

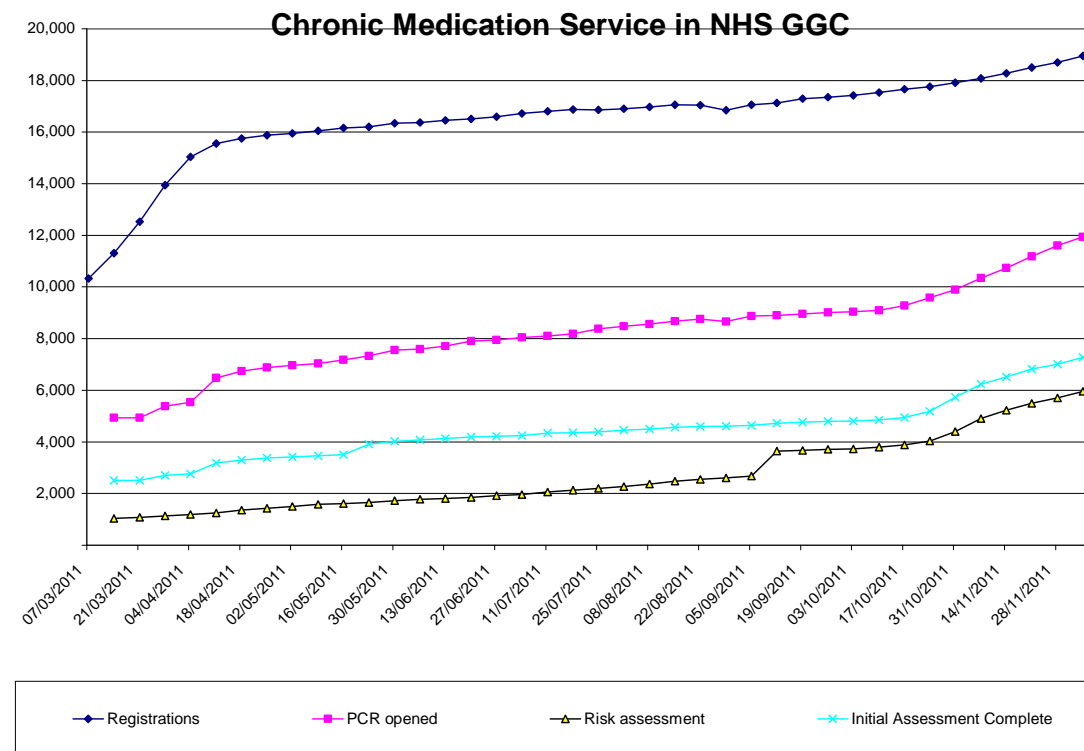
Issue CMS, January 2012 Produced by NHS Greater Glasgow and Clyde Community Pharmacy Development Team

Post Script Community Pharmacy – CMS special!

Implementation of the Chronic Medication Service (CMS) continues to progress across Scotland and NHS Greater Glasgow and Clyde. As of 5/12/2011, figures for the service are:

	Registrations	PCR opened	PCR with Completed Initial Assessments	Risk Assessments
NHSGGC ave	60	38	23	19
Scotland ave	70	42	28	22

It is encouraging to see that the trend for use of the PCR is increasing each week. Payment is now partly based upon the numbers of patients registered with completed initial assessments.



PCR Passwords

Pharmacists should check that they have a functional PCR password and that they can associate to the system before they attempt to login to the PCR. Passwords need to be reset regularly but the system will prompt you to do this.

In the event of your password not working, or you have forgotten it, please contact the ePharmacy Help Desk to have it reset. (You can also use the functionality within the PCR to reset your password if you have forgotten it by setting up a security question within the Manage Profile tab along the top)

Remember that you need to associate on the Master PMR but can login and access the PCR from any PMR or N3 connected laptop in the pharmacy.

Sharing of good practice

Those pharmacists who have embraced CMS report that the easiest way to manage the service and their time is to collect as much information for the initial assessment as they can at the point of registration.

Whilst CMS is a paper-lite service, many are utilising the paper version of the assessment and annotating the patient's response before completing the PCR online at a later time.

In addition, when you read the questions involved in the patient assessment, there are only four or five questions that the patient must be specifically asked e.g. Do they suffer from any side effects? Do they understand what their medication is for? The remaining questions can be answered by the pharmacist e.g. Is the patient taking a black triangle drug? Is there a duplication of medication?

Start to think about how and when you can ask the patient these questions in such a way that it is part of a "normal" or "routine" conversation as opposed to working through a checklist of questions.

Think about how you can incorporate these tips into your practice to ensure that all of your registered patients have a completed assessment by the end of March.

Risk assessment

Within NMSGC, we are encouraging pharmacists to complete both elements of the patient assessment before assigning a care priority and ticking the completed box. By completing the 15 risk assessment questions (part 2 on the PCR), the pharmacist will gain sufficient information to make an informed clinical and professional decision about the care priority for the patient.

Remember to ensure that you go back to the patient profile and tick the initial assessment completed box, as this is what will be monitored in relation to payment.

