

# eCMS Quick Reference Guide

## CMS Overview

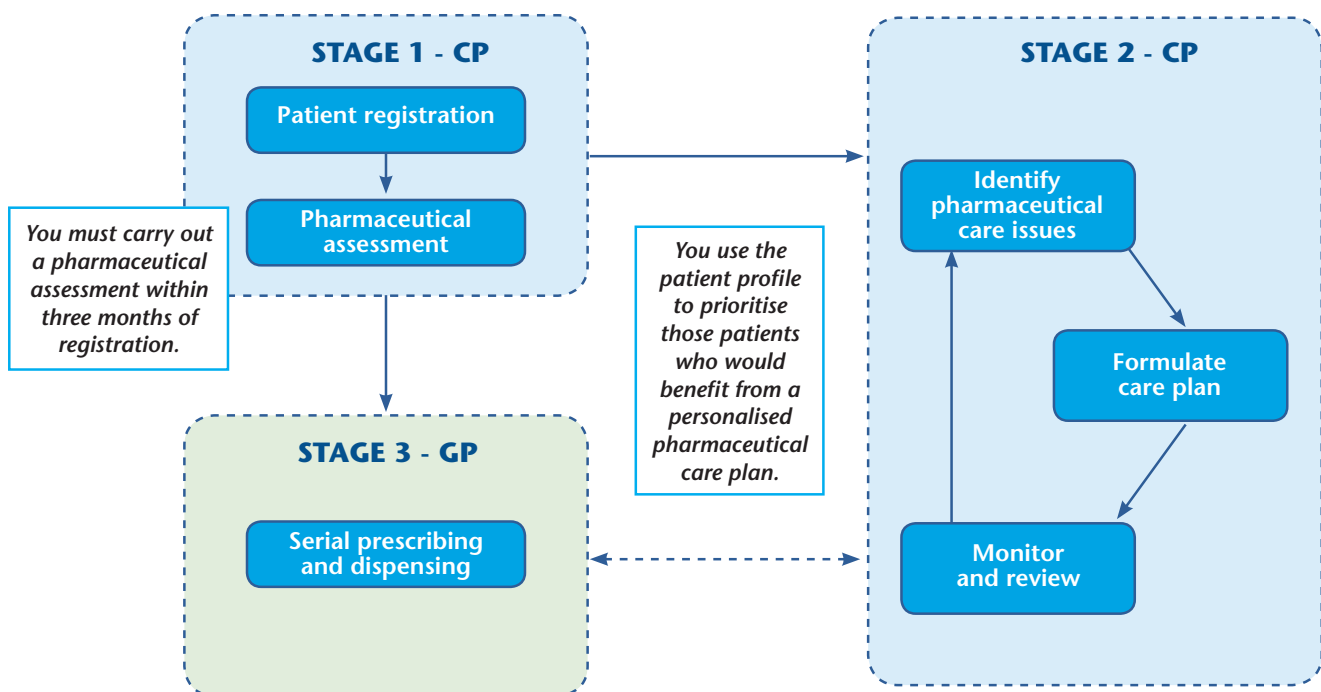


Figure 1. A diagrammatic overview of the CMS process

Patients with a long-term condition and who are registered with a Scottish GP practice, but not residing in a care-home setting, are eligible to register for CMS.

Within **three months** of registering a patient for CMS, you must complete a **pharmaceutical assessment**, which consists of a **medication profile** (also referred to as a pharmaceutical care risk assessment) and a **patient profile**, and then assign a **pharmaceutical care plan priority** (low, medium or high). This priority setting helps you to identify those patients who would most benefit from a **pharmaceutical care plan**. The results of the assessment can help in developing a patient's personalised care plan as appropriate.

If a patient is exempt from prescription charges on age or medical grounds, an **electronic patient notification message** is sent automatically to the patient's GP practice. This informs the GP practice of the patient's registration and details of the pharmacy where they have registered for CMS.

If a GP considers it appropriate, they can then generate a 24- or 48-week **serial prescription** for a CMS registered patient. A serial prescription must be dispensed in the pharmacy where a patient has registered for CMS. It is retained in the pharmacy and dispensed at the intervals defined by the GP.

# Stage 1: CMS Registration

Patients can be registered with only one pharmacy at any one time.

