Chief Medical Officer Directorate
Pharmacy and Medicines Division

Scottish Government
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Addresses

For action

Chief Executives, NHS Boards
Directors of Pharmacy
Director of Practitioner Service, NHS NSS

For information

Chief Executive, NHS NSS

Enquiries to:

Pharmacy Team
1st Floor East Rear
St Andrew's House
EDINBURGH
EH1 3DG

Email:
PharmacyTeam@gov.scot

www.gov.scot

Dear Colleague

ADDITIONAL PHARMACEUTICAL SERVICES MEDICINES: CARE AND REVIEW SERVICE – DIRECTIONS AND SERVICE SPECIFICATION

Purpose

1. This Circular encloses Directions and a service specification for the Medicines: Care and Review service.

Background

2. The Scottish Government's *Programme for Government 2018/19* included the commitment:-

- We are also strengthening and refreshing the Chronic Medication Service in order [to] improve how it enables community pharmacists to provide personalised care for people with stable long-term conditions. In the coming months we will say more about how the shape of this service will be enhanced by building in medication review, pharmacist prescribing and monitoring of patient medicines.

2. The intention is to make some key improvements to how the existing Chronic Medication Service (CMS) service operates and rename it the Medicines: Care and Review Service.

3. NHS Circular PCA(P)(2011)8, issued on 16 May 2011, enclosed the Health Board Additional Pharmaceutical Services (Chronic Medication Service) (Scotland) Directions 2011 ("2011 Directions") which revoked and replaced the Health Board Additional Pharmaceutical Services (Chronic Medication Service) (Scotland) Directions 2010 issued by NHS Circular PCA (P)(2010)10. The 2011 Directions will be revoked and replaced by the new Health Board Additional Pharmaceutical Services

(Medicines: Care and Review Service) (Scotland) Directions 2021 ("MCR Directions") attached at **Annex A**, which come into force on **12 February 2021**.

Detail

4. The Directions provide the legal framework for the provision and operation of the Medicines: Care and Review service, which will be further developed over the coming years. The Service Specification sets out guidance on how the service should be provided by community pharmacy contractors. Both documents should be read in conjunction with this circular, the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183, the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2020/420 and the NES training resources as detailed below in paragraphs 9 and 10.

Key changes

5. A summary of the key changes to the service is as follows:

- Change of name from chronic medication services to Medicines: Care and Review Service.
- Addition of care home residents as eligible for MCR (roll out will be on a Board by Board basis and further information on this will follow).
- New definition of 'serial prescriber' in the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 to include pharmacist independent prescribers and independent nurse prescribers, excluding supplementary prescribers, in addition to GPs.
- Amended definition of 'serial prescription' in the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 to remove the requirement that the patient must first be registered for CMS before the serial prescriber can issue a serial prescription.
- A new requirement in the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 that a pharmacy contractor must not supply items ordered on a serial prescription unless the patient is registered for MCR.
- Additional duration period for serial prescriptions – they can be written for a duration of 24, 48 or 56 weeks.
- Improved 'Stage 1' PCR tool and a new 'Stage 3' PCR tool to support development of the initial pharmaceutical assessment and subsequent annual pharmaceutical assessments.
- The MCR Directions will come into force on 12 February 2021.

Patients registered for CMS

6. Patients who are registered for CMS as at 11 February 2021 will continue to be registered for MCR when the MCR Directions come into force on 12 February 2021. There should be no disruption or change to the service for those patients but pharmacy contractors will wish to inform patients that the service has been renamed. Any serial prescriptions already in place should continue to be dispensed as originally intended.

Publicity information

7. A leaflet on the Medicines: Care and Review service has been developed for members of the public. Hard copies were distributed to every community pharmacy alongside NHS Pharmacy First Scotland leaflets in 2020. Those leaflets can still be used however, pharmacy teams should be aware they state that care home residents are not eligible for MCR when that they are in fact eligible. A corrected version of the leaflet will be available online from 12th February at www.gov.scot/isbn/9781839604423

8. Additional copies of the leaflet can be ordered by sending an email to: stockorders.DPPAS@apsgroup.co.uk Translated versions of the leaflet in Arabic, Bengali, Cantonese, Gaelic, Mandarin, Polish, Punjabi, Romanian, Slovak and Urdu will also be available online from 12th February at www.gov.scot/isbn/9781839604423

9. A poster will shortly be distributed/ mailed to every community pharmacy. This poster will be used in the Public Health Service (PHS) campaign starting on 1 March 2021. Once this campaign has ended, the poster should be retained for future use.

Training

10. Community pharmacy teams are expected to complete the e-learning module for the Medicines: Care and Review service. The February and March 2021 Quality Service Development payments to community pharmacy contractors are intended as a contribution towards training costs for MCR.

11. A revised MCR e-learning module as well as a Serial Prescribing Toolkit and a Serial Prescribing Quick Reference Guide are now available on the NES TURAS Learn website at https://learn.nes.nhs.scot/12539/pharmacy/cpd-resources/medicines-care-and-review. Pharmacy team members should register for a TURAS account to access the modules.

Funding arrangements and payments

12. It is intended that payments for MCR from 12 February 2021 will initially be based on the existing CMS monthly capitation payments. However, a new payment model will be developed during the 2021/22 financial year. Further information on this will follow.

13. Community Pharmacy Scotland has been consulted on the contents of this Circular and the Scottish Drug Tariff is being amended.

Action

Health Boards are asked to note the contents of this Circular and to bring it to the attention of community pharmacy contractors on their Pharmaceutical Lists, GPs, Health and Social Care Partnerships and Area Pharmaceutical Committees.

Yours sincerely

Alison Strath
Interim Chief Pharmaceutical Officer
Pharmacy & Medicines Division

ANNEX A

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MEDICINES: CARE AND REVIEW SERVICE) (SCOTLAND) DIRECTIONS 2021

The Scottish Ministers in exercise of the powers conferred by sections 2(5), 27A, 27B and 105(6) and (7) of the National Health Service (Scotland) Act 1978[1], and all other powers enabling them to do so, give the following Directions.

1. **Citation and commencement**

1.1. These Directions may be cited as the Health Board Additional Pharmaceutical Services (Medicines: Care and Review Service) (Scotland) Directions 2021 and come into force on 12 February 2021.

