



Serial prescribing

A Toolkit for Serial Prescriptions

Digital Workshop One (Planning)

Thursday 2 December 2021



#pharmaL1

Welcome



Dr Graham Gauld
GP



Mark Easton
Pharmacist



Elouise Johnstone
Senior Improvement Advisor



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Improvement Advisor



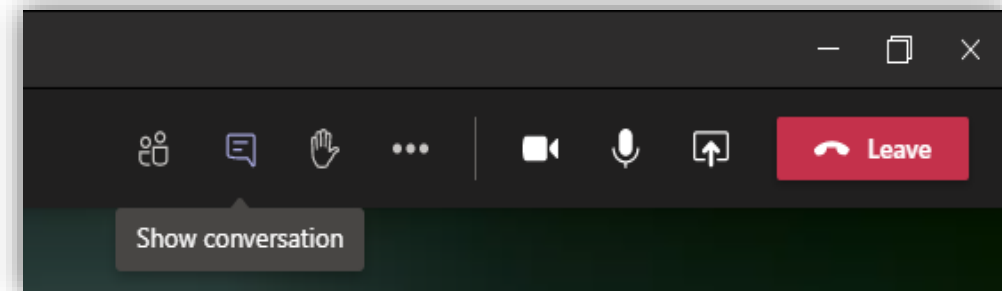
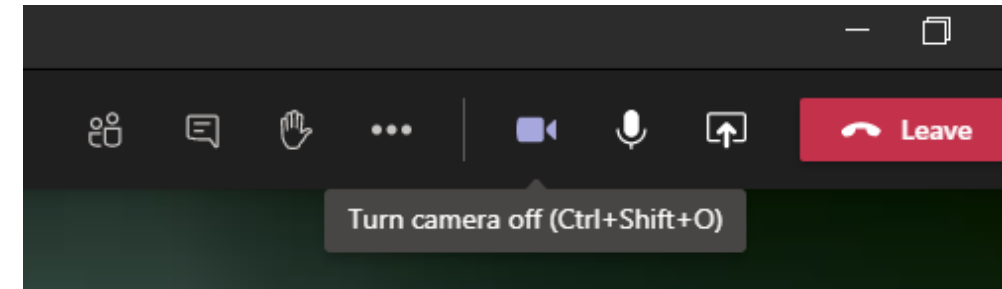
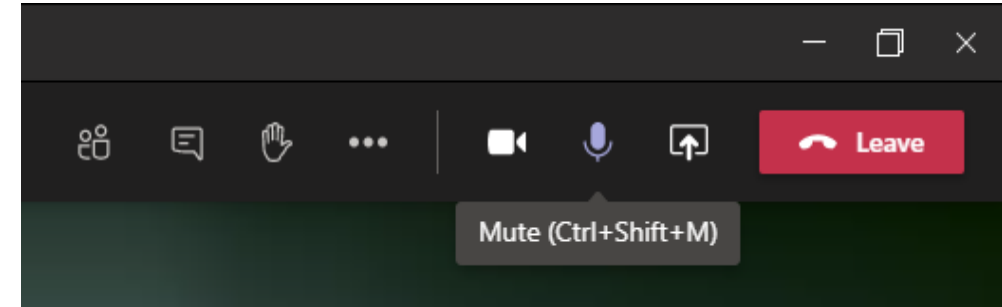
Patricia Simpson
Project Officer



Debbie Kelly
Administration Officer

Virtual Experience

- This workshop is being recorded and will be published on our website.
- Your microphone and camera has been turned off whilst everyone joins.
- You're invited to interact throughout the workshop by raising your hand and unmuting your microphone to talk. Feel free to turn your camera on when you do so.
- Feel free to use the chat function if you prefer at any time throughout the workshop.

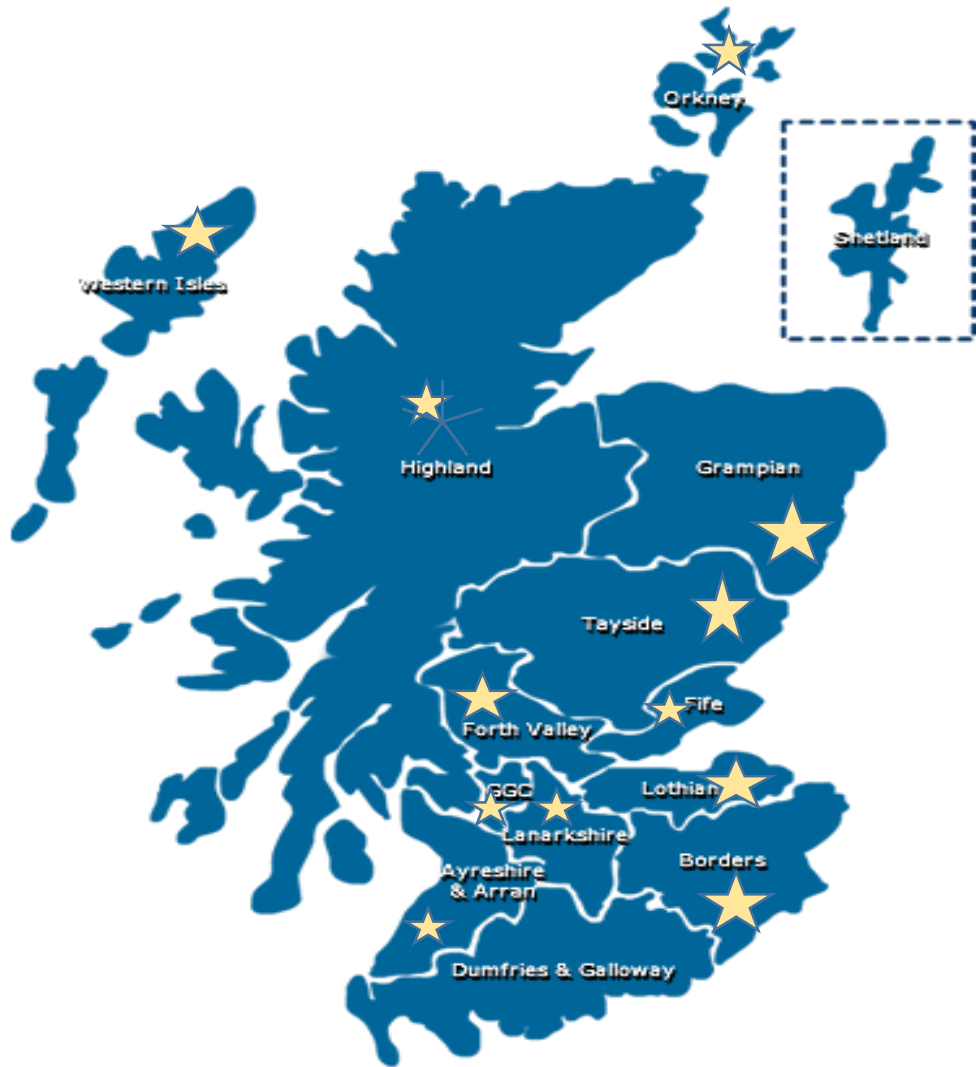


Workshop Aims

- Demonstrate the toolkit's functionality.
- Explain how to access and apply the practical resources within the toolkit.
- Offer an opportunity to ask questions and share experiences of setting up or reviewing of serial prescription processes.



