prescription work flow.

For subsequent iterations, retrieve prescription from storage in pharmacy.

Check electronic message and confirm that message matches written instructions and no changes or cancellations have been received.

Do not dispense PRN medication until need is confirmed with patient.

Label and assemble items as per normal pharmacy SOP.

3 Final Check

Dispense items as per normal/ existing SOP in pharmacy

Prescriptions items are assembled, excluding PRN medication, waiting for final check.

Provide final check as per normal pharmacy SOP.

Provide final check of medication, check and send electronic endorsement claim to PSD and file Rx for future iterations.

Bag items and retain prescription with package awaiting collection.

Once patient collects medication, check electronic endorsement claim (per item) and submit to PSD.

4 Transfer to Patient

Check PCR and counsel patient on any pharmaceutical care issues or other counselling points. Update PCR. Send claim to PSD.

Serial prescription is ready for collection by patient.

Check with patient if any PRN medication is required.

Dispense any PRN medication as per SOP 2 for serial prescriptions and assemble as per normal SOP.

Check Pharmacy Care Record (PCR) for any outstanding or new pharmaceutical care issues.

Counsel patient and discuss any care issues if identified. Update PCR.

Check electronic endorsement and send claim to PSD. Retain prescription in pharmacy.

5 Final Iteration

Dispense final iteration, request next repeat prescription and submit paper GP10 to PSD.

- Serial prescription is ready for final iteration.
- Follow SOP 2-4 to assemble, check and transfer to patient.
- Ask patient to sign rear of prescription forms.
- Submit form in bundle to PSD.
- Check electronic endorsement. Send electronic claim at point of collection.
- Four weeks before next script is due, request repeat serial script from GP Practice by telephone or using RHS of script (paper), clearly annotating CMS. Synchronise outstanding serial prescriptions by requesting all items and clearly annotate any early requests and reasons on RHS.

6 Managing Medication Changes

- Electronic message is scanned and contains a cancellation message from GP.
- Check PMR and PCR records and contact practice to confirm medication has been cancelled.
- Finish items on existing electronic work flow.
- Submit form in bundle to PSD if appropriate.

Contents

Community Pharmacy – General Practice

Current

Communication between Community Pharmacy and General Practice is normally conducted using the telephone. Depending on the location of the sites, they may communicate directly.

Supplementary

Email via NHSmail will be provided as an additional tool for contractors excluding Boots, Lloyds and Rowlands. Both contractor groups will be supplied with, a generic mailbox for administrative information and a clinical mailbox dedicated to patient information/action. This will require users to familiarise themselves with and sign the clinical mail protocol.

! **Email may be a new route of communication, therefore all parties must first agree to communicate in this manner.**

Contractors should ensure that they use the most appropriate tool dependant on the urgency/importance of the communication.

Contractors – Health Board

Practices and Pharmacies will receive information from the Board by telephone, email and during face-to-face meetings. It is important that all mailboxes are monitored to ensure that information is accessed in a timely manner.

General Practice – Health Board

Practice should continue to use the Single Point of Contact e.g. SERVO to report I.T. issues. Calls can be raised using the following:

- Telephone: 0844 863 1244 or by email **nhs@servo.co.uk**.
- For professional issues contact: **Development Pharmacist** 0141 201 5427 or by email **GG-UHB.cpdevteam@nhs.net**.

Community Pharmacy – Health Board

For day-to-day business AND urgent issues e.g. not sending or receiving eMessages, can't produce labels, the Pharmacy should continue to communicate using existing routes e.g. telephone and email and by raising calls via the following helpdesks.

- **PMR supplier**
- **PSD Helpdesk**
  0131 275 6600 or by email **NSS.PSDHelp@nhs.net**.
- **NHSmail**
  0845 602 7452 or by email **NSS.NISGServiceDesk@nhs.net**.

For specific queries relating to CMS, contact the **ePharmacy Facilitator team**:

- 0141 232 2104/843 2717 or by email **GG-UHB.PharmacyFacilitators@nhs.net**.

For professional issues please contact **Development Pharmacist**:

- 0141 201 5427 or by email **GG-UHB.cpdevteam@nhs.net**.

Candidacy – Community Pharmacy

This section explains the purpose of candidacy and how it can be applied in your PMR. Please note that this functionality is not available in all systems.

CMS can be offered to any patient with a long term condition who is receiving regular medication.

Using candidacy does not mean the patient is registered for the service; it is marking your intention to register the patient.

As part of ongoing management of the CMS, candidacy can be used to indicate a patient's suitability for the service using your PMR. It can also be utilised to set a priority, signifying how quickly you would like to sign them up for the service. The choices are **Suitable for CMS**, **Unsuitable for CMS** and **Not Recorded** with **Low**, **Medium** or **High** priority. These are different from the priority setting categories within the PCR.

You may identify patients suitable for CMS, either by particular medical conditions or on a more ad hoc basis. Which ever process you develop in your pharmacy, candidacy is a simple way of recording the decision and reminding you to discuss registration the next time the patient is in the pharmacy.

The scenarios below examine how each status can be used:

- **Suitable for CMS** – Indicates the patient has been assessed as potentially suitable for CMS and should be offered the chance to register for the service.
- **Patient Unsuitable for CMS** – Indicates the patient has been offered the service and declined **OR** that the pharmacist does not think CMS would benefit the patient. Noting this decision ensures that patients are not offered the service inappropriately and repeatedly.
- **Not Recorded** – This is the default setting and would indicate that no assessment/decision has been made regarding the patients suitability for CMS.

Once candidacy is recorded in the PMR for the patient, the system should alert you every time you access the patient's details on your PMR.

No electronic message is sent to the patients GP indicating that they have been assessed.

GP's are also able to record candidacy in their clinical system to indicate a patient's suitability in regards to serial dispensing.

Serial Prescription Workflow

This section highlights the steps necessary to dispense serial prescriptions and outlines considerations required before you start this process. Overleaf is a suggested process which you can use or act as a starting point for developing your own Standard Operating Procedures.

Preparing for Serial Dispensing

Serial prescriptions can only be dispensed by the pharmacy that holds the patient's registration. If this is the first time you have dispensed a serial prescription for the patient, ensure they are registered with your pharmacy. If registered elsewhere, it is advised that you speak to the patient to establish their reasons for moving and only proceed if appropriate. You should consider whether you have enough dispensing history and knowledge of the patient's conditions to register at this stage and ALSO whether they may have an existing serial prescription at another pharmacy. If you decide to proceed, it is recommended that the previous pharmacy is informed and that the GP practice is updated – particularly if a new script is required.

Serial prescriptions are issued for 24 or 48 weeks, and are kept in the pharmacy, so consider where the scripts will be stored and sorted for easy retrieval.

The GP decides the dispensing interval (usually every 4 or 8 weeks) and the patient will collect their medication direct from the pharmacy. Patient education is key, so when giving out the medication, reinforce the message that you are managing their prescription. Explain that they should notify you when they want their medication and agree a suitable process to handle requests.

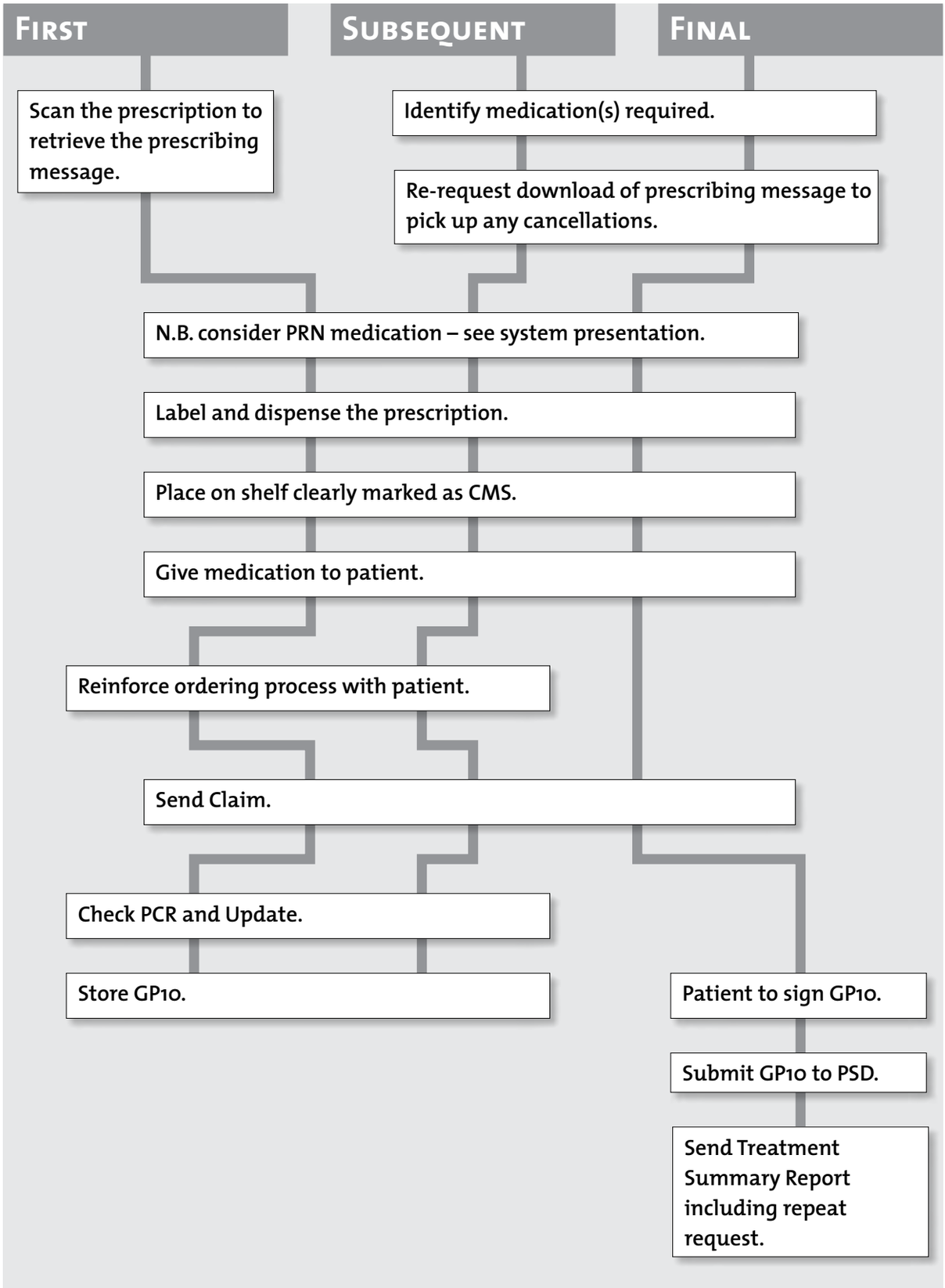
Each time you send a CMS claim, a dispensing notification is sent to the GP practice, therefore the claim is submitted after you have given the medication to the patient.

All CMS scripts are claimed electronically, so ensure dispensing staff know how to add electronic endorsements, cancel and amend claims.

The GP10 is not used for payment purposes but should be signed by the patient at the time of the last dispensing and submitted to PSD (Refer to "**How to submit a serial prescription to PSD**" section for further guidance).

Any care issues that arise and are dealt with during this process should be added to the patient's care record.

Dispensing


First
Subsequent
Final
Scan the prescription to retrieve the prescribing message.
Identify medication(s) required.
Re-request download of prescribing message to pick up any cancellations.
N.B. consider PRN medication – see system presentation.
Label and dispense the prescription.
Place on shelf clearly marked as CMS.
Give medication to patient.
Reinforce ordering process with patient.
Send Claim.
Check PCR and Update.
Store GP10.
Patient to sign GP10.
Submit GP10 to PSD.
Send Treatment Summary Report including repeat request.

Script Alignment/Synchronisation

Background

One of the benefits of CMS is that it provides community pharmacy with more control over the management of repeat requests. This gives the opportunity for a patient's medication to be aligned; however, consideration to wastage and associated cost implications must be given. To support this, GP practices are being advised of the following:

- All of a patient's medication including "When Required"/PRNs should be migrated to CMS if the patient is stable and deemed suitable.
- At the point of creation, a Level 1 medication review should be carried out e.g. items that are no longer relevant removed from the patient's active repeat and where possible dispensing frequencies aligned (this may not be possible for "When Required"/PRN).

There are several factors which will lead to items becoming un-aligned:

New drugs

It is expected that if a new drug is prescribed for a patient the GP would want to monitor this and therefore prescribe as a normal 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 run.

Modification of existing drugs in terms of dosage or quantity

It is not permitted to amend a CMS item.

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 serial prescriptions.

Drugs supplied in full packs

Drugs which are required to be supplied in full packs only will continue to be dispensed in full packs, regardless of the quantity prescribed e.g. ranitidine; nicorandil and Persantin Retard® are all supplied in packs of 60. Over the life of the script, this will lead to them no longer aligning with other drugs for the patient. In the cases where original packs must be dispensed, there is no advantage to adjusting quantities. It is recommended that these products are ordered along with each CMS script as normal.

Re-aligning Patient's Drugs/Items

It is recommended that all items including PRN or concurrent items on other serial scripts are synchronised at the point of generating the repeat request.

To re-align all CMS scripts, the pharmacy should check all CMS drugs when the first item on serial prescription is required. At this point, the pharmacy should review all of the patient's drugs and mark any outstanding issues as completed, submit the scripts to PSD (Refer to **"How to Submit a Serial Prescription to PSD"** section in this pack) and make the necessary repeat requests.

! **Where early requests are made for synchronisation purposes it is recommeded that pharmacy staff annotate the request to highlight the reason to the practice.**

How to Submit a Serial Prescription to PSD

Background

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, makes it critical that you undertake regular housekeeping activities (see the CMS Housekeeping section in this pack for further details). You must ensure that you send all your CMS claim messages to the ePharmacy Message Store (ePMS) and that they are received successfully.

Submitting Serial Prescription Electronic Claims

You send an electronic claim message for each item you have dispensed. You will be reimbursed based on the electronic claim messages that you send. For CMS serial prescriptions, the payment processing uses the electronic claim message and not the paper prescription form.

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 patient signs the paper serial prescription form when collecting the final iteration after the last dispensing episode. The paper forms are then included in the exempt part of your fortnightly/monthly submission (as scripts originating in England may have a NHS charge and are, therefore, counted in the paid section). 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.

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

How to Complete the GP34 Form for a Serial Prescription

Background

The GP 34 form details the count of prescription forms and items that you send to PSD on a fortnightly / monthly basis. It is used to form the basis of advanced payments. Normally it consists of a relatively straight forward count of forms and items. However, because CMS serial prescriptions rely less on the paper form and more on the electronic claim messages, this means they require to be recorded in a slightly different way. That said, GP34 arrangements for advanced payments still apply to serial prescription items and are determined on the basis of electronic claim messages received.