2. **Interpretation**

2.1. In these Directions, unless the context otherwise requires—

"the Act" means the National Health Service (Scotland) Act 1978[2],

"the 2009 Regulations" means the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009[3],

"the 2011 Regulations" means the National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011[4],

"the 2011 Directions" means the Health Board Additional Pharmaceutical Services (Chronic Medication Service) (Scotland) Directions 2011[5],

"the Agency" means the Common Services Agency for the Scottish Health Service constituted under section 10 of the 1978 Act[6],

"Chronic Medication Service" has the meaning provided in paragraph 3 of the 2011 Directions,

"controlled drug" has the meaning provided in section 2(1) of the Misuse of Drugs Act 1971[7],

"Drug Tariff" has the meaning provided in regulation 12 of the 2009 Regulations,

"eligible person" means a person who at the time of initial registration for MCR, and at the time of any subsequent MCR provision is—

[1] 1978 c.29. Section 2(5) was amended by the National Health Service and Community Care Act 1990 (c.19), section 66(1) and schedule 9, paragraph 19(1); section 27A was inserted by the National Health Service (Primary Care) Act 1997 (c.46) ("the 1997 Act"), section 27(2); section 27B was inserted by the 1997 Act, section 28(2); and section 105(7) was amended by the Health Services Act 1980 (c.53), section 25(3) and schedule 6, paragraph 5(1) and schedule 7, the Health and Social Services and Social Security Adjudications Act 1983 (c.41), section 29(1) and schedule 9, Part I, paragraph 24 and the Health Act 1999 (c.8), section 65 and schedule 4, paragraph 60. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).
[2] 1978 c.29.
[3] S.S.I. 2009/183 amended by S.I. 2010/231, S.I. 2012/1916, S.I. 2013/235, S.I. 2013/2042, S.I. 2015/968, S.I. 2019/593 and S.I. 2019/1094 and S.S.I 2009/209, S.S.I. 2010/128, S.S.I. 2011/32, S.S.I. 2011/55, S.S.I. 2012/36, S.S.I. 2013/235, S.S.I. 2014/73, S.S.I. 2014/148, S.S.I. 2015/968, S.S.I. 2016/393, S.S.I. 2018/66, S.S.I. 2018/67, S.S.I. 2018/68, S.S.I. 2019/284 and S.S.I. 2020/420.
[4] S.S.I. 2011/55 amended by S.S.I. 2015/160, S.S.I. 2018/66, S.S.I. 2018/67 and S.S.I. 2020/258.
[5] PCA (P)(2011) 8.
[6] 1978 c.29. Section 10 was amended by the Health Services Act 1980 (c.53), schedule 6, paragraph 2, the National Health Service and Community Care Act 1990 (c.19) section 66(2) and schedule 10, paragraph 1, the Health Act 1999 (c.8), section 65(1) and schedule 4, paragraph 44, the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), schedule 2, paragraph 2(4) and the Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), section 63(2).
[7] 1971 c.38. Section 2 was amended by the Police Reform and Social Responsibility Act 2011 (c.13), schedule 17, paragraph 2.

(a) registered on a permanent basis with a GP practice in Scotland, and

(b) has a long-term condition for which they receive treatment with drugs, medicines or listed appliances,

"end of care treatment summary" means an electronic report which is sent to the eligible person's GP practice where a serial prescriber has issued a serial prescription and which provides—

(a) a summary of the dispensing episodes of the prescribed drugs, medicines or listed appliances to the eligible person during the specified time period, and

(b) any relevant information related to the care provided to the eligible person,

"GP practice" means a provider of primary medical services under the Act,

"long-term condition" means an illness, disease or health condition that requires ongoing management over a period of a year or longer,

"Medicines: Care and Review Service" or "MCR" has the meaning provided in paragraph 3,

"MCR stationery" means paper or electronic forms approved by the Scottish Ministers on which:

(a) the details of an eligible person registered for MCR are recorded, and

(b) the details of an end of care treatment summary are recorded,

"MCR provider" means a person with whom a Health Board has made arrangements for the provision of MCR as described in paragraph 5.1,

"NHS Near Me" means the NHS Near Me secure video consulting service[8],

"patient record" means an electronic record maintained for each recipient of MCR in accordance with paragraphs 1 and 2 of schedule 2,

"PCFS" means the Practitioner and Counter Fraud Services business unit of the Agency,

"pharmaceutical assessment" is a review of an eligible person's pharmaceutical care issues conducted—

(a) in person,

(b) by telephone, or

(c) by NHS Near Me consultation,

by a pharmacist in pharmacy premises under MCR,

"pharmaceutical care" means the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the eligible person's quality of life,

"pharmaceutical care plan" is a plan which documents any pharmaceutical care issues, desired outcomes, proposed pharmaceutical actions and any monitoring and follow up requirements identified as part of a pharmaceutical assessment,

[8] https://www.nearme.scot/.

"pharmacist" means a person who is registered as a pharmacist in Part 1 or 4 of the register maintained under article 19 of the Pharmacy Order 2010[9] or the register maintained in pursuance of articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976[10],
"pharmacy premises" means the premises included on the pharmaceutical list maintained by the Health Board in terms of regulation 5 of the 2009 Regulations[11] from which the MCR provider provides pharmaceutical services,

"prison" means—

(a) a prison within the meaning of section 43 of the Prisons (Scotland) Act 1989[12],

(b) a remand centre within the meaning of section 19(1)(a) of that Act , or

(c) a young offenders institution within the meaning of section 19(1)(b) of that Act[13],

"registration" means registration for MCR in terms of paragraphs 1 to 5 of schedule 2, and "registered" shall be construed accordingly,

"serial prescriber" has the meaning given by paragraph 4(2) of schedule 1 of the 2009 Regulations[14],

"serial prescription" has the meaning given by paragraph 4(2) of schedule 1 of the 2009 Regulations[15], and

"Yellow Card reporting mechanism" means an arrangement set up for reporting adverse reactions to medicines to the Medicines and Healthcare products Regulatory Agency on pre-printed and postage paid yellow cards, to yellowcard@mhra.gov.uk, or to the online reporting site https://yellowcard.mhra.gov.uk/.

2.2. For the purposes of these Directions a person is registered on a permanent basis with a GP practice in Scotland if that person is—

(a) a registered patient within the meaning of regulation 3(1) of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018[16],

(b) a registered patient within the meaning of regulation 3(1) of the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018[17], or

(c) otherwise registered to receive primary medical service in terms of the Act, other than as in (a) and (b), except where that person—

(i) is a temporary resident in terms of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018,

(ii) is a temporary resident in terms of the National Health Service (Primary Medical Service Section 17C Agreements) (Scotland) Regulations 2018,

(iii) is otherwise accepted or registered as a temporary resident to receive primary medical services in terms of the Act, or

(iv) receives primary medical services in prison.