- Patients **eligible** for CMS registration must:
  - have a **long-term condition**
  - be registered with a **Scottish GP practice**
  - receive **regular prescriptions**.
- Patients **not eligible** for CMS registration include:
  - **temporary** residents
  - residents in a **care-home setting**.

**Exemption category is a mandatory field for CMS registration. The CHI number is also a mandatory field. PMR systems should previously have captured patient CHI numbers from scanned AMS prescriptions.**

Currently, only patients who are exempt on **age** or **medical exemption** grounds, and who are registered for CMS, will be flagged as CMS-registered in the GP system. This means that, initially, it is the only these groups of patients who will be eligible for a **serial prescription** if the GP considers it to be appropriate.

Mandatory data required to register a patient is as follows:

- Patient name
- Date of birth
- Gender
- Exemption category (including not exempt)
- Address
- Community Health Index (CHI) number
- Postcode

CMS requires a patient's explicit consent to allow the exchange of data between the community pharmacy, the GP practice and the Common Services Agency.

It is a pharmacist's responsibility to explain this aspect of data sharing, ensuring a patient understands it in full. Patients **MUST** cross all five declaration areas before signing.

**Remember:** within three months of registration, a pharmaceutical assessment must be completed for every CMS registered patient.

The image shows two versions of the back of the CMS CP3 registration form. The left version is the current form, with sections A through D highlighted in blue. Section A is 'Consent for Data Sharing', B is 'CMS Registration', C is 'CMS Eligibility', and D is 'CMS Declaration'. Below these are sections for patient consent and withdrawal declaration. The right version is an older form with a 'Pharmacy Use Only' stamp and a 'PART A' section with checkboxes for various exemption categories.

Figure 2. Back of the CMS CP3 registration form

## Stage 2: Web-based care planning tool – Pharmacy Care Record (PCR)

The Pharmacy Care Record (PCR) is a web-based application to support you when providing CMS. You can access PCR only from Scottish community pharmacies via an N3 connection or gateway. Any pharmacist who requires access to PCR must have a personal User ID and password. Your NHS Board is responsible for identifying users of PCR and for distributing the User IDs and passwords. You can access PCR records only for patients registered with the community pharmacy where you are currently working. All access to PCR is audited. There are two steps to accessing PCR:

- associating with the community pharmacy; and
- PCR login.

### Associating with a Community Pharmacy

You must first 'associate' yourself with the pharmacy where you are working to be able to access PCR.



**In most pharmacies the association process can only be performed on the main 'server' computer in the pharmacy. Some pharmacy 'multiples' may allow association from any computer in the pharmacy.**

The association process validates your association request against the ePharmacy Certificate currently installed on the pharmacy computer.

An icon may be visible on the computer desktop for accessing the PCR association website. You can also link to the association page from the SHOW Community Pharmacy website – <http://www.communitypharmacy.scot.nhs.uk>. Alternatively, you can use the following website address to access the PCR association website – <https://pcrua.mhs.scot.nhs.uk>

Upon accessing the PCR association website you will be presented with a screen warning you that the PCR Association website requires access to the digital certificate on your computer.

Pharmacy Care Record

Please enter your details to associate with a Pharmacy

User ID: 1234567

Password: .....

Contractor Code: 1234

Associate User


[Forgotten your password?](#)

Message of the day : Pharmacy Care Record Phase 2 Released

Once you have clicked 'Yes' on the Security Alert window, you will be able to enter your User ID and password and the pharmacy contractor code of the pharmacy you wish to be associated with.

Figure 3. PCR user association page

After entering the relevant details you click on the 'Associate User' button. You will then be presented with a final Security Alert dialogue box and, for the association to work, you must click 'Yes'. If the association is successful you will receive a message confirming this.

 **If you are a new PCR user and associating yourself for the first time, you will be instructed to change your password at this stage. You will need to re-enter your User ID and original password and then enter a new password. Your password must be a minimum of 8 characters and include at least one digit and one non-alphanumeric character (e.g. '&', '\*', etc.).**

After you have changed your password, the association page will be re-displayed and you will have to **repeat the association process** using your new password. You only have to do this the very first time you associate yourself. At this stage, you are only associated with a pharmacy. You will still need to login to the main PCR application to access patient records.

After the initial password change, passwords expire **every 60 days** and upon expiry you will be requested to change your password. Your password will need to be different to one you have previously used.

Your password can also be changed at any time by selecting the 'Change Password' option on the high-level PCR Menu.

