

Serial Prescribing FAQs for General Practice

Initial Set Up

Q1: Will GP practice and Community Pharmacy teams be receiving any training if they haven't had this previously?

A: Training should be provided by the Health Board. It is likely to be provided by ePharmacy Facilitators or GP IT facilitators.

Q2: The GP IT clinical system still refers to CMS (Chronic Medication Service). Is this correct?

A: Yes. As part of the service refresh, the name has changed to Medicines: Care and Review (MCR). GP IT clinical systems will be updated gradually over the coming years to replace the naming formats.

Q3: What is the difference between a Repeat Prescription and a Serial Prescription?

A: The main differences between a repeat prescription and a Serial Prescription are that the patient does not need to reorder each time an item is required and the GP IT Clinical system is updated with an electronic notification each time the patient collects their medication. A Serial Prescription is valid for up to 56 weeks and the Community Pharmacy team will dispense items in accordance with the dispensing frequency defined by prescriber. Alongside the increased quantities, there are some visual differences e.g. CMS is printed on bottom right corner. In practical terms, the Community Pharmacy team will work with the patient to supply the medicines as and when they are each needed. This avoids over supply and helps monitor compliance and concordance.

Q4: How long does a Serial Prescription last?

A: A Serial Prescription can last 24, 48 or 56 week's duration. The prescriber will stipulate the dispensing interval e.g. every 4 or 8 weeks.

Q5: Who can receive a Serial Prescription?

A: Any eligible patient who receives treatment for a long term condition may be considered as suitable for a Serial Prescription. Patients should be screened as suitable and, if possible, have a medication review before a Serial Prescription is generated.

Clinicians should consider:

- the type and quantity of medication prescribed
- likelihood of change when considering suitability
- need for close monitoring e.g. medications requiring near patient testing
- frequency of ordering

Q6: Are there any groups of patients who cannot be considered eligible for serial prescribing?

A: Yes. Patients who are **not** registered with a GP practice in Scotland, temporary residents and patients not currently receiving medication for a long term condition cannot receive a Serial Prescription.

Currently, patients who are resident within a Care Home should also not be considered. Further advice and information on the provision of serial prescribing in this setting will be produced following further tests of change with this patient group and necessary IT changes.

Q7: Can I undertake a medication review during the lifetime of the Serial Prescription?

A: Yes. Whilst it would be advantageous to conduct a review before the first, and then subsequent Serial Prescriptions are generated and printed, this may not be possible. Practices are encouraged to undertake at least a level 1 medication review before generating and printing a Serial Prescription and a full medication review as per normal practice process e.g. during the month of the patient's birthday.

Q8: What drugs can be prescribed on a Serial Prescription?

A: Most drugs can be added to a Serial Prescription with exception of any Controlled Drug listed within Schedule 1-4 of The Misuse of Drugs Regulations' 2001. In addition, cytotoxic medicines such as methotrexate are not prescribable on a Serial Prescription. Other exclusions may be agreed at a local level between the practice and Pharmacy teams.

Q9: Can controlled drugs be added to a Serial Prescription?

A: Only CDs listed within Schedule 5 can be prescribed on a Serial Prescription.

Q10: Does the patient need to be registered with a Community Pharmacy to get a Serial Prescription prescribed?

A: No. A Serial Prescription can be generated and printed within the practice for any suitable patient. The patient will then need to register for MCR at their chosen Community Pharmacy to enable the Serial Prescription to be dispensed and the software within the Community Pharmacy and the GP IT clinical systems to send and receive eMessages associated with a Serial Prescription.

GP practice teams are encouraged to seek consent from patients prior to switching them on to a Serial Prescription. This may be done in an 'opt out' approach.

Q11: Why has the Pharmacy already registered a particular patient?

