Serial Prescriptions: Supporting Resilience in Primary Care

NHS Greater Glasgow and Clyde rapidly rolled out serial prescriptions to better anticipate demand, and improve the capacity and workflow of medicines dispensing whilst reducing unnecessary journeys for people.

- Over six months (April-September 2020) NHS Greater Glasgow and Clyde converted 30,000 people onto serial prescriptions.

- 68,000 serial prescriptions have been generated so far*.

- As a result, the proportion of medicines dispensed from serial prescriptions increased from 1% to 2.4%.

- General practice and community pharmacy staff experienced time savings as a result.

" "I have found the serial prescribing scheme extremely useful; reducing workload and making life easier for patients"

Dr Fiona Meikle, GP,
The Vale Centre for Health and Care.

*Data is accurate up to October 2020 and is subject to change

Background

NHS Greater Glasgow and Clyde supports a registered population of 1.3 million, with 235 general practices and 320 community pharmacies.
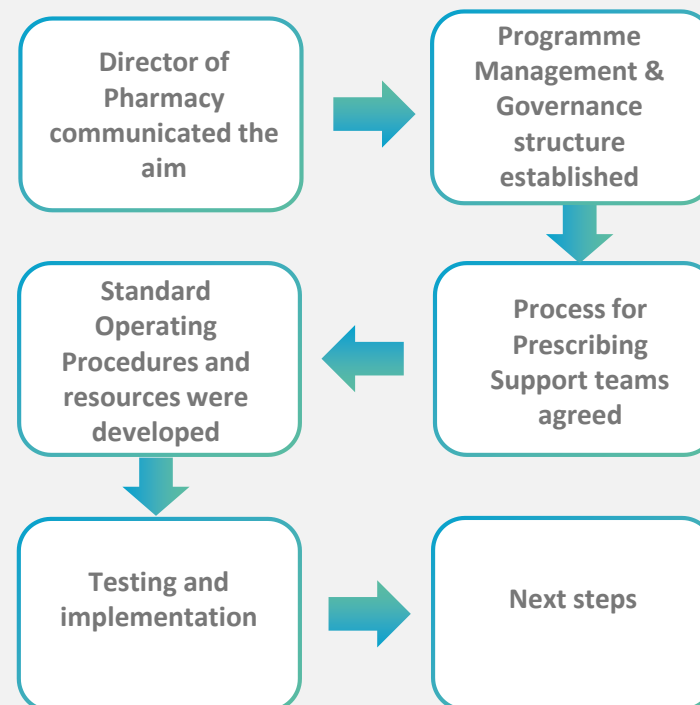
In February 2020, there was a national increase in demand on repeat prescription medication requests. GP and community pharmacies faced significant challenges meeting this demand, whilst responding to COVID-19. To develop resilience in GP practices the Scottish Government highlighted in May that COVID-19 mobilisation plans should include plans to increase the uptake of serial prescriptions.

A serial prescription allows for up to 56 weeks of supply of medication and is part of the Medicines: Care and Review service. As well as reducing requests for repeat prescriptions, serial prescriptions reduces opportunities for viral transmission, as there would be less footfall in general practice and fewer paper forms would be used.

Approach

In order to reduce future strain on primary care services (general practices and community pharmacies) the primary care prescribing support teams in NHS Greater Glasgow and Clyde aimed to convert 37,000 suitable people from the repeat request process onto a serial prescription.

Director of Pharmacy communicated the aim → Programme Management & Governance structure established → Process for Prescribing Support teams agreed → Standard Operating Procedures and resources were developed → Testing and implementation → Next steps

Example of process

1. Practice pharmacy team highlighted suitable patients, issued prescriptions and sent to community pharmacy.
2. Patient's records were immediately updated at the pharmacy to record the issue of a serial prescription.
3. Stage 1 medical reviews were carried out on first presentation, the new process was explained and care issues were recorded on the Patient Care Record.
4. A leaflet was handed out that included a reminder of the next collection date.
5. Occasionally follow up calls were necessary if the patient did not have time for a chat the first time.
6. When patients highlighted that it had been more than a year since their last review at the practice, there is re-messaging and organising of reviews.
7. Queries back to a GP are filtered first through Community Pharmacy->Prescribing Support->Practice Admin.

Approach

Director of Pharmacy communicated the aim

- Converting 'repeats' to 'serials' was made a local board priority by the director of pharmacy.
- The director of pharmacy ensured a concerted effort and focus on serial prescriptions by setting targets of 10 repeat prescriptions to be converted to serial prescriptions per day (for every whole time equivalent of prescribing support team within the practice). This senior leadership enabled rapid change.
- Progress on this was reviewed at regular and frequent intervals.