## PCR Login

You can login to the PCR application from any computer in the pharmacy where you are working. You must have associated yourself with the pharmacy before you can login.


The main method of accessing PCR is from either an icon on your computer desktop or the following website address: <https://pcr.mhs.scot.nhs.uk> .

To login to PCR, enter your User ID and password and click 'Login'.

## PCR – an overview

The PCR web-based system supports two specific CMS processes:

- the pharmaceutical assessment – which **MUST** be carried out within **3 months** of you registering a patient for CMS; and
- the pharmaceutical care plan – which you develop for those patients you have **identified and prioritised** as benefiting from a care plan.

 **More information on using PCR is contained in the NES Pharmacy PCR User Guide which can also be found on the SHOW Community Pharmacy and NES Pharmacy websites.**

## Pharmaceutical assessment

This is completed within three months of registration and is based on:

- a patient profile; and
- a medication profile (or pharmaceutical care risk assessment).

**PATIENT, Demo (Mr)** Born 01-Jan-1960 (50y) Gender Male CHI No. 777777777  
Patient Details Last Modified On 13-Apr-2010 By 1234567

Address 3 Appleton Parkway, Livingston, West Lothian, EH54 7EZ Phone and email 0123456789

[Print Care Issues](#) [Edit](#)

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**Pharmaceutical Care Plan**

**Patient Profile** [Show less detail](#)

<b>Named Pharmacist</b>	Sally Strawberry	
<b>Additional Information</b>	On Wednesday pleas contact me on 0777777777	
<b>General Health</b>	Good	
<b>Medical Conditions</b>	Asthma	
<b>Allergies and Sensitivities</b>	Hay fever	
<b>Dispositions</b>		
Patient has a	Compromised oral route of administration	Not Recorded
	Physical Impairment	Not Recorded
	Visual Impairment	Yes <span style="float: right;">Detail available</span>
<b>Organ function</b>		
Patient has an impaired/compromised	Hepatic Function	Not Recorded
	Renal Function	Not Recorded
	Lung Function	Not Recorded
	Immune Status	Not Recorded
<b>Maternal</b>		
Patient is	Pregnant	Not Applicable
	Breast Feeding	Not Applicable
<b>Pharmaceutical Care Plan Priority</b>	<b>Medium Priority</b>	

Patient Profile Last Modified: 13-Apr-2010 by 1234567

[Review/Edit](#)

- Patient Profile**
- General health
  - Medical conditions, allergies and sensitivities
  - Patient factors
  - Care plan priority

- Medication Profile**
- Questionnaire on the patient's medicines based on a 'yes', 'no' and 'not recorded' option with a free text field for notes.

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Patient Details Last Modified On 13-Apr-2010 By 1234567

Address 3 Appleton Parkway, Livingston, West Lothian, EH54 7EZ Phone and email 0123456789

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**Care Risk Assessment**

Pharmaceutical care issues which affect the patient:

Care issue with the appropriateness of the medicine/s?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Recorded	
Care issue with the formulation of the medicine/s?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recorded	Difficulty swallowing tablets
Care issue with the dosage and frequency of the medicine/s?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Recorded	
Care issue with the contraindications?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Recorded	
Drug interaction with one or more medicines?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Recorded	
Side effects with one or more medicines?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Recorded	
Problem/s with concordance?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Recorded	
Care issue in relation to polypharmacy?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Recorded	
Pharmacokinetic risk factors?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Recorded	
Pharmacodynamic risk factors?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Recorded	
Disease risk factor?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Recorded	
Taking one or more medicines with a narrow therapeutic range?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Recorded	
Taking one or more black triangle medicines?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Recorded	
Duplication of medication?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Recorded	

**Summary:**

Are there any pharmaceutical care issues of note?  Yes  No  Not Recorded Formulation - speak to GP

These two steps help you to prioritise those patients who you think would benefit from a pharmaceutical care plan and assign an overall priority of low, medium or high.

### Pharmaceutical care plan

For those patients you identify as benefiting from a personalised care plan you then work with them to identify the care issues / problems they have, establish the outcomes you wish to achieve and agree any actions to address each issue.

