The Chronic Medication Service (CMS) is one of four elements of the NHS Community Pharmacy Contract in Scotland. It is based on the framework contained in the report *Establishing Effective Therapeutic Partnerships* from a Scottish Government working group chaired by Professor Lewis Ritchie.

For practical purposes there are two elements to consider as part of CMS, the **clinical element** and the **repeat prescribing and dispensing element**.

The last year or so has been spent testing and refining the web based interface called the Pharmacy Care Record, which is essential to underpin the recording of pharmaceutical care plans.

Ayrshire and Arran have 7 “early implementer” GP sites with 17 associated community pharmacies, testing the robustness of the IT that underpins the serial prescribing and dispensing element of CMS.

For the clinical element of CMS, two government circulars have recently been sent to community pharmacists, outlining contractual information on the development of CMS, which includes support tools for **High Risk Medicines** (currently Lithium and Methotrexate) as a patient safety initiative within CMS, and also a **New Medicines Intervention Support**, the aim of which is to increase patient adherence to new medicines prescribed to treat long term conditions.

Scottish Government has also indicated that the facility for serial prescribing and dispensing element of CMS, currently under test at early implementer sites, should be offered out to all GP practices and Community Pharmacies, wishing to participate, by December 2013.

Currently NHS Ayrshire and Arran has over 19,000 patients registered for CMS, and from the 7 early implementer sites, we have 134 patients receiving CMS serial prescriptions and 744 prescriptions produced.
Background

Clinical Elements of CMS

The Chronic Medication Service (CMS) is based on the framework contained in the report *Establishing Effective Therapeutic Partnerships* from a Scottish Government working group chaired by Professor Lewis Ritchie. The pharmaceutical element of the clinical care of the patient will only work with effective partnerships with GPs.

The Chronic Medication Service will allow pharmacists to undertake a more clinical role in supporting patients to get maximum benefit from their prescribed medicines. Some of the remuneration associated with dispensing is gradually being redistributed to cover care under CMS.

Pharmacists are already registering patients for the service and assessing patients understanding of their conditions and their medication to treat this. Where any issues are found pharmacists record these on a web-based Patient Care Record (PCR). Once recorded these issues will be addressed over time.

Two new assessment support tools that pharmacists can use to record this clinical element are:

The **High Risk Medicine Support Tool**, sited within the PCR, targets medicines with a narrow therapeutic index (initially Methotrexate and Lithium). A series of structured interventions based on the National Patient Safety Agency alerts will be undertaken by community pharmacists. These interventions are also linked to the Scottish Patient Safety in Primary Care programme. It is understood other medicines will follow.

**New Medicine Intervention Support Tool**, sited within the PCR, is a quality initiative aimed at increasing patient adherence to new medicines prescribed to treat long term conditions. Between 30% and 50% of medicines are not taken as prescribed. Intervention by a pharmacist when a medicine is newly prescribed, with repeated follow up, has been shown to increase adherence.

Repeat Prescribing and Dispensing Roll Out

NHS Ayrshire & Arran has 7 GP Practices and 17 associated community pharmacies participating as early adopters in the serial prescribing and dispensing trial. 134 patients of these GP practices, who are registered for CMS at the community pharmacy and after consultation between the GP and community pharmacist, have been issued with serial prescriptions, covering 744 prescription items. These items will be for 24 or 48 weeks with a repeat being issued to the patient by the pharmacy every 4 or 8 weeks without the need for the patient to attend the GP practice for a GP10. 4432 supplies have been made in such a way. When the serial prescription has had all supplies made from it the patient will return to the GP for a new script.
Scottish Government has now instructed all Health Boards to make this functionality available to all GP practices and community pharmacies, by the end of 2013.

The timescale planned for Ayrshire and Arran is:

- November 2012- January 2013 = awareness raising phase
- January 2013- March 2013 = communication to GPs; planning of roll-out and associated training for GPs and community pharmacists
- April/June 2013- Sept/Dec 2013 = roll-out with training and support.

### Assessment

The specific contribution of Community Pharmacy, noted in *Establishing Effective Therapeutic Partnerships*, are medicine related: safety, efficacy, side effects, drug related problems, improving compliance, achieving better concordance, identifying markers of poor control, using symptom specific triggers to prompt referrals, and providing high quality patient information/education.

In order that the potential of CMS to secure enhanced patient care and professional collaborative working are realised, the following must be in place:

- Support of community pharmacies and GP practices
- Patient information
- IT support
- Clinical governance
- Good communication between healthcare professionals and also with patients

One of the key drivers in the provision of the two elements of CMS will be changing the contractual payments for service provision. In the main this will be the movement of some of the current transitional funding to CMS.

CMS is currently in very early stages of development. CMS will be carefully rolled out, ensuring robust and secure IT is in place as well as appropriate tools on the PCR. As this happens, CMS will be able to play an important part in various other initiatives. Potential developmental workstreams could include links to:

- **Anticipatory Care Planning** work- as CMS is developed alongside further IT modifications such as secure clinical mailboxes, potentially copies of the pharmaceutical care plans can be e-mailed to other healthcare professionals and can be integrated into the patient’s ACP.
- **Palliative Care**- as patients with LTCs move towards End Of Life, CMS will allow ongoing pharmaceutical care to be provided and recorded, with the Community Pharmacist becoming recognised as part of the community palliative care team.
- **SPARRA**- there is work ongoing at a national level to develop an IT functionality that would flag up patients on the GP practice SPARRA list, on the Pharmacy PCR tool. This would allow Community
### Recommendation

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<th>Pharmacists to effectively target such patients under CMS.</th>
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The group notes the development in NHS Ayrshire and Arran of the Chronic Medication Service part of the Community Pharmacy contract, and also the potential for community pharmacists to be intrinsically involved in programmes such as the Scottish Patient Safety in Primary Care programme and the Polypharmacy Review, as well as ensuring that the patient gets optimal benefit from prescribed medicines.