



Serial prescribing

A Toolkit for Serial Prescriptions

Digital Workshop Three (Setting up a Serial Prescription)
Thursday 9 December 2021



#pharmaL1

Welcome



Dr Graham Gauld
GP



Mark Easton
Pharmacist



Elouise Johnstone
Senior Improvement Advisor



Adeline Tan
Improvement Advisor



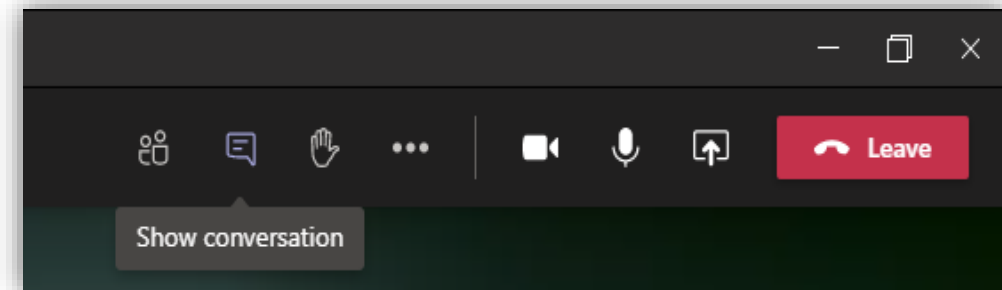
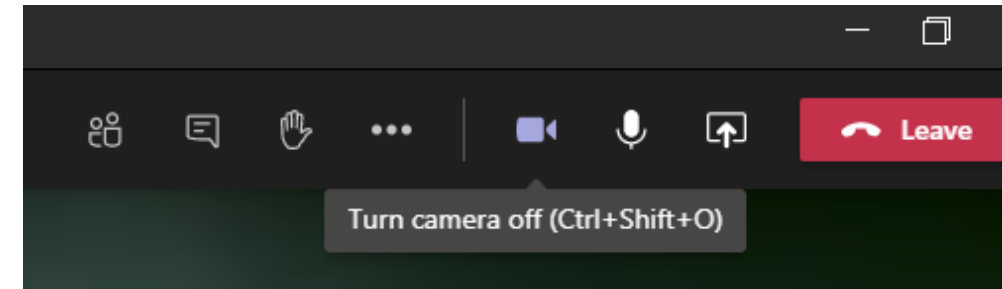
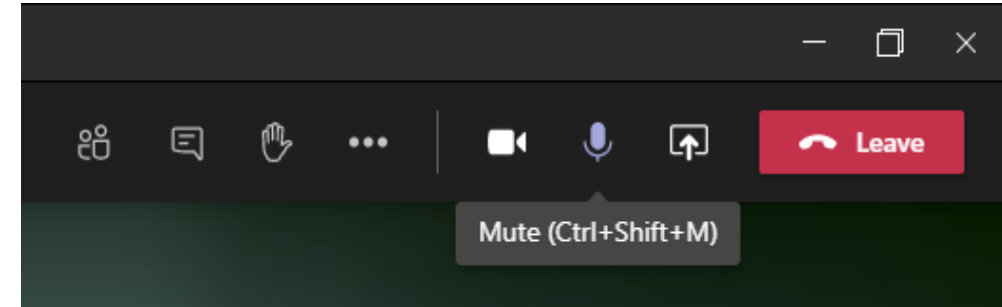
Patricia Simpson
Project Officer



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 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



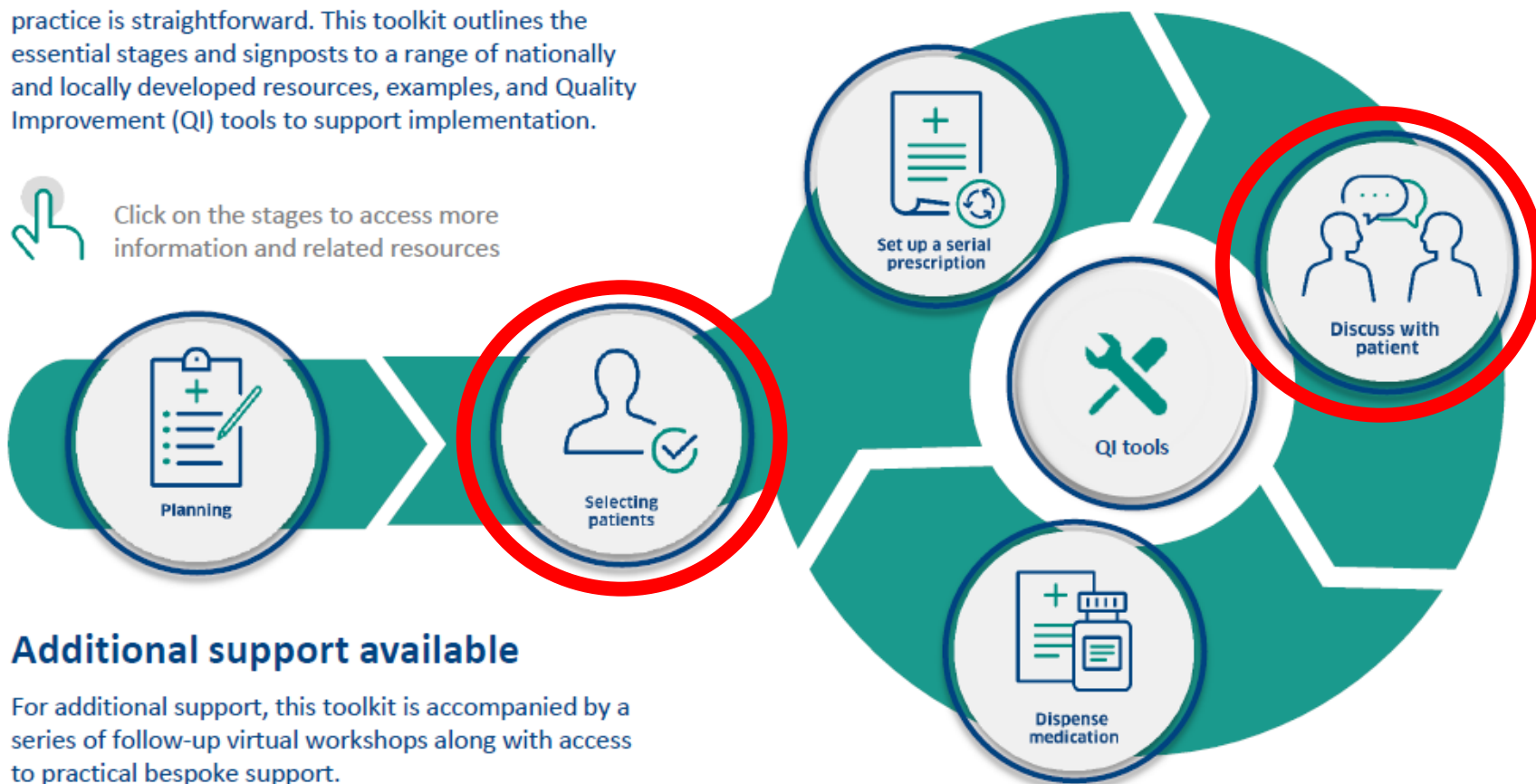
[The NHS Medicines: Care and Review service at your local pharmacy - gov.scot \(www.gov.scot\)](http://gov.scot)

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



Awareness

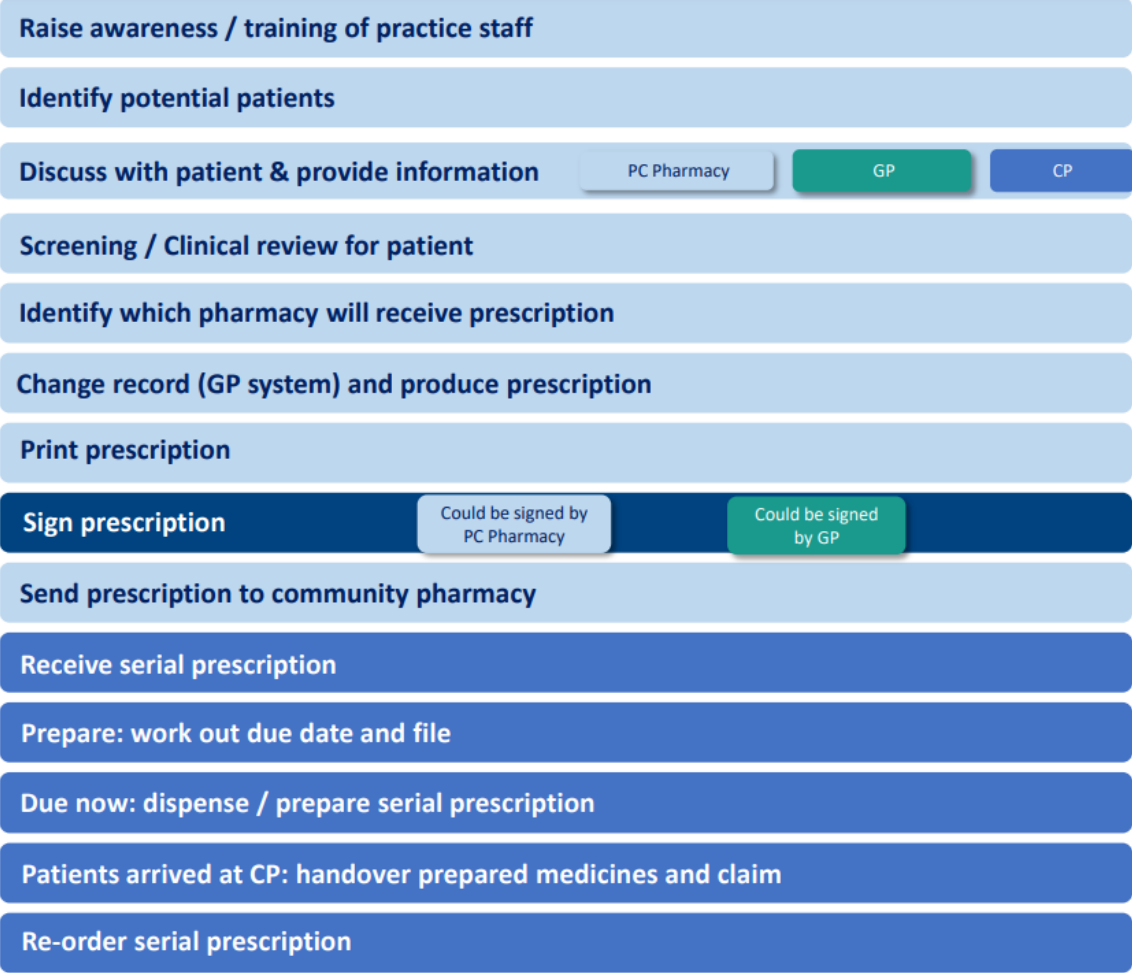
- promote the benefits



Journey of a serial prescription



Produced in partnership with NHS Greater Glasgow and Clyde



KEYNOTE:

Primary Care (PC) Pharmacy

GP

Community Pharmacy (CP)

Setting up a SRx



Change records

- transfer medicines onto an SRx
- SRx READ code - **66RE**



Prescribing Support Service

SR03: Switching a Repeat Prescription to an SRx in EMIS

Produced in partnership with NHS Greater Glasgow and Clyde

September 2021



Setting up a SRx



Change records

- transfer medicines onto an SRx



Prescribing Support Service



SR05: Producing a Serial Prescription in Vision

Produced in partnership with NHS Grampian and NHS Fife

September 2021



SR05 Producing an SRx in Vision



pause
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ask

Setting up a SRx



Serial prescribing

Change records

- transfer medicines onto an SRx



Good Practice Guidance for Prescribing Quantities

The following list provides suggested limits when prescribing 'as directed' or 'when required' items, based on the most common or maximum doses. Clinicians should review and adjust based on individual patient need and previous prescribing history. It has been calculated to show worked examples for items dispensed on a 56 week SRx with the quantities and dispensing frequency required.

Good practice statements:

"Full, clear administration directions help patients understand how to use their medications properly and aid compliance. The use of 'pm' and 'mdu' is no longer considered good practice and should not be used. Exceptions to this, perhaps where dosage is adjusted according to need, e.g. warfarin, should be explicitly stated in the practice policy."

'Saving time, helping patients - a good practice guide to quality repeat prescribing'
National Prescribing Centre, January 2004

"Dose and dose frequency should be stated; in the case of preparations to be taken 'as required' a minimum dose interval should be specified."

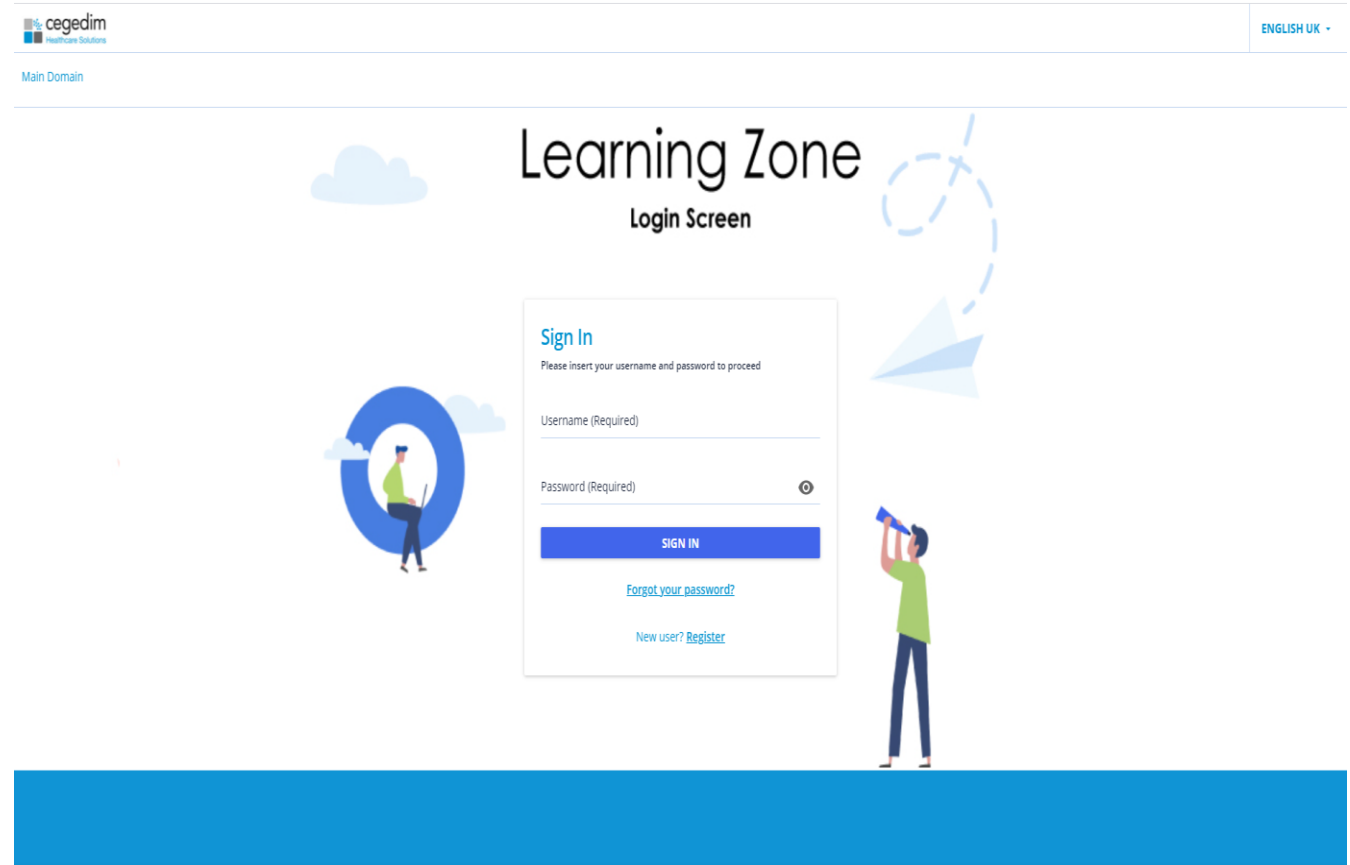
[Prescription Writing](#), British National Formulary



Medicine / Medicine Type	Strength / Dose / Detail (if applicable)	Approx quantity for 12 months	Suggested Limit in 12 months	Total quantity on SRx	56 wk frequency	Qty for GP to dispense
Indigestion Remedies e.g. Gaviscon [®] , Peptac [®]	Gaviscon [®] 80 x 100ml per day	81 x 500ml	Practically, this is likely to be equivalent to 1500ml/jar	7 bottles	8 weekly	1 x 500ml
	Peptac [®] 400ml per day	54 x 500ml		7 bottles	8 weekly	1 x 500ml
Laxatives e.g. lactulose, senna			Practically, this is likely to be equivalent to 1500ml/jar	7 bottles	8 weekly	1 x 500ml

Setting up a SRx

Change records

- transfer medicines onto an SRx





pause
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Setting up a SRx

Print and Sign SRx

- print and sign prescription to show the preferred community pharmacy



Serial Prescriptions (SRx) Shared Care Agreement

Date:

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.

GP practice Name		GP Practice Code	
Pharmacy Name(s)		Pharmacy Code(s)	
Practice Key Contacts <i>Shared mailboxes are best when using email.</i>			
Name	Role	Email	Telephone
Pharmacy(ies) Contact details			
Pharmacy Name	Shared mailbox	Telephone	

Version 2.2

August 2021

MCR Shared Care Agreement

Setting up a SRx



Print and Share SRx

- print and sign prescription to show the preferred community pharmacy



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 xx) 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

Discuss with patient

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

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



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.

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



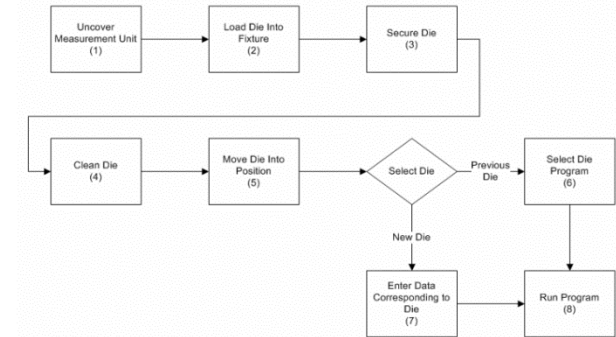
QI tools to support implementation



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 HES 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

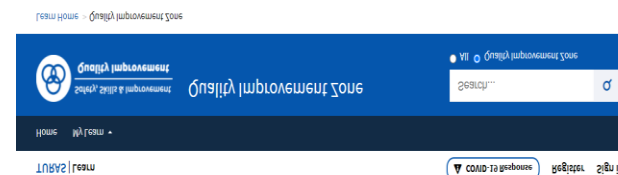


Process map

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

Plan Do Study Act (PDSA) Template

Aim (overall goal for this project)

Change Idea

PDSA objective Describe the objective for this PDSA cycle

Predict what will happen when the test is carried out

List the tasks needed to set up this test of change

Do Describe what happened when you ran the test

Study Describe the measured results and how they compared to the predictions

Act Describe what modifications in the plan will be made for the next cycle from what you learned

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