Express Check-in



CHAT BOX QUESTION

Your name?

Where are you from?

Why have you joined the session today?



Without questions,
there is no learning.

W. Edwards Deming

Serial Prescription: Operational Definition

What is a serial prescription (SRx)?

THE NHS MEDICINES:
CARE AND REVIEW SERVICE
AT YOUR LOCAL PHARMACY



SUPPORT FROM
YOUR LOCAL
PHARMACY



PHARMACISTS &
GPS WORKING
TOGETHER



GET THE BEST
FROM YOUR
MEDICINES

Information for patients



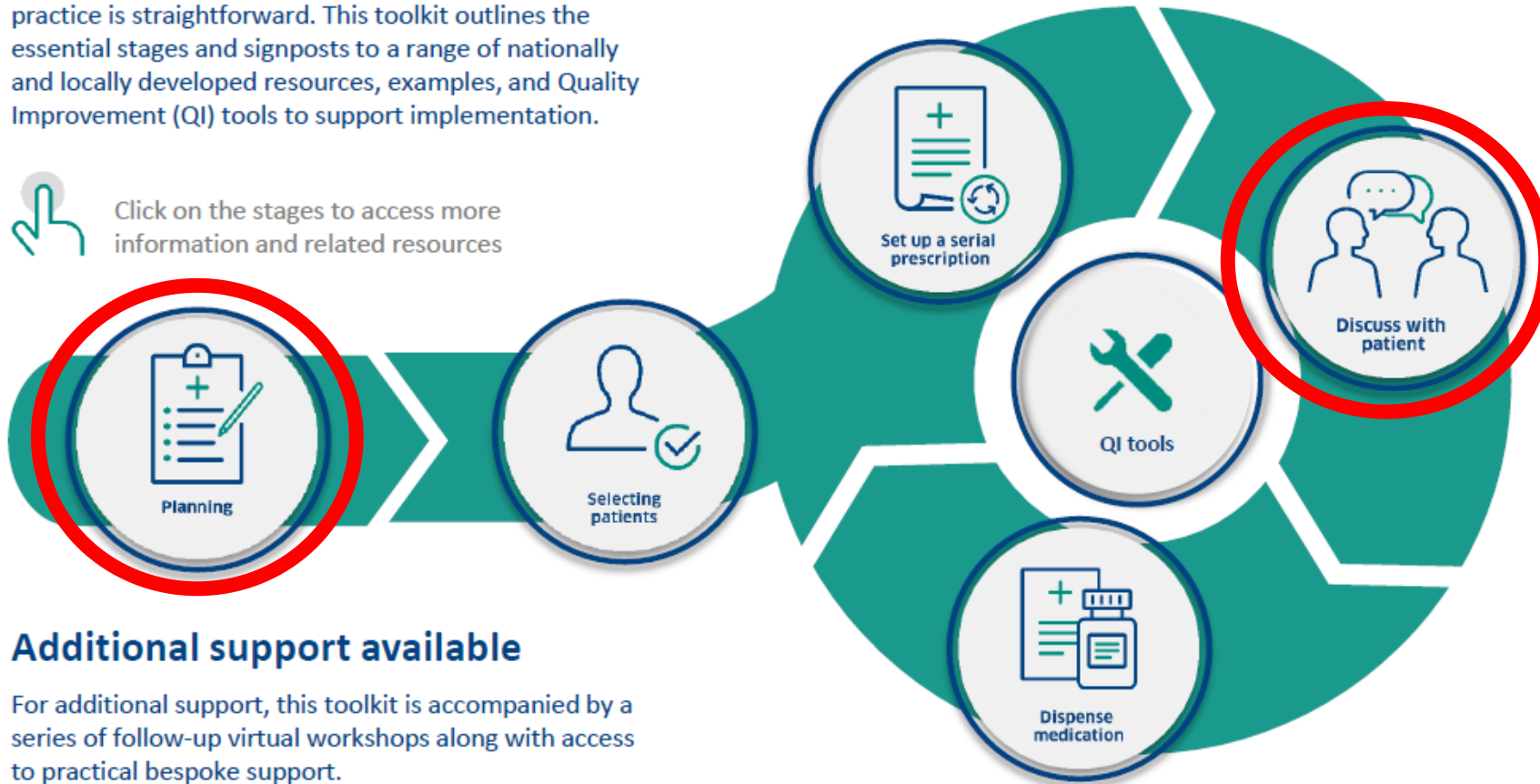
[The NHS Medicines: Care and Review service at your local pharmacy - gov.scot \(www.gov.scot\)](http://gov.scot)

How to use the toolkit

Setting up and implementing serial prescribing in your practice is straightforward. This toolkit outlines the essential stages and signposts to a range of nationally and locally developed resources, examples, and Quality Improvement (QI) tools to support implementation.



Click on the stages to access more information and related resources



Additional support available

For additional support, this toolkit is accompanied by a series of follow-up virtual workshops along with access to practical bespoke support.

For further details about the support available email:
his.pcpteam@nhs.scot.

Why the toolkit was developed

The Serial Prescription Toolkit has been developed to support primary care services, build resilience and deliver high quality care.

Transferring suitable patients to serial prescriptions (SRx) ensures medicines-related activity is dealt with by the right member of the pharmacy team, at the right time, safely and efficiently. Effective serial prescribing can:

- improve practice resilience by reducing GP practice and pharmacy staff workload, and
- enhance patient outcomes and the overall care experience for people, families and staff.

In response to COVID-19, the Pharmacotherapy Level 1 Collaborative worked with a revised focus on serial prescribing. Between November 2020 and March 2021, collaborative teams from across 53 GP practices in Scotland developed and tested practical guidance and resources to support set-up and implementation of SRx services.

Who the toolkit is for

This toolkit brings together the key processes, resources and insights developed locally and nationally. It is designed to support multidisciplinary practice teams to either set up their SRx processes or rapidly review existing processes.

How to navigate the Toolkit



Set up a Serial Prescription

Once the screening process has identified a suitable patient, their medicines can be transferred to an SRx.



Click on the [blue text](#) to access a resource. Please note that **bold** text denotes a key document.

Purpose

Changing records


transfer medicines onto an SRx.

Printing and sharing


print and sign prescription according to the agreed practice workflow – showing the preferred community pharmacy.


National / ihub resources

 [SR03 Switching a Repeat Prescription to an SRx in EMIS](#)

 [SR05 Producing an SRx in Vision](#)

 [Good Practice Guidance for Prescribing Quantities](#)

 [Cegedim training video - SRx Overview \(for Vision users only\)](#)


 [Cegedim training video - SRx Dispense, TSR, Mail Manager and Re-authorisation \(for Vision users only\)](#)

Local examples


 [MCR Shared Care Agreement \(NHS Grampian\)](#)

 [Joint Working Agreement Discussion Points \(NHS Grampian\)](#)


Key

 Guidance

 Tool

 Training

Good practice

 An eight week dispensing interval on a 56 week prescription should be your preferred option for most patients.