CP3 registration forms

As for MAS, the following information about CMS CP3 registration forms should be included on your GP34 form under the Exempt from Charges area – You should count **ONLY** the form; i.e. **form = 1, item = 0**.

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**. This is because the items will have been already processed using the electronic claim messages. You do NOT need to include a total for any electronic claims that you submit on a monthly basis.

Payment Processing

In the case of serial prescriptions, PSD 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 so important that you make sure:

- 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.
- You do NOT need to include a total for any electronic claims that you submit on a monthly basis.
- All serial prescription forms should be sent to PSD within 3 months of having been completed (dispensed in full), expired or cancelled.

Changes in Patient Registrations – Community Pharmacy

Introduction

This section outlines the implications of patients changing GP and/or community pharmacy in relation to their CMS registration and any associated serial prescriptions.

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). Should a patient inform you of their intention to move pharmacy, or it is apparent due to lack of pharmaceutical (dispensing) activity, Community Pharmacists should withdraw the patient and submit the resulting CP3 to PSD.

If the patient has active serial prescriptions, these should be marked as complete within your system and the paper submitted to PSD. Sign the back of the prescription form on behalf of the patient annotating the reason why (e.g. write 'cancelled serial prescription').

At the point that you register a patient, you will be informed if they are already registered else where. In this scenario, you should firstly check with the patient that they wish to move and understand that in doing so this implies that they intend to use you as their preferred pharmacy. Further, you should consider the following:

- Do you have enough dispensing history and knowledge of the patient's condition(s) to register at this stage – it may be appropriate to ask the patient to withdraw from the existing pharmacy and register at some point in the future. A new PCR record will need to be created as this is not transferred.
- Check with the patient if they have any CMS prescriptions with their existing pharmacy. If they have, the pharmacy and their GP practice should be made aware of the change in registration. The existing pharmacy should complete this on their pharmacy system and submit the paper to PSD. New scripts will need to be sourced from the GP.

Patient Moves GP Practice

If the patient currently **does not have a serial prescription,** then the only consideration is that the GP practice recorded in the

pharmacy record will potentially be out of date. When a new prescription is presented to the pharmacy, the new practice details will be downloaded from the ePharmacy store. The PMR system will present this change to the user and many allow the user to accept these changes direct in to the patient record. The patient record can also be updated manually.

If the patient **does have serial prescriptions,** the practice they are leaving will inactivate these drugs before deducting their records from their system, resulting in a cancellation message. At the point the pharmacy attempt to dispense an item, they will be prevented from doing so due to this cancellation. Unless the patient has informed the pharmacist in advance of their change of GP practice, the pharmacist will need to sign the back of the prescription form annotating the reason why they have signed on behalf of the patient (e.g. write 'cancelled serial prescription').

! **The patient may assume that they can still continue to receive dispensing episodes from an outstanding serial prescription. Under these circumstances, pharmacists should explain that the serial prescription has been cancelled because the responsibility for prescribing for the patient has transferred to another GP practice. If the patient has no medication left, then the community pharmacist can consider issuing a supply of medication under the Unscheduled Care PGD using a CPUS form.**

Contents

CMS Housekeeping

Introduction

This section explains CMS housekeeping, why it is required and what you need to do. Please refer to the PMR specific section contained in this pack to find out how to perform these tasks in your system.

By completing these tasks regularly you will identify any problems quickly and your registrations and claims will be up to date.

Connectivity

Check that you PMR is sending and receiving messages from the ePharmacy Message Store.

If your pharmacy regularly scans prescriptions this shows that your PMR is sending and receiving messages from the ePharmacy Message Store (EPMS). Your PMR may have functionality which allows you to send test messages, which will also confirm that you are successfully sending and receiving messages from EPMS.

! **Follow your normal support routes if you think that your PMR is not sending messages.**

CMS Registration

When you register a patient for CMS, you will receive a response from EPMS.

Registered – The patient is successfully registered at your pharmacy and the patient should sign the CP3, and the form is then ready for submission to PSD.

Pending – Is a holding status either because the original registration message could not be sent in real time or the registration needs to be confirmed manually at PSD. The PMR specific housekeeping document details how to manage pending registrations.

Rejected – This status means that the patient is not registered for CMS, most likely because they are not eligible e.g. in a care home or the registration has been pending and the patient is registered elsewhere. Shred the CP3 and discuss with the patient the next time they present to the pharmacy. If you are sure the patient is eligible, then contact the ePharmacy helpdesk who can explain why the patient was rejected. If you both agree then try to register the patient again.

Registered elsewhere – means the patient is registered at another pharmacy for CMS and you must positively confirm on your PMR that the patient agrees to transfer their registration to your pharmacy.

You must always consider whether the transfer of registration is suitable and appropriate for the patient. It is not recommended to transfer registration if the patient is not present or has an active serial prescription with another pharmacy.

CMS Claims

Submitting an electronic claim should reflect how you would endorse and submit a paper claim to PSD. CMS claims are electronic and the paper is not used in the payment process at PSD.

Ensure that dispensing staff, pharmacists and locum/relief pharmacists know how add electronic endorsements.

Claims can be sent individually or batched claims can be sent at the same time every day after the patient collects the prescription. Once the claim has been sent from your PMR you have 14 days to make any amendments or cancel the claim.

Send the claim after the patient has collected their medication to ensure that the dispensing date returned to the GP is accurate.

A successful CMS claim should have a status of **Complete**. This shows that the claim has been sent and acknowledged by EPMS. If the claim shows any of the status below then further action is required. Please note that each PMR's terminology can be slightly different.

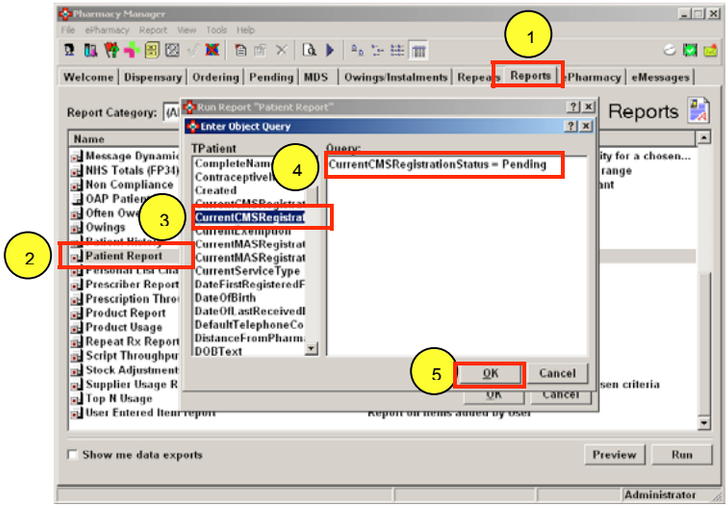
Status	Explanation	Action Required
Sent	The claim has been sent but not acknowledged.	Resend the claim.
In Exception	The claim has been received at EPMS but a message has been returned indicating a problem and further action is required.	Double click the message and read the further detail and take the action.
Time Expired	The message has failed to be processed within the designated time frames.	Resend the claim.

Pharmacy Manager

This document outlines specific housekeeping tasks for users of the Pharmacy Manager system.

CMS Registration

CMS is based purely on the electronic message. It is important that you check for registrations that have not resulted in a successful registration as this will impact on your capitation count.



1 From the **Reports tab**:

2 Select the **Patient Report** option, click **Preview** and choose the **Select by Query** option.

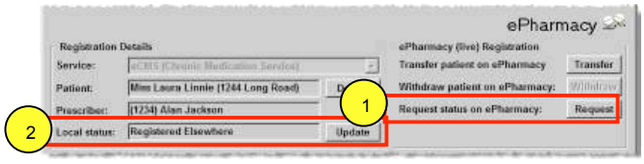
3 Scroll down and highlight **CurrentCMSRegistrationStatus** (2nd option in the list).

4 Amend the entry on the right hand side of the screen to **CurrentCMSRegistrationStatus = rsPending**.

5 Click **OK** to run the report.

Depending on the number of patient records you have on your system this report may take some time to run – therefore choose an appropriate time and/or computer.

Should this report return patients with a status of pending:



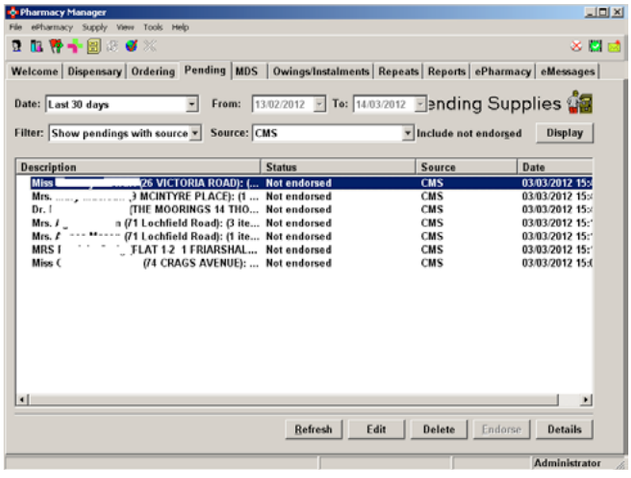
1 Perform a status request using the **Request** button on the ePharmacy screen or via the ePharmacy helpdesk (0131 275 6600)

2 Manually update the patient status via the **Update** button on the ePharmacy screen based on the table below.

Status returned via Request	Action
Registered	Update the local status to **Registered**.
Registration Unknown – Indicates that the patient has been rejected. This may occur due to: **a** Patient is resident in a care home **b** Patient is not registered with Scottish GP **c** Patient details held on your PMR do not match the CHI database.	For patients in categories **a** or **b**: Update the local status to **Not Registered**. For patients in category **c**: **1** Update the patient PMR record to match CHI (the ePharmacy Helpdesk will be able to provide details of the discrepancy). **2** Update the local status to **Not Registered**. **3** Re-register the patient the next time they are in store and have the new form signed by the patient.
No Registration Exists – Indicates the original registration request failed.	**1** Update the local status to **Not Registered**. **2** Re-register the patient the next time they are in store and have the new form signed by the patient.

CMS Claims

All payments for CMS are generated via the electronic claims (sent at item level) and NOT from the submission of the paper. It is vital that you ensure that all your claims are sent in the first instance and secondly are successful to ensure payment.



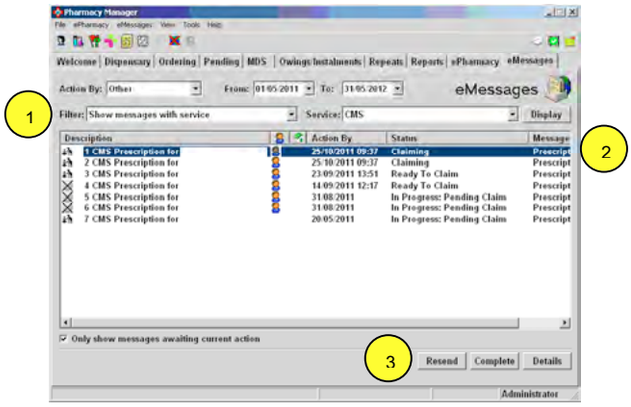
To do this access the **Pending** tab and set the Filter to **Show pendings with source** and Source to CMS. This will produce a list of all outstanding claims.

Pharmacies are expected to contact patients who fail to collect their medication within a week of the due date. Therefore any older claims should be checked, the claim sent if due to an oversight or the patient contacted if they have not yet collected the item.

Remember to record any interventions/care issues in the PCR if necessary.

Failed claims

On rare occasions, CMS claim messages may not leave the PMR system straight away. This may be due to a communication or technical problem with the hardware or software. CMS claim messages which have not been successfully sent will sit on the **eMessages** tab with a status of **Claiming**. Pharmacy Manager continues to attempt to send these messages for 3.5 days. If after this period, the messages have still not been sent, they need to be manually submitted.



Manually Resending Messages

1 Set the filters to **'Show Messages with a status'** and then **'Claiming'**.

2 Select the message to be resubmitted.

3 Click the Resend button.

If the Resend button is not available i.e. it is greyed out, this indicates that Pharmacy Manager is still trying to handle the message automatically and no action is required.

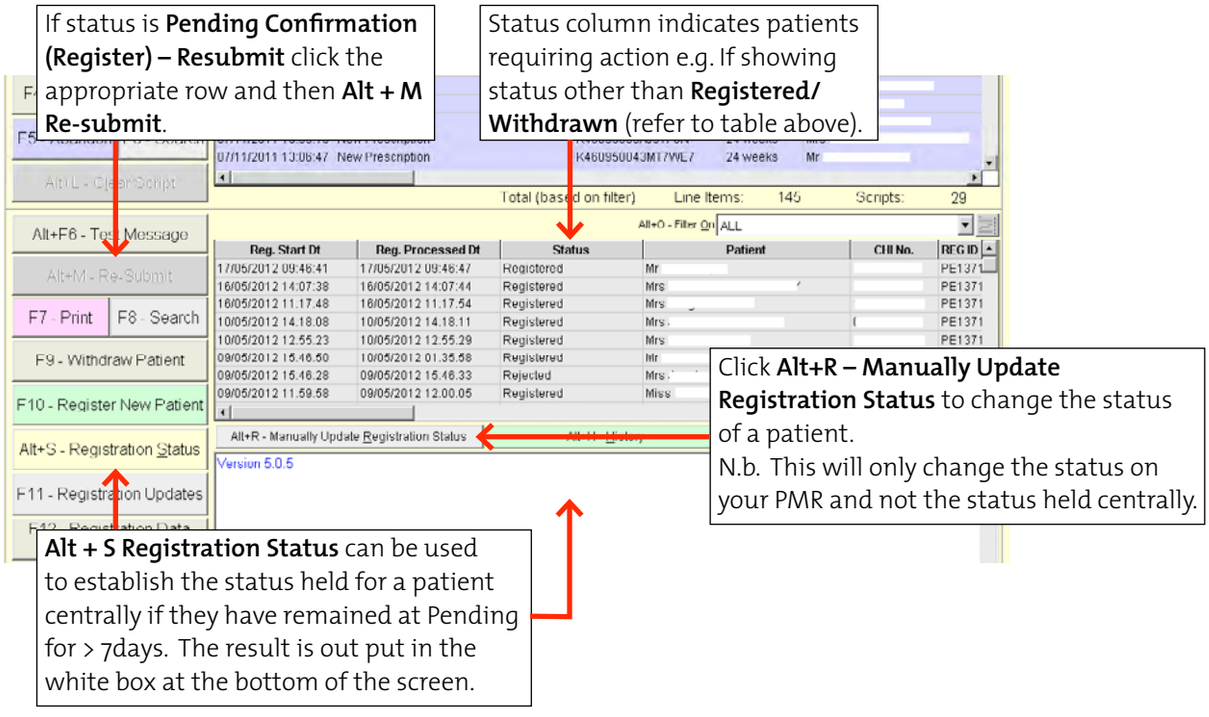
Proscript

This document outlines specific housekeeping tasks for users of the Proscript Pharmacy system.

