

Serial Prescriptions (SRx) Shared Care Agreement

GP Practice Code

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Revision Date:

This agreement should be developed as a partnership between the GP Practice Multidisciplinary Team and the Community Pharmacy Team(s). It facilitates a collaborative approach to discuss the parameters which will form the foundation of your SRx service. This could be across a one-to-one or one to multiple GP/Community Pharmacy Team and is a useful tool for developing a SRx SOP.

Pharmacy Name(s)		Pharmacy Code(s)		
Practice Key Contacts	Shared mailboxes of	are be	est when using email.	
Name	Role	Ema	nil	Telephone
Pharmacy(ies) Contact details				
Pharmacy Name	Shared mailbox			Telephone

GP practice Name

GP Practice Multidisciplinary Team - Initial set up

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Other -			
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Clinic Nurses			
Pharmacotherapy Team			
Admin Team			
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At least a level 1 medication review MUST be undertaken on any patient deemed suitable for SRx.

Who is going to complete the	GP		
medication review?	Clinic Nurses		
(tick all that apply)	Pharmacotherapy Team		
	Other -		
Who will convert the repeat	GP		
medication to SRx medication? (tick all that	Clinic Nurses		
	Chine Nuises		
·	Pharmacotherapy Team		
apply)			

The default term for SRx will	56 wee	56 weeks (recommended)				
be?	48 wee	48 week				
(tick either 56 or 48 weeks)	annlied if there	lied if there is clinical need. This will be noted on the national's record				
24 weeks – will only be applied if there is clinical need. This will be noted on the patient's record.						
What will be the default dispensing frequency for SRx?			8 weeks			
(tick only one option) Alternatives can be used dependant on clinical need.			4 weeks			
Alternatives can be asea depend	unt on chincur	ieeu.				
The maximum number of repeat	be considered initially for new	No maximum				
patients will be?			8			
			6			
			4			
			2			
PRNs						
Will PRNs be included on SRx?	Yes					
(tick only one option)	Yes, but o	Yes, but only those taken more than 3 times during the year No				
	No					
PRNs will be printed o	n separate for	rms.				
RHS repeats list will be printed if patient's have non-SRx items.						
Communication						
Who will be responsible for disc the patient about moving to a SI	•	GP				
(Tick all that apply)	XX:	Clinic Nurses				
(Pharmacotherapy Team				
		Community pharmacy team				
		Admin team				
		T .				
How will the patient be informed to SRx? (<i>Tick all that apply</i>)	d of a change	Initial Letter from GP practi				
to sax: (Tick all that apply)		Telephone call from: GP/Pharmacotherapy team/Clinic				
		Nurse/ Admin team Pharmacist at point of collection of medication				
		That made at point of conc	one of moderation			

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How will Community Pharmacy Team be	Email from GP practice
informed that patient has been moved to SRx?	Phone call from GP practice
(Tick all that apply)	Notification leaflet on front of initial set of SRx
How will the Community Pharmacy Team let the practice know that they think the patient is unsuitable? (Tiels all that apply)	Email to GP practice
	Phone call to GP practice
is unsuitable? (Tick all that apply)	TSR with comments
How will the Community Pharmacy Team let	Email to GP practice
the practice know that the patient has declined the SRx service? (<i>Tick all that apply</i>)	Phone call to GP practice
declined the SKX Service? (Tick all that apply)	TSR with comments

Exclusions

Some medications cannot be added to a SRx - controlled drugs, including benzodiazepines, or daily or weekly instalment dispensed.

The following options are possible exclusion criteria that you may wish to use for your SRx service – the list is not exhaustive and you can add your own or make these more specific.

