Serial Prescribing

At present, 2313 patients in Tayside receive a serial prescription with 70% of the Community Pharmacies and 59% of GP Practices now live. The details of the CP and Practices that are live with CMS are listed at the back of this newsletter. The Chronic Medication Service is one of the core functions of the Community Pharmacy contract. This provides the opportunity for a variety of patients to register with a designated Community Pharmacy where a medication assessment is undertaken.

The patient will then be provided with the appropriate Pharmaceutical Care planning and where applicable serial prescribing.

In Tayside, the serial prescription element of the Chronic Medication Service was piloted with four early adopter sites between 2010 - 2012. This was to test the concept and IT functionality in different GP Practices and Community Pharmacies with their supplier systems. The learning from the pilot sites was instrumental in providing data to progress the roll-out across all Practices and Community Pharmacies in Tayside.

This newsletter provides further details and articles from members of the team involved in delivering this service to their patients and customers as well as patient experience and feedback.

Marion Manzie
Pharmacy Development Manager

General Practice Update

Serial Prescribing continues to progress steadily throughout Tayside GP Practices. Out of the 66 Tayside practices, 39 are now activated to use the CMS functionality to produce serial prescriptions.

NHS Tayside is currently working with 4 other practices that will increase this number to 43 over the coming months.

Our first EMIS site, Carse Medical Practice in Errol, has gone live and started to convert suitable patients over to serial prescriptions. We are hopeful that the remaining EMIS sites will follow on quite quickly due to no major issues being experienced at Carse.

The recent update of DLM480 to Vision practices has brought along some enhancements to CMS with one noticeable benefit being the option of a 56 week prescription. This may allow practices to fit in a yearly medical review for patients on serial scripts with greater ease and hopefully bringing an increase in numbers of patients that can be considered for CMS within the practice. (see page 7 for list of practices now live).

Chris McRae
eHealth GMS Facilitator
Local Enhanced Service (LES) for GP Practices

A Locally Enhanced Service was developed to encourage practice to implement CMS. To receive the payments, the practice must:

- Identify key individuals in the practice for training in relation to CMS and serial prescriptions.
- Cascade the training to relevant members of staff within the practice.
- Enable CMS on the practice computer system and test serial prescriptions in the practice with a minimum of 5 patients with a view to implement and build into prescription management as per practice procedures.

Payment will be made to practices upon successful completion of the three components.

To progress any components of the LES, please contact Chris McRae (contact details can be found on Page 6).

Community Pharmacy Progress

“It is easier to do 50 than 5” – this statement sums up current feeling in relation to the management of CMS serial prescriptions.

There are 92 community pharmacies across Tayside and 68 (74%) are now dispensing CMS serial prescriptions. To date, nearly 13,000 serial scripts have been generated by practices across the Board but the number of patients on serial prescriptions in each pharmacy varies from nearly 500 in one site down to 1 or 2 in a few other pharmacies.

Pharmacies with larger numbers of patients on serial prescriptions are able to develop their own processes and routines to manage CMS serial prescriptions. Those with a smaller number of serial scripts do not have this same opportunity which can make the management of the serial scripts more difficult.

Exactly the same can be said for practices with smaller numbers of serial prescriptions.

Habit and routine with anything new brings confidence for all members of staff whether in pharmacy or practice so we would encourage all sites to look at different ways of increasing serial prescription numbers.

Support, from a variety of Board sources, can be given to any site wishing to progress and develop serial prescription numbers. Please see the useful contacts section of the newsletter for further information.

The newsletter article looking at the community pharmacy perspective highlights the advantages of serial prescribing and dispensing that have been achieved by both community pharmacy and general practice working with higher numbers of serial prescriptions.

Catriona MacDonald
CP IM&T Facilitator

General Practice Perspectives

1. Serial prescribing has benefitted the practice and patients by reducing the number of contacts with the practice. It has had a few blips but we have tried to overcome these by our Senior Receptionist meeting up with one of our local pharmacies to improve communication and give a better understanding of the system from both perspectives. We started transferring patients onto this system initially who had been on our own internal 6 month scheme, but are moving on to include other patients. The serial prescribing also encourages medication reviews to be documented.

Lynne Martin, Practice Manager at Friockhelm Health Centre

2. CMS was introduced here a few years ago. Patients with a long term condition are reviewed annually and if stable CMS is authorised by the reviewing clinician after discussion with the patient. The patient then has to register in the pharmacy and the clinician then initiates the CMS prescription. This only takes a few minutes and could be done by any dedicated person. We work with 3 pharmacies and our main pharmacy is brilliant and manages CMS very well. We also have a good system in place that the pharmacy will highlight non-compliers back to us so we can review the patient.