[9] S.I. 2010/231.
[10] S.I. 1976/1213 (N.I. 22).
[11] S.S.I. 2009/183. Relevantly amended by S.S.I. 2011/32 and S.S.I. 2014/148.
[12] 1989 c.45.
[13] 1989 c.45. Section 19 was amended by the Criminal Justice (Scotland) Act 2003 (asp 7), section 23.
[14] S.S.I. 2009/183. Relevantly amended by S.S.I. 2018/67 and S.S.I. 2020/420.
[15] S.S.I. 2009/183. Relevantly amended by S.S.I. 2014/73.
[16] S.S.I. 2018/66.
[17] S.S.I. 2018/67.

2.3. Other words and phrases used in these Directions have the same meaning as they have in the Act and in the 2009 Regulations.

2.4. Any reference in these Directions to—

(a) a numbered paragraph, is a reference to a paragraph bearing that number in these Directions,

(b) to a numbered schedule is a reference to a schedule of these Directions, and

(c) to a numbered paragraph of a numbered schedule, is a reference to a paragraph bearing that number in the schedule bearing that number.

3. **Description of the Medicines: Care and Review Service**

3.1. The Medicines: Care and Review Service is a service for the provision of pharmaceutical care to eligible persons who are registered to receive MCR by a person who is authorised to provide MCR in terms of paragraph 5.1.

3.2. The services which comprise MCR are specified in schedule 1.

4. **Health Board arrangements for the Medicines: Care and Review Service**

4.1. Until otherwise directed, Health Boards are authorised to make arrangements for the provision of MCR for eligible persons in their area as an additional pharmaceutical service.

5. **Persons authorised to provide the Medicines: Care and Review Service**

5.1. Health Boards may only enter into arrangements for the provision of MCR with—

(a) a pharmacist, or

(b) a person other than a pharmacist who, by virtue of section 69 of the Medicines Act 1968[18], is taken to be a person lawfully conducting a retail pharmacy business in accordance with that section,

and, in the case of (a) and (b) who—

(i) is on the pharmaceutical list maintained by the Health Board in terms of regulation 5 of the 2009 Regulations[19], and

(ii) undertakes that MCR will be provided either by or under the direct supervision of a pharmacist.

6. **Compliance and Conditions**

6.1. The arrangements made by a Health Board in accordance with paragraphs 4 and 5 must include the imposition of the terms and conditions specified in schedule 2 and 3, with which the MCR provider must comply.

6.2. Where a MCR provider requires a pharmacist to provide MCR, the MCR provider has ultimate responsibility for ensuring that MCR is provided in accordance with these Directions and the 2009 Regulations.

[18] 1968 c.67. Section 69 was amended by the Statute Law (Repeals) Act 1993 (c.50), schedule 1, Part XII, paragraph 1 and S.I. 2007/289, S.I. 2010/231 and S.I. 2019/593.
[19] S.S.I. 2009/183. Relevantly amended by S.S.I. 2011/32 and S.S.I. 2014/148.

7. **Payment for the provision of the Medicines: Care and Review Service**

7.1. Remuneration for the provision of MCR will be paid at nationally negotiated rates as set out in the Drug Tariff and in accordance with schedule 3 of these Directions.

7.2. The prices and methodology for calculating reimbursements to a MCR provider for any drugs, medicines, or listed appliances that the MCR provider supplies to eligible persons registered for MCR in connection with providing MCR will be in accordance with the provisions set out in Part 1 of the Drug Tariff.

8. **Revocations**

8.1. These Directions revoke and supersede the 2011 Directions.

8.2. Notwithstanding paragraph 8.1—

(a) the 2011 Directions shall continue to apply in respect of any Chronic Medication Service provided on or before 11 February 2021, and

(b) any person registered for the Chronic Medication Service under the 2011 Directions on or before 11 February 2021 will continue to be registered for MCR from 12 February 2021.

Alison Strath
A member of the staff of the Scottish Ministers

St Andrew's House,
Edinburgh
11 February 2021

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MEDICINES: CARE AND REVIEW SERVICE) (SCOTLAND) DIRECTIONS 2021

SCHEDULE 1

SERVICES TO BE PROVIDED AS A MEDICINES: CARE AND REVIEW SERVICE

1. MCR provides personalised pharmaceutical care by a pharmacist to eligible persons with long-term conditions. It is underpinned by a systematic approach to pharmaceutical care in order to improve an eligible person's understanding of their drugs, medicines or listed appliances and to work with the eligible person to maximise the clinical outcomes from the drug therapy. It involves collaborative working among eligible persons receiving MCR, community pharmacists, serial prescribers and GP practices, subject to patient consent. The service comprises a pharmaceutical assessment by a pharmacist and advice on the drugs, medicines or listed appliances prescribed for the eligible person and, where a serial prescription is presented, the supply of drugs, medicines or listed appliances for the long-term condition. Where the pharmacist considers it clinically appropriate the pharmacist will establish a pharmaceutical care plan to assist the eligible person in maximising the clinical outcomes from their drug therapy. Serial prescriptions for drugs, medicines or listed appliances for the long-term condition may be provided for a period of 24, 48 or 56 weeks by a serial prescriber, for dispensing by the MCR provider with which the eligible person is registered for MCR. Where the pharmacist considers the eligible person requires to be reviewed by another health care practitioner or service e.g. a general practitioner, the pharmacist must refer the eligible person to that health care practitioner or service.

2. There are three parts to MCR—

    (a) reviewing the use of drugs, medicines or listed appliances at pharmaceutical assessments. After an eligible person has registered for MCR, a pharmacist will review how the eligible person uses their drugs, medicines or listed appliances and consider whether the eligible person should have a pharmaceutical care plan. A pharmacist must carry out an initial pharmaceutical assessment when the eligible person registers for MCR and subsequent annual pharmaceutical assessments tailored to the needs of the eligible person. This part of MCR will be provided to all eligible persons registered for MCR,

    (b) pharmaceutical care planning. If a pharmacist determines that a pharmaceutical care plan is required, the pharmacist and the eligible person will develop this in partnership with the eligible person. This part of MCR will only be provided where a pharmacist determines that the eligible person registered for MCR requires a pharmaceutical care plan, and

    (c) serial prescriptions. An eligible person's serial prescriber can issue a serial prescription for 24, 48 or 56 weeks for that eligible person which can be dispensed at appropriate time intervals determined by that eligible person's serial prescriber. This part of MCR will only be provided where an eligible person's serial prescriber has issued a serial prescription.

3. In accordance with paragraph 4(6) of schedule 1 of the 2009 Regulations[20], no controlled drugs can be provided under a serial prescription, other than a drug which is for the time being specified in schedule 5 of the Misuse of Drugs Regulations 2001[21].

[20] S.S.I. 2009/183.

