

Glasgow Local Medical Committee
LMC Statement – Serial Prescribing Work 3rd June 2020

Dear GP and Practices

RE: Serial Prescribing work (previously called CMS)

The LMC has deep reservations about the current rapid roll out of Serial Prescribing work by the pharmacy support teams. We feel it is important to inform GPs and practice managers that the LMC does not support this initiative.

The LMC Executive Committee met on Monday evening to discuss this and committee members expressed strong opposition to the rapid roll out. The reasons for our unhappiness are:-

- The LMC is clear that its priority is to see the pharmacotherapy resource present pre-covid returned to practices and for their to be continued progress made in increasing pharmacotherapy services to practices
- The serial prescribing initiative as currently intended to be delivered diverts valuable pharmacotherapy resource away from current vital work such as IDLs, acute prescribing and repeat prescribing.
- Communications to practices do not support statements which have been made that this work would largely be done by Prescribing Support Pharmacists and have little impact on delivery of pharmacotherapy services
- We have had feedback from GPs that initiating serial prescribing increases GP workload in practices in the short term and in the middle of a pandemic with practices having to accommodate many new ways of working we do not believe that practices have capacity to accommodate an activity which is low priority
- We do not believe that serial prescribing is the only or best way to reduce prescription related transactions nor eliminate paper moving around the system and wish to explore alternatives
- There has been a lack of practice engagement about the roll out with practices simply being told that it is going ahead
- The claimed benefits to reduce footfall and workload could be much more effectively be delivered by other proposals we have made.

Whilst we are tackling the challenges of the pandemic and re-configuring how we can deliver effective and safe services, we do not see serial prescribing as a priority for GPs, practice staff, nor our Pharmacotherapy team members. It is not acceptable that practices' eMDT members are directed to carry out work that is neither evidence based nor in keeping with the spirit of the GP Contract and MOU. The Contract agreement was that the pharmacotherapy service be delivered by pharmacists who are embedded as members of our practice teams.

We have expressed our views to the Board and Pharmacy leads. We have a further meeting planned with the Board and leads for next week to take this issue further. We will keep you updated.

Kind regards,

Dr John Ip
Medical Director