CMS Registration

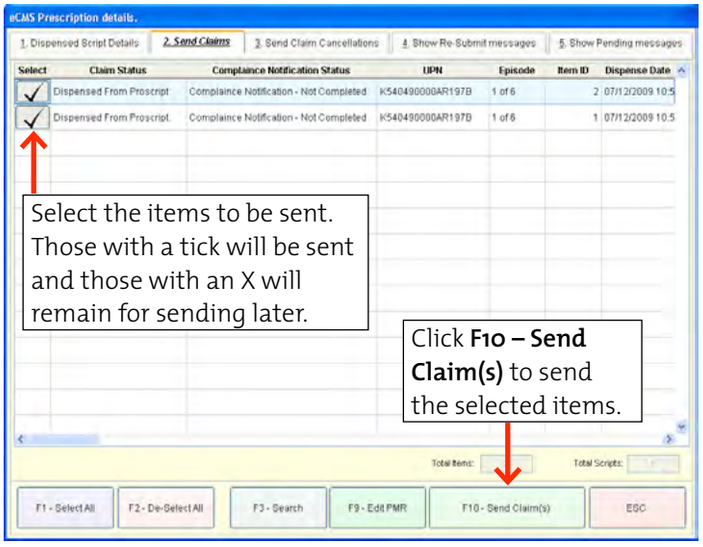
CMS is based purely on the electronic message. It is important that you check for registrations that have not resulted in a successful registration as this will impact on your capitation count. Below is a table outlining the different status and the appropriate actions.

Status	Reason	Action
Register Pending	No response has been received from the ePharmacy Store.	1 Contact the ePharmacy helpdesk (0131 275 6600) or use the **Alt + S – Registration Status** button to establish status. 2 Manually update the patient status via the **Alt + R Manually Update Registration Status** button.
Pending Confirmation (Register) – Resubmit	The message has failed.	Resend the message via **Alt + M – Re-submit** button. (If the message stills fails to send report to the Proscript helpdesk.)
Rejected	Patient is not eligible e.g. resident in a care home/not registered with Scottish GP **OR** the patient details held on your PMR do not match the CHI database.	For patients where their details resulted in the registration failing (this can be confirmed via the ePharmacy helpdesk): 1 Update their PMR record to match CHI. 2 Re-register the patient the next time they are in store and have the new form signed by the patient.



CMS Claims

All payment for CMS is generated via the electronic claims (sent at item level) and NOT from the submission of the paper. It is vital that you ensure that all your claims are sent in the first instance and secondly are successful to ensure payment.

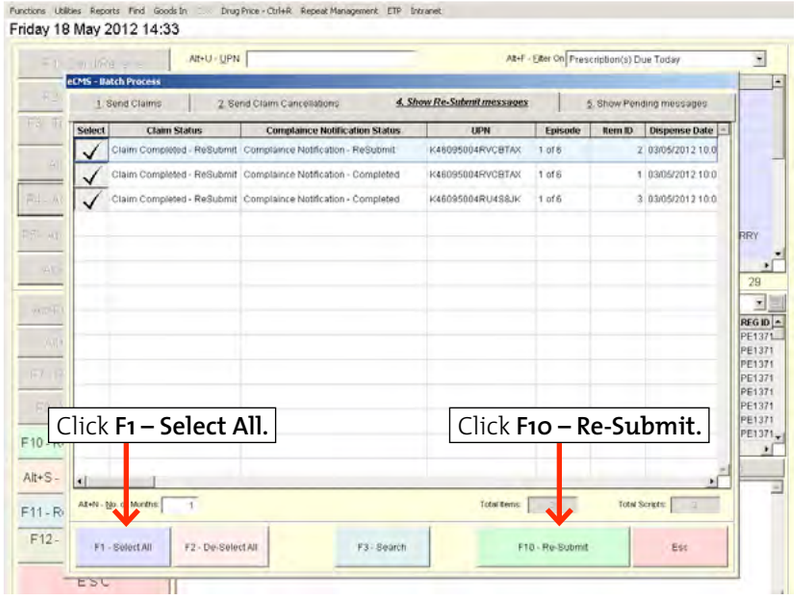


To do this access the **F3 -Batch Claims** screen via **F4 – Additional Functions** button on your CMS screen.

Pharmacies are expected to contact patients who fail to collect their medication within a week of the due date. Therefore any older claims should be checked and the claim sent if due to an oversight or the patient contacted if they have not yet collected the item.

Remember to record any interventions /care issues in the PCR if necessary.

On rare occasions messages may not leave your system straight away. This may be due to a communication or technical problem with software/hardware. Proscript will continue to attempt to send these messages for 3.5 days. These messages will have a status of Pending. After this period if the messages have still not been sent you must manually resubmit them.



It is strongly recommended that on a regular basis (at least weekly) you access the **F5 - Batch Re-Submit Messages** screen via the **F4 - Additional Functions** button on your CMS screen and re-submit any failed messages.

If the messages do not re-submit, contact the Proscript helpdesk.

Nexphase

CMS Registration

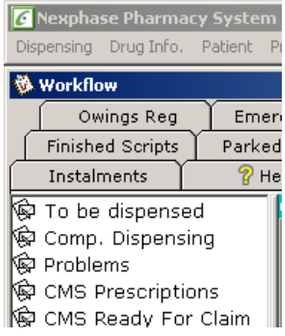
You are advised to check for CMS pending registrations on a weekly basis, however, there is no easy way to identify them in Nexphase.

PSD have agreed to contact the pharmacy if they receive a CP3 registration form but have not received an electronic registration message. PSD will ask you to change the patient status to "Not Registered" and re-register the patient. This will produce a new registration message and CP3 form. PSD already have the original form with the patient signature on it. The pharmacist should sign the new form and put a capital "R" in the top right hand corner to signify that the form has been reproduced. This process ensures that the patient is registered electronically and the pharmacy has the correct capitation count.

CMS Claims

CMS claims are sent electronically after each iteration at the point of collection.

To check that all claims have been sent successfully go to the **Workflow – ePharmacy** tab **– CMS ready to claim**. Completed claims can only be viewed by setting a custom filter, either by patient or by the status of '**claim completed**'.

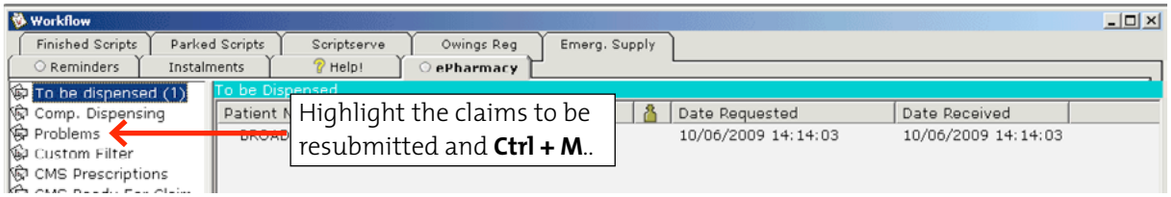


If claims are unsent, check that the patient has collected their medication, and if they have, the claim can be submitted. Ensure the claim is endorsed correctly.

If the medication has not been collected by the patient, and it is overdue, then contact the patient to find out why they have not collected their medication. If this is a compliance issue then update the patients PCR record and consider notifying the GP if necessary.

On rare occasions, claim messages may not leave your system straight away. This may be due to a communication or technical problem with software/hardware. Nexphase will continue to attempt to send these messages for 3.5 days. These messages will have a status of **Claim Request timed out** or **Claim not acknowledged**. After this period if the messages have still not been sent you must manually resubmit them in order to be paid correctly.

To resubmit the message click on the **Problems** tab, highlight the claim and then right click and resend the message to ensure that the claim is successful.



If you are unable to resend then messages the please log a call with Cegedim Rx helpdesk who will investigate the problem. The helpdesk must find a way to send the original claim or your reimbursement will be affected.

CoMPaSS

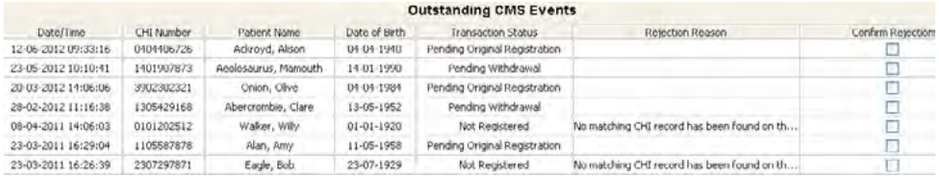
This document outlines specific housekeeping tasks for users of the CoMPaSS Pharmacy system.

CMS Registrations

CMS is based purely on the electronic message. It is important that you check for registrations that have not resulted in a successful response, as this will impact on your capitation count.

CoMPaSS provides an '**Outstanding CMS Events**' report detailing registrations that require further action, and should be checked on a weekly basis.

The report is accessed via the menu **Management/Reports/CMS/ Outstanding CMS Events**.

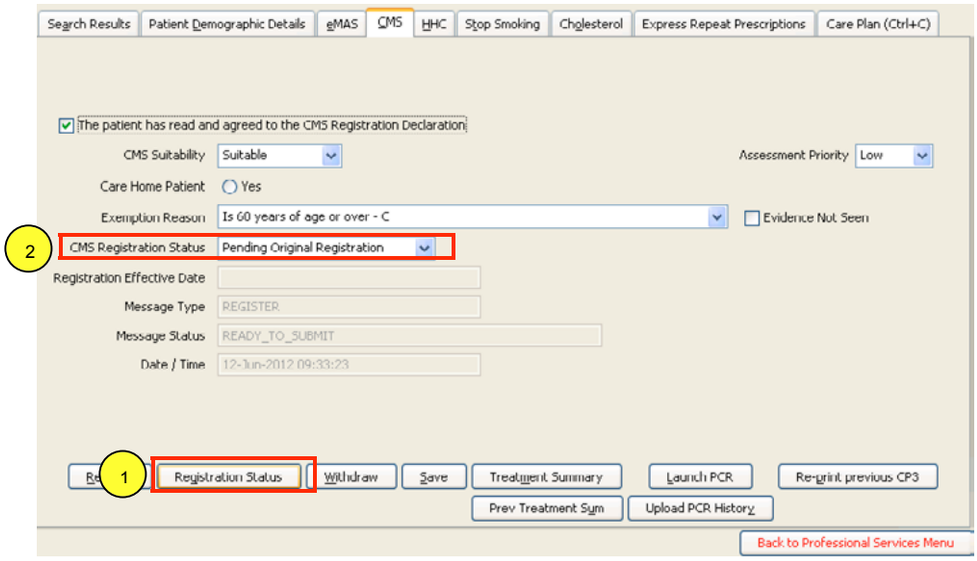


Outstanding CMS Events

Date/Time	CHI Number	Patient Name	Date of Birth	Transaction Status	Rejection Reason	Confirm Rejection
12-06-2012 09:33:16	0104106726	Ackroyd, Alison	04-04-1940	Pending Original Registration		
23-05-2012 10:10:41	1401907873	Acolosaurus, Mamouth	14-01-1990	Pending Withdrawal		
20-03-2012 14:06:06	3902302321	Onion, Olive	04-04-1984	Pending Original Registration		
28-02-2012 11:16:38	1305429168	Abercrombie, Clare	13-05-1952	Pending Withdrawal		
08-04-2011 14:06:03	0101202512	Walker, Willy	01-01-1920	Not Registered	No matching CHI record has been found on th...	
23-03-2011 16:29:04	1105587878	Alan, Amy	11-05-1958	Pending Original Registration		
23-03-2011 16:26:39	2307297871	Eagle, Bob	23-07-1929	Not Registered	No matching CHI record has been found on th...	

The table below details the different status and appropriate actions:

Status	Reason	Action
Pending Original Registration and **Pending Withdrawal**	No response has been received from the ePharmacy Store.	Only requires action if older than 7 days: **1** Contact the ePharmacy helpdesk (0131 275 6600) or use the **Registration Status** button on the patients CMS tab in PSA (see diagram below) to determine the outcome. **2** Manually update the patient status via the **CMS Registration Status** drop down box on the patients CMS tab in PSA (see diagram below).
Not Registered	Patient is not eligible e.g. resident in a care home/not registered with Scottish GP **OR** the patient details held in your PMR do not match the CHI database.	**Further action is required for patients whose details resulted in the rejection** (this can be confirmed via the Rejection Reason column or the PSD helpdesk): 1 Update their PMR record to match CHI. **2** Re-register the patient the next time they are in store and have the new form signed by the patient. **For ALL rejections** – Tick the **Confirm Rejection** tick box and click Continue once reviewed to remove them from the list.



CMS Claims

All payment for CMS is generated via the electronic claims (sent at item level) and NOT from the submission of the paper. It is vital that you ensure that all your claims are sent in the first instance and secondly are successful to ensure payment.

It is recommended that you review the **Live Escripts** queue on a regular basis to identify claims that have not been submitted. Attention should be given to scripts with the following status:

Ready to Issue	This indicates that the script has been assembled and is awaiting collection. Pharmacies are expected to contact patients who fail to collect their medication within a week of the due date. Any entries with this status older than 7 days should be checked and the item issued if due to an oversight or the patient contacted if they have not yet collected the item. Remember to record any interventions/care issues in the PCR if necessary.
Fully Issued	This indicates that there is an outstanding endorsement e.g. invoice price. Establish whether the endorsement information is now available, and process if possible.
Ready to Claim 	Indicates a problem with transmission. Click the **exclamation** icon and the reason will be displayed. Resolve the issue if possible OR report to Lloyds Pharmacy IT if unable to fix the problem in store.

Failed messages

On rare occasions messages may not leave your system straight away. This may be due to a communication or technical problem with software/hardware. CoMPaSS will continue to attempt to send these messages for 3.5 days.

It is strongly recommended that on a regular basis (at least weekly) you access the **CMS Messages not sent to the Data Centre Report** via Management/Reports/CMS/Messaging. If this identifies any problems report these to the Lloyds Pharmacy IT Helpdesk.

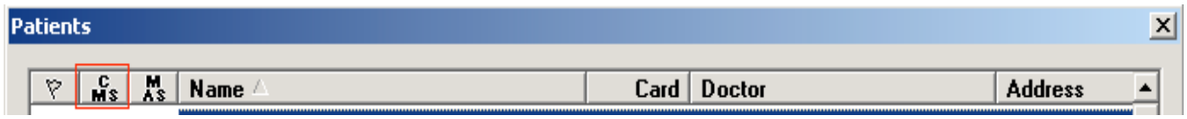
CMS Registration

CMS is based purely on the electronic message. It is important that you check for registrations that have not resulted in a successful registration as this will impact on your capitation count.

How to find pending registration

To view pending registrations click on **Setup > Patients > List patients**. This will give you a list of all the patients in alphabetical order.

Click twice on the CMS Column as below to bring CMS registrations to the top of the screen and check for any that are pending.