Contractor Code : 1234 - Pharmacy One  
 Current User : 1234567 - Test User

**Pharmacy Care Record**

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PATIENT, Demo (Mr)

Born 01-Jan-1960 (50y) Gender Male CHI No. 777777777  
 Patient Details Last Modified On 13-Apr-2010 By 1234567

Address 3 Appleton Parkway, Livingston, West Lothian, EH54 7EZ
Phone and email 0123456789

**Care Issue**

Description Poor Inhaler Technique  
 Modified 13-Apr-2010 by 1234567

[Edit](#)

**Care Issue Outcome**

Desired outcome	Action	Action by	Response	Status	Review by	Modified on	Modified by
Improve knowledge of asthma management	Patient to read relevant advice leaflets	Patient		Open	26-Apr-2010	13-Apr-2010	1234567 <a href="#">Edit</a>
Improve Inhaler Technique	Counsel patient and test inhaler technique	Pharmacist		Open	01-May-2010	13-Apr-2010	1234567 <a href="#">Edit</a>
Understanding of acute attack inhaler	Explain difference between acute and preventative inhaler	Pharmacist	Patient understands which inhaler to use on a daily basis	Complete		13-Apr-2010	1234567 <a href="#">Edit</a>

[Add](#)

[return to Care Issues Page](#)  
[return to Patient Home Page](#)

### Pharmaceutical care plan

- Documents the care issues, desired outcomes and actions.
- Helps to monitor, review and update progress against the agreed actions.

## Stage 3: CMS Serial Prescribing

Once a GP has received an electronic CMS notification message they can choose to generate a serial prescription for a patient as part of a shared care arrangement.

A GP can produce a serial prescription for 24- or 48-weeks. You then dispense the prescription according to the time intervals determined by the GP and specified on the serial prescription e.g. dispense every 8 weeks.

The form is titled 'GPI0(SS)(S) NATIONAL HEALTH SERVICE (SCOTLAND) CMS'. It contains the following information:

- Patient Details:** Name: Mrs Claire O'Connor, Address: 12 High Street, Dingwall, Ross And Cromarty, IV15 9HL, Postcode: IV15 9HL, NHS No: 3107321869.
- Medication 1:** ATORVASTATIN tabs 40mg. Send <504> tablet(s). Label: TAKE 3 DAILY. Dispense every 4 weeks. UPN: <000000000320031002>
- Medication 2:** SALBUTAMOL inh 100micrograms/inhalation. Send <6> 200 dose inhaler. Label: INHALE 2 DOSES AS NEEDED. Dispense every 4 weeks. UPN: <000000000320031002>
- Dispensing Intervals:** A grid for 'Two prescriptions on form' with columns for weeks (1-12) and rows for months (1-12).
- Signature and Date:** Dr David Burton, 18.02.2009.
- Bottom Left Box:** CMS 24 Weeks.

Callout boxes provide additional context:

- Total quantity:** Points to the 'Send' field for Atorvastatin (<504> tablet(s)).
- UPN bar code starting with the letter 'K' is printed down the left hand side of the form:** Points to the vertical bar code 'K540 4900 009V YVNH'.
- Serial prescription dispensing interval:** Points to the 'Dispense every' field for Salbutamol (every 4 weeks).
- CMS annotation and duration of the serial prescription are printed in the bottom left hand box:** Points to the 'CMS 24 Weeks' text.

Figure 4. A Serial prescription form

As the serial prescription is being printed in a GP Practice, an electronic prescribe message is sent to the ePharmacy Message Store (ePMS). This message can only be retrieved by the pharmacy where the patient is registered for CMS. The message contains all of the information you require to dispense the specified quantities at the time intervals indicated by the GP.

A GP may not issue a serial prescription immediately on receiving the electronic CMS notification message because the GP may want the serial prescription to coincide with a patient's annual medication review.

In addition, you may never receive a serial prescription for a patient you have registered for CMS.



It is at the discretion of a patient's GP whether or not the patient is considered suitable for a serial prescription.

## Stage 3 (continued) – CMS Serial Dispensing

You scan a barcode on a serial prescription in the normal way and this brings down the corresponding electronic prescribe message.

Additional information on a CMS serial prescription includes:

- the total quantity to cover the entire dispensing period; and
- the dispensing interval, e.g. dispense every 8 weeks.

### Initial Dispensing Episode

Using the information in the electronic prescribe message, your PMR will support you in creating a dispensing schedule for the entire dispensing period of a serial prescription. In most cases, your PMR system will correctly calculate the quantity for each dispensing episode but some items may require you to decide exactly what quantity should be issued e.g. creams, liquids and inhalers. Creating the correct schedule at this stage will prevent issues for subsequent dispensing activity. You should retain the paper form until all the dispensing is complete.