[21] S.I. 2001/3998. Relevantly amended by S.I. 2005/2864 and S.I. 2020/559.

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MEDICINES: CARE AND REVIEW SERVICE) (SCOTLAND) DIRECTIONS 2021

SCHEDULE 2

TERMS AND CONDITIONS OF THE PROVISION OF THE MEDICINES: CARE AND REVIEW SERVICE

Registration

1. Where a person wishes to register for MCR, a MCR provider must—

(a) confirm that the person is an eligible person,

(b) ensure that if the person is already registered for MCR with another MCR provider, that the person understands that their MCR provider will change on registration with the new MCR provider,

(c) use MCR stationery approved by the Scottish Ministers for the registration process,

(d) ensure that the person or their representative's agreement to register has been obtained and recorded,

(e) ensure that the registration process is undertaken in accordance with procedures specified by the Scottish Ministers, and

(f) ensure that a patient record is established.

2. For the purposes of MCR the "patient record" is a pharmacy retained electronic record that as a minimum must include—

(a) a person's name and address,

(b) a person's date of birth,

(c) a person's Community Health Index (CHI) number,

(d) a person's sex,

(e) the GP practice at which the person is registered,

(f) the status of the person's MCR registration (registered or withdrawn), and

(g) the MCR provided to the person, to include—

(i) the name, quantity, form and strength of any drug, medicine or listed appliance supplied, and

(ii) the dates of the supply of any drug, medicine or listed appliance.

3. An eligible person may only be registered with one MCR provider at any given time.

4. MCR can only be provided to an eligible person from the pharmacy premises at which the eligible person is registered for MCR.

5. A MCR provider must use MCR stationery to record where a person registered for MCR is no longer eligible for MCR and registration must be withdrawn.

Care Provision

6. A pharmacist either as or on behalf of the MCR provider must conduct an initial pharmaceutical assessment of the eligible person within the period of 16 weeks beginning with the day of the eligible person's MCR registration with that MCR provider, unless exceptional circumstances make it impractical to do so within this period.

7. The pharmacist must use the initial pharmaceutical assessment to determine whether the eligible person requires a pharmaceutical care plan.

8. The pharmacist must conduct subsequent pharmaceutical assessments each year within the period of 16 weeks beginning with the anniversary of the date of the eligible person's MCR registration, unless exceptional circumstances make it impractical to do so within this period.

9. A pharmaceutical care plan must be prepared and maintained by a pharmacist either as or on behalf of the MCR provider for an eligible person registered for MCR if, following the initial pharmaceutical assessment or any subsequent pharmaceutical assessment, the pharmacist identifies that the eligible person requires a pharmaceutical care plan.

10. The pharmaceutical care plan must contain—

(a) details of pharmaceutical care issues for the eligible person and desired outcomes the pharmacist wants to achieve in relation to the issues identified for that eligible person,

(b) details of any actions to be undertaken to achieve the desired outcomes,

(c) details of the response to the actions,

(d) the dates associated with the establishment and subsequent reviews of the pharmaceutical care plan with the eligible person, and

(e) the name and contact details of the pharmacist who has developed the care plan.

11. The establishment and reviews of the pharmaceutical care plan mentioned in paragraph 10(d) may be conducted—

(a) in person,

(b) by telephone, or

(c) by NHS Near Me consultation,

by a pharmacist in pharmacy premises under MCR.

12. After the final instalment of a serial prescription the MCR provider must send an end of care treatment summary electronically, using the pharmacy patient medication record (PMR) system, to the eligible person's GP Practice.

13. The end of care treatment summary must contain details of—

(a) any actions recommended to be undertaken by the GP Practice or on behalf of a serial prescriber,

(b) the drugs, medicines or listed appliances supplied in accordance with the eligible person's serial prescription, and

(c) the dates of the supply of any drugs, medicines or listed appliances to the eligible person.

14. Where there is any change to the eligible person's drugs, medicines or listed appliances, serial prescription or long-term condition, a pharmacist either as or on behalf of the MCR provider must consider whether it is necessary to carry out a review of the pharmaceutical assessment and any pharmaceutical care plan.

15. Where a MCR provider supplies drugs, medicines or listed appliances, the MCR provider must do so in accordance with the 2009 Regulations and the 2011 Regulations.

16. In the case of any suspected adverse drug reactions, the pharmacist must consider whether there is a need to report any adverse drug reactions to the Committee on Safety of Medicine Scotland (CSM) through the Yellow Card reporting mechanism.

17. Provision of MCR is not permitted without direct contact by an eligible person or the eligible person's representative.

18. A representative seeking provision of an aspect of MCR on behalf of an eligible person must have the appropriate authority to provide consent on behalf of the eligible person.

Withdrawal

19. An eligible person may withdraw from MCR at any time either by requesting that their MCR provider withdraws them from MCR or by registering for MCR with another MCR provider. The Agency will inform the original MCR provider of the withdrawal if it is instigated by the eligible person registering with another MCR provider.

20. A pharmacist either as or on behalf of the MCR provider may withdraw an eligible person from MCR if—

(a) the pharmacist or other person is subjected to or threatened with violence by the eligible person requesting the provision of MCR or by any person accompanying that eligible person, or

(b) the eligible person requesting the provision of MCR, or any other person accompanying that eligible person, commits or threatens to commit a criminal offence.

21. A pharmacist must withdraw a person from MCR if—

(a) the service is deemed to be inappropriate for that person, or

(b) the person is no longer an eligible person.

22. A person will be automatically withdrawn from MCR by the Agency on receipt of information by the Agency that the person—

(a) has died, or

(b) is no longer an eligible person.

23. Where a pharmacist either as or on behalf of the MCR provider withdraws a person from MCR, the MCR provider must inform the PCFS.

Other Provisions

24. A MCR provider must not advertise or offer any incentives to the public to register for MCR or for any other aspects of the service.

25. A MCR provider must not offer any incentives or inducements or set targets for pharmacists or staff employed or engaged by the MCR provider to recruit people for MCR or for any other aspects of MCR.

26. A MCR provider may only issue or display the publicity material and patient information leaflet made available by the Scottish Ministers in respect of MCR and the provision of MCR.

27. Other than NHS Near Me consultations, MCR must not be provided as an online service or as part of any online service.

28. Subject to the provisions of any regulations made under section 69 of the Act, all drugs, containers and appliances supplied under MCR shall be supplied free of charge.

29. The pharmacist providing MCR must not be one—

(a) who has been disqualified under section 29B(2) of the Act[22],

(b) who is suspended by direction of the Tribunal, or

(c) who is the subject of a corresponding decision in England, Wales or Northern Ireland.