The table below shows the status and the action required

Status	Reason	Action
Registration Pending	No response has been received from the ePharmacy Message Store.	Call ePharmacy helpdesk (0131 275 6600) to establish the status. Manually update the patient record. In patient details – choose **CMS** tab – click on the **change** button – update status
Registration Rejected	The patient may in a care home or not registered with a GP in Scotland.	For patients where their details resulted in the registration failing (this can be confirmed via the ePharmacy helpdesk): 1 Update their PMR record to match CHI. 2 Re-register the patient the next time they are in store and have the new form signed by the patient.

Failed registration messages

CMS registration messages occasionally fail to send. The PMR will try to send the message for the next 3.5 days after which the message will time out and must be resent.

The messages can be viewed under **Admin > Incomplete transactions**. Highlight the message to be sent, and then click on retry.

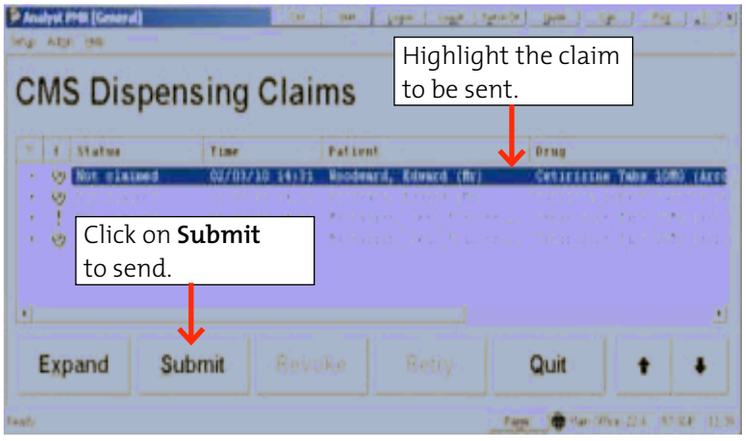
CMS Claims

All payment for CMS is generated via the electronic claims (sent at item level) and NOT from the submission of the paper. It is vital that you ensure that all your claims are sent in the first instance and are successful to ensure payment.

Claims can only be sent once the patient has collected their medication and endorsement must be added electronically.

Unlike AMS, claims for CMS must be submitted manually and are viewed in the CMS Dispensing Claims Screen.

To review the claims click on the **Misc** button and select 'CMS Dispensing Claims' or use the CTRL+L keyboard shortcut. Any claims with the status of not claimed, amended or revoked should be submitted. For any other status refer to the user manual.



If the medication has been collected by the patient then the claims can be submitted.

If the medication has not been collected and is a week or more overdue, the pharmacy should contact the patient to arrange collection. Any issues should be recorded in PCR with agreed outcomes. The GP should be notified if you have ongoing concerns.

If the claim message does not send or cannot be re-submitted contact the Positive Solutions helpdesk. The claim has to be submitted for reimbursement

Contents

Hypothyroidism

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient displaying symptoms of under treatment of hypothyroidism: (Tiredness, weakness, lethargy; weight gain but poor appetite, constipation, cold intolerance, depression, menstrual disturbance.) Patient displaying opposite signs may have over-treatment.			
Patient is stabilised and symptoms are minimised or removed.	Patient encouraged to attend GP practice for review.	**Patient, Practice nurse**	Patient is symptom free
Newly diagnosed patients or patients starting of drug treatment.			
Patient understands why they need to take medication.	Initial education/ counselling when the drug was started.	**Pharmacist**	Patient understands needs to take medication, when to take medication, side effects, possible dose changes and need regular blood checks, especially initially until stabilised.
Compliance (looking at repeats, patients condition, confusion about meds, poor symptom control, patient admits doesn't take, lack of understanding, side effects, etc)			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues following treatment plan.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications for thyroid disease, and patient able to explain what the different medicines do.
	Educating patient on thyroid medication. Advise on how different therapies work, benefits of taking them and the need for compliance.		
Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.		
	Reinforcing concordance (medication and blood tests).		
Potential drug interactions with levothyroxine			
Relevant drug interactions are corrected or risk reduced.	Pharmacist checks PMR for new medication and recognises interactions.	**Pharmacist**	Relevant drug interactions are identified and highlighted to GP so that drug doses/ timing altered if necessary.
	Check if patient taking levothyroxine once daily preferably before breakfast. If other medicines are prescribed which affect absorption, consider timing as per manufacturer's recommendation,		Contact GP if interactions are identified that require increased monitoring or possible dose adjustment e.g. levothyroxine may increase affect of warfarin (see manufacturer's data sheet for full list of interactions).

Hypothyroidism

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Non attendance at review – not invited or declined			
Patient has annual review at surgery and associated annual blood checks.	Reinforce need for review as medication may need altered if condition or medication changes.	**Pharmacist** **Patient** **Practice nurse**	Patient agrees to a review at GP practice.
Patient is taking lithium or amiodarone			
Patients receive 6 monthly TFT checks.	Pharmacist reminds patient of need for regular blood checks.	**Patient** **GP practice**	Patient attends for checks every 6 months if on these drugs.
Patient displaying signs of side effects			
Side effects are minimised or removed.	Recognising side-effects, and referring back to prescriber where necessary.	**Pharmacist**	Side effects are reduced.
Patient displaying common signs of over/under treatment			
Treatment is optimised and control improved.	Recognition of common signs over/ under treatment & when to refer patient to GP.	**Pharmacist** **Patient**	Refer to GP if signs identified.
Awareness of drug-induced thyroid disease (e.g anti-thyroid medication, amiodarone, lithium, interferon).			
Patient smokes			
Smoking stopped.	Reinforce effect and risk of further complications and health risks.	**Pharmacist** **Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
	Offer SmokeFree or NHS referral.		
	Brief interventions to motivate patient to stop or reduce smoking.		
Patient inactive and/or overweight			
Patient increases activity and makes dietary changes to reduce weight.	Education on exercise and healthier lifestyle.	**Pharmacist**	Patient encouraged increasing exercise and/or reducing weight.
	Recommend increase in activity.		
	Dietary advice (including reduced alcohol consumption).		
	Promote recommendation.		
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

Asthma

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Regular review of inhaler technique.			
Patient able to use device effectively and gains maximum benefit from medication.	Demonstrate correct use of device using placebo, patient demonstrates using their medication. Observe patient technique and advise accordingly.	**Patient and Pharmacist**	Patients' inhaler technique improved. If unable to use device then send a note to surgery and recommend patient goes to the practice for a review of device.
Incorrect use of spacer device and maintenance.			
Patient uses spacer correctly and cleans it as recommended.	Demonstrate correct use of spacer device and reinforce cleaning advice. Patient demonstrates correct use.	**Pharmacist Patient**	Patient demonstrates correct use of spacer and can explain how to maintain it and when to have it replaced. (Recommendation is to renew device every 6 months).
Side effects: Fungal infection in mouth. Hoarse throat. Mouth ulcers.			
Patient free of oral side effects from inhaled corticosteroid (ICS).	Reinforce recommendation to always brush teeth and/or rinse mouth thoroughly after using an ICS and explain why. Use of spacer device if appropriate, referral to practice if required.	**Pharmacist Patient**	Patient understands why we recommend good oral hygiene after using ICS and complies. Assuming not already in possession of spacer then if ongoing problems patient visits practice and now gets an MDI and spacer device.
Compliance. (looking at repeats, patient's condition, confusion about meds, exacerbating, high use of B2 inhalers, patient admits doesn't take, lack of understanding).			
Patient takes/uses medication as instructed. Compliance with medication improved.	Discussion with patient to identify issues in following treatment plan. Advise on how different therapies work and the need for compliance with medications above step 1. When to take How to take Missed dose- what to do.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications for asthma. Patient able to explain what the different meds do and how to take preventer/reliever. Patient understands the benefits of regular steroid use in asthma and risks of not taking it regularly.
Steroid prescription dosage inappropriate for patient. (Looking at technique, symptoms and compliance. Assessment of condition and prescription, highlight steroid dose may be inappropriate.)			
Patient on correct step and steroid dose for condition.	Discussion with patient and ask patient to make an appointment at surgery for an asthma review explain why. Notify surgery.	**Pharmacist Patient Practice / asthma nurse**	Patient agrees to make an appointment for an asthma review at surgery. Practice/asthma nurse reviews and steps down treatment. (Obviously if experiencing symptoms then stepped up.)

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Long-term high dose steroid use (High-dose inhaled steroid or inhaled steroids with oral steroid courses or steroid nasal sprays or steroid eye drops).			
Patient has a steroid warning card and if appropriate is on medication to prevent osteoporosis i.e. bone protection.	Ensure patient has a steroid warning card. If on medication for osteoporosis ensure patient understands why and complies. Ask patient to discuss steroid dose and bone protection at next review at surgery.	**Pharmacist** **Patient** **Practice**	Patient provided with a steroid warning card and understands its importance. Patient understands the risks of high dose steroids and attends practice for regular review with a view to having dose reviewed. Patient will comply with bone protection/osteoporosis meds. Patient will discuss osteoporosis prevention at next appointment with surgery if appropriate.
Uncontrolled asthma. Over use of SABA. Patient not symptom free. (patients condition experiencing symptoms, confusion about meds, exacerbating, high use of B2 inhalers,)			
Patient controlled not experiencing daytime, night time symptoms and can perform all tasks.	Review of condition inhaler technique, symptoms etc. If compliant etc then recommend appointment at the surgery for review with practice / asthma nurse or GP.	**Pharmacist** **Patient** **Practice / asthma nurse**	Patient has a better understanding of their condition, meds, and trigger factors and complies and uses device correctly so becomes symptom free. OR Patient makes appointment at surgery for a review and has medication/condition reviewed and altered accordingly (as patient does comply, use devices correctly, avoids triggers but still experiencing symptoms).
Asthma exacerbation (Prescription indicating acute attack.)			
Patient attends surgery within 2 working days for review if has an acute asthma attack. Patient has a written asthma action plan.	Importance of acute script and need to complete the course. Asthma action plan reinforced. Need to make appointment at surgery with 2 working days post exacerbation educate patient on the reasons for this.	**Pharmacist**	Patient aware of signs of severe asthma attack and understands what to do in an emergency if they have an attack. Patient knows to complete the course of oral steroids and/or antibiotics. Patient aware that they need to attend the surgery within 2 working days following an acute attack.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient experiences symptoms whilst exercising but wishes to exercise.			
Patient able to exercise with minimal symptoms, uses SABA pre-exercise.	Education re medication and what to do. If compliant but sub-therapeutic treatment recommend see practice / asthma nurse for a review. Patient to make appointment at surgery.	**Pharmacist** **Patient** **Practice / Asthma Nurse**	Patient uses B2 correctly before exercising and can now exercise. OR Patient visits practice and has medication altered to enable patient to exercise.
Non attendance at asthma clinic – not invited or declined.			
Patient has asthma review at surgery once/yr.	Reinforce need for annual review as medication may need altered as condition changed.	**Pharmacist** **Patient** **Practice / Asthma nurse**	Patient agrees to a review at surgery. Patient contacts practice for a review.
Patient smokes.			
Smoking stopped	Reinforce effect and risk of further complications and health risks. Offer SmokeFree or NHS referral. Brief interventions to motivate patient to stop or reduce smoking.	**Pharmacist** **Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
Patient inactive and/or overweight.			
Patient increases exercise and looks at diet to reduce weight.	Education re asthma exercise. Education re weight and lung function. Recommend exercise options. Dietary advice.	**Pharmacist**	Patient understands effect of smoking and/or weight with asthma condition. Patient encouraged to increase exercise and/or reduce weight by looking at diet.
Unaware that some medicines should be avoided in asthmatic patients.			
Patient doesn't take medication that may make asthma worse.	Discuss OTC medication which may not be appropriate for some asthmatics.	**Pharmacist**	Patient agrees to avoid medication that can make asthma worse OTC.
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

With thanks to NHS Tayside

Diabetes

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Blood glucose monitoring. (refer to NHS GG&C guidelines for blood glucose monitoring).			
Patient understands when there is a need for monitoring and how to do it.	Explain when there is a need for blood glucose monitoring and demonstrate process if required.	**Pharmacist**	Patient's blood glucose monitoring technique improved. Patient follows NHS GG&C guidelines for monitoring blood glucose.
Patient is aware of their blood glucose target level and is able to interpret test results.	Confirm that the patient knows their target level. Explain meaning of results and potential actions if required (if high or low).	**Pharmacist**	Patient monitors blood glucose appropriately, reacts when necessary and understands importance of testing.
The patient understands the significance of their HbA1c.	Explain the significance of HbA1c.		
Side effects and Hypo/Hyperglycaemia.			
Patient able to manage side effects appropriately. Free from side effects of medication or uncontrolled diabetes.	Explain warning signs and symptoms and actions to take.	**Patient** **Pharmacist**	Patient able to recognise signs and knows what action to take - not just recognising signs but knowing how to deal with situation before hypo/ hyperglycaemia progresses too far.
Annual checks: Feet Eyes Medical check			
Patient has annual feet and eye checks by specialist service and medical check at GP practice.	Explain need for annual checks to avoid progression of potential complications.	**Patient** **Pharmacist**	Patient receives annual checks and knows what action to take if problems encountered between annual checks.
Compliance (looking at repeats, patient's condition, confusion about meds, exacerbating, high use of test strips, patient admits doesn't take, lack of understanding, side effects, etc).			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	Pharmacist	Patient has a better understanding of how and why to take/use medications for diabetes, and patient able to explain what the different medicines do.
Patient understands why they need to take medication	Advise on how different therapies work, benefits of taking them and the need for compliance	Pharmacist	Patient understands the benefits of medication and risks of not taking it regularly
Compliance with medication improved	When to take, how to take, what to do if missed doses, etc		