You can send the electronic claim message for each dispensing episode to ePMS immediately after dispensing or park it and send it at a later stage, e.g. when the patient presents to collect the prescription.

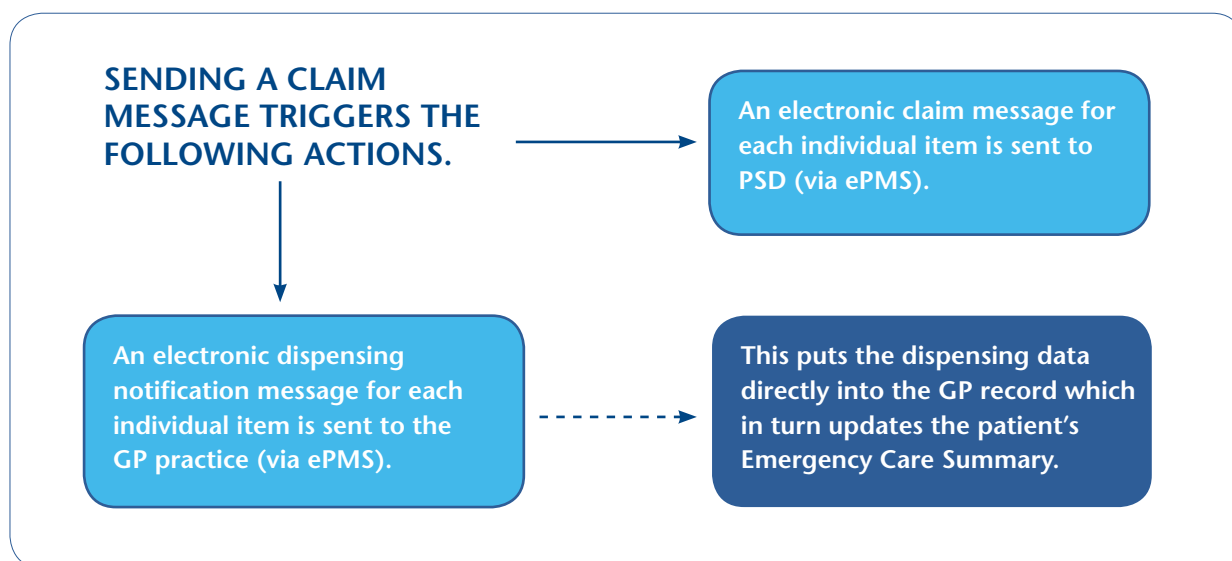


Figure 5. The result of sending an electronic claim message



All CMS serial prescription endorsements and payment claims are electronic – the paper form is not used as part of the payment process.

### Subsequent Dispensing Episode

Subsequent dispensing episodes are either actioned using your PMR system repeat facility or by scanning the paper serial prescription form. Either way, your PMR system sends a refresh message to ePMS to check for any item cancellations that may have been sent by the GP before you start to dispense. If there are no cancellation messages, your PMR system offers you the dispensing schedule that was set at the time of the first dispensing episode and you can then dispense the prescription and electronically claim very quickly.

### Final Dispensing Episode

When you complete the final dispensing episode and the claim message has been sent to ePMS, your PMR system helps you to prepare and send an end-of-care treatment summary to the patient's GP practice. It will prompt you to send it 20 weeks after the first medication is dispensed to a patient and then at regular 24-week intervals thereafter. It can also be sent on an ad hoc basis. Your PMR system will also offer you the option to generate an electronic repeat prescription renewal request which is sent as part of the end-of-care treatment summary.

## CMS Claiming

Electronic claims are made after each dispensing episode from a serial prescription. Claims are sent on an item by item basis (remember AMS claims are sent on a form by form basis). Payments are made on electronic claims only.

You retain the CMS serial prescription in your pharmacy until the final dispensing episode has been completed.

Upon collection of the final dispensed items, a patient should sign the back of the GP10 form, indicating their exemption category, before you submit the paper form to Practitioner Services Division (PSD). When PSD receive the paper, it will be scanned and stored for reference purposes only.

The paper GP10 is not used in the payment process for CMS prescriptions.

## Submitting a GP34 form

NATIONAL HEALTH SERVICE in SCOTLAND  
**DECLARATION RELATING TO DRUGS & APPLIANCES ORDERED UNDER PART II OF THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT