Chronic Medication Service – Service Refresh Proposals

Situation

Pharmaceutical care provision of the Chronic Medication Service (CMS) continues to grow and develop with the registration of patients also steadily increasing. However, this had not been reflected in growth of serial prescribing and work has been undertaken over the past 2 years to identify reasons for this and to develop small tests of change to support this element of the service.

Currently, only patients who have registered in a community pharmacy for CMS are eligible for a serial prescription. Popular opinion within the community pharmacy population is that the two elements of the service are of benefit to two distinct and different patients groups.

Application of model for improvement methodology has enabled tests of change for different aspects of the service with a view to refreshing and relaunches a revitalised service in June 2018.

Background

CMS is a core element of the community pharmacy contract in Scotland. It aims to improve patient care through a systematic approach to the pharmaceutical care of patients with long term conditions. CMS formalises the role of community pharmacists in the management of patients with long term conditions by making better use of their skills and expertise to improve a patient's understanding of their medicines and to help to maximise the clinical outcomes from their therapy. It also provides a framework to support collaborative working between community pharmacists, patients and General Practitioners.

CMS involves three stages, the first two of which are pharmacy-led and the third is GP-led: stage 1 is registration which includes an initial assessment of the patient to determine if they would benefit from a tailored care plan; stage 2 is pharmaceutical care planning for patients requiring assistance with their medication which is supported by a web-based Pharmacy Care Record (PCR); and stage 3 is serial prescribing and dispensing where a GP can prescribe 24-, 48- or 56-week serial prescriptions.

Since its implementation in 2009, additional enhancements have been included within the PCR including tools to target high risk medicines and improve compliance with new medicines.

Serial prescribing and dispensing functionality commenced across Scotland in 2012 and is the therapeutic partnership element of CMS between a patient, their GP and their community pharmacist (CP). Patients registered for CMS are eligible for consideration for a serial prescription. GP practice staff members were encouraged to use the Registered Patient search functionality within their GP IT systems to enable identification of suitable patients and then migrate onto a serial prescription.

Initially, some GP practices embraced serial prescribing but moved large numbers of inappropriate or unsuitable patients onto a serial prescription. This led to difficulties in process management, dealing with medication changes and ultimately, discrepancies within the IT systems. Ongoing IT difficulties plagued the early adopters and caused a

lack of confidence in CMS, slowing progress and further implementation of serial prescriptions.

The current workforce challenges faced by General Practice provide an opportunity to consider how serial prescribing and dispensing can contribute to improving general practice workload, providing all patients with pharmaceutical care and demonstrating the important role that community pharmacy offers.

The introduction of the new General Medical Services (nGMS) contract on 1st April included the pharmacotherapy service and, specifically, serial prescribing as a mechanism for supporting the management of repeat prescriptions within the practice.

Areas for Change

1. Service Name – both pharmacy contractor and public/ patient opinion supported the need for a more appropriate name for the service. Surveys carried out in summer 2017 did not identify an overall favourite replacement though there were a large proportion of Pharmacy respondents who supported the option of having no name at all. On advice from the Pharmacy and Medicines Division, this would not be supported and was urged to seek an alternative solution.
2. Pharmacy Care Record – feedback from users of the PCR was that the original elements were difficult to use, the questions did not flow appropriately, answers were not intuitive and the newer tools were easier to use.
3. Provision of Pharmaceutical Care – pharmacists were completing the patient profile and risk assessment as this was tied to payment arrangements for CMS. However, further actions relating to opening/actioning/ closing of care issues was not as robust as the initial work.
4. Removal of registration flag for serial prescribing – this was considered as a separate test of change to target those patients who would be of most benefit for a serial prescription but were an unknown population as they tended to have minimal pharmaceutical care needs.
5. Standardisation of resources – the ePharmacy Facilitator group have been proactive in developing and sharing resources to support CMS. With the expected changes coming within the refresh, the group agreed to revise all documentation and standardise for NHS Scotland to allow a single message to be shared amongst patients, GPs and Community Pharmacy contractors. The NES Pharmacy packs that were developed for CMS will also require updating and revising once agreements have been made on all of the above.

Assessment

Service Name

There has been no overarching "winner" for the service name. Chronic Medication Service and its acronym, CMS, have negative connotations in the minds of Community Pharmacists, and occasionally, General Practice. There is a need to refresh the service, including a new name, to help with the integration and support the changes that are being made. Undergraduate students from University of Strathclyde have also submitted suggestions:

- PHAMR - PHARmacist Medication Review
- MCR - Medication Care and Review

- PAAM - Pharmacist Advice and Assessment of Medication
- MHR - Medication and Healthcare Review
- RALC - Review and Assessment of Long-term Conditions
- CPC - Continual pharmaceutical care

Other suggestions were not appropriate as the acronym was similar or same another Government body.

Pharmacy Care Record

The PCR has been revised to update the patient profile section with sections altered to reflect more relevance for community pharmacy care provision. There will also be an updated risk assessment. It would be hoped that community pharmacy contractors would continue to complete a PCR profile and risk assessment for all patients accessing the service and this could be used to identify patients suitable for serial prescriptions and minimal pharmaceutical care.

The PCR will be further developed to include a Level 1 review, care assessment and then a separate medication review tool to complement the new Polypharmacy guidance later in 2018. It should be noted that the Level 1 review was designed to be technician led, but at the moment, this will not be accessible to this group.

Pharmaceutical Care Planning

There may be some incentive remuneration required in discussion with Community Pharmacy Scotland to encourage contractors to utilise the care planning element of the PCR. The changes associated with the PCR as part of the work above, have included an easier way to close an open or outstanding care issue. This will then allow the pharmacist to focus on the relevant, more recent care issues and hopefully promote a more methodical completion approach.

Development of the medication review tool will be completed for PCR V13b launch in the autumn and will be included the Level 1 review.

Removal of Registration Flag for Serial Prescriptions

The removal of the flag from the GP IT systems has already been agreed and work is underway to progress this. InPS (Vision) are almost ready to deliver the changes, depending on instruction from ePharmacy team as to a suitable timescale. EMIS had inadvertently removed the flag as part of previous enhancement work and are currently rectifying this error before undertaking this new piece of work.

It is proposed that the removal of the flags for both systems could be delivered in line with the full service refresh and be within the first quarter of the new GMS contract, supported by appropriate communication and resources to all stakeholders.

Standardisation of Resources

Work is progressing with the national ePharmacy facilitator group though some elements have stalled. This is namely the supporting materials and guides relating to the new processes for serial prescriptions and the removal of the registration flag within EMIS and InPS. In identifying screen shots etc to help build the guides. This work will be completed as soon as a test system is available to allow for the development of the guides.

Other work

Discussions have commenced with NHS Highland to test the concept of using serial prescribing within a care home setting. If successful, this type of approach could be tested in conjunction with a review of patients with complex needs, including those who require medication support using a multi-compartment aid.

Work has also begun to assess both electronic and practical aspects, to improve the cancellation and "not dispensed" processes. Whilst it would be highly desirable to have this completed for the service refresh, this may be a little optimistic depending on the solutions available.

There is still the opportunity to further develop the Shared PCR approach which was piloted in three Board areas and is continues within NHS Forth Valley. Aspects of the PCR patient profile have remained in the revised layout with this aspect of work still a possibility for the future.

Recommendations

It is proposed that in June, there is a full refresh launch of the service – date to be agreed – and could comprise of:

1. Chronic Medication Service (CMS) becomes Medication: Care and Review (MCR), comprising of:

   o Pharmaceutical Care where patients have access to expert medicines review and healthcare assessment of long-term conditions and
   o Serial Prescriptions remains but could be abbreviated to SRx.

2. Pharmacy Care Record version 13a release to include updated patient profile, risk assessment and care assessment. Version 13b will include Level 1 review and medication review tool.

3. Removal of the registration flag from both GP IT systems and could allow a formal link into the Pharmacotherapy Service.

4. Revised remuneration model for community pharmacy contractors reflecting on the change of workload from registration to delivery of a care package for patients with long term conditions – either as a pharmaceutical care package or provision of serial prescriptions.

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