Pharmacy Care Record Application - Microsoft Internet Explorer

Address: <http://164.134.84.144/pcr/PersistPatientProfile.aspx?patientProfileRid=2008&patientRid=1588&action=Edit>

Visual Impairment Yes No Not Applicable Not Recorded larger labels required

Patient Factors : Organ function

Hepatic function: Yes No Not Applicable Not Recorded

Renal function: Yes No Not Applicable Not Recorded

Lung function: Yes No Not Applicable Not Recorded

Immune status: Yes No Not Applicable Not Recorded

Patient Factors : Maternal

Pregnant: Yes No Not Applicable Not Recorded

Breast Feeding: Yes No Not Applicable Not Recorded

Pharmaceutical Care Plan Priority

PCP Priority: Medium Priority

Initial assessment complete:

Initial assessment completed: 06-Dec-2011 14:28 by GGC2

Save Cancel

Patient Report for Initial Assessment

At the moment, there is no search function within the PCR to identify patients who have a PCR but have not had a completed assessment. In the interim, it is suggested that pharmacists use one of the PCR reports to help with this.

Step 1 – click on report

Step 2 – click on “patient report for associated pharmacy”

Step 3 – you can set specific criteria, but for the purposes of this report it is advisable to leave them blank to capture all patients

Step 4 – view the report to see those patients who have a PCP priority marked as “not recorded” and no date within the “latest risk assessment” column. These patients will probably require an initial assessment.

Step 5—Click view on far right to access individual patients’ PCR

The screenshot shows the Pharmacy Care Record Application in Microsoft Internet Explorer. The page title is "Pharmacy Care Record" and the NHS Scotland logo is visible. The user is logged in as "GCG2 - Elaine Ward" at pharmacy "9802 - GGC2". The page displays search criteria for a patient report:

- PCR creation date, from: [] to [] (e.g. 01-05-2010 for the 1st of May 2010)
- PCP Priority: All
- Care Issues Recorded: All

A "Generate Report" button is located to the right of the criteria. Below the criteria is a report table with the following columns: Family name, Given name, CHI, Created on, PCP Priority, Modified on, Number of care issues, and Latest care risk assessment. The table currently shows "No records to display." A callout box with arrows pointing to the "Number of care issues" and "Latest care risk assessment" columns contains the text: "Columns that indicate if an assessment has been done as above".

Update on Serial Prescriptions

Contrary to popular myth, there are serial CMS prescriptions in use within the Board. In fact, four pharmacies and five GP practices have produced over 600 items and are now working through the second 24 week supply.

The Board are currently in discussion with the APCC to develop a plan to roll out serial scripts to other community pharmacies, ahead of a wider roll out in early 2012. Early indications are that there is an intention to ensure that all GP practices and community pharmacies are prescribing and dispensing serial prescriptions by March 2013 but this is subject to national discussion. NHSGGC are working to ensure that a full Board roll-out is carried out in a planned/ phased approach to enable us to support GP practices and community pharmacies as much as we can.

Electronic Scanning and Endorsement Claims (Quality & Efficiency element)

This component of NHS Circular (PCA)(P)(2011)11 pays community pharmacy staff to scan and electronically claim at least 80% of their eligible scripts. This has been included for a few reasons but, in relation to CMS, it helps to encourage and build electronic processing of scripts into daily dispensing habits. Serial prescriptions must be scanned and claimed electronically, so if dispensing staff are used to scanning and claiming in this way, the transition into serial prescriptions will be easier.

Care Planning

Don't forget about this important part!! If the pharmacist identifies any care issues as part of the initial assessment, it is important that this is taken forward and recorded within the care plan element of the PCR.

Several resources have been developed during the year to support this part of CMS. Copies of the generic care plans, aide memoires and training material are available on the CPDT intranet site, or have been emailed to the multiple store accounts.

In addition, two new PCR tools have been developed to help community pharmacists. The first, High Risk Drugs, is expected to go live within the PCR during January 2012 and will provide a framework to support patients who take lithium or methotrexate. The second tool, New Medication Initiative Services, is expected to be ready in April 2012.

Training nights continue to be held each month to provide pharmacists with initial clinical overviews for certain conditions:

12th January – Chronic Pain

9th February – Parkinson Disease

14th March – joint event with NES for Osteoporosis (see NES for details of time/venue)*

22nd March – Mental Health

With the exception of the NES event, all the CMS GGC events will be held at the Campanile Hotel, 7pm – 8.45pm. Details will be sent out nearer the time.

* Check NES portal for booking and event details <https://www.portal.scot.nhs.uk/>

Reporting on Progress

The Board will attempt to send out monthly report with progress of each pharmacy's CMS figures in relation to registration, number of PCRs opened, and the assessments completed. Whilst the risk assessment figure is not being used for payment purposes, it will be included for demonstration purposes as some pharmacists have completed the risk assessments, but not ticked the initial assessment box.

Further information and support on individual contractor's progress for CMS and the QEP payments are available from Community Pharmacy Scotland.

Contacts

If you require any help or support with implementation of CMS please contact the relevant people below:

Elaine Paton	Development Pharmacist, CPDT	0141 201 5427 Elaine.paton@ggc.scot.nhs.uk
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Rowen Paton	ePharmacy Facilitator	0141 843 2717 Rowen.paton@ggc.scot.nhs.uk

Or one of the Pharmacy Champions:

CHP	Lead Community Pharmacist	Pharmacy Champion
East Dunbartonshire including N Lanarkshire	Iain MacDonald	Ross Ferguson
East Renfrewshire	Elizabeth Roddick	Elizabeth Roddick
North East Sector	David Henry	Joan Miller Douglas Miller
South Sector	Tom Cunningham	Sandra Watson Alexandra McMillan
North West Sector	Garry Scott	Garry Scott Niral Nathwani
Inverclyde	Nisith Nathwani	Sandra Reynolds
Renfrewshire	Dorothy Gillespie	Dorothy Gillespie
South Lanarkshire	Alasdair Macintyre	Alasdair Macintyre
West Dunbartonshire	Mark Dickinson	Mark Dickinson