A: Patients may be registered for the MCR service if they were deemed as requiring pharmaceutical care. Whilst this remains an element of MCR, registration in advance is not a pre-requisite for suitability for a Serial Prescription. In the new model, registration for the service is required to enable the software to dispense a Serial Prescription within the Pharmacy systems. If a patient is already registered, this does not mean that a patient is suitable for a Serial Prescription and there should be clear communication between the Community Pharmacy team and practice team when deciding suitability.

Q12: How are patients identified for serial prescribing?

A: Within the GP practice, patients can be initially identified using repeat ordering history reports available via Scottish Therapeutics Utility (STU). The practice-based Pharmacy team may be able to help with this initial screening.

Further screening for suitability will be required and/or medication reviews take place before a Serial Prescription is generated. It is good practice to share potential Serial Prescription patient lists with the Community Pharmacy as part of a joint agreement for suitability.

Q13: Can “when required” medicines be prescribed on a Serial Prescription?

A: Yes, they can. This is a useful way of helping patients to only order what they need, when they need it. Prescribers are advised to decide on quantities based on expected clinical needs and not on average prescribed history. This will reduce the risk of oversupply or over ordering and may also allow identification of potential care issues.

Q14: The patient’s compliance of some repeat medications is variable, are they still suitable for a Serial Prescription?

A: Yes, the patient is suitable. By moving the patient to a Serial Prescription, there is the opportunity for the Community Pharmacy team to support the patient to understand their medications better, identify potential side effects or reasons for non-compliance and the provision of pharmaceutical care will help, ultimately, to improve compliance as well as management of their condition.

Q15: The patient has a defined course length medication (e.g. iron), are they still suitable?

Yes. The medication with a defined duration can be left as a repeat/acute medicine and all other items should be changed to a serial script. You could also consider issuing the full quantity or use a shorter serial duration such as 24 weeks.

Q16: The patient hasn't ordered an item in almost 12 months. Should I add this item?

You should apply the same principles you would use when carrying out a Level 1 medication review. The item may be appropriate to remove after discussion with the patient/GP.

Q17: How are the quantities worked out to last the duration of a Serial Prescription?

A: Quantities should be amended to reflect the duration of the Serial Prescription. For example, a prescription for aspirin 75mg, take one daily for 24 weeks, will have a total quantity of 168. Similarly, for furosemide 40mg, two daily for 56 weeks will have a total quantity of 784.

The calculation being (quantity daily x number of days a week to be taken x term of the script) = total quantity

The total quantity prescribed should be divisible by the number of dispensing episodes allowed, e.g. if a 56 week script is provided with an 8 week dispensing frequency then the quantity prescribed should be divisible by 7.

Care needs to be taken when calculating the quantity required for creams, inhalers or analgesia but the Good Practice Guide for Prescribing Quantities will help with this. <https://sprocket.scot.nhs.uk/s/zjLxanmdyK3T4wo#pdfviewer>

Managing the Process

Q18: How often will electronic claims be sent from the Community Pharmacy?

A: Electronic claims should be sent every time the patient collects medication from a Serial Prescription. This ensures medication collection information is contained within the GP IT clinical system and the Emergency Care Summary (ECS).

Q19: How will the practice be able to monitor what patients are receiving each time?

A: When the patient is supplied with their medication from a Serial Prescription, the Pharmacy team will send an electronic claim message to the ePharmacy store. When this claim is sent, it triggers an 'item notification' message to the GP IT clinical system which is refreshed overnight. This will also update ECS for the patient to show that a supply was made on the actual date, and not when the Serial Prescription was printed.

Q20: What happens if a patient requests their medication earlier than the dispensing interval specified by the GP?

A: The Community Pharmacy Patient Medication Record System (PMR) will allow some flexibility to supply medication early e.g. if the patient is going on holiday.

However, if there are persistent requests for early dispensing, this should be considered as a care issue by the Community Pharmacy team and discussed with the patient to identify reasons, providing feedback to the prescriber as appropriate.

Q21: What happens if a patient does not collect some or all of their medication?