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Uncontrolled Diabetes. (patient reports non-compliance, increased thirst, increased frequency of urine (possibly noticed more at night time), increased frequency of hypos/hypers).			
Patient controlled, minimise experiencing daytime or night time symptoms.	Review of condition, understanding of signs, symptoms etc. Assess compliance, etc then recommend appointment at the surgery for review with GP, diabetes Specialist Nurse (DSN) or practice nurse.	**Pharmacist Patient Practice nurse/DSN**	Patient has a better understanding of their condition, meds, and trigger factors, so complies and uses medication correctly to become symptom free. OR Patient makes appointment at surgery for a review to have their condition and medication reviewed and altered accordingly.
Use of insulin devices.			
Patient able to load and use injection devices correctly.	Demonstrate correct use of devices OR Review with practice nurse or DSN if unable to perform task.	**Pharmacist Patient Practice nurse/DSN**	Patient able to administer insulin properly and safely. Patient understands importance of being dispensed the correct meds and devices every time.
Advice on safe storage of insulin and sharp disposal. (more information available on Diabetes UK website)			
Patient aware of correct process for storage of insulin and sharp disposal.	Advise on cold storage requirements for insulin and safe disposal of sharps.	**Pharmacist Patient**	Patient able to store insulin safely and correctly. Patient able to dispose of sharps appropriately.
Non attendance at diabetes review – not invited or declined. (If patient on insulin always at hospital as well)			
Patient has annual review at surgery or diabetic clinic at hospital.	Reinforce need for review as medication may need altered if condition changes.	**Pharmacist Patient Practice nurse**	Patient agrees to a review at GP practice or hospital Patient contacts practice or hospital for a review.
Patient smokes.			
Smoking stopped.	Reinforce effect and risk of further complications and health risks. Offer SmokeFree or NHS referral. Brief interventions to motivate patient to stop or reduce smoking.	**Pharmacist Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient inactive and/or overweight.			
Patient increases activity and makes dietary changes to reduce weight.	Education on exercise and healthier lifestyle.	**Pharmacist**	Patient understands the effect of activity and/or weight with diabetes condition.
	Education on impact on diabetes control and medication due to weight changes.		
	Recommend increase in activity.		Patient encouraged increasing exercise and/or reducing weight.
	Dietary advice (including reduced alcohol consumption).		
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist Patient**	Patient agrees to contact surgery to get the annual flu vaccination.
Rotation of injection sites.			
Patient rotates injection sites appropriately.	Explain need for rotation and refer concerns to DSN.	**Pharmacist Patient**	Patient able to rotate sites correctly.
Newly diagnosed patients: initial diabetes education package. (Insulin Passport to be in place by 2012.)			
All newly diagnosed patients receive educational pack.	Ask patient if they have received pack and signpost if necessary.	**Pharmacist Patient**	All newly diagnosed patients receive correct educational pack.
Regular check of Glucagon® and expiry date.			
Patient checks that their emergency supply of Glucagon® is available and in date.	Educate patient on use and need for Glucagon.®	**Patient**	Patients have available, in date stock for use in emergencies.
Driving/DVLA guidance.			
Patient aware of blood glucose testing guidelines for driving.	Refer patients who drive to DVLA website.	**Patient**	Patient aware of DVLA guidelines for diabetics and able to drive safely.
Travel advice.			
Patient aware of safe storage and access to medication during travel.	Advise patient on access to medication during travel period and storage in luggage.	**Patient**	Patient able to store medication, including insulin safely and appropriately and access when necessary.

Angina

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Compliance. (looking at repeats, patient's condition, confusion about meds, exacerbation, patient admits doesn't take, lack of understanding, side effects, etc).			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications for angina, and patient able to explain what the different medicines do.
Patient understands why they need to take medication.	Advise on how different therapies work, benefits of taking them and the need for compliance.	**Pharmacist**	Patient understands the benefits of medication and risks of not taking it regularly
Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.	**Pharmacist**	Patient understands use of medication and improved angina control and improves secondary prevention.
Frequent ordering of GTN (check against PMR).			
Item ordered when required and used appropriately. Controls waste and patient use.	Educate patient on ordering of medication.	**Pharmacist Patient**	GTN ordered when needed.
Inappropriate use of GTN spray or tablets.			
Patient able to use GTN correctly and appropriately during attack.	Discuss use of GTN, when to use it, how to use spray or tablets and what to do if pain does not ease.	**Pharmacist**	Patient able to use GTN therapy correctly.
Uncontrolled angina. (patient reports non-compliance, worsening symptoms, increased frequency of attacks).			
Patient controlled, minimise experiencing other symptoms.	Review of condition, understanding of signs, symptoms etc. Assess compliance, etc then recommend appointment at the surgery for review with GP or practice nurse.	**Pharmacist, Patient Practice nurse**	Patient has a better understanding of their condition, meds, so complies and uses medication correctly to become symptom free. OR Patient makes appointment at surgery for a review to have their condition and medication reviewed and altered accordingly.
Non attendance at annual GP review – not invited or declined.			
Patient has annual review at surgery.	Reinforce need for review as medication may need altered if condition changes.	**Pharmacist Patient Practice nurse**	Patient agrees to a review at GP practice and contacts for appointment.

Angina

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
No BP or cholesterol check.			
Patient has BP and cholesterol levels checked annually.	Discuss need to have these checked and understand results.	**Pharmacist**	Patient attends GP practice for check up. Patient understands risks of further disease or complications if not controlled.
Side effects of medication.			
Able to minimise side effects appropriately.	Explain side effects of medication and review with GP if resulting in non-compliance.	**Pharmacist** **GP**	Review of medication if s/e is intolerable.
Patient smokes.			
Smoking stopped.	Reinforce effect of smoking on angina, blood pressure control, risk of further complications and health risks. Offer SmokeFree or NHS referral. Brief interventions to motivate patient to stop or reduce smoking.	**Pharmacist** **Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
Patient inactive and/or overweight.			
Patient increases activity and makes dietary changes to reduce weight.	Education on exercise and healthier lifestyle. Education on impact on BP control and medication due to weight changes. Recommend increase in activity. Dietary advice (including reduced alcohol and salt consumption).	**Pharmacist**	Patient understands the effect of activity and/or weight with angina and BP. Patient encouraged increasing exercise and/or reducing weight.
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

Hypertension

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Understanding the BP numbers.			
Patient is able to understand what the "number" means and implication of changes.	Discussion with patent around BP reading and if they know result. See GP or practice nurse if not had check within 9 months.	**Pharmacist**	Patient understands condition better and implication of the BP readings.
Compliance. (Looking at repeats, patient's condition, confusion about meds, exacerbation, patient admits doesn't take, lack of understanding, side effects, etc).			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications for hypertension, and patient able to explain what the different medicines do.
Patient understands why they need to take medication.	Advise on how different therapies work, benefits of taking them and the need for compliance.	**Pharmacist**	Patient understands the benefits of medication and risks of not taking it regularly.
Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.	**Pharmacist**	Patient understands use of medication and improved BP control.
Uncontrolled hypertension. (Patient reports non-compliance, light-headedness, dizziness).			
Patient controlled, minimise experiencing other symptoms.	Review of condition, understanding of signs, symptoms etc. Assess compliance, etc then recommend appointment at the surgery for review with GP or practice nurse.	**Pharmacist, Patient Practice nurse**	Patient has a better understanding of their condition, meds, so complies and uses medication correctly to become symptom free. OR Patient makes appointment at surgery for a review to have their condition and medication reviewed and altered accordingly.
Use of aspirin and statin.			
Patients at risk of CVD on aspirin and statin.	Review medication list and over the counter purchases. Discuss with GP.	**Pharmacist**	GP reviews medication.
Side effects of medication.			
Able to minimise side effects appropriately.	Explain side effects of medication and review with GP if resulting in non-compliance.	**Pharmacist GP**	Review of medication if s/e is intolerable.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Non attendance at hypertension review – not invited or declined.			
Patient has annual review at surgery.	Reinforce need for review as medication may need altered if condition changes.	Pharmacist Patient Practice nurse	Patient agrees to a review at GP practice. Patient contacts practice or hospital for a review.
Patient smokes.			
Smoking stopped.	Reinforce effect of smoking on blood pressure control, risk of further complications and health risks. Offer SmokeFree or NHS referral. Brief interventions to motivate patient to stop or reduce smoking.	**Pharmacist** **Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
Patient inactive and/or overweight.			
Patient increases activity and makes dietary changes to reduce weight.	Education on exercise and healthier lifestyle. Education on impact on BP control and medication due to weight changes. Recommend increase in activity. Dietary advice. (Including reduced alcohol and salt consumption).	**Pharmacist**	Patient understands the effect of activity and/or weight with BP condition. Patient encouraged increasing exercise and/or reducing weight.
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

Heart Failure

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient is suffering from fluid retention. Symptoms may be sudden weight gain, tightening of clothes around stomach, swelling in ankle and/or legs, worsening of cough or wheeze affecting sleep of breathing.			
Patient symptoms are improved or minimised.	Check compliance with medication (in particular diuretics) and counsel as appropriate.	**Pharmacist**	Patient understands how to identify symptoms of fluid retention and what not to do.
	Advise patient of need to weight themselves regularly (daily if receiving diuretic) after being toilet and before dressing.		
	Advise patient not to drink extra fluid to replenish water lost by diuretic.		
	Discuss severity and frequency of symptoms with patient and refer to GP or heart failure nurse if appropriate (depending on history, co-morbidity & other signs / symptoms- see below).		
Patient able to maintain normal activities.	Counsel patient on "hidden fluids" eg soup, yoghurt.		
	Provide information on thirst management.		
Patient complains of recent increase in breathlessness.			
Patient symptoms are improved or minimised.	Check compliance with medication and counsel as appropriate.	**Pharmacist**	Patient improves.
Patient able to maintain normal activities.	Discuss severity and frequency of symptoms with patient and refer to GP or heart failure nurse if appropriate (depending on history, co-morbidity & other signs / symptoms- see below).		
RED FLAG SIGNS / SYMPTOMS FOR GP / HF NURSE REFERRAL **Severe and persistent shortness of breath** **Progressive worsening of symptoms not responding to diuretics** **Increasing shortness of breath and tolerating less and less activity** **Fainting or loss of consciousness** **Consistently awakening short of breath** **Palpitations that have worsened or are making patient light headed or dizzy** **Needing more pillows to sleep comfortably** **Sudden and rapid weight gain (2kg in 2 to 3 days); early sign patient is retaining more fluid**			

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Compliance. (Looking at repeats, patients condition, confusion about meds, exacerbation, patient admits doesn't take, lack of understanding, side effects, etc).			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications, and patient able to explain what the different medicines do.
Patient understands why they need to take medication.	Offer regular structured advice on how different therapies work, benefits of taking them (on mortality, morbidity and symptoms) and the need for compliance.	**Pharmacist**	Patient understands the benefits of medication and risks of not taking it regularly.
Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.	**Pharmacist**	Patient understands use of medication and improved HF control and improves secondary prevention.
	Ensure patient can identify, swallow, order, get access to all medications and read labels.		
	Regularly discuss strategies to improve compliance in a structured fashion.		
Patient diet includes excessive salt content.(>6g/day)			
Salt intake is appropriate (<6g/day) and sticking to this can lessen blood pressure and fluid retention.	Counsel patient on use of salt, reduce intake of salty foods and avoid use of salt substitutes.	**Pharmacist Patient**	Patient consumes safer salt levels for condition.
	Avoid use of soluble medication. (except aspirin 75mg disp).		
Side effects of medication. (E.g. dry cough with ACE).			
Able to minimise side effects appropriately.	Explain side effects of medication and review with GP if resulting in non-compliance or if side effect is intolerable.	**Pharmacist GP**	Review of medication if s/e is intolerable.
Patient smokes.			
Smoking stopped.	Reinforce effect of smoking on angina, blood pressure control, risk of further complications and health risks.	**Pharmacist Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
	Offer SmokeFree or NHS referral.		
	Brief interventions to motivate patient to stop or reduce smoking.		

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
No flu immunisation.			
Patient gets annual flu immunisation.	Promote immunisations.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.
No pneumococcal immunisation.			
Patient gets at least a one off pneumococcal immunisation.	Promote immunisations.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the pneumococcal vaccination.
Patient is binge, hazardous or harmful drinking.			
Patient reduces alcohol intake to healthy level and pattern.	Pharmacist carries out brief intervention or refers to alcohol services. Pharmacist should encourage patients with alcoholic cardiomyopathy to stop drinking altogether.	**Pharmacist**	Patient consumes healthier levels of alcohol.

COPD

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Regular review of inhaler technique.			
Patient able to use device effectively and gains maximum benefit from medication.	Demonstrate correct use of device using placebo, patient demonstrates using their medication. Observe patient technique and advise accordingly.	**Patient and Pharmacist**	Patients' inhaler technique improved. If unable to use device then send a note to surgery and recommend patient goes to the practice for a review of device.
Incorrect use of spacer device and maintenance.			
Patient uses spacer correctly and cleans it as recommended.	Demonstrate correct use of spacer device and reinforce cleaning recommendation Patient demonstrates correct use.	**Pharmacist Patient**	Patient demonstrates correct use of spacer and can explain how to maintain it and when to have it replaced. (Recommendation is to renew device every 6 months).
Side effects: Fungal infection in mouth; Hoarse throat; Mouth ulcers;			
Patient free of oral side effects from inhaled corticosteroids (ICS).	Reinforce recommendation to always brush teeth and/or rinse mouth thoroughly after using an ICS and explain why. Use of spacer device if appropriate, referral to practice if required.	**Pharmacist Patient**	Patient understands why we recommend good oral hygiene after using ICS and complies. Assuming not already in possession of spacer then if ongoing problems patient visits practice and now gets an MDI and spacer device.
Compliance. (Looking at repeats, patient's condition, confusion about meds, exacerbating, high use of B2 inhalers, patient admits doesn't take, lack of understanding).			
Patient takes/uses medication as instructed. Compliance with medication improved.	Discussion with patient to identify issues in following treatment plan. Advise on how different therapies work and the need for compliance with medications. When to take. How to take. Missed dose- what to do.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications for COPD. Patient able to explain what the different meds do and how to take preventer/reliever.
Steroid prescription dosage inappropriate for patient. (Looking at technique, symptoms and compliance. Assessment of condition and prescription, highlight steroid dose may be inappropriate.)			
Patient on correct step and steroid dose for condition.	Discussion with patient and ask patient to make an appointment at surgery for an COPD review explain why. Notify surgery.	**Pharmacist Patient Practice / COPD nurse**	Patient agrees to make an appointment for a COPD review at surgery. Practice/COPD nurse reviews treatment.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Long-term high dose steroid use. (High-dose inhaled steroid or inhaled steroids with oral steroid courses or steroid nasal sprays or steroid eye drops)			
Patient has a steroid warning card and if appropriate is on medication to prevent osteoporosis i.e. bone protection.	Ensure patient has a steroid warning card.	**Pharmacist Patient Practice**	Patient provided with a steroid warning card and understands its importance.
			Patient understands the risks of high dose steroids and attends practice for regular review of their COPD medications.
	If on medication for osteoporosis ensure patient understands why and complies. Ask patient to discuss steroid dose and bone protection at next review at surgery.		Patient will comply with bone protection/ osteoporosis meds.
			Patient will discuss osteoporosis prevention at next appointment with surgery if appropriate.
Uncontrolled COPD. Over use of SABA. Patient more breathless. Poor quality of sleep. (Patient condition: experiencing symptoms, confusion about meds, exacerbating, high use of B2 inhalers,)			
Patient able continue to perform those day to day activities that they have previously been able to do, that they and are able to manage their breathlessness through breathing technique and pacing their activities and that they remain as active as they can for as long as they can.	Review of condition inhaler technique, symptoms etc. If compliant etc then recommend appointment at the surgery for review with practice /COPD nurse or GP.	**Pharmacist Patient Practice / COPD nurse**	Patient has a better understanding of their condition, meds, and trigger factors and complies and uses device correctly. OR Patient makes appointment at surgery for a review and has medication/condition reviewed and altered accordingly (as patient does comply, use devices correctly, avoids triggers but still experiencing symptoms).
COPD exacerbation (Prescription indicating acute attack.)			
Patient sees GP if has a worsening exacerbation.	Importance of acute script and need to complete the course.	**Pharmacist**	Patient aware of signs of severe COPD attack and understands what to do in an emergency if they have an exacerbation. Patient knows to complete the course of oral steroids and/or antibiotics.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Non attendance at COPD clinic – not invited or declined.			
Patient has COPD review at surgery once/yr.	Reinforce need for annual review as medication may need altered as condition changed.	**Pharmacist** **Patient** **Practice / COPD nurse**	Patient agrees to a review at surgery. Patient contacts practice for a review.
Patient receives domiciliary oxygen.			
Patient able to use O_2 treatment correctly, safely and appropriately.	Counsel patient on use of oxygen, how to set up cylinder, flow rate and safety precautions.	**Pharmacist**	Patient able to use oxygen safely and correctly in their environment.
Patient smokes.			
Smoking stopped.	Reinforce effect and risk of further complications and health risks. Offer SmokeFree or NHS referral. Brief interventions to motivate patient to stop or reduce smoking.	**Pharmacist** **Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

With thanks to NHS Tayside

Rheumatoid Arthritis

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Compliance. (Looking at repeats, patient's condition, confusion about meds, exacerbation, patient admits doesn't take, lack of understanding, side effects, etc).			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications for RA, and patient able to explain what the different medicines do.
Patient understands why they need to take medication.	Advise on how different therapies work, benefits of taking them and the need for compliance.	**Pharmacist**	Patient understands the benefits of medication and risks of not taking it regularly.
Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.	**Pharmacist**	Patient understands use of medication and improved RA pain control.
Side effects of medication			
Able to minimise side effects appropriately	Explain side effects of medication and review with GP if resulting in non-compliance.	**Pharmacist GP**	Review of medication if s/e is intolerable.
Patient not receiving regular blood monitoring.			
Patients receive appropriate checks for drugs.	Pharmacist reminds patient of need for regular blood checks.	**Patient GP practice**	Patient attends for checks every x months if on these drugs.
Patient unable to physically access medications due to RA.			
Patient able to take medications.	Discuss why patient is unable to access medication and explore suitable options to overcome problems/ barriers.	**Pharmacist**	Pharmacist and patient agree on suitable mechanism to aid patient to access medication e.g. non-CRC lids, easy twist caps.
Patient presents with fatigue.			
Levels of fatigue is minimised.	Discuss importance and benefits of physical activity with patient and also need to rest inflamed joints.	**Pharmacist Patient**	Patient increases level of physical activity where appropriate and helps to reduce levels of fatigue.
Increase level of physical activity.	Referral to local walking programme.		
Increase level of pain or acute exacerbations.			
Pain level and discomfort reduced.	Discuss analgesia options for acute episodes.	**Pharmacist**	Patient is able to help undertake pharmaceutical and non-pharmacological steps to reduce pain and discomfort.
	Application of heat or cold to ease joint stiffness.		
Non attendance at annual review – not invited or declined.			
Patient has annual review at surgery once/yr.	Reinforce need for annual review as medication may need altered as condition changed.	**Pharmacist Patient GP/Practice nurse.**	Patient agrees to a review at surgery. Patient contacts practice for a review.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient not eating as well as before.			
Patient's appetite and diet is appropriate for correct nutrition. Encourage weight loss to help control pressure on joints if possible. Diet includes appropriate calcium and Vit D intake to reduce bone loss.	Discuss healthy dietary options in line with healthy lifestyle approach.	**Patient**	Patient agreed to adopt healthier diet.
Patient using alternative therapy.			
Alternative therapy is appropriate and use is known by clinicians.	Discuss use of OTC or alternative medications with patient.	**Pharmacist**	Patient informs GP and other clinicians of use of alternative medications.
Patient does not have a methotrexate monitoring book.			
Patient has booklet which is updated by healthcare professionals.	Pharmacist should check that patient has booklet and provide copy if necessary. Copies can be obtained from Primary Care distribution Centres at Clutha House/ Hillington if needed.	**Pharmacist**	Patient receives correct booklet for use.
Patient smokes.			
Smoking stopped.	Reinforce effect and risk of further complications and health risks. Offer SmokeFree or NHS referral. Brief interventions to motivate patient to stop or reduce smoking.	**Pharmacist** **Patient**	Patient agrees to quit attempt and understands why so more motivated to succeed.
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

Points to note

- **Patient may receive some drugs direct from the hospital and therefore, will not be dispensed on a GP10 or be on the GP records.**
- **Frequency of blood monitoring will depend on the individual drugs.**
- **New CMS tool to help support care planning for high risk drugs is available in the PCR.**

Parkinson's Disease

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Side effects of medication.			
Able to minimise side effects appropriately.	Explain side effects of medication and review with GP if resulting in non-compliance.	**Pharmacist GP**	Review of medication if s/e is intolerable.
	Identify serious side-effects requiring prompt referral back to specialist eg neuropsychiatric side-effects, impulse control disorders.	**Pharmacist GP**	Specialist review of medication if serious side effects occur.
Patient or carer reports nausea with levopdopa medication.			
Nausea is reduced.	Discuss with patient/ carer to take medication after meal times.	**Pharmacist**	Drug regime is altered to minimise nausea for patient.
	Counsel patient that nausea likely to subside in time.		
	Possible use of domperidone to be discussed with GP.		
Compliance. (Looking at repeats, patient's condition, confusion about meds, exacerbation, patient admits doesn't take, lack of understanding, side effects, over-compliance etc).			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications for PD, and patient able to explain what the different medicines do.
Patient understands why they need to take medication.	Advise on how different therapies work, benefits of taking them and the need for compliance.		Patient understands the benefits of medication and risks of not taking it regularly.
Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.		Patient understands use of medication and improved PD symptom control.
Issues of over-compliance identified and managed appropriately	Alert for signs of over-compliance with medication. Ensure up-to-date record of current medication in context of dose titration over a period of time.		Over-compliance is promptly identified and managed.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient is on complex treatment regimen.			
Complex treatment regimen is prescribed and dispensed correctly.	Review any medication changes against previous Rx and determine appropriateness.	**Pharmacist Patient/ carer**	Patient/carer understands drug regime.
	Ensure patient has up-to-date list of current medication including timings.		
	Care with medication with complex dosing eg CR preparations, preparations with multiple strengths, compound preparations.		
Patient does not understand medication and what they are used for.			
Patient understands the need for different medication and what they do.	Discuss drugs with patient to help them understand about the different medications. Consider use of PDUK leaflets.	**Pharmacist**	Patient is able to understand need for medication and rationale for drug regime – achieves concordance.
Patient symptom control – expected therapeutic benefit/side-effect may change as disease progresses eg benefit can be erratic; patient suffers from motor fluctuations such as wearing off and "freezing".			
Symptoms are managed appropriately and effects of PD minimised.	Discuss with patient/ carer about how they feel condition affects them. Manage expectations accordingly according to symptoms and stage of disease eg tremor may be less responsive than rigidity or bradykinesia to dopaminergics.	**Pharmacist GP**	May need referral to GP/ PD specialist service (e.g. through Parkinson's Disease Nurse Specialist for revision of drug regime to minimise increasing symptoms.
	Discuss drug regime in relation to symptoms worsening.		
Consideration of neuropsychiatric non-motor symptoms of PD e.g. Patient reports that they feel depressed, changes in emotions, hallucinations.			
Symptoms are managed appropriately and reduced/ minimised.	Referral to GP for review of medication.	**Pharmacist**	Patient's drug treatment is altered appropriately.
Patient experiencing non-motor symptoms which may respond to pharmacological treatment e.g. constipation, urinary frequency, dry eyes etc.			
Symptoms are managed appropriately and reduced/ minimised.	Referral to GP for review of medication.	**Pharmacist**	Appropriate pharmacological management whilst minimising polypharmacy where possible.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient demonstrates or reports signs of swallowing difficulties e.g. excess saliva, can't clear food from mouth, food sticks in throat, pain or discomfort in throat, unclear voice, trouble swallowing medication.			
Symptoms are reduced.	Ensure patient takes medication at regular times and able to swallow medication formulation chosen.	**Pharmacist GP**	Swallowing difficulties are reduced.
	Discuss with GP for possible referral to speech and language therapist.		
	Counsel patient on posture during meal times.		
Non attendance at annual review – not invited or declined.			
Patient has annual review at surgery once/yr.	Reinforce need for annual review as medication may need altered as condition changed.	**Pharmacist Patient GP/Practice nurse**	Patient agrees to a review at surgery. Patient contacts practice for a review.
Patient at risk of falls			
Risk is reduced or minimised	Discuss possible risk of low blood pressure with GP	**Pharmacist**	Risk is reduced if patient and carer aware of steps to avoid falling.
Patient is on drug which can exacerbate PD symptoms.			
PD symptom causing drugs are avoided if possible.	Check all newly prescribed medication. And ensure patient is aware of this issue. Discuss with GP.	**Pharmacist**	Drug treatment is reviewed.
Patient is inactive.			
Patient able to participate in some form of exercise.	Discuss possibility of patient participating in gentle exercise.	**Pharmacist Patient**	Patient takes part in some form of exercise.
Patient not receiving regular monitoring.			
Patients receive appropriate checks for drugs. E.g. annual Coombs test for apomorphine, blood pressure monitoring if on antihypertensives + dopaminergics	Pharmacist reminds patient of need for regular checks.	**Patient GP practice**	Patient attends for checks according to clinical need.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient smokes.			
Smoking stopped.	Reinforce effect and risk of further complications and health risks.	**Pharmacist** **Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
	Offer SmokeFree or NHS referral.		
	Brief interventions to motivate patient to stop or reduce smoking.		
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

Chronic Pain

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient does not understand cause of the pain.			
Patient able to understand why they are in pain and manage condition appropriately.	Discuss with patient and/ or GP to identify cause of pain.	**Pharmacist**	Patient informed about condition and able to understand how to manage appropriately.
Compliance. (Looking at repeats, patients condition, confusion about meds, exacerbation, patient admits doesn't take, lack of understanding, side effects, etc).			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications for chronic pain, and patient able to explain what the different medicines do.
Patient understands why they need to take medication.	Advise on how different therapies work, benefits of taking them and the need for compliance.		Patient understands the benefits of medication and risks of not taking it regularly.
Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.		Patient understands use of medication and improved chronic pain control.
Side effects of medication.			
Able to minimise side effects appropriately.	Explain side effects of medication and review with GP if resulting in non-compliance.	**Pharmacist GP**	Review of medication if s/e is intolerable.
Patient does not understand medication and what they are used for.			
Patient understands the need for different medication and what they do.	Discuss drugs with patient to help them understand about the different medications.	**Pharmacist**	Patient is able to understand need for medication and rationale for drug regime – achieves concordance.
Increase level of pain, uncontrolled pain or acute exacerbations.			
Pain level and discomfort reduced and appropriate prn medication available.	Discuss analgesia options for acute episodes.	**Pharmacist**	Patient is able to help undertake pharmaceutical and non-pharmacological steps to reduce pain and discomfort.
	Discuss pain level and severity of pain.		
	Discuss when pain is likely to be at its worse or what makes it better.		
Patient has history of stomach ulcer, gastric bleed or reaction to medication.			
Patient has appropriate medication.	Discuss with patient and GP to ensure that patient has appropriate type and dose of gastro-protective medication.	**Pharmacist Patient GP**	Patient's drug regime is appropriate for medical history to reduce risk of further problems.

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient using OTC therapy especially if history with GI problems.			
OTC therapy is appropriate and use is known by clinicians.	Discuss use of OTC or alternative medications with patient.	**Pharmacist**	Patient informs GP and other clinicians of use of alternative/ OTC medications.
Non attendance at annual review – not invited or declined.			
Patient has annual review at surgery once/yr.	Reinforce need for annual review as medication may need altered as condition changed.	**Pharmacist** **Patient** **GP/Practice nurse**	Patient agrees to a review at surgery. Patient contacts practice for a review.
Patient is inactive.			
Patient able to participate in some form of exercise.	Discuss possibility of patient participating in gentle exercise.	**Pharmacist** **Patient**	Patient takes part in some form of exercise.
Patient smokes.			
Smoking stopped.	Reinforce effect and risk of further complications and health risks. Offer SmokeFree or NHS referral. Brief interventions to motivate patient to stop or reduce smoking.	**Pharmacist** **Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist** **Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

Neuropathic Pain Specific Issues

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Managing patient's expectations.			
Patient understands that there is no cure and pain control will only be minimised and not 100% removed.	Pharmacist discusses with patient issues regarding non-cure.	Pharmacist	Patient able to understand treatment and expectation for presence of some pain.
Drugs used in treatment are unlicensed or "off label".			
Prescriber, pharmacist and patient understands need for use of off-license use.	Pharmacist to discuss with prescriber and patient.	Pharmacist	All parties accept use of off-label use for some drugs.
Patient adopts "all or nothing" approach to lifestyle activities.			
Patient understands need to pace themselves when doing activities and rationale for doing so.	Pharmacist to discuss management of lifestyle activities into chunks to reduce risk of exacerbation or increase of pain.	Pharmacist	Patient able to manage lifestyle activities appropriately and minimise pain levels.
Patient uses their medication when required.			
Patient takes medication on regular basis to ensure optimum pain control.	Pharmacist discusses drug regime and need to take medication regularly and not simply when required.	Pharmacist	Patient take drugs appropriately and manages pain control more effectively.
Drug doses being titrated up or being discontinued.			
Prescribers and patients are aware of gradual dose increases for titration or downward for discontinuation. Side effects are minimised due to dose changes.	Pharmacist discusses dose changes with prescriber and patient.	Pharmacist	Titrations up and down and managed appropriately.
Patient is taking more than one drug from each class.			
Drug regime includes only one drug from each class.	Pharmacist to discuss drug regime and choice of drug with prescriber.	Prescriber	Drug regime is appropriate for patient.

Osteoporosis

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Compliance (Looking at repeats, patient's condition, confusion about meds, patient admits doesn't take, lack of understanding, side effects, etc).			
Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	**Pharmacist**	Patient has a better understanding of how and why to take/use medications, and patient able to explain what the different medicines do.
Patient understands why they need to take medication.	Advise on how different therapies work, benefits of taking them and the need for compliance.		Patient understands the benefits of medication and risks of not taking it regularly.
Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.		Patient understands use of medication.
Side effects of medication.			
Able to minimise side effects appropriately.	Explain side effects of medication and review with GP if resulting in non-compliance.	**Pharmacist GP**	Review of medication if s/e is intolerable.
Patient does not understand medication and what they are used for.			
Patient understands the need for different medication and what they do.	Discuss drugs with patient to help them understand about the different medications.	**Pharmacist**	Patient is able to understand need for medication and rationale for drug regime – achieves concordance.
Patient understands long term need for medication.			
Patient does not take bisphosphonate correctly.			
Patient able to take medication correctly and reduces side effects.	Discuss the do's and don'ts of taking this medication	**Pharmacist**	Patient takes the medication appropriately on an empty stomach, preferably first thing in the morning, large glass of water, not lying down and not to have anything to eat or drink for 30mins to 1 hour after taking.
	Discuss option of Omeprazole/ Lansoprazole to reduce heartburn and GI side effects.		GP considers use of Omeprazole/ Lansoprazole if appropriate.
Patient not taking Calcium/Vitamin D tablets correctly.			
Patient able to take medication correctly.	Discuss the do's and don'ts of taking this medication.	**Pharmacist**	Patient takes Calcium/Vitamin D tablets at least 4 hours after bisphosphonate .

Care issue			
Desired outcome	**Action**	**Action by**	**Response**
Patient at risk of falls.			
Risk is reduced or minimised.	Discuss possible risk with patient and/or carer to reduce or remove possible hazards.	**Pharmacist**	Risk is reduced if patient and carer aware of steps to avoid falling.
	Educate patient and/or carer on reducing risk of falling within home Onward referral to CFPP.	**Pharmacist / staff / Patient / Carer With patient consent.**	
Patient is inactive.			
Patient able to participate in some form of gentle exercise.	Discuss possibility of patient participating in gentle exercise.	**Pharmacist Patient**	Patient takes part in some form of exercise.
Non attendance at annual review – not invited or declined.			
Patient has annual review at surgery once/yr.	Reinforce need for annual review as medication may need altered as condition changed.	**Pharmacist Patient GP/Practice nurse**	Patient agrees to a review at surgery. Patient contacts practice for a review.
Patient smokes.			
Smoking stopped.	Reinforce effect and risk of further complications and health risks.	**Pharmacist Patient**	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
	Offer SmokeFree or NHS referral.		
	Brief interventions to motivate patient to stop or reduce smoking.		
No flu immunisation (on inhaled steroids, at risk groups, meet age or other criteria)			
Patient gets annual flu immunisation.	Promote recommendation.	**Pharmacist Patient**	Patient agrees to contact surgery to get the annual flu vaccination.

High Risk Medicine (HRM) Tool

This guide should be read in conjunction with the PCR User Guide Version 6; available on **www.communitypharmacy.scot.nhs.uk**

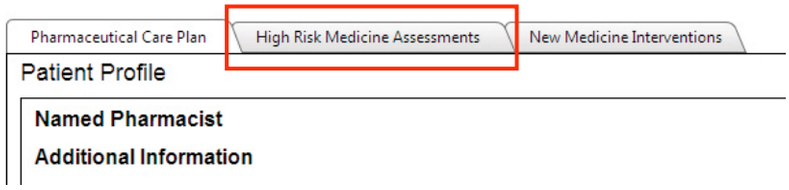
This tool was added to the Pharmacy Care Record in November 2011. It was initially launched to guide pharmacists through discussions with patients on two high risk medicines – lithium and methotrexate. Please note that there are more medications which are classed as high risk and the tool may be expanded in the future to accommodate an increased drug list.

It should be treated as a guide for a community pharmacist in a discussion with a patient around key aspects of their high risk medication, focusing on concordance; interactions and precautions; adverse reactions and monitoring. If there are any issues identified, there is a direct link to the care planning section of the PCR, with pre-populated fields.

Please note, some patients taking lithium may not wish to discuss their medication or have capacity to consent to a discussion. Pharmacists should be aware of this and be sensitive to the situation.

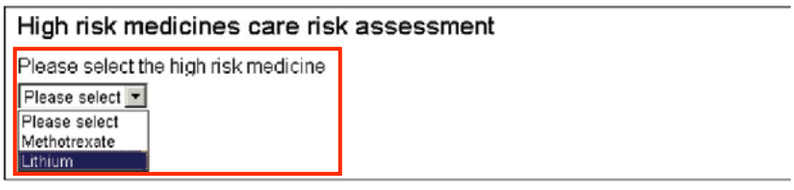
Getting started

As with all PCR work, you must associate to the PCR and then log in to the records. Create or select the patient that you require. You will now notice that there is an additional tab across the top of the patient profile section – this is how you access both the HRM and NMIST tools.

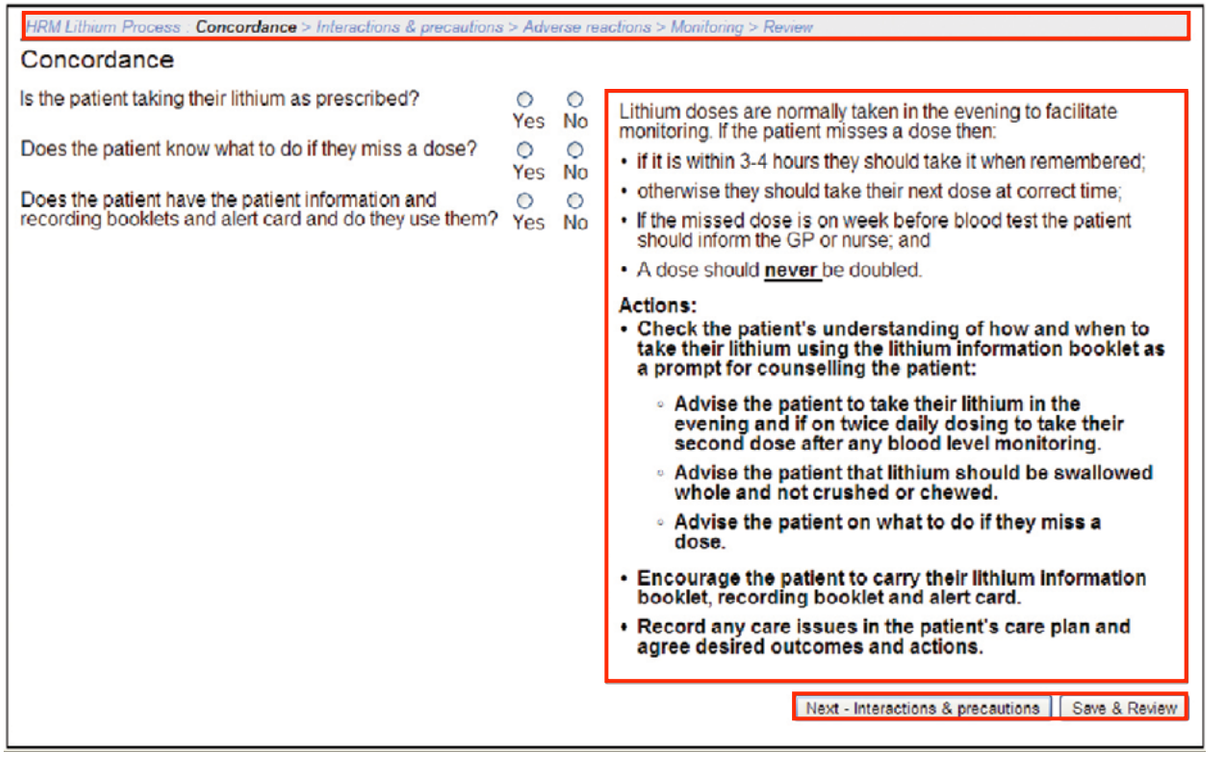


From here you can either access an existing HRM intervention for further editing/ action or create a new one; depending on what you would like to see. If this is to edit an existing intervention, then select the patient that you require and click "View" on the far right.

If this is for a new intervention, click the button underneath to start. You then need to select the appropriate medicine which you would like to record from the drop down list before pressing start.



In both options, the intervention follows the same sequence of tabs for discussion with the patient – concordance/ interactions & precautions/adverse reactions/monitoring/ review. The first four involve the questions that the pharmacist should ask the patient; the review section links these answers to the care issues section. All five sections do not need to be completed during a discussion with the patient. Each of the first four have a "Save and Review" function so it can be done in stages or continue to the next step if you wish.



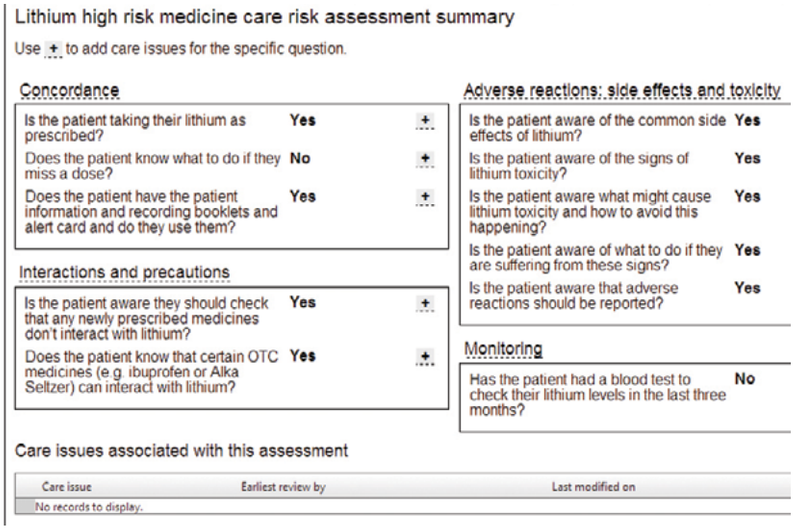
Please be careful how the answers to the questions are recorded – a "no" response in the HRM tool will indicate that there is a care issue to be taken forward. (This is not the case with the NMIST or the general care issue section). All the first four sections provide the pharmacist with some reminder of the key points to discuss with the patient and potential actions that could be carried out in response to the patient's answers.

All questions need to be answered in each section before you can go to the next section or save and review.

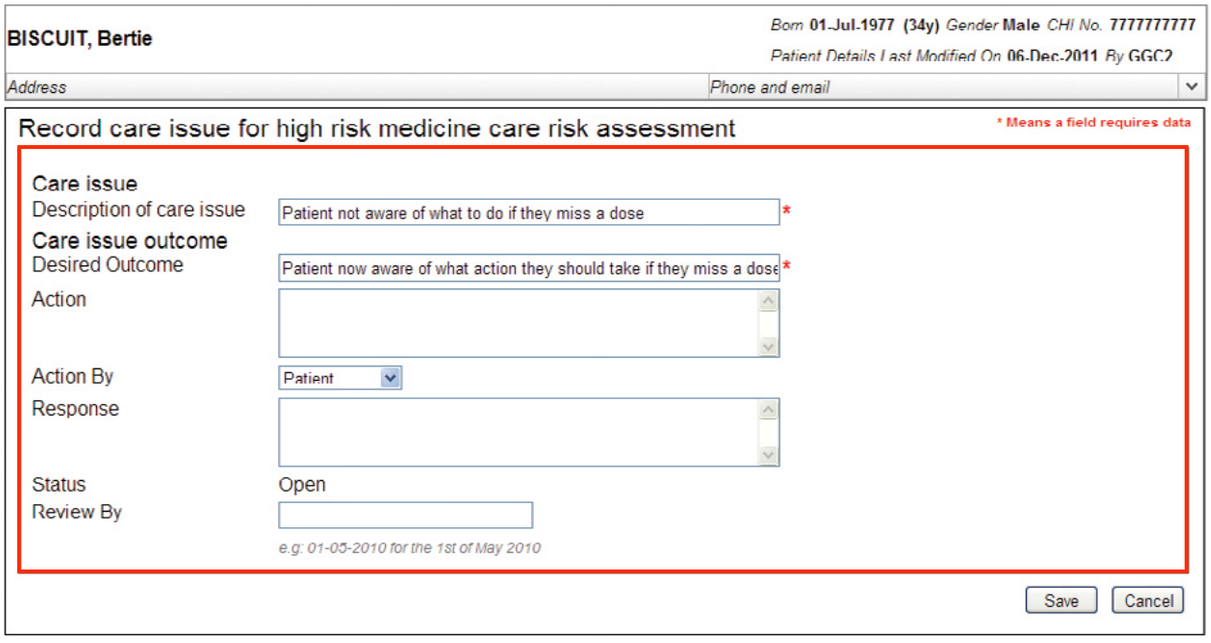
Recording Care Issues

This is accessed from the "review screen" which is the final tab of the intervention. It acts as summary of the patient's responses recorded on the tool. To access a particular section, click on the heading. This will allow you to return to this section and edit any responses that are required.

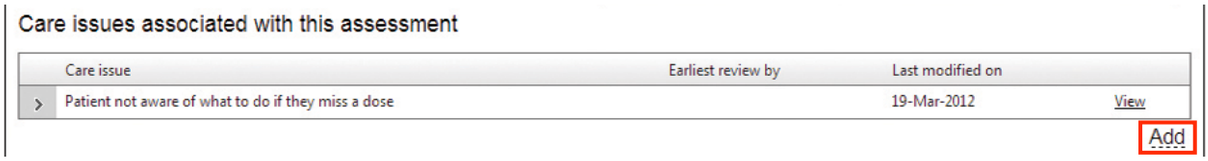
To record a care issue, from the "review screen", click on the "+" buttons; ideally where there is a "no" response (as stated above, this would indicate a care issue).



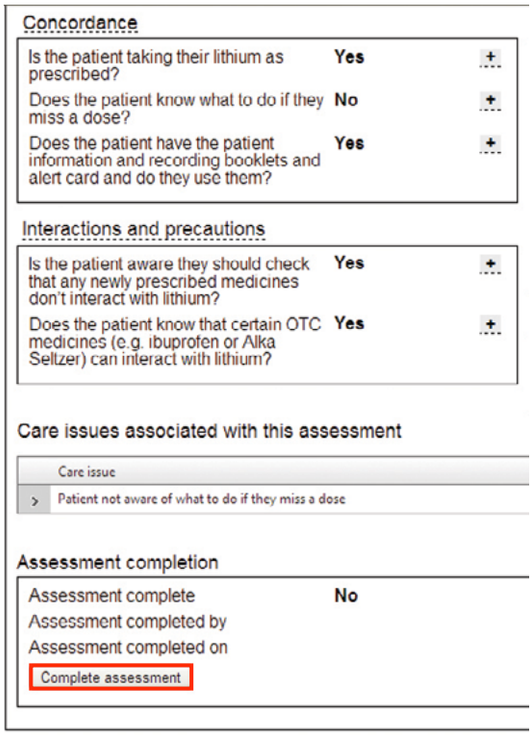
The PCR will then default to the care issue section and pre-populate the issue and the outcome for you.



You should then complete the remaining fields in the normal manner; again keeping a response open with a review by date until the action is completed. As with disease specific care issues, not all of these will be resolved during the first consultation. Click "Save" and this will return you to the "review screen" where the care issue will now be summarised.