30. In providing MCR, a MCR provider must do so—

(a) in compliance with all procedures and processes described in these Directions,

(b) having regard to and, where required, in compliance with guidance that is from time to time produced by the Scottish Ministers, and

(c) in conformity with the standards generally accepted in the pharmaceutical profession.

31. In providing MCR, a MCR provider is agreeing to the following—

(a) that it takes responsibility for the veracity of any payment claims submitted to the PCFS,

(b) that its claims will be authenticated from appropriate records held by the MCR provider or at the Agency,

(c) that payments will be subject to payment verification and the MCR provider undertakes to co-operate fully with this process,

(d) that the MCR provider will provide documentary evidence to support these claims, and

(e) subject to paragraph 32, that the MCR provider will submit any serial prescriptions to the PCFS within the period of 3 months beginning with the day of whichever of the following first occurs—

(i) the final dispensing episode of the serial prescription,

(ii) the manual completion of the serial prescription, or

[22] 1978 c.29. Section 29B was inserted by the Health Act 1999 (c.8), section 58(1) and amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 26(4) and schedule 3, paragraph 1.

(iii) the expiry date of the serial prescription.

32. In very exceptional circumstances where an adequate reason is provided, the MCR provider may submit serial prescriptions to the PCFS after the timescale provided in paragraph 31(e) but the PCFS will consider in each case whether the reason for late submission is valid.

33. The requirement for a complaints procedure under paragraphs 12 and 13 of schedule 1 of the 2009 Regulations applies to the provision of MCR.

34. The requirement for record keeping under paragraph 14 of schedule 1 of the 2009 Regulations applies to the provision of MCR.

35. A pharmacist providing MCR must practise within their own competency.

36. A MCR provider must ensure that any pharmacist (including the MCR provider, if applicable) and other staff involved in providing MCR on behalf of the MCR provider—

(a) have the competencies to deliver MCR,

(b) undertake such training as the Health Board may require, and

(c) are aware of and operate within national and local guidelines in relation to MCR.

37. A MCR provider must ensure that—

(a) where the MCR provider is an individual, that they provide MCR in accordance with these Directions, or

(b) where a MCR provider requires a pharmacist to provide MCR, that the pharmacist provides MCR in accordance with these Directions.

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MEDICINES: CARE AND REVIEW SERVICE) (SCOTLAND) DIRECTIONS 2021

SCHEDULE 3

PAYMENT FOR THE MEDICINES: CARE AND REVIEW SERVICE

1. Where a MCR provider complies fully with these Directions, payment for the provision of MCR will be paid in accordance with the Drug Tariff.

2. Claims for payment are to be made electronically using the ePharmacy service and submitted to the PCFS. For registration of an eligible person, a fully completed paper registration form must be submitted to the PCFS.

3. Health Boards will be entitled to take such reasonable steps as are necessary to ensure that MCR providers are—

    (a) providing MCR as specified in schedule 1 and complying with the provisions of schedule 2, and

    (b) only displaying the agreed patient information leaflets and publicity materials made available by the Scottish Ministers in respect of MCR.

4. Payments made to MCR providers for providing MCR will be subject to post-payment verification checks and investigation by the Agency.

5. Where after suitable investigation a Health Board is satisfied that a MCR provider is not providing the services listed in schedule 1 or complying with the provisions of schedule 2, but is receiving payment in terms of this schedule and the rates set out in the Drug Tariff, it may (without prejudice to any other action which may be open to it)—

    (a) write to the MCR provider advising of the conclusion reached by the investigation,

    (b) inform the MCR provider that payments will be stopped with immediate effect,

    (c) recover any payments made to the MCR provider under this schedule and the Drug Tariff in respect of any period(s) when the MCR provider was not providing the services specified in schedule 1 or complying with the provisions of schedule 2, and

    (d) in exceptional circumstances, such as deliberate or repeated non-compliance with the provisions of schedule 2, withdraw the service from the MCR provider and notify the General Pharmaceutical Council.

ANNEX B

SERVICE SPECIFICATION: MEDICINES: CARE AND REVIEW SERVICE (MCR)

1. Introduction

1.1 The Medicines: Care and Review Service ("MCR") is a core element of the NHS community pharmacy contract arrangements in Scotland.

1.2 This service specification should be read in conjunction with the Health Board Additional Pharmaceutical Services (Medicines: Care and Review Service) (Scotland) Directions 2021 (the "MCR Directions").

2. Background

2.1 MCR is based on the framework contained in the report *Establishing Effective Therapeutic Partnerships*[23] from a Scottish Government working group chaired by Professor Lewis Ritchie. The existing Chronic Medication Service (CMS) which was first introduced in 2009 is being updated and renamed the Medicines: Care and Review Service.

2.2 The Chief Pharmaceutical Officer's strategy document *Achieving Excellence in Pharmaceutical Care*[24], published in 2017, included actions to refresh and update CMS, to continue to enhance the tools within the Pharmacy Care Record and to continue to develop serial prescribing. Programme for Government 2018 also included a commitment to strengthen and refresh the Chronic Medication Service.

3. Service Aim and Objectives

3.1 As with the original aim of CMS, the aim of MCR is to formalise the contribution of the community pharmacist in the management of individual patients with long-term conditions[25].

3.2 It is underpinned by a systematic approach to pharmaceutical care with the pharmacist working with patients to improve their understanding of their drugs, medicines or listed appliances and to maximise the clinical outcomes from their therapy. The service facilitates a holistic approach to promoting health, ensuring that disease prevention, health education, health protection and patient safety are all integral elements of MCR.

3.3 This model of practice is based on patient need, clinical practice, evidence-based therapy and quality improvement. It is patient centred, supports self-

[23] *Establishing Effective Therapeutic Partnerships: a generic framework to underpin the Chronic Medication Service element of the community pharmacy contract*. Scottish Government, December 2009.

[24] *Achieving Excellence in Pharmaceutical Care*, Scottish Government, August 2017 - https://www.gov.scot/publications/achieving-excellence-pharmaceutical-care-strategy-scotland/

[25] A long-term condition is defined in paragraph 2 of the MCR Directions as an illness, disease or health condition that requires ongoing management over a period of a year or longer.

management and promotes a partnership approach between the pharmacist, a patient, their serial prescriber and their GP Practice. It ensures systems are in place to help minimise adverse drug reactions, address any existing issues and prevent potential problems with drugs, medicines or listed appliances and reduce wastage. It also provides for structured follow-up and referral interventions as, and when, necessary.

3.4 As with CMS, the core objectives of MCR are:

- To improve patient safety.
- To focus on pharmaceutical care planning to improve patients' compliance, concordance and understanding of their drugs, medicines or listed appliances.
- To improve patients' experience of managing their condition.
- To improve the patient journey and access to their medication.
- To reduce medication errors.
- To support a reduction in hospital admission/ readmission due to medication errors.
- To create capacity for GP practice and community pharmacy contractors by introducing serial prescriptions for patients dispensed by their community pharmacy in partnership with patients' serial prescribers.

4. Service Description

4.1 MCR delivers personalised pharmaceutical care to patients who have a long-term condition(s). It involves collaborative working - subject to informed patient consent - between a patient, their community pharmacist, their serial prescriber and their GP practice.

4.2 The service comprises an **initial pharmaceutical assessment** (Stage 1 medication review on the web-based Pharmacy Care Record ("PCR") tool) and subsequent, follow up **annual pharmaceutical assessments** (also Stage 1 medication reviews on the PCR tool) undertaken by the pharmacist. Ongoing pharmaceutical care planning between pharmaceutical assessments will be carried out where the pharmacist considers it clinically appropriate in assisting a patient in maximising the clinical outcomes from their therapy. Where appropriate, serial prescribing and dispensing can also support the patient in managing their long-term condition(s).

4.3 A serial prescription can be written by a 'serial prescriber'[26] which includes doctors, pharmacist independent prescribers and independent nurse prescribers other than supplementary prescribers. A patient's serial prescriber may decide to generate a **serial prescription(s)** for a period of 24, 48 or 56 weeks. A pharmacist must not supply a controlled drug under a serial prescription, other than a drug specified in schedule 5 of the Misuse of Drugs Regulations 2001.

[26] "serial prescriber" is defined in paragraph 4(2)(b) of schedule 1 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183 as amended by the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2020/420 .

4.4 A serial prescription is dispensed at regular intervals as determined by a patient's serial prescriber at the community pharmacy where the patient is registered for MCR. If a patient's pharmacist considers that they require to be reviewed by their serial prescriber during the period of a serial prescription they will refer the patient to their GP practice.

4.5 There are three parts to the service:-

- Reviewing the use of drugs, medicines or listed appliances at pharmaceutical assessments The pharmacist will review how the patient uses their drugs, medicines or listed appliances, discuss any problems, and consider whether the patient should have a pharmaceutical care plan. A pharmacist must create a patient record (patient profile on the PCR tool) for the patient on registration and carry out an initial pharmaceutical assessment (Stage 1 medication review on the PCR tool). A pharmacist must carry out subsequent annual pharmaceutical assessments (Stage 1 medication reviews on the PCR tool) tailored to the needs of the patient. This part of the service will be provided to everyone registered for MCR.

- Pharmaceutical care planning – the pharmacist will determine whether a pharmaceutical care plan is appropriate for the patient. This will be developed by the pharmacist and patient in partnership to help the pharmacist give more regular care and advice about drugs, medicines or listed appliances. Pharmacists will be encouraged to provide a copy to the patient and may, with the patient's agreement, speak to their serial prescriber about it if appropriate. Pharmaceutical care plans will record e.g. any problems with taking medicines such as side-effects experienced or difficulty swallowing tablets, and any actions to be taken to overcome identified problems. Stage 2 and 3 medication reviews on the PCR tool may support pharmacists in this process. This part of the service will not be provided to everyone registered for MCR as not everyone will require a pharmaceutical care plan.

- Serial prescriptions – where the patient's serial prescriber believes it is clinically appropriate, drugs, medicines or listed appliances can be provided on a serial prescription (duration of either 24, 48 or 56 weeks) which is dispensed at regular intervals determined by the patient's serial prescriber. It will be for the serial prescriber to determine who is suitable for this as GP practices may wish to continue seeing patients with more complex needs or unstable conditions more regularly. Patients will only be able to collect serial prescription drugs, medicines or listed appliances from the pharmacy where they are registered for MCR. There is an expectation of communication between the pharmacy and GP practice at the end of a serial prescription in the form of an end of care treatment summary which is sent from the pharmacist to the patient's GP practice. This part of the service will not be provided to everyone registered for MCR as not everyone will be suitable for a serial prescription.

4.6 It is not necessary to deliver MCR in a particular order. For example, a prescriber may issue a serial prescription to a patient and refer them to their community pharmacy to register for MCR (which is required for the pharmacy to be able to supply in accordance with the serial prescription), with pharmaceutical assessments and any necessary pharmaceutical care plans coming after this.

4.7 Patients who were registered for CMS will continue to be registered for MCR and any serial prescriptions in place should continue.

5. Service Procedures

Provision of MCR

5.1 The MCR provider and any pharmacist(s) providing MCR must familiarise themselves with the requirements of the MCR Directions, and provide MCR in compliance with the requirements of the MCR Directions.

5.2 MCR must be provided by a pharmacist or by trained staff under the direct supervision of a pharmacist. Pharmaceutical assessments and pharmaceutical care planning can be conducted by telephone and by NHS Near Me consultation if the pharmacist believes this is appropriate for the patient. However, they must be conducted by a pharmacist in the pharmacy premises, within the MCR provider's contracted opening hours and are only appropriate in circumstances where pharmaceutical assessments and pharmaceutical care planning in person in pharmacy premises are not practicable. Pharmaceutical assessments and pharmaceutical care planning conducted online or as part of any online service, other than NHS Near Me consultations, are not permitted.

Eligibility and Registration

5.3 A patient is eligible for MCR where they come within the categories of person defined as an "eligible person" in paragraph 2 of the MCR Directions. In summary, a patient is eligible for MCR if they are registered on a permanent basis with a GP practice in Scotland and have a long-term condition for which they receive treatment with drugs, medicines or listed appliances. This includes residents of care homes, and roll out to care homes will be supported by Health Boards.

5.4 The following people are not eligible to register for the service:

- people not registered with a Scottish GP practice,
- people who are registered with a Scottish GP practice on a temporary basis (temporary residents),
- people who receive primary medical services in prison.

5.5 The identification by the MCR provider of a patient eligible for MCR registration must be done either directly or under the supervision of the pharmacist.

5.6 Provision of a service under MCR is not permitted without direct contact by an eligible person or the eligible person's representative.

5.7 A representative seeking provision of an aspect of MCR on behalf of an eligible person must have the appropriate authority to provide consent on behalf of the eligible person.

MCR Registration and Withdrawal

5.8 Eligible patients who have a long-term condition(s) can register for MCR at a community pharmacy of their choice which provides MCR.

5.9 When a patient registers for MCR, the pharmacist must:

a. confirm that the patient is an eligible person,

b. ensure that the patient understands that, if they are already registered for MCR at another pharmacy, their registration will change and they will no longer be registered at their original pharmacy and any live serial prescriptions will be cancelled,

c. use MCR stationery approved by the Scottish Ministers for the registration process,

d. ensure that the patient or their representatives agreement to register has been obtained and recorded,

e. ensure that the registration process is undertaken in accordance with procedures specified by the Scottish Ministers, and

f. ensure that a patient record is established.

5.10 A patient can only register for MCR with one community pharmacy.

5.11 Registration for MCR only needs to occur once, unless a patient is transferring their registration to another pharmacy or they have previously withdrawn from MCR and wish to register again. In these circumstances, the patient must re-register for MCR.

5.12 The pharmacist registers a patient via the central Patient Registration System (PRS) hosted at National Services Scotland (NSS). PRS will send back an electronic message informing the pharmacist whether registration has been successful or not.

5.13 The data required to register a patient is:

- name;
- address;
- date of birth;
- Community Health Index (CHI) number;
- sex;
- the GP practice at which the patient is registered.

5.14 A paper registration form is generated and signed by both the patient and pharmacist.

5.15 The patient's GP practice is also notified once the patient has registered for MCR via an electronic notification message from the ePharmacy message store.

5.16 As part of the registration process the patient (or the patient's representative) must be given an explanation of MCR and the information sharing between their pharmacist and GP Practice. They, or their representative, must then give their informed consent to participate in the service.

5.17 Informed consent in this context includes:

- gaining the patient's agreement to participate in MCR; and
- the patient consenting to share specific information between their GP practice and pharmacist through two-way communication.

5.18 The patient should be given an NHS MCR patient information leaflet which explains the service and consent process.

5.19 Only NHS publicity initiatives and NHS patient information leaflets agreed by the Scottish Ministers can be used to raise public awareness of the service.

5.20 The patient can choose to withdraw their registration for MCR at any point. In addition, the pharmacist can withdraw a patient in certain circumstances as set out in the MCR Directions. [27] In certain circumstances, PRS withdraws patients automatically if they are no longer eligible for MCR e.g if they no longer have an active CHI number. Registering at a new pharmacy automatically withdraws the patient from MCR at the pharmacy where they had been previously registered for MCR. The patient's GP practice is informed of their withdrawal from MCR via an electronic notification message from the ePharmacy message store. If a patient's serial prescriber decides they are no longer suitable for a serial prescription, or if the patient chooses not to have one, they can remain registered for MCR for the other aspects of the service i.e. the pharmaceutical care planning element.

5.21 Patients must not be offered any inducement to register for MCR.

Undertaking initial and annual pharmaceutical assessments (Stage 1 medication reviews on the PCR tool)

5.22 A pharmacist must create a patient record (patient profile on the PCR tool) when the patient registers for MCR and carry out a pharmaceutical assessment (Stage 1 medication review on the PCR tool) within 16 weeks beginning with the day of the patient's MCR registration, unless exceptional circumstances make it impractical to do so within this period[28]. This is a structured review of a patient's use of their drugs,

[27] Health Board Additional Pharmaceutical Services (Medicines: Care and Review Service) (Scotland) Directions 2021, Schedule 2, paragraphs 20-21.
[28] Health Board Additional Pharmaceutical Services (Medicines: Care and Review Service) (Scotland) Directions 2021, Schedule 2, paragraph 6.

medicines or listed appliances, and allows the pharmacist to flag whether a patient is suitable for a serial prescription, if one is not already in place.

5.23 Subsequent annual pharmaceutical assessments (Stage 1 medication reviews on the PCR tool) must be undertaken within the period of 16 weeks beginning with the anniversary of the date of the patient's MCR registration unless exceptional circumstances make it impractical to do so within this period.[29]

5.24 Pharmaceutical assessments allow the pharmacist to prioritise the patient's need for a personalised pharmaceutical care plan. This supports the pharmacist in introducing MCR in a planned and achievable manner, using their time effectively to target care planning and additional PCR tool use to patients most in need of their support.

5.25 Each pharmaceutical assessment must be undertaken by a pharmacist. The initial pharmaceutical assessment and subsequent follow up annual assessments (all using the Stage 1 PCR tool) are mandatory, with any additional PCR tools developed being used as the pharmacist deems necessary and in line with guidance on those tools.

5.26 Where there is any change to the patient's drugs, medicines or listed appliances, serial prescription or long-term condition, a pharmacist must consider whether it is necessary to carry out a review of the pharmaceutical assessment and any pharmaceutical care plan[30].

5.27 The pharmacist uses the PCR tool to undertake the pharmaceutical assessment and record the priority profile.

Personalised Pharmaceutical Care Planning

5.28 If the pharmacist considers the patient would benefit from a personalised pharmaceutical care plan then they will work with the patient to identify their pharmaceutical care issues, any desired outcomes and the actions required to deliver those outcomes. The pharmacist may use some of the information already identified through the pharmaceutical assessment to assist with identifying care issues. Some examples of when a pharmaceutical care plan may benefit a patient are:

- when a patient has a new medication prescribed (use the New Medicine Intervention Support Tool (NMIST) tool within PCR),
- when a patient is prescribed high risk medicines (use the High Risk Medicine Intervention Support Tools available for methotrexate and lithium),
- when a patient is participating in a smoking cessation initiative,
- when a patient is registered for the Gluten-free Food Service (GFFS) and receives an annual Coeliac Disease health assessment,

[29] Health Board Additional Pharmaceutical Services (Medicines: Care and Review Service) (Scotland) Directions 2021, Schedule 2, paragraph 8.
[30] Health Board Additional Pharmaceutical Services (Medicines: Care and Review Service) (Scotland) Directions 2021, Schedule 2, paragraph 14.

- when a patient asks a question about their medication in general,
- when a patient is prescribed Non-steroidal anti-inflammatory drugs (NSAIDs),
- when issues have been identified directly as a result of any medication review. For example, non-compliance, presence of side effects, allergies, or a patient's misunderstanding of their medication.

5.29 The pharmacist jointly agrees the pharmaceutical care plan, including desired outcomes and actions with the patient and records this as appropriate on the PCR. The pharmacist may be able to give the patient their own personal copy of their care plan if they wish. This contains the name and contact details of the pharmacist who has developed their pharmaceutical care plan and who has responsibility for that specific patient's care under MCR. However, any pharmacist, including a locum, would be expected to take over and implement a pharmaceutical care plan and undertake provision of care if the original pharmacist is not available.

5.30 The pharmacist and patient then implement the pharmaceutical care plan which includes monitoring and reviewing progress against the desired outcomes.