A: If the patient frequently misses out a particular medication, this should be considered as a care/compliance issue and discussed further, especially if the medication is expected to be taken on a regular basis. The Community Pharmacy team will inform the GP practice team of all compliance issues. If any 'when required' medications are not needed, they will not be supplied although they will remain available for the patient to request at a later date.

Q22: What happens at the end of the Serial Prescription and a new one is required?

A: The Community Pharmacy team will send a request for new Serial Prescription via an electronic Treatment Summary Report (TSR). This is an opportunity to synchronise all items; therefore it may include requests for items which were not fully dispensed e.g. PRN's or items added at a different time. This will be transmitted after the final collection and claim thereby providing the practice with time to make appointments for blood tests, checks etc. that are required prior to a new Serial Prescription being issued.

Q23: Is the practice charged for all the prescribed quantities at once?

A: No, the practice is only charged per dispensing for what is actually supplied to the patient. This is all carried out at item level.

Q24: The patient has not attended for their recall/ review?

Regular reviews may not happen in practice due to several reasons (e.g. national pandemic). The patient's medications could be added as a serial script and a note added to their consultation that the review is overdue.

Q25: I am working remotely. How do I ensure scripts and patient letters are printed?

This is something to discuss within your practice. Processes may already be in place for remote printing of prescriptions.

Managing Changes

Q26: What happens if the patient's medication changes?

A: If a prescriber decides that the patient's therapy requires adjusting, the drug on the existing Serial Prescription must be cancelled. The new drug/strength/dose can then be added as a new item on an acute or new Serial Prescription as appropriate. The prescriber may decide to place this on as an acute initially until the patient is stabilised on the new therapy. Or, it is possible to put it straight onto a Serial Prescription if the prescriber deems it appropriate.

Q27: Can a Serial Prescription be amended?

A: No, items can only be cancelled and then added as a new item on a new prescription.

Q28: What happens if a patient moves to a different practice?

A: The practice team should alert the Community Pharmacy team that the patient is moving/moved. A supply can be made to ensure that the patient does not run out of their medication during this transition. The practice should not cancel the Serial Prescription(s) and deduct the patient until after the final claim has been received.

Q29: What happens if a patient moves to another Pharmacy?

A: If the patient chooses to have their Serial Prescription dispensed by another Pharmacy, a new Serial Prescription will be required by the new Pharmacy. The original Pharmacy should be advised of the move in order they can send a TSR to complete the Serial Prescriptions on their IT system.

Misc

Q30: What happens if there is a medium to long term 'out of stock' issue with a medication on a Serial Prescription?

If a prescribed item is out of stock or unavailable, the Serial Prescription cannot be returned to the patient or taken to another pharmacy. The Pharmacy may be able to supply an alternative strength or form (as per national Unscheduled Care PGD) or may contact the GP surgery and request a 'one off' acute GP10 script (i.e. normal barcoded prescription) and the patient can try elsewhere for the replacement item.

Q31: Can contraception be prescribed on a Serial Prescription?

A: Yes if in the professional judgement of the prescriber and Community Pharmacist that this is in the best interest of the patient.

Q32: Is there a maximum number of items that should be prescribed on a Serial Prescription(s)?

A: Technically, there is no maximum. Feedback from users suggests that the easiest way is to move all suitable items onto a Serial Prescription where appropriate. However, in reality if there are many items added, this can cause confusion for the patients, Community Pharmacy and practice teams. A pragmatic approach should be taken and agreed with the Community Pharmacy team at least in the initial period.

Q33: The patient doesn't have a preferred Pharmacy listed. How do I know where they take their prescription?

You can use the ePharmacy Prescription Tracker Tool to see where the patient usually has their script dispensed or telephone the patient. NB this tool can only be accessed via a SWAN connection. <https://nhsns.org/services/practitioner/Pharmacy/prescriptions/prescription-tracker/>.