



## **Pandemic Annual Medication System (PAMS)**

Reduce paperwork, contacts & travel for repeat prescribing.

**An alternative to the current repeat prescribing method**

GG&C GP Subcommittee/LMC & GG&C Pharmacy

## Pandemic Annual Medication System (PAMS)

Reduce paperwork, contacts & travel for repeat prescribing.

### Responding to the Pandemic

It is now clear that Covid-19 is creating a pandemic which may last for some time. Fortunately, Scotland has successfully reduced incidence of the disease with hand washing, social distancing and lockdown. However, we know that the disease is likely to remain in communities and it is important to reduce unnecessary contacts and travel.

Repeat prescribing has been part of general practice for many years and traditionally occurs every 28 or 56 days. This requires repeat contacts to request the medication, for staff to check and produce the prescriptions, for GPs to check and sign the prescriptions, patients or pharmacy travelling to collect the physical prescription to take to the pharmacy, the Community Pharmacy to dispense the medication and finally the patient receives the medication.

All of these contacts and activities take place repeatedly at least six or sometimes 12 times each year (assuming that all the repeat prescriptions are aligned!).

Joint working between practice pharmacy colleagues and the GP subcommittee has identified that the Annual Prescribing system could be slimmed down and used as an annual prescribing mechanism.

This will allow all medications (intended to be continued for at least 12 months) to require only one signed prescription per year.

Although this is not possible for every medication and circumstance (see later explanations) it should still substantially reduce the activities above.

### PAMS is optional for practices

The use of the Pandemic Annual Medication System (PAMS) is entirely optional for practices who decide they wish to make use of this process.

## Annual Prescribing

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Once a year!

Reduce practice phone calls.

Reduce practice visits.

Less paper movement.

Simpler for patients.

Simple to cancel.

56-day supply, normally.

Community Pharmacy deals with patient running out early.

Community Pharmacy will synchronise additional annual scripts.

Community Pharmacy provides annual prompt to issue next script (TSR).

Includes PRN scripts.

Community Pharmacy can give early supply for holidays

NOT for Controlled drugs, drugs on Drug NPT LES nor Care/Nursing Home scripts.

If a practice decides to use the system, it would be advisable for practices to transfer as many repeat prescriptions as possible onto the system to get maximum benefit.

## History and the Future

It is worth mentioning that Serial Prescribing (previously known as the Chronic Medication Service) has been around for over a decade. It was dogged by technical issues initially and subsequently by perception that increased queries and communications back from community pharmacy.

Whilst not yet perfect, the software has improved substantially, and the associated processes been improved to the point where there can be substantial benefits to introducing the streamlined version we are calling the Pandemic Annual Prescribing System. The initial effort of the switch should be rewarded by benefits even in the short term.

Community pharmacy colleagues will continue to advise patients about the medications and will communicate with practices in the normal way with any substantial issues arise such as significant side effects.

We still await a mechanism to end the need for “wet” signatures.

## Potential benefits

1. Reduces Risk of Transmission (COVID)
2. More Efficient Workload Management
3. Increase in Patient Safety / Patient Experience

Annual prescribing reduces the risk of virus transmission due to the patient spending less time in GP practice and / or community pharmacy. This reduces the amount of interaction between people. There is also less movement of paper.

Annual prescribing reduces the workload for all parties. GPs will sign fewer prescriptions on an annual basis and there are associated benefits in time saved for practice staff. It also allows GP practices to retain control over the prescription for the duration while delegating responsibility for appropriate supply to the pharmacy. Community Pharmacies will also be able to better manage their workload as Annual prescriptions become planned work.

Annual prescribing provides a mechanism to ensure GP records are updated with details of regular supply and so there is no loss in data which could present a clinical risk. It also overall provides a more efficient process for the patient.

## Communication with patients including consent

Under normal circumstances, patients are contacted individually by phone or letter to allow an opt-in to consent for switching to a serial prescription. Given the pandemic status, this has been amended to an opt-out position. A template letter has been developed to give patients details of the switch with a link for further information plus an option to opt out if not suitable. Prescriptions are then sent to the pharmacy that the patient has previously identified / nominated. Most patients have already had to choose a pharmacy as part of the Pandemic current arrangements.

## Care Homes/Nursing Homes

Unfortunately, the Community Health Index (CHI) has a "flag" on any patient who is living in the Care Home or Nursing Home which prevents them being given an annual prescription at present. There is a block on this at the level of the pharmacy prescribing software currently. We are currently lobbying at national level for this block to be removed to allow patients in care and nursing homes to be able to have annual prescriptions.

## Weekly Dispensing

Weekly Dispensing has had issues with serial prescribing, and a process is being looked at to allow this to be done via PAMS.

## Practice Choice of drugs to exclude

Practices often have drugs they prefer not to put on repeat in order to keep closer watch on prescribing and this can, of course continue. This may include antidepressants and strong analgesics. However, it is possible to add prescriptions to PAMs for periods less than 12 months which may still be useful.

## Making the change

### **Ask the local Prescribing Support Team.**

Detailed guidance is available for your practice staff to make the change from repeat prescriptions to the annual prescriptions (this will appear as Annual prescriptions or CMS on your practice software). Practice Pharmacy support teams will also be available to assist should you wish it and there will be expert user support available for any issues.

The current reduction in inpatient and outpatient activity has resulted in a reduction of workload from hospital-based episodes of care and so has freed some capacity within the practice pharmacy team. There has also been a pause in cost-efficiency work and prescribing initiatives during the first phase of the pandemic and again this capacity will be used to drive forward the work on Annual prescriptions. It is important to ensure that community pharmacies are ready for the change. Your practice pharmacy team can confirm this.

**Patients could be sent a letter or telephoned to explain the change. It is expected that pandemic funding can be used for this.** It is important to realise that all the doctors and prescribers in the practice will also have to learn how to create annual prescriptions. Instead of creating a repeat prescription for long-term medication, an annual prescription would be issued instead.

In addition, any changes to an annual prescription already in use require it to be cancelled and a new annual prescription created.

It is helpful to inform the local community pharmacy that an annual prescription has been cancelled but Practice staff could confirm this without recourse to the clinician.

At the end of 12 months the practice will receive an electronic communication from the patient's chosen local pharmacy as the last instalment of the prescription is issued to the patient. This would be the trigger for the creation of another annual prescription.

**Table One: Medicines not suitable for Serial Prescribing**

Drugs requiring regular monitoring		Controlled Drugs Sch 1 - 4
Azathioprine Leflunomide Mercaptopurine Methotrexate Penicillamine Sodium Auroth-iomalate Eplenerone Spironolactone	Acitretin Ciclosporin Dapsone Hydroxycarbamide Lithium Mycophenolate Tacrolimus	Buprenorphine Chlordiazepoxide Clobazam Diazepam Fentanyl Gabapentin Lorazepam Methadone Methylphenidate Morphine Nitrazepam Oxycodone Pethidine Pregabalin Temazepam Tramadol Zopiclone Midazolam Zolpidem Zaleplon