Good practice

 Take care to Read Code accurately.

The SRx READ code is 66RE.



Planning



Serial prescribing

Awareness

- promote the benefits



Benefits and Tips for Introducing Serial Prescriptions

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 2020 that COVID-19 mobilisation plans should include plans to increase the uptake of serial prescriptions.

As well as benefitting practices, this can also have a positive impact on patient experience. It can save patients time as they will no longer need to access the practice for repeat prescriptions and can also allow for more opportunity to discuss their care issues with a community pharmacist.

A serial prescription (SRx) allows for up to 56 weeks of supply of medication and is part of the Medicines, Care and Review service.

The benefits include:

- Patients will not need to order these prescriptions, but simply return to the pharmacy for their repeat medication.
- GP practice workload will be reduced, as staff will be required to issue and authorise SRx once or twice a year only, and will not be managing phone calls with queries regarding repeat prescriptions.
- The pharmacy will be able to plan their workload more effectively.
- Serial prescriptions provide compliance information to the GP and the Emergency Care Summary for out-of-hours clinicians.
- Serial prescriptions can dispense a partial quantity.
- Serial prescriptions enable the management of medication the patient does not need.
- Serial prescriptions can allow an early supply to cover holidays.
- Serial prescriptions can synchronise when medicines are due to be dispensed.
- Serial prescriptions can synchronise when SRx are due to be re-ordered.
- Serial prescriptions can enhance closer working between GP practices and pharmacies:
 - Identification of patients suitable for serial prescriptions.
 - Discussion of medication changes.
 - Communication regarding patient care and compliance.
 - Treatment Summary Reports (TSRs).

Benefits and tips for introducing SRx

Planning



Awareness

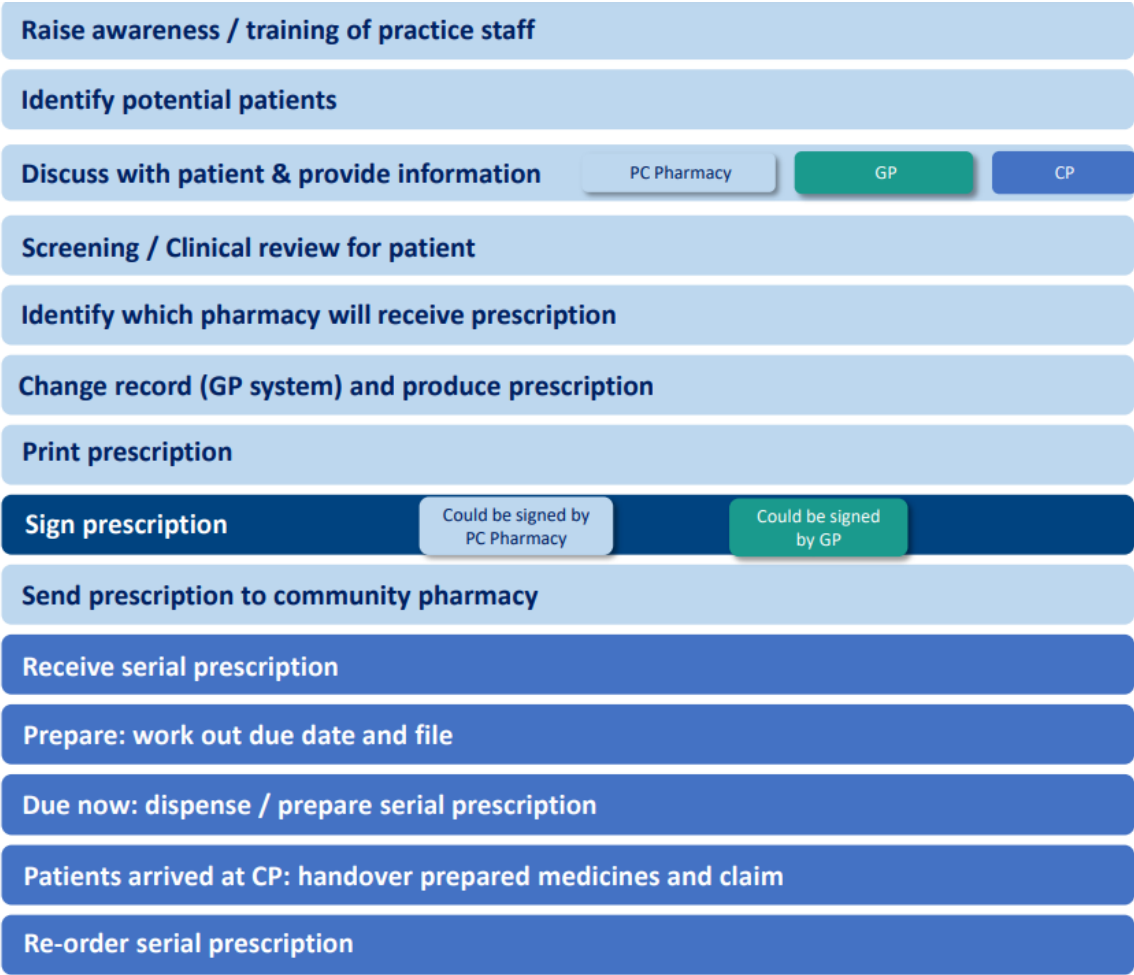
- promote the benefits



Journey of a serial prescription



Produced in partnership with NHS
Greater Glasgow and Clyde



KEYNOTE:

Primary Care (PC) Pharmacy

GP

Community Pharmacy (CP)