CMS has reduced the workload significantly for the reception as well as the GP’s. The patients like it very much as they can just deal with the pharmacy without the delay loop from the health centre. It is also still a flexible system. Medication can be stopped or changed in the same way as before. We would not like to be without it now!

Dr Tine Iterbeke, Edzell Health Centre
As with general practice, the advantages of serial prescriptions in community pharmacy are only achieved with volume. We talked to a community pharmacy working with a higher volume of serial prescriptions in each CHP area to gather opinion on the advantages they are experiencing.

Our learning to date, via feedback from both pharmacy and practice, is that patient selection is fundamental in the success of the service. Practices should look at patients ‘not known so well’ i.e. the ones who do not need to attend the practice regularly and do not require regular changes to medication. There is also no need to restrict patient selection to single medicines; all stable, regular medication can be considered suitable for a serial prescription.

All three sites agreed on two fundamental advantages in relation to quantity. “Having a known volume of serial prescriptions allocated to each week allows for the management of workload and enables better stock control”.

April statistics showed that over one third of items dispensed in Edzell pharmacy in Angus were from serial prescriptions. John Johnston, the pharmacist in Edzell reflected on the impact of serial dispensing on the Christmas and New Year prescription rush...

“I thought we had done something wrong it was so much easier!”

Now that the serial prescription service has been established, John highlights the fact that there are actually fewer issues arising with the long term prescriptions than ‘normal’ prescriptions. Serial prescription supplies can be made at any time in different situations e.g. to cover patient holidays. This prevents the inevitable ‘toing and froing’ of messages between practice and pharmacy looking for early scripts. Pharmacies managing serial prescriptions have flexibility regarding pack sizes and dispense only what is required, adjusting quantities where necessary. Stop- and starting items/scripts is also a flexible procedure for the practice.

The ability to synchronise medication is a process that brings advantages to the practice, pharmacy and patient and is a step Des McGreal, the pharmacist at Wallacetown Health Centre will complete before a patient begins a serial prescription. Des and his team manage the serial prescriptions for more than 120 patients. He further emphasises patient advantages from the feedback he has received.

“For those patients for whom we do serial prescriptions, the system works well and I know that the patients like the simplicity and ease of using it. They merely turn up at the pharmacy every 8 weeks and the prescription is ready for them to collect without having to order it from the surgery”.

Des highlighted that practices and pharmacies are only too aware of the pressures within NHS Primary Care and the increasing shortages of GPs. This serial prescription scheme can only bring benefits as it reduces the burden of prescription generation. This point was emphasised by Andrew Watson, pharmacist at Bridge of Earn.

Andrew currently has 220 patients on serial prescriptions covering 1015 items. At an average of 5 items per patient put onto a minimum of 2 prescriptions, this generates 508 GP10s. Serial prescriptions require the generation of one GP10. Repeat prescriptions require a new script to be accessed, printed and signed every 4 or 8 weeks. Bearing in mind that many prescriptions are printed for a single item, these 204 patients will save the GPs and Administration staff at Bridge of Earn Surgery time associated with the workload around a minimum of 2540 GP10s over a 48 week period. Andrew also reminds us of the “follow on reduction in ‘patient contacts’ with the surgery as a result of the serial scripts”.

John reminds us that reduced GP10 numbers also help in the pharmacy. With volume of serial prescriptions “there are fewer bits of paper floating around in pharmacy and therefore less to count at the end of the month”.

Although good relationships already existed, all three pharmacists emphasised strengthened relationships with the practice(s) since the introduction of serial prescribing and dispensing. A rural setting such a Bridge of Earn or Edzell lends itself to the development of strong relationships however Des at Wallacetown Health Centre pharmacy reminds us that being in a city centre environment is no barrier to serial prescribing and dispensing. He works with a number of different practices and handles all serial prescriptions in the same way. “As long as there is cooperation between the parties, serial prescribing and dispensing can and does work”.

Des notes the importance of engagement with all staff in the practice and pharmacy being another key element to successful implementation of serial prescribing and dispensing. If issues arise they can then be dealt with quickly by any member of the team. It is good to have a both a lead prescriber and lead member of the admin team to support the decision making process as implementation moves to business as usual. It also provides a contact point for communication between pharmacy and practice as processes develop.

Catriona MacDonald  
CP IM&T Facilitator

Locality Pharmacist Perspectives

1. The Red Practice at Whitefriars Surgery agreed to be a pilot practice for implementing serial prescriptions under the CMS scheme linking with RP Blair pharmacy in Perth. Six patients were to be identified who had registered for the CMS scheme and were suitable for a serial prescription.

Identifying these 6 patients was a bit trickier than anticipated! Although CMS registration is flagged in a patient’s record in the Vision repeat prescription screen, it is not a searchable field.
This meant it wasn’t possible to run a search to identify registered patients. Instead the searchable term “preferred pharmacy” was used. This term is used when patients have a mandate in place for a particular pharmacy. After running this search, about 100 patients were identified whose prescriptions were sent to Blair’s. However, not all of these 100 patients were CMS registered and trawling through 100 sets of notes to look for CMS flags was not particularly appealing! A search of the pharmacy PMR system was also not ideal. Although patients registered for CMS could be identified, the list couldn’t be limited just to the Red Practice. A bit of donkey work comparing lists ensued and we then had our shortlist of potentially suitable patients!

Several weeks later, I discovered that there are pre-built CMS reports in Vision hidden under the reports menu in the Search and Reports screen.

For the purposes of the pilot scheme, I phoned our shortlisted patients to discuss whether they were happy to be considered for serial prescriptions. Most had forgotten about it and needed a quick reminder, but all were happy to proceed. Issuing a serial prescription is just as easy as a normal repeat prescription, although the quantities are somewhat alarming initially!

Overall, the use of serial prescriptions appears to have been a success. No-one has asked to go back to the old system! As our confidence has grown, so we have extended it out to other patients, and the practice is keen to expand it further.

It has been a huge help to patients who were finding it difficult to keep on top of ordering their medicines because they all ran out at different times.

Indeed, for some of our elderly patients, this has allowed them to remain independent with their medication and avoided the need for a compliance aid.

In my opinion though, the success of the scheme is largely due to close working between the practice and the community pharmacy, and ensuring that patients are fully informed and involved at all stages of the initial process. I would like to take this opportunity of thanking Elaine Murphy at Blair’s for all her help and support during the pilot phase.

Kathryn Bendall
Locality Pharmacist - The Red Practice, Perth

Following attendance at a Pharmacy Development Day at The Health Improvement Academy in Ninewells Hospital, and hearing about the successful implementation of CMS in Bridge of Earn, I was inspired to try again. This time, the practice approached was one who had raised concerns regarding managed repeat services on a number of occasions.

I suggested that implementation of CMS may help stop over-ordering of medications and drug waste as a side effect of the service.

Again on the advice of the CMS facilitator, we intend to add a patient a week to the service in an attempt to keep this process moving forward rather than just stopping at a defined number of patients. We are currently planning to provide 24 week prescriptions but are mindful of the time of year that the Treatment Summary Reports will start coming into the practice as January to March are very busy with end-of-year activity for the GMS contract.

We will be identifying our first patients over the next few weeks.

Jacqueline A Duncan
Locality Pharmacist, Dundee
The pharmacy department has worked closely with the NHS Tayside Patient and Public Involvement group, NHS Tayside communications and with our Health Intelligence Manager to develop a service evaluation questionnaire for this service and obtain feedback from patients.

This was piloted and amendments made. The survey was then distributed with the following feedback

*Can you tell us what is good about CMS:*

- “Simple and effective. Co-ordinates with the doctor for change”
- “Only requires a monthly visit to pharmacist, so much easier to collect instead of previously going through GP practice and then another time to collect at pharmacy. Always willing to chat at the counter too”
- “No need to remember when to re-order”
- “Excellent service”
- “I do not have to disturb my doctor or practice which gives them more time to deal with others requiring care. I also receive regular check ups from the nurse at my practice which keeps doctor informed”
- “saves me time and also doctors surgery can deal with patients in need”

Patients were also asked if there was anything that was not so good with the service. The only comments made were:

- “Provided that monitoring by the doctor is frequent enough”
- “Because you do not go to the GP surgery you are less likely to have BP checked as often”

We will continue to monitor the service via patient feedback and highlight the additional roles the pharmacist can undertake.

Diane Robertson
Community Pharmacy Development Pharmacist
Useful contacts

Diane Robertson
Principal Pharmacist, Community Pharmacy Development
East Day Home
Kings Cross
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Email: marion.manzie@nhs.net
## Active GP Practices

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<td>Coldside Medical Practice</td>
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