



19 July 2010

Dear Colleague

CHRONIC MEDICATION SERVICE (CMS) – NES PHARMACY / SCIMP INFORMATION FOR GPs

I am writing with information for GPs about the Chronic Medication Service (CMS).

CMS aims to improve the care of patients by formalising the contribution of pharmacists to the management of patients with long term conditions. It has been developed over a number of years as one strand of our collective efforts to assist in improving patients' understanding of their medicines, address problems with compliance and side effects and optimise the clinical benefits from their therapy.

CMS offers a number of benefits to patients, GP practices and community pharmacists. For example, one element of CMS will be serial prescribing and dispensing which enables a GP to write a single serial prescription for 24- or 48-weeks which is then dispensed by the pharmacist at regular intervals. Evidence from a pilot scheme in NHS Grampian¹ - as have pilots from other parts of the UK² - has demonstrated that this can improve appropriate access to repeat prescriptions and reduce the administrative burden of repeat prescribing workload in the GP practice³. In addition, a generic protocol will underpin CMS serial prescriptions which will support consistency of practice and reinforcement of key messages to aid the safe and effective use of prescribed medicines.

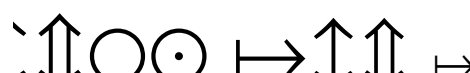
We are aware that many GPs know relatively little about this new service. NES Pharmacy and SCIMP have therefore worked together to develop a CMS information resource for GPs which is enclosed with this letter. Further copies are available from:

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89 Hydepark St
Glasgow G3 8BW
Telephone - 0141 223 1600
e mail-pharmacy@nes.scot.nhs.uk

¹ Bond C, Matheson C, Williams S, Williams P, Donnan P. *Repeat Prescribing: a role for community pharmacists in controlling and monitoring repeat prescriptions*. British Journal of General Practice. April 2000. Volume 50, pages 271-275.

² Hughes CM, Varma S, McElnay JC, Mahwhinney DC, MacAuley C, Fitzpatrick K et al. Repeat dispensing: the potential for improving drug utilisation and reduced costs. Pharm J 2000;269:20-4.

³ Making a difference: reducing burdens on general practitioners (GPs) – Second Report. Department of Health; Cabinet Office. 2002



A more detailed Practice Manager Guidance document will be sent directly to practices shortly. Further training will also be available from each GP IT system supplier and/or NHS Board and via the SCIMP web site.

As a precursor to national roll out of CMS, and, in order to ensure that the guiding principles outlined in Professor Ritchie's report, *Establishing Effective Therapeutic Partnerships*, are addressed, we are starting with a CMS implementation phase. This phase will allow community pharmacists to initially register and provide CMS to 50 patients per pharmacy. From September, it is envisaged that GP practices will start to receive electronic CMS notification messages for their patients who have registered for CMS which will trigger a flag in the patient's record indicating that the patient is CMS registered and detailing the contact details of the pharmacy where they have registered.

At this stage if a GP feels the patient is suitable for serial prescribing and dispensing they can mark the patient record and make arrangements to discuss this option with the patient. The initial cohort of 50 patients per pharmacy means that practices will find that numbers initially will be small. Over and above, a number of NHS Boards are in the process of moving from GPASS to a replacement GP IT system between now and the end of March 2012 and this may impact on the initial availability of serial prescribing functionality for some practices.

GP practices are only able to generate serial prescriptions for patients who have registered for CMS at a pharmacy. Also, in the initial stage only people with age related or medical exemptions will be eligible for serial prescriptions. The responsibility for authorising the issue of serial prescriptions lies with the GP. The electronic CMS registration notification message received at the GP practice is not an automatic trigger that an immediate move to serial prescribing would be appropriate.

There will also be a process of monitoring and resolution of any issues that arise during the implementation phase, overseen by a national CMS Reference Group, with GP involvement.

I would like to take this opportunity to encourage you to take part in this phase and to assist us in ensuring that, going forward, CMS realises its potential to be of real benefit to the many patients in Scotland with long term conditions.

If you have any questions about CMS, I suggest that you contact Alison Strath (alison.strath@scotland.gsi.gov.uk).

Yours sincerely

Frank Strang
Deputy Director Primary Care Division