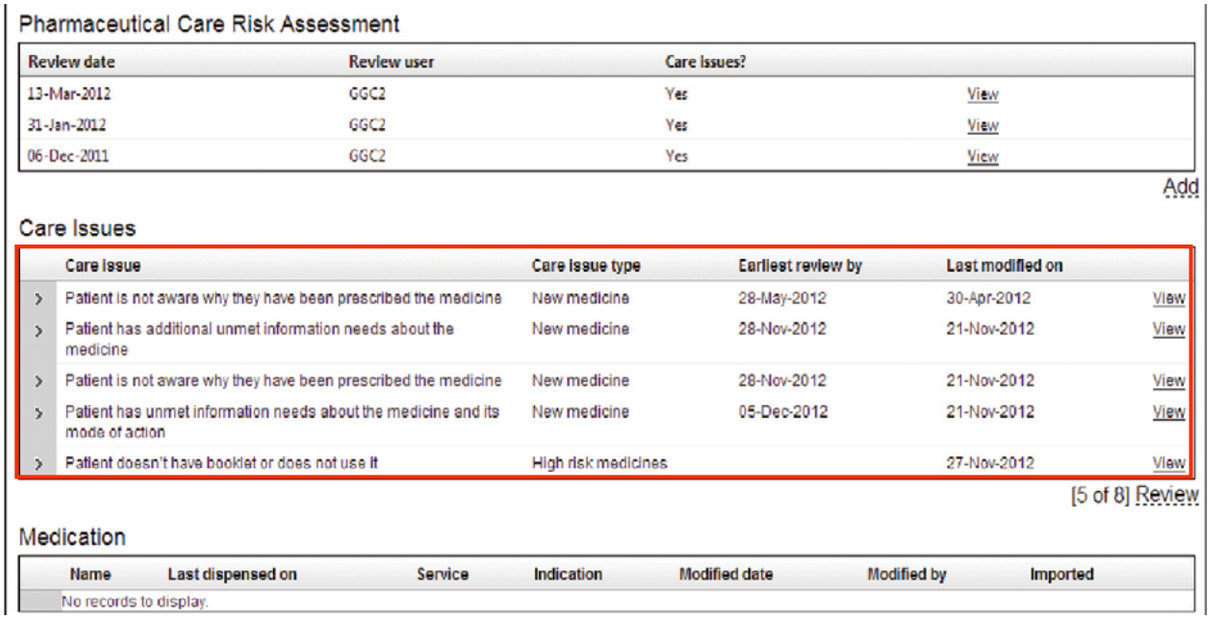
You can also manually add a care issue by clicking on the "Add" button underneath.



Once all the care issues have been entered, the intervention can be completed.

Once you have completed the assessment, you will be able to access and edit the care issues but you cannot return to the individual response screen.

From the "Patient Home Page", the opening of a HRM intervention will now be recorded on the main screen. It will also show which type of intervention has taken place and its status.



New Medicines Intervention Service Tools (NMIST)

This guide should be read in conjunction with the PCR User Guide Version 6; available on **www.communitypharmacy.scot.nhs.uk**

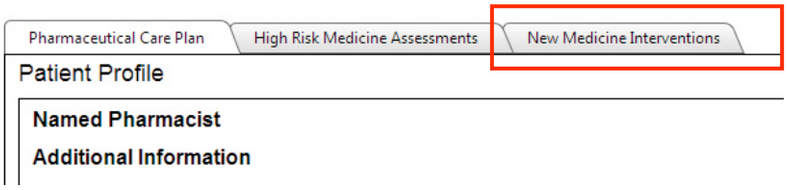
This tool was added to the Pharmacy Care Record in April 2012 and was designed to support community pharmacists with a structured intervention with patients who received new medication from their GP or other prescribers.

It should be treated as a guide for a CP in a discussion with a patient around key aspects of their new medication and allows this discussion to be recorded within the PCR. As with the High Risk Medicine tool, there is a direct link to the care planning section of the PCR, with pre-populated fields.

NMIST may also provide a hook to engage potential patients into CMS as it demonstrates the pharmaceutical care aspect of the service.

Getting started

As with all PCR work, you must associate to the PCR and then log in to the records. Create or select the patient that you require. You will now notice that there is an additional tab across the top of the patient profile section – this is how you access both the HRM and NMIST tools.



The first step is to add the details of the new drug which is being prescribed and the service that is being used to prescribe it – there are five options:

- AMS (as per current prescriptions),
- CMS (serial prescription),
- MAS,
- OTC,
- CPUS/Unscheduled Care supplies.

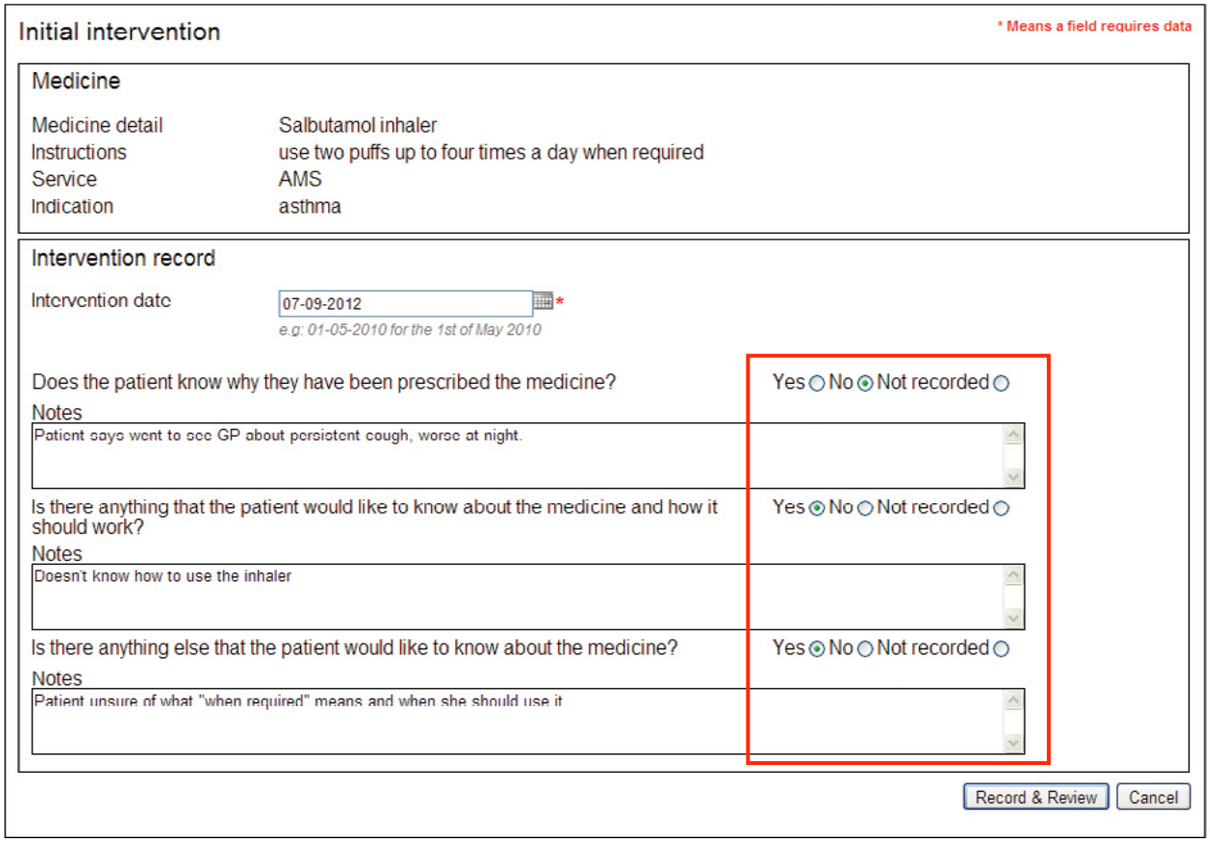
It is expected that in most cases, either AMS or CMS options would be used. If you also know the indication for the medication, please add by free text. It is acceptable if you don't know the indication but the patient may know the reason.

There are then three questions for you to ask the patient. Try and use open or closed questions to get the answers from the patient

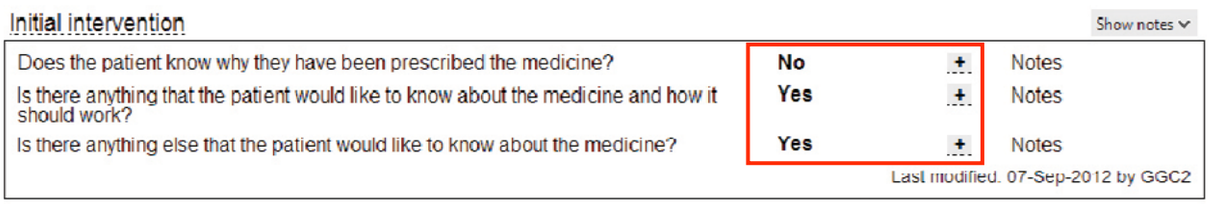
to ensure that you can gather as much information as you can. There are also free text boxes for you to annotate the conversation with the patient or to add other relevant information.

Watch the intervention date box – it will default to today's date (i.e. the date of PCR entry) and this may not necessarily be the date on which the intervention took place. The date entered here needs to be the date on which the intervention took place.

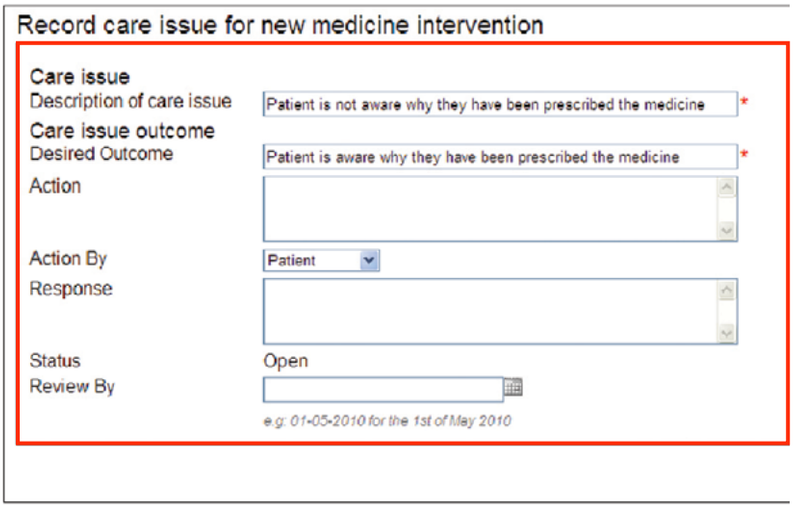
NB the questions are structured in a different manner from both HRM and risk assessments. Depending on the yes or no answer, this will indicate whether there is a care issue or not!!! In the example below, all three questions were answered differently and all suggest that there is a care issue to be addressed!



Use the + buttons at the side of the summary to go direct into a care issue:



This then takes you into a pre-populated screen for you to complete the outstanding boxes.



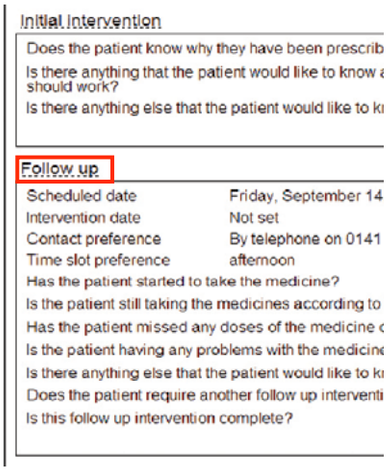
You can also manually add a care record using the care intervention box below the summary and clicking on the "Add" box:

It is not expected that the pharmacist will be able to achieve resolutions for all issues during this initial discussion. To accommodate this, there is a "follow up" functionality (on right hand side underneath the summary of initial intervention) to allow the pharmacist to make an "appointment" to have another discussion with the patient. Ideally, this should be face to face but could be carried out by telephone.

You should then return to the patient home screen to exit and save at this stage.

Follow up Interventions

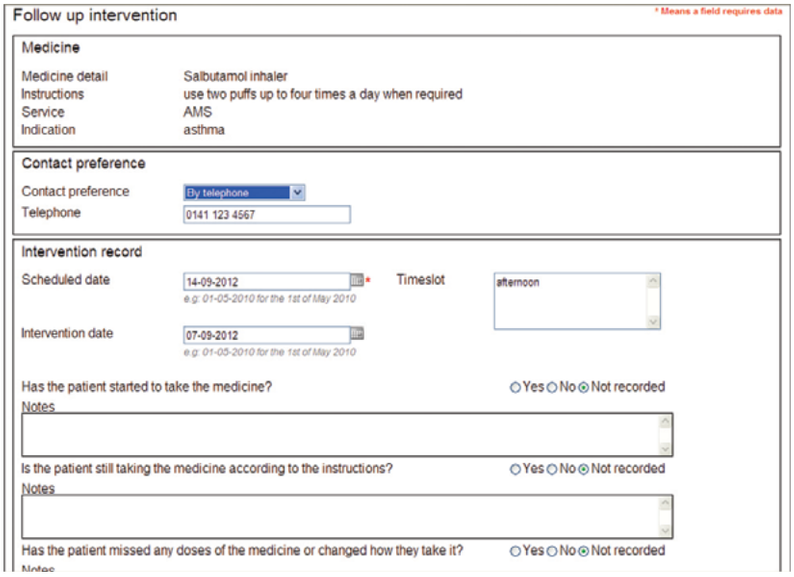
Once the appointment is made for the follow up, the screen alters and gives you further structured questions to guide the conversation with the patient.



The idea of this part of the tool is to provide the patient with further reassurance, to check on their compliance and provide early feedback to the GP/ prescriber if necessary.

Access to the follow up questions is gained on the (future) date by re-entering the PCR; clicking on NMIST then Edit on right hand side. This will take you to the summary/ review page and then you click on "follow up" at the top of the box.

Clicking here will allow you to go through the next discussion (you can have this discussion in advance of completing/ updating the PCR if time is an issue).



Follow ups can go on for a number of appointments until the pharmacist and patient are satisfied that the issues are resolved. Once this stage is reached, then the pharmacist can complete the intervention.

Completing the Intervention

This can be done for a number of reasons:

- Confirmation that the patient is taking the medication as prescribed.
- Confirmation that the patient is not taking the medication as prescribed (refer back to GP).
- Patient is lost to follow up.

The pharmacist must select a reason for closing the intervention and then press the button to finish and save.

Planning Workload

The report functionality has been updated to help pharmacists to plan their CMS/ PCR workload. Ideally, this could be scheduled in line with dispensing iterations for a serial prescription as it gives the pharmacist a good idea when the patient is likely to be accessing the pharmacy.

The pharmacist selects the report (and time frame) that they need and the report will be generated.

Introduction

Standard Operating Procedures

Processes

Housekeeping

Care Planning

Serial Prescriptions Training Resources

Serial Prescriptions Training Resources

The PowerPoint handouts of the serial prescriptions training for the different Pharmacy Systems are not available in electronic form and can be found as hard copy in the Chronic Medication Support pack in your pharmacy.

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