Programme Management and Governance structure established

- Project management support was seen as critical and this was provided by a project manager support worker (NHS National Services Scotland). This helped teams to focus on delivery and achieving their set targets.
- In June advice was given that an allotted amount of pharmacy teams time should be devoted to converting repeat prescriptions to serial prescriptions.
- Three subgroups were set up to focus on: Guidelines for General Practice, Community Practice Contractors and Treatment Summary Reports.
- Assurances on accountabilities were provided to enable a shift in mindsets. This supported transferring people onto serial prescriptions without a review immediately prior.
- A reporting structure was established, which allowed governance and benchmarking between clusters.

Process for Prescribing Support teams agreed

- GP Pharmacy (prescribing support) teams led the change.
- Criteria for inclusion were altered to help identify a greater range of people who would be suitable for serial prescriptions – all when required medicines (commonly known as PRNs) were included and discussions were encouraged around specific medicines such as antidepressants. This was perceived to be the most influential change enabling rapid roll out.
- Prescribing support teams led the internal surgery processes (for example checking for Treatment Summary Reports) but this is viewed as unsustainable long term.
- A generic mailbox was set up so community pharmacy teams could highlight suitable patients back to the pharmacy practice team.

Approach

Standard Operating Procedures and resources were developed

- Standard Operating Procedures were developed to help practices
    - Identify patients
    - Screen for suitability, and
    - Convert 'repeats' to serial prescriptions.
- Training videos and project management support was provided to staff to keep momentum and ensure progress.
- Information Management and Technology (IM&T) facilitators carried out 1:1 training with numerous community pharmacists and GPs.

Testing and implementation

- Practice pharmacy teams produced serial prescriptions and liaised directly with community pharmacy teams.
- Benchmarking and friendly competition helped, but there was variation in adoption for many reasons.
- Significant support was delivered through coaching conversations. This helped to allay anxieties around processes for introducing serial prescriptions and clinical accountability.

Service Story

- The general practice has been serial prescriptions for over 2 years.
- Renewing focus during COVID-19 to reduce footfall (list size ~3500).
- Led by a member of admin staff who used to work in community pharmacy.
- Practice staff 'promoting' serial prescriptions more with patients.
- Before issuing a serial prescription, practice staff ensure the correct community pharmacy is updated on the Patient Medication Record (PMR) (including correct community pharmacy).

Next Steps

- Mitigating against potential future Treatment Summary Report overload (due to significant number of serial prescriptions requiring renewal at the same time). This includes:
    - upskilling non-clinical practice staff
    - developing a process to systematically 're-schedule' some serial prescriptions in February, and
    - prototyping and piloting these tests of change to see what works best.
- Developing and testing a process for serial prescriptions with patients on antidepressants. This is a large cohort potentially, but some professionals are currently anxious about 'switching' these patients until a standard is agreed (for example, a set dose for a set period of time).
- Work is underway to ensure the current emergency care summaries (viewed in clinical portal in acute settings) represent each dispensing instalment clearly.

Impact

On staff

- Following an initial increased workload to introduce serial prescriptions, all staff saw the benefits for themselves and patients.
- Staff felt more comfortable with the processes involved in serial prescriptions as they became more familiar with them.
- Community pharmacists felt their job satisfaction improved.
- Introducing serial prescriptions along with the COVID-19 restrictions led to a reduced contact with patients. Some practice staff missed this interaction with patients.
- Emergency requests can be easier to manage at the community pharmacy.
- Relationships improved between community pharmacy and general practice.

On patients

- Time savings allowed better clinical conversations with patients.
- Patient behaviours changed and they wanted to make less journeys.
- Patients have more opportunity to discuss their care issues with a community pharmacist.
- 'Missed items' no longer happened.
- Prescription forms were always ready and patients worry less if they suddenly run out.
- If patients requested repeats as normal, it sometimes caused confusion.

On supporting sustainability and resilience

- Community pharmacy workload was planned better.
- Reduced footfall to general practice.
- Time and cost savings (for example, ink cartridges).
- Empowered patients were less likely to over order compared to other repeat order systems.
- Reduction in the number of phone calls enquiring about and ordering repeat medications to both the community practice and general practice.
- Queries will happen until people get used to the new process.