Planning

Awareness

- promote the benefits



Introduction to Serial Prescriptions for GPs and Practice Staff

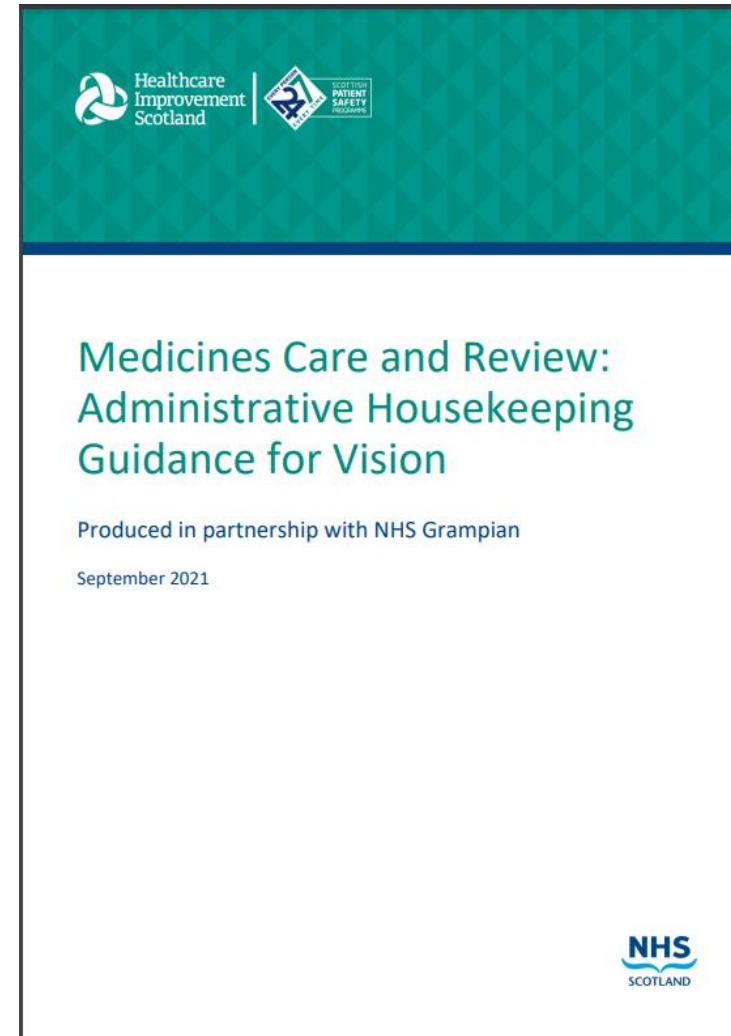
Planning



Serial prescribing

Awareness

- promote the benefits



Administrative Housekeeping Guidance for Vision

Planning





Awareness

- promote the benefits



Serial Prescribing Hints and Tips – Scotland only

<p>How does the patient register?</p> <p>The patient can either register for Serial Prescribing at the Pharmacy or the GP Practice can produce a serial prescription which the patient takes to the Pharmacy.</p> <p>Why is Medicines: Care and Review (MCR) also referred to as Serial Prescribing?</p> <p>Serial Prescribing is one part of MCR. A serial prescription is a prescription for medicines to treat long term conditions. These prescriptions last for 24, 48 or 56 weeks.</p> <p>With a serial prescription the patient can get their medication directly from the pharmacist without the need to ask the GP Practice for a prescription. A serial prescription can only be dispensed from the pharmacy where the patient is registered.</p> <p>Can any patient register for Serial Prescribing?</p> <p>Not everyone can register for Serial Prescribing. Patients must live in Scotland and have a CHI number. Temporary residents residing in Scotland cannot register for Serial Prescribing.</p>	<p>Can patients on PRN drugs be added to Serial Prescribing?</p> <p>Yes, patients who take medication on a PRN (as needed) basis are suitable for Serial Prescribing. Their PRN medication should be monitored at the same time as their other drugs.</p> <p>Why do I sometimes see the following Serial Prescribing message in Consultation Manager?</p> <div data-bbox="1465 739 1809 949"></div> <p>This message displays when reauthorising a serial prescription. This is because the original drug is still within the medication term, for example it has not yet expired. To continue with the reauthorisation select No, otherwise select Yes to send a cancellation to the pharmacy.</p>	<p>Why does the Therapy Add quantity box display in yellow when adding a Serial Prescription?</p> <p>When adding or making a repeat into a serial prescription, Vision automatically calculates the quantity required for the term. For example, 24, 48 or 56 weeks. If the quantity cannot be calculated the quantity box displays in yellow and must be calculated manually.</p> <p> Note - Calculations can be done in the quantity box using the star * symbol for multiplications and the divide / sign for division.</p> <p> Training Tip - Some practice defined dosage codes are not recognised when calculating quantities.</p> <p>Can Nurse Prescribers send Serial Prescriptions?</p> <p>No, currently nurse prescribing is not included in Serial Prescribing.</p>
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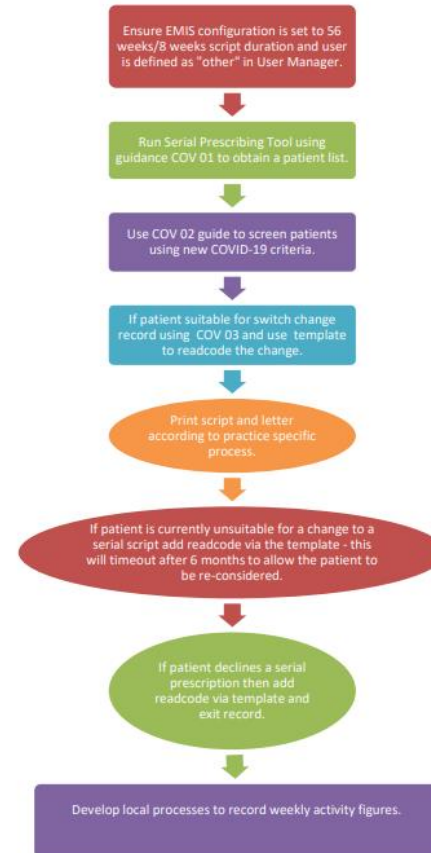
Planning

Awareness

- promote the benefits



GREATER GLASGOW AND CLYDE EXAMPLE
EMIS Flowchart for MCR process during COVID-19 Pandemic 2020



Planning



Serial prescribing

Awareness

- promote the benefits



Published on July 2021



Serial Prescribing: 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.

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




“

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.



pause
&
ask



A watercolor-style circular graphic with a light blue center, a darker blue ring, and a green outer ring. The text "pause & ask" is written in a black, cursive font in the center.

Planning

Readiness

- assess your team's needs





Readiness Checklist for Serial Prescribing

This tool uses a traffic light system to help you determine whether your GP practice is ready to deliver serial prescriptions (SRx). Once completed please look at the colours of your answers and use the key below to find out if you are ready for serial prescribing.

<input type="checkbox"/>	Red items	must be done before starting the delivery of serial prescribing
<input type="checkbox"/>	Amber items	are recommended to be complete before delivering serial prescribing
<input type="checkbox"/>	Green items	are suggestions for best practice

☐ STU Tool Quick Guide handout for installation available in the practice.
☐ STU Tool installed on all administration computers.
☐ Practice serial prescribing champions identified.
☐ Serial prescribing training delivered.
☐ Serial prescribing awareness session delivered.
☐ Patients identified as suitable for serial prescribing.
☐ Templates ready for the SRx Letter.
☐ Practice staff aware where the templates for SRx letter are located in GP IT system.
☐ Scheduled tasks in GP IT system switched on.
☐ Registration requirement for patient for MCR / CMS removed in GP IT system.

☐ The internal practice protocols and processes reviewed and ready for SRx.
☐ Practice staff aware of the protocols, processes reviewed and ready.
☐ Process maps reviewed with the practice team.
☐ Repeat medication housekeeping carried out.

☐ Process map printed and displayed in the practice.
☐ Installation of keyboard express in GP IT system.

Readiness Checklist for SRx

Planning



Serial prescribing

Readiness

- assess your team's needs



Serial Prescription – INPS Training Checklist

The aim of Serial prescription training is to:

1. Ensure practice staff understand what the Medicine: Care and Review service (MCR) is and their role with Serial prescribing.
2. Ensure appropriate users in the practice are able to assess patient suitability for serial prescribing and, if suitable, change their repeat prescriptions to Serial Prescription items.
3. Enable practice to effectively manage the Serial Prescriptions process.

Training Points	Done
If possible, prior to training, the trainer should discuss with the Practice Manager and Lead GP the principles of serial prescribing and discuss actions required within the practice. This will enable them to identify the correct members of staff to be trained in each element.	<input type="checkbox"/>
In advance of enabling serial prescribing in Vision ensure: <ul style="list-style-type: none">• All existing Pharmacy records in File Maintenance have been updated to include their Contractor Code and telephone number if not already there• Explain creation of Pharmacy records when new registrations are received for pharmacies where no existing Contractor Code in the system• Explain possibility of registrations being received and creating records for out of area pharmacies where patient has moved address and GP and is still registered with the previous pharmacy.	<input type="checkbox"/>
Arrange for the practice to be enabled, a test script produced and the initial registration messages pulled through.	<input type="checkbox"/>
Discuss/Explain: <ul style="list-style-type: none">• Principles of Serial Prescribing, stressing the difference between the pharmacy service (MCR) and a serial prescription• Shared Care Agreement between practice and community pharmacy• Possible changes required to business processes• Need for all staff dealing with prescriptions in any capacity to be aware of Serial Prescribing	<input type="checkbox"/>
Discuss Serial Prescribing Reports: <ul style="list-style-type: none">• Where to find them• How to run them• Discuss how they may be utilised	<input type="checkbox"/>
Demonstrate how to view patient registration status within Consultation Manager. Explain registration is NOT necessary prior to producing a serial prescription however it is necessary prior to dispensing at the pharmacy.	<input type="checkbox"/>
Discuss considerations for patient suitability for a Serial Prescription and how to mark them as suitable or not suitable: <ul style="list-style-type: none">• Legal and practice agreed exclusions• STU/ Practice reports• Within Consultation Manager• Within Registration• Using CMS suitability utility	<input type="checkbox"/>
Apply practice specific default prescribing settings at user level, i.e. 24, 48 or 56 weeks scripts and dispensing frequency.	<input type="checkbox"/>
Demonstrate adding a new serial prescription: <ul style="list-style-type: none">• How to add• Explain term and dispensing intervals• Explain quantity calculation, in particular considerations required for PRN medications• How to use dosage field as a calculator	<input type="checkbox"/>

Version 2.1

June 2020

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Vision Training checklist



Serial Prescription – EMIS Training Checklist

The aim of Serial Prescription training is to:

1. Ensure the practice staff understand what Serial Prescribing is and their role in it.
2. Ensure appropriate users in the practice are able to assess patient suitability for Serial Prescribing and, if suitable, change their repeat prescription items to Serial Prescription items.
3. Enable practice staff to effectively manage the Serial Prescriptions process.

Training Points	Done
Patient Profiling Use EMIS Web searches or STU to search for stable patients on 1, 2, 3 and 4 items (Criteria can be extended depending on progress and numbers) Use EMIS 'Suitable/' Not Suitable' flags as appropriate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Excluded patients: <ul style="list-style-type: none">• Schedule 1-4 Controlled Drugs,• Cytotoxics• Care Home patients• Temporary residents• Long term condition diagnosed less than 12 months	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unsuitable patients <ul style="list-style-type: none">• Patients receiving weekly dispensing• Coeliac patients• Patients receiving oral nutritional supplements• Patients on medications requiring titration of frequent dose changes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
There may be some local agreement on drugs to be avoided on a serial Rx depending on local Board and practice protocols.	<input type="checkbox"/>
Changing regular medication to CMS Verifying destination pharmacy – if patient is already registered, ensure 'Script Destination Text' matches registered pharmacy and 'Screen Message'. If these don't match or patient isn't registered, ascertain preferred pharmacy from patient.	<input type="checkbox"/> <input type="checkbox"/>
How to change prescription type – must be done on an individual item basis	<input type="checkbox"/>
Highlight the drug, right click, Alter details. Prescription type, change to CMS. Duration – 24, 48 or 56 weeks Dispensing Frequency – e.g. 4 or 8 weeks Total Quantity – linked to default daily dosage; calculate if necessary or use ready reckoner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Issue and print CMS prescriptions to ensure Drugs are uploaded to ECS that night.	<input type="checkbox"/>
Agree local process for patient/pharmacy collection or storage	<input type="checkbox"/>
Printing CMS prescriptions (subsequent) Subsequent requests should preferably come via the Treatment Summary Reports (or	<input type="checkbox"/>

Version 1.2
June 2020

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EMIS Training checklist

Planning



Readiness

- assess your team's needs



Serial Prescribing FAQs for General Practice



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

Version 3.0

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March 2021

Planning

Readiness

- assess your team's needs



NHS
Greater Glasgow
and Clyde

Reception aid to identify estimated inhaler duration
Regular Inhalers (Prescribe by Brand)


Inhaler Brand Name	Drug Name	Number of Doses (and strength where applicable*)	Dose	At the stated dose the inhaler should last a duration of:
Clenil Modulite [®] MDI	Beclomethasone Dipropionate	200	Two puffs twice daily	50 days
Qvar [®] MDI	Beclomethasone Dipropionate	200	Two puffs twice daily	50 days
Easyhaler [®] Beclomethasone	Beclomethasone Dipropionate	200	Two puffs twice daily	50 days
Pulmicort Turbuhaler [®]	Budesonide	200* 100 micrograms	One puff twice daily	100 days
		100* 200 micrograms	One puff twice daily	50 days
		50* 400 micrograms	One puff twice daily	25 days
Easyhaler [®] Budesonide	Budesonide	200	Two puffs twice daily	50 days
Fostair [®] MDI	Beclomethasone Dipropionate and Formoterol	120	Two puffs twice daily	30 days
Symbicort Turbuhaler [®]	Budesonide and Formoterol	120* 200 + 6 micrograms	Two puffs twice daily	30 days
		60* 400 + 12 micrograms	One puff twice daily	30 days
Relvar Ellipta [®]	Fluticasone Furoate and Vilanterol	30	One puff daily	30 days
Flutiform [®] MDI	Fluticasone Propionate and Formoterol	120	Two puffs twice daily	30 days
Seretide Accuhaler [®]	Fluticasone Propionate and Salmeterol	60	One puff twice daily	30 days
Seretide Evohaler [®] MDI	Fluticasone Propionate and Salmeterol	120	Two puffs twice daily	30 days
Flixotide Accuhaler [®]	Fluticasone Propionate	60	One puff twice daily	30 days
Flixotide Evohaler [®] MDI	Fluticasone Propionate	120	Two puffs twice daily	30 days
Easyhaler [®] Formoterol	Formoterol	120	One puff twice daily	60 days
Serevent Evohaler [®] MDI	Salmeterol	120	Two puffs twice daily	30 days
Serevent Accuhaler [®]	Salmeterol	60	One puff twice daily	30 days
Spiriva Handihaler [®] Refill Capsules	Tiotropium	30	One dose daily	30 days
Spiriva Respimat [®]	Tiotropium	60	Two puffs once daily	30 days

* Where the number of doses per inhaler device differs with the strength of inhaler
Inhalers used only when required (Relievers)
Prescribe by brand except Salbutamol MDI


The quantity required depends on usage but would expect to be **no more than ONE inhaler per month**

Inhaler Brand Name	Drug Name	Number of Doses
Salbutamol MDI/ Ventolin Evohaler [®]	Salbutamol (Prescribe generically)	200
Easyhaler [®] Salbutamol	Salbutamol	200
Salamol Easy-Breathe [®] Breath-Actuated Inhaler	Salbutamol	200
Ventolin Accuhaler [®]	Salbutamol	60
Pulvinat [®] Salbutamol	Salbutamol	100
Bricanyl Turbuhaler [®]	Terbutaline	100

Produced by NHSGGC Prescribing Support Service, November 2015



pause
&
ask

A watercolor-style circular graphic with a light blue center, a darker blue ring, and a green outer border. The text "pause & ask" is written in a black, cursive font in the center.

Planning

Implementation

- agree your team's processes and communication plan



GP Practice Quick Guide – Serial Prescriptions



Background

Patients who are registered with a GP practice in Scotland, not temporary residents and not residing in a care home are eligible to register for Medicines: Care and Review (MCR) at a community pharmacy of their choice for the provision of pharmaceutical care and support for their long term condition(s).

MCR was previously known as the Chronic Medication Service (CMS) and may still be referred to as CMS in some IT systems.

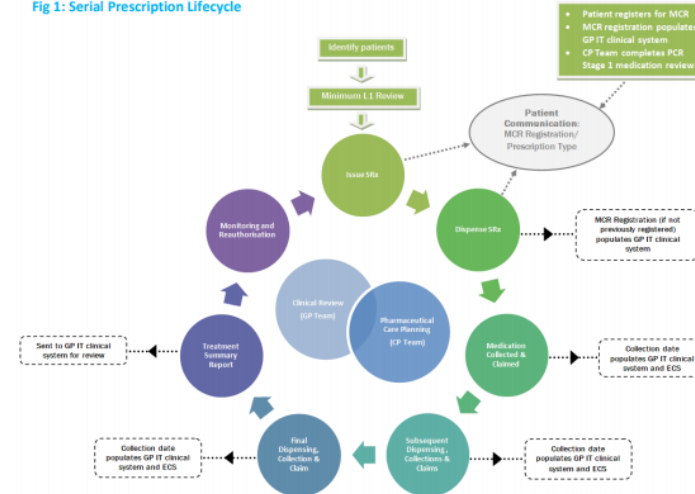
As part of MCR, a serial prescription (SRx) can be issued to suitable patients. A SRx is an electronic prescription, valid for up to 56 weeks and supplied to patients who have a long term condition(s). Registration for MCR is an enabler for serial dispensing to support the electronic message flow.

*Serial prescriptions can be issued **before** a patient registers for MCR.*

Serial Prescription Journey

Serial prescribing requires engagement with all three stakeholders – patients, GP practice teams and community pharmacy teams. A process should be established by the GP practice team for identifying suitable repeat prescription patients and local criteria should be agreed.

Fig 1: Serial Prescription Lifecycle



Planning

Implementation

- agree your team's processes and communication plan



Serial Prescribing Quick Reference Guide for Community Pharmacy



Overview

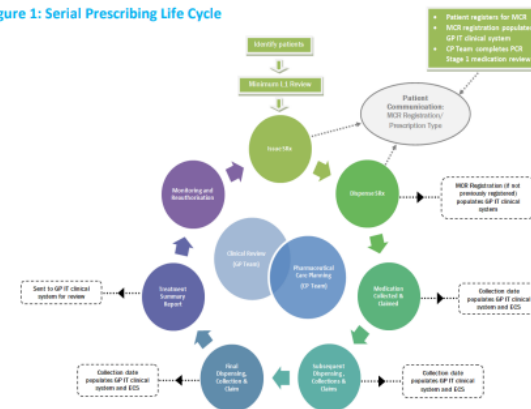
Medicines: Care and Review (MCR) is an updated and refreshed service for community pharmacy contractors. It has three key elements and patients are entitled to any depending on their individual need(s):

- Medication review: all patients are entitled to receive a medication review. This will help identify any potential care issues but also aid suitability and selection for a serial prescription.
- Pharmaceutical care: Care issues and care plans are recorded on the secure web based application, Pharmacy Care Record (PCR).
- Serial prescribing: Patients who are stabilised on their medication can have their items prescribed on a prescription that will be valid for 24, 48 or 56 weeks without having to return to their GP practice for repeats.

A Shared Care Agreement is available to help community pharmacies and GP practices discuss and agree implementation of serial prescribing.

Serial prescribing does not rely on patient registration though this is still used as an enabler to support the electronic message flow between the community pharmacy, GP practice and ePharmacy Message Store (ePMS).

Figure 1: Serial Prescribing Life Cycle



- agree your team's processes and communication plan



Planning

Implementation

- agree your team's processes and communication plan



Medicines: Care and Review

Shared Care Agreement



GP Practice: _____
Pharmacy: _____

Patients will be identified by (you can tick all methods)	STU
	STU and preferred pharmacy
	Pharmacy
	Medication Review
Patients will be issued a SRx (tick only one)	When identified
	When requesting medication
Patients will get (tick 24 week disclaimer and either 48 week or 56 week scripts)	24 week script only if there is clinical need – this will be noted on their record
	48 week script
	56 week script
Medication used less than 3 or 4 times a year	Will be left as a normal repeat and can be requested by patients through the normal routes
PRN items (tick all)	Will be issued on separate forms
	PRNs will only be issued if taken more than 3 times a year
	PRNs will be issued in quantities that divide by the number of issues and pack sizes.
New medications (tick either acute or one issue repeat)	Will be added as an acute - if needing titration
	Will be added as one issue repeat – if needing titration
	Will be added on as a full term SRx if no titration needed – irrespective of where on the journey the patient's active SRxs are.
Medication changes (tick all)	Active SRx will be cancelled and a reason added
	Cancellation/change will be communicated to pharmacy via change slips
	Changed medication will be issued as a full term SRx -if no titration needed
Queries about SRx go to: (add the information)	Changed Medication will be issued as acute/one issue repeat if needing titration
	Email:
	Phone:
Dispensing Events	Point of Contact:
	Claims for dispensing (which create the dispensing event in the GP system) will be sent when patient collects medication
	Will be sent after last medication is collected and claimed
Treatment Summaries (tick all)	Will explain any anomalies with Dates
	Will request minor changes if needed
	Will summarise patient's journey over the last 24/48/56 weeks
	Pharmacy will request synchronisation
	Will instigate re-issue of all medication unless pharmacy specifically states otherwise or there is a clinical decision to change/stop medication

GP Practice	Pharmacy
Print Name:	Print Name:
Sign:	Sign:
Date:	Date:

Planning



Serial prescribing

Implementation

- agree your team's processes and communication plan



Joint Working Agreement discussion points




1. BACKGROUND


Background How, why, when	<ul style="list-style-type: none">• Patients, who are registered with a GP practice in Scotland, and not residing in a care home, are eligible to register for Medicines: Care and Review (MCR) at a Community Pharmacy of their choice for the provision of pharmaceutical care.• As part of MCR, a SRx can be issued to suitable patients• Serial Prescriptions can be issued BEFORE a patient registers for MCR.• A Shared Care Agreement (see Appendix ix) should be established between the GP Practice and Community Pharmacy prior to issuing Serial Prescriptions.• When a patient registers for MCR, an electronic message is sent to the GP practice. This populates the GP IT clinical system with the patient's registration details, including the pharmacy name.
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2. GETTING READY FOR SRx