5.31 Some aspects of the pharmaceutical care plan may require the involvement of other health care professionals, for example the requirement for a blood pressure check or biochemical test, and this can be followed up by either the pharmacist or the patient. It may also be appropriate to provide advice on self-management and signpost to relevant information and resources, for example the NHS Inform or the ALISS Tool (A Local Information System for Scotland which is a search and collaboration tool for Health and Wellbeing resources to help signpost people to useful community support – www.aliss.org).

5.32 Pharmaceutical care planning must be undertaken by a pharmacist.

Serial Prescribing and Dispensing

5.33 A serial prescriber may choose to generate a serial prescription for a patient who is registered with a GP practice and who has a long term illness, disease, or health condition that requires ongoing management over a period of a year or longer, except where that patient is registered with a GP practice on a temporary basis (as a temporary resident, being a person who is resident in Scotland for more than 24 hours but less than 3 months) or where that person receives primary medical services in prison. Once the serial prescriber has generated a serial prescription, they then refer the patient to their local pharmacy to register for MCR.

5.34 A serial prescription is a prescription for drugs, medicines or listed appliances which is dispensed at regular intervals, determined by the serial prescriber, over either a 24, 48 or 56 week time period. Controlled drugs (with the exception of those in Schedule 5 of the Misuse of Drugs Regulations 2001) and cytotoxics medicines such as methotrexate cannot be prescribed on a serial prescription.

5.35 The serial prescription is held in the community pharmacy and dispensed at the time intervals determined by the patient's serial prescriber.

5.36 The pharmacist downloads the electronic version of the patient's serial prescription each time they undertake a dispensing episode. This ensures that they are working on the most recent electronic version of the serial prescription and can identify any cancelled item(s) since the last dispensing episode. All endorsing and claiming is completely electronic for serial prescriptions.

5.37 The pharmacist sends an electronic claim message(s) for each item dispensed at each dispensing episode of a serial prescription. At the same time, dispensing information is sent to a patient's GP practice for each dispensing episode. This information is populated into the GP Practice's IT system and the Emergency Care Summary.

5.38 The pharmacist can, at any point, refer a patient to their GP practice as specified or based on their own professional judgement.

5.39 A serial prescriber can electronically cancel an item(s) on a serial prescription at any point, for example a patient's medication may be stopped or altered if their condition is no longer considered stable. Once an item is cancelled, the pharmacist can no longer dispense that item. It is best practice for the GP practice to contact the patient and the pharmacist to advise them of a cancelled item.

5.40 Not everyone will be given a serial prescription under MCR as it is dependent on the serial prescriber's clinical judgement. Also, patients may be given a serial prescription for one of their regular drugs, medicines or listed appliances but not for others.

6. **Reporting and Record Keeping**

6.1 Once the last dispensing episode of a serial prescription has been completed the pharmacist generates and sends an electronic end of care treatment summary to the patient's GP practice. This summary can include an electronic serial prescription renewal request.

6.2 The end of care treatment summary details any relevant data, such as a complete history of the dispensing information from a serial prescription, and information that the pharmacist thinks the serial prescriber should be aware of. The electronic serial prescription renewal request can act as a trigger to request a new serial prescription(s) for a patient.

6.3 The end of care treatment summary is queued in the GP Practice IT system for review. This means that when the patient's electronic record is accessed, as part of the review process, all the relevant data are presented clearly and succinctly.

6.4 The patient record (patient profile on the PCR tool) must be used for each contact with a patient, recording whether and when a pharmaceutical assessment and care plan were undertaken. Information from the Patient Medication Record ("PMR") and PCR should be used to inform the patient record.

6.5 Where appropriate, information about serial prescriptions is to be annotated into the patient's record on the pharmacy PMR system.

7. Administration

7.1 In the case of an actual or suspected adverse drug reaction the pharmacist should consider whether there is a requirement to report the reaction to the Medicines and Healthcare Products Regulatory Agency (MHRA) through the Yellow Card reporting mechanism.

7.2 A serial prescription must be presented for the initial dispensing within 24 weeks of the date the form was signed by the prescriber. It is then valid for the duration originally intended by the prescriber. The pharmacist can still exercise their professional judgement as to the appropriateness of any supply.

7.3 The pharmacist is expected to ensure regular housekeeping tasks are undertaken so that all electronic messages to support MCR are sent and received.

8. Remuneration and Reimbursement

8.1 Details of remuneration arrangements will be listed in the Scottish Drug Tariff.

8.2 The MCR provider is reimbursed for any product supplied via a prescription or serial prescription.

8.3 Claims for all MCR registration payments and reimbursement for dispensed products are to be submitted to the Practitioner and Counter Fraud Services business unit of NSS in accordance with the requirements set out in paragraph 2 of schedule 3 of the MCR Directions.

9. Post Payment Verification

9.1 As with all pharmacy payments, MCR claims will be subject to scrutiny by Practitioner and Counter Fraud Services' Payment Verification ("PV") team. Any anomalies or outliers will be investigated by PV and, where appropriate, will be referred to the relevant Health Board and to NHS Scotland Counter Fraud Services ("CFS").

9.2 MCR providers are required to comply with enquiries and if required produce records relating to MCR work they have undertaken. MCR providers who submit an unsatisfactory response to payment verification enquiries may be considered for onward referral.

9.3 Where after suitable investigation a Health Board is satisfied that an MCR provider has not provided MCR in accordance with the MCR Directions it can suspend payments for MCR and recover those made in respect of any appropriate period(s).

10. Training

10.1 A pharmacist providing MCR must practise within their own competency. The MCR provider must ensure that all staff providing MCR on their behalf, e.g. locums, have the competencies to deliver the service.

10.2 The MCR provider must ensure that any pharmacist (including the provider, if applicable) and other staff involved in providing MCR for or on behalf of the provider undertake such training as the Health Board may require. The MCR provider must ensure that records are kept of all training completed for this purpose.

10.3 The NES MCR e-Learning resource sets out the processes for MCR and should be followed in delivering the service. This is available on the NES Turas Learn website at https://learn.nes.nhs.scot/12539/pharmacy/cpd-resources/medicines-care-and-review

10.4 A Serial Prescribing Toolkit and Serial Prescribing Quick Reference Guide are also available on the NES Turas Learn website at https://learn.nes.nhs.scot/12539/pharmacy/cpd-resources/medicines-care-and-review

11. Information leaflets

11.1 National and local publicity initiatives and information leaflets prepared by and/or approved by the Scottish Ministers are used to raise public awareness of the service.

This service specification should be read in conjunction with the MCR Directions and the NES Pharmacy MCR eLearning resource.

Scottish Government: Pharmacy and Medicines Division
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