> "It's tidied up the system. People are being highlighted that need reviewed. Some things still need to be ironed out though."
>
> — Helen Farmer, Prescribing Support Pharmacist

> "It also opens up wee opportunities to have a better conversation with patients about their medication. Instead of the time taken to make it up, I can now take the time to speak to the patient."
>
> – Derek Jamieson – Community pharmacist Pharmacy Champion

> "It's a smoother process, and patients have the right number of interactions with the system."
>
> — Kirsty Thomson, Senior Prescribing Support Technician

> "Hopefully by switching people to serials prescriptions now, that will relieve the pressure on the GPs when things get back to normal and more appointments are being made."
>
> — Emma Dillon, Pre-registration pharmacist

Impact

Quantitative Data

The **average number of patients per practice prescribed a serial prescription** between April-September increased from **25** in 2019 to **137** in 2020.

As of October 2020 over **68,000 serial prescriptions have been generated. 80%** of these were produced during this project that started in in June 2020.

1 in 100 prescription forms from general practices **are serial** in NHS Greater Glasgow and Clyde (4 week average). Most recent weekly data shows this as 1 in 150.

Since September 2019 the number of practices not offering serial prescriptions has **significantly reduced by 78%,** from **87** to **19**.

2% of all items dispensed by community pharmacies from NHS Greater Glasgow and Clyde GP practice prescriptions **are from serial prescription**..

Serial prescription are now available for 88,000 medicines resulting in **518,000 fewer prescription forms and signatures.**

Sharing the Learning

Common Barriers

- Concerns that regular pharmacotherapy tasks could suffer.
- Concern over accountabilities/duty of care when 'switching'.
- Historic reputation of "serials never getting off the ground".
- Community pharmacy software is varied and changes are difficult to influence.

- Lack of quantitative data on to back up time savings.
- Variance in capability and capacity of staff members.
- Variance in adoption in GP practices (for example, introduction of Pandemic Annual Medication System (PAMS)).

Sharing the Learning

Top Tips for Project Team

- **Involve the right people at the beginning** including Local Medical Committees, Community Pharmacy Scotland and contractor committee (stakeholder analysis).

- **Establish a positive narrative.** This will challenge the historic reputation of Chronic Medication Service and highlight opportunities for supporting resilience in practices.

- **Ensure senior leadership communicates the project's strategic importance.** Keep the consistency of message and provide advice for how much of practice pharmacists' time should be devoted to serial prescriptions transfer.

- **Communicate benefits vs risks.** This would include potential improvement in quality of care and cost/time savings. This will mitigate the concerns people may have around risks and support conversations.

- **Have a central programme manager.** This will enable rapid change and standardisation.

- **Use benchmark reporting.** Investigate variation in progress and provide this analysis to practices

- **Make serial prescriptions 'business as usual' and embed it into current processes.** For example, as part of the information discharge letter or Polypharmacy review process.

- **Provide training resources and tailored training.** Software packages will vary across community pharmacy, so ensure you are able to provide trouble-shooting advice, guidance materials, or signpost to other sources of support.

- **Establish a network of 'super users'.** A team of super-users was set up on MS Teams – the pharmacy tech roles participation was crucial in engaging in this support network.

- **Identify a key contact within the practice.** This will help to nurture relationships between general practice and community pharmacies. Talking to someone from the same profession also helps.

- **Reflect often and allow for flexibility in your approach.** Processes are still being refined but making a start is the main thing and learning is iterative. Reflect often and allow for flexibility in your approach (Plan Do Study Act).

Top Tips for Community Pharmacy

- **Arrange named contact at the surgery** (prescribing support team helps).

- **Agree processes with surgery** (shared care agreement).

- **Register new patients as soon as serial prescription is received.** This prevents confusion if patient tries to order repeats as usual.

- **Make sure all staff have some training and awareness.**

- **Access computer guides for different software systems** (available from local IM&T facilitators).

- **Facilitate a support network** (for example, via WhatsApp).

- **Develop common goals** between general practice and community pharmacy.

Top Tips for General Practice

- **Explain time and cost benefits to practice staff** (these have been approximated as 30 minutes-1 hour per day, per GP).

- **Train all admin staff on the process** ensuring all are skilled and aware of the benefits (provide 1 hour Protected Learning Time supported by local e-pharmacy facilitator).

- **Introduce serial prescriptions as part of 'business as usual'.**

- **Collect simple, supportive quantitative and qualitative data.** This will help you evidence the real-life impact and support further adoption and spread.

- The **prescription tracker** can be used to show where a prescription has been dispensed.

More information

Where can I find out more about implementing serial prescriptions?

- The Pharmacotherapy collaborative hosted by the Primary Care Improvement Portfolio
- NHS National Services Scotland Medicines Care & Review (MCR) Resources
- Community Pharmacy Scotland
    - What is a serial prescription?
    - MCR – How the service works

Please feel free to get in touch by email: his.pcpteam@nhs.scot

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