Discuss and set out practice criteria for reviewing suitability.	<ul style="list-style-type: none">• National guidance is that patients should be stable on their medications and not have a new diagnosis. Patients should have at least a level 1 medication review prior to being marked as suitable. Patients should not be in a care home or receiving weekly dispensing• Other exemptions should be decided for the practice. E.g. are there medications that will be exempt.• Decision should be noted on your shared care agreement
Decide how patients will be selected for MCR review	<ul style="list-style-type: none">• There can be a number of different methods, reviewing pharmacy registered patients, using STU, reviewed for SRx during annual medication review
Decide who will do the MCR review	<ul style="list-style-type: none">• Decision should be noted on your shared care agreement
Decide how suitability will be noted on your clinical system	<ul style="list-style-type: none">• To facilitate the use of searches and reports to track progress, prevent duplication of effort and inform future reviews.
Decide when suitable patient's repeats will be converted to SRx	<ul style="list-style-type: none">• When decision of suitability is decided or when the patient next requests their repeats• Decision should be noted on your shared care agreement
Decide on whether to use 48 or 56 week scripts	<ul style="list-style-type: none">• 24 weeks scripts should only be used if close monitoring of patient is needed – this should be noted on the patients record• 56 weeks is preferred for practices using birth month review



pause
&
ask

A circular watercolor graphic with a light blue center, a darker blue ring, and a green outer ring. The text "pause & ask" is written in a black, calligraphic font in the center.

How do you inform your patients?

Good practice 



Communication

- Discuss and inform your patients of these changes

Discuss with patient

Person-centred discussion

- discuss benefits of transferring medicines onto an SRx with the patient



Healthcare Improvement Scotland



SCOTTISH PATIENT SAFETY PROGRAMME

Questions to Prompt a Person-centred Discussion

The questions below have been developed in collaboration with a public partner within Healthcare Improvement Scotland. They have been collated in this tool and may be useful prompts to facilitate person-centred discussions with your supporting teams or local patient engagement group.

A person can be first introduced to a serial prescription in three different ways:

- 1**
Selected as suitable by their GP
- 2**
Recommended by their Community Pharmacist
- 3**
Indirectly (via a leaflet, publicity, or discussion with a friend)

In **each** case, we must ensure that the person / patient receives the right amount of information **at the right time**.

Considerations for planning discussions:

- What is the ideal standard process?
- Who makes the initial contact with the patient? Will this stay the same?
- How can we ensure the patient understands what a serial prescription is?
(The process of selection, the differences and similarities to the service they have received before, what information will be communicated between their practice and community pharmacy.)
- How will people know who to contact in different scenarios?
For example, ordering medication, medication enquiries, medication reviews. Who will contact them to follow up?
- How will people know what timescales are involved? Who should communicate these to the person / patient?
- How and who will communicate any changes to the person?
For example, can patients that may be affected be informed in advance? What happens if there is a change to dose or medication? Who is responsible for communicating this? Please note, people should be included and empowered to make decisions about their own care.
- When undertaking a large-scale move to serial prescriptions, practices should consider at an early stage how to discuss with and inform their patients of these changes.

Discuss with patient



Person-centred discussion

- discuss benefits of transferring medicines onto an SRx with the patient




Person-centred Discussion Checklist

It may be useful to have a checklist (like the one below) to make sure that the person speaking with the individual / patient covers certain points as standard.


Has the person / patient been informed:	Y / N
How long the serial prescription will last. (For example, 24 or 56 weeks, with medication typically dispensed every 8 weeks.)	
That, from time to time, they may be able to vary their serial prescription supply for example, to cover holiday periods.	
Which medication(s) are covered on the serial prescription (which are not) and when it needs to be renewed. N.B. - Please note a notification / paper reference for the person / carer may be useful. Medication reviews may not always align with the end of a serial prescription, but will be completed as per practice processes. That they need to select a single pharmacy to supply the serial prescription and that, it is their choice of pharmacy. That they can change pharmacy as time goes on if a different location is more convenient for them (but they cannot just collect from / move to a different location each time more medication is required from a single serial prescription).	
That for good, safe medication management, the community pharmacist will require to discuss their medications with them and their GP periodically. Existing GP medication review processes will continue as normal.	
That the majority of queries regarding their medications (including those on serial prescriptions) should be directed to the community pharmacist and not the GP in the first instance.	

You may also wish to direct the patient to [this video](#) (before they receive their first serial prescription) and then use 'teach back' to re-enforce key messaging.





pause
&
ask

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Discuss with patient

Written communication

- provide a letter or leaflet to the patient informing them of the change



Serial Prescription Information Sheet

The practice has issued you with a serial prescription. A serial prescription is a prescription for medicine(s) you need to treat a long-term condition. It looks like a normal prescription but lasts for 6 or 12 months.

Serial prescription(s) are kept in the community pharmacy and your GP decides how often they should be collected, e.g. every four weeks. Let your pharmacist know if you will need to collect your prescription earlier than normal or if you will need more than usual if, for example, you are going on holiday. Each time a prescription is collected, the pharmacist tells the doctor.

You will need to register for the service before the pharmacist can give you the medicines. Registration is simple and easy to do and your community pharmacist will help you.

The serial prescription can only be dispensed at the pharmacy where the registration has taken place.

At the end of the 6 or 12 month prescription, the pharmacist will ask you to sign the serial prescription form. At this point, the pharmacist can also request a new serial prescription from your GP. The doctor may prepare a new serial prescription without getting in touch but you may be invited into the practice for a review before getting your next serial prescription.

Even though a patient has a serial prescription, they can still make an appointment to see the doctor whenever they need to. However, please note that items prescribed to you which are not on serial prescriptions will still need to be ordered via your doctor.

The pharmacist may also tell you if you need to see the doctor if e.g. your condition starts to get worse.

Your doctor can stop medicines on your serial prescription if they need to. If this happens they will tell you and your pharmacist.

If you move to another doctor's surgery, you should let the old surgery know so they can cancel your serial prescription.

Discuss with patient

Written communication

- provide a letter or leaflet to the patient informing them of the change



SERIAL PRESCRIBING PATIENT LETTER: EXAMPLE 1 Kirriemuir Medical Practice



The practice has issued you with a serial prescription. A serial prescription is a prescription for medicine(s) you need to treat a long-term condition. It looks like a normal prescription but typically allows you to get your medicine for 56 weeks without the need for a further paper prescription during that time. However, you will still get your medicine supply every 8 weeks usually.

You can let your pharmacist know if you will need to collect your prescription earlier than normal or you will need more than the usual if, for example, you are going on holiday. Each time a prescription is collected, the pharmacy staff will check if you need all your medicines. On the practice record we can see you have collected your medicine.

The serial prescriptions can then only be dispensed at the pharmacy where you handed in your prescription. When you first hand in the prescription to the pharmacy, they will register you and check you are happy with your current medicines.