The following patients will be excluded from being marked suitable for SRx (Tick all those that apply to your process)

Non-compliant patients - STU shows the latest issues of all prescriptions repeat and so highlights
issues with non-compliance
Patients with methotrexate, lithium, warfarin, DMARDS on repeat
Patients with lots of "when required" items such as creams, inhalers etc on repeat
Patients on antidepressants
Patients on strong opioid analgesia
Patients who do not attend long term conditions clinics if required to do so
Patients who do not attend for the required monitoring
Patients who appear to be unstable with their medication
Patients with a new diagnosis of a long term condition in the last 3 months
Patients on medication with no clear indication

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Community Pharmacy Team Dispensing, collection and claims					
The Community Pharmacist MHST greate a DCD record and complete a stage 1 regions for all your SDV					
The Community Pharmacist MUST create a PCR record and complete a stage 1 review for all new SRx patients within 16 weeks of registration.					
SRx medication will be dispensed no more the	han 5 wor	king day	s prior	to patient's due date.	
The Community Pharmacy Team will only dispense PRN's once patient confirms requirement.					
Community Pharmacy Team will check if all medication is needed at point of collection.					
Community Pharmacy Team will check if the patient is having any problems their prescribed medication.					
Claims for medication will be sent on same day as medication is collected. This updates the patient record and the patient's ECS. Any late claims will be explained on the TSR.					
O The Court is Discount to the court in the court is the court in the	ul. on				
The Community Pharmacy team will contact	tne GP p	ractice te	eam if t	ne patient is non-compliant.	
		1	T		
The Community Pharmacy team will contact the GP p			Week	ks after patient's expected due date	
team if the patient does not collect regular medication within:		Days after patient's expected due date			
(add one timeframe)				· · · · · · · · · · · · · · · · · · ·	
Managing Changes - GP Practice Multidisciplina	ry Team				
If a SRx item is stopped or needs changed the active SRx item will be CANCELLED and a reason added. This will record the reason for both GP practice Team and Community Pharmacy.					
How will the Community Pharmacy be informed of cachanges to SRx items?	ancellatioi	ns and		Change slip Email	
(Tick only one pathway)				Telephone call	
Telephone can					
If a new SRx item is added, a full term SRx for that item ONLY will be issued.					
If new medication needs titrated, it should not be		An acute			
(Tick only one process)		As a one issue repeat			
		Two issue repeat Three issue repeat			
		CC 1334C 1	cpcat		
Who will the Community Pharmacy Team contact Patient's GP					
to discuss major medication problems and		Patient's key worker			
changes?	Pha	Pharmacotherapy team			
(Tick any that apply)		Patient's nurse			
		GP Admin team			

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How will the Community Pharmacy Team contact	SBAR to Clinical mailbox
the person(s) selected above	Phone call
(Tick one pathway)	Email

Treatment Summary Reports



Treatment Summary reports are generally a request to reissue SRx. Requesting TSR's will be sent at least 4 weeks before any new scripts are required.

Treatment Summary reports will be opened, read	GP
and work flowed by?	Clinic Nurses
(Tick all that apply)	Pharmacotherapy team
	Admin team

Re-issue/ Reauthorisation of SRx - prompted by a 'requesting TSR', will be issued no later than 5 working days prior to patients due date, as stated on the TSR.

Who will Re-issue/reauthorisation of SRx prompted	GP
by a 'requesting TSR'?	Clinic Nurses
(Tick all that apply)	Pharmacotherapy team
	Admin team

- TSR's will only be sent when all fully dispensed items have been collected and claimed.
- A 'requesting' TSR will include comments on the patient's journey over the term of the SRx if applicable.
- A 'requesting' TSR will include explanation of anomalies with dispensing/claiming dates.
- A 'requesting' TSR could include information on relevant care issues.
- An annual Stage 1 review will be completed prior to TSR being sent.
- Synchronisation of Medication- 'Requesting' TSR's will request ALL the patient's medication, including items which are not fully dispensed. This is important for the management of SRx.
- Completing the Loop TSR The Pharmacy will send a TSR without requests for medication but with final comments e.g. when a patient moves practice, patient removed from SRx, patient deceased.

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This Shared Care Agreement was discussed and agreed by:			
Practice	Role	Name	

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