Please note that items prescribed to you which are not on serial prescriptions will still need to be ordered from the GP practice via your usual medication ordering procedures such as creams, medicines you don't use regularly or controlled drugs which cannot be on serial prescribing.

The pharmacist may also tell patients that they need to see the doctor if, e.g. your condition starts to get worse.

Your doctor can stop medicines on your serial prescription if they need to. If this happens they will tell your pharmacist.

Dr

Serial prescribing letter to patients

Discuss with patient

Written communication

- provide a letter or leaflet to the patient informing them of the change



SRx Patient Leaflet Information for Patients Suitable for Serial Prescriptions

1. What is a serial prescription?

A serial prescription looks like your normal prescription but is issued by your GP for 24, 48 or 56 weeks. It will be issued in intervals, (usually 4 or 8 weeks) by the pharmacy. This will be dispensed by the pharmacy when it is due so it will be ready for you to collect before you run out of medication. This makes collecting prescriptions much easier for you and saves time at the GP Practice. You will not need to reorder the items on your serial prescription from the surgery or pharmacy.

2. Why have my repeat medications been selected for serial prescribing?

You have been identified as having a long term condition which requires medication. As your medication(s) is/are quite stable and you regularly attend reviews it has been decided by your GP that it is appropriate for you to have a long term prescription for these items.

3. Can I use any pharmacy?


You can use any pharmacy for the duration of your serial prescription. Your first serial prescription will be sent to the pharmacy that is recorded by your GP as being your 'preferred pharmacy'. If you wish to use an alternative pharmacy, contact your GP who will cancel the first prescription and re-issue it to the pharmacy of your choice. When you collect your first serial prescription, the pharmacy will ask you to register with them and sign a form. They will then ask some questions about your medication and general health. You will need to collect your serial prescription items from the pharmacy you are registered with. You can attend any pharmacy for any other prescriptions or to buy medicine or seek advice. If you wish to change the pharmacy you get your serial prescription from please inform both the pharmacy and your GP Practice.

4. Is anything not covered by my serial prescription?


Items that you only use occasionally such as creams will not be included on a serial prescription. These should be ordered by you in accordance with your usual surgery and pharmacy arrangements. Please ask your community pharmacist any questions you have about what is not covered by your serial prescription.

5. What do I do if my medicines change?

If your medicines change the GP and Pharmacy will coordinate to ensure that any changes are made to your serial prescription. It is good practice to check your medicines before you



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Business sustainability

How will this help?

Focus on the processes – what needs to happen, by when, and who will be doing it?

It usually helps to start small, and try to avoid giving your team a headache in 12 months' time



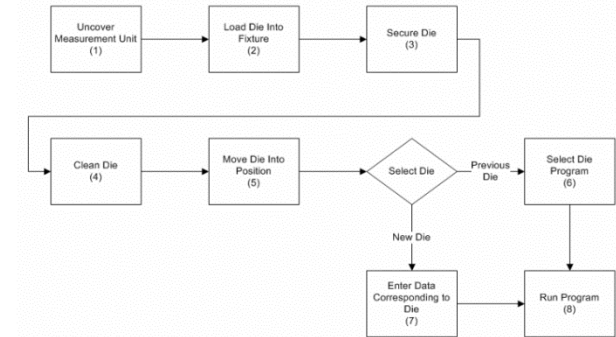
QI tools to support implementation



Pharmacotherapy Level 1 Collaborative

Serial Prescribing			
Aim	Primary Driver	Secondary Driver	Changes
10% of patients on repeat prescribing within the practice will be on serial prescribing by March 2021.	Development of staff and roles	Ensure appropriate skill mix Access to available training Promote team/Audit/Disiplinary Team (MDT) working Develop learning and feedback loop	<ul style="list-style-type: none"> Evaluation of current skill mix/needs Access to appropriate virtual training including HBS Primary Care Learning Systems, Pharmacotherapy Microsoft (MS) Teams and NES courses Establish practice MDT huddles and local/cluster champions to share ideas and progress Develop a guide to monitor appropriate levels of supervision for pharmacy technicians/support staff carrying out Level 3 Services (you may wish to refer to the Scottish Pharmacy Practice and Prescribing Advisers Association document, National Pharmatherapy Service Specification) Use process mapping to understand current/desired state for serial prescribing Review and develop prescribing protocol Develop process for patient medication reviews Develop criteria for converting to serial prescribing Utilise existing guidance documents, such as the Serial Prescription Shared Care Agreement
	Safe, effective and reliable systems for serial prescribing	Develop standardised, safe and effective processes for serial prescribing	<ul style="list-style-type: none"> Embed process for shared decision making with patient/carer in relation to medicines Develop processes for contacting patients regarding changes to prescribed medicines Utilise existing guidance documents, such as the Serial Prescription Shared Care Agreement Use process mapping to understand current/desired state for serial prescribing Review and develop prescribing protocol Develop process for patient medication reviews Develop criteria for converting to serial prescribing Utilise existing guidance documents, such as the Serial Prescription Shared Care Agreement
	Patients/carers supported in taking medications	GP practice has a clear process for communicating, informing and involving patients of medicines changes Systems in place to ensure patients and carers are supported in taking and understanding medicines	<ul style="list-style-type: none"> Embed process for shared decision making with patient/carer in relation to medicines Develop processes for contacting patients regarding changes to prescribed medicines Utilise existing guidance documents, such as the Serial Prescription Shared Care Agreement Use process mapping to understand current/desired state for serial prescribing Review and develop prescribing protocol Develop process for patient medication reviews Develop criteria for converting to serial prescribing Utilise existing guidance documents, such as the Serial Prescription Shared Care Agreement

SRx Driver Diagram

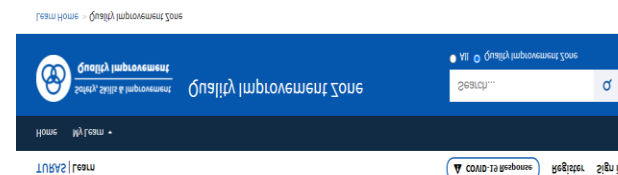


Process map

SRx Data Collection Template

Name of measure	Concept being measured and why it's important to look at this	Operational definition	Data collection	What type of chart will you use to show the data?
Specify type of measure (e.g. percentage / count / rate (e.g. time, volume) / days or cases between) and what are you measuring	What is the purpose of this measure? i.e. what questions do you want answered in relation to improvement?	Clear, precise definition of the measure and how it is calculated. Include numerator and denominator if it's a % or rate.	Who is collecting it? How often and when? Where is data coming from? What's the sampling method and sample size (if used)?	

Measurement plan



NES QI Zone e Learning

PDSA template

Next steps

Get in touch if you:

- Have a question
- Want to connect and learn from others
- Want to share your success
- Learn more about the Acute Prescription Learning Network work that is launching in January 2022



Email: his.pcpteam@nhs.scot

Visit us: ihub.scot/primary-care

How did we do and thank you

**Before you go, please
answer 4 questions.**

**Thank you for your time
and good luck!**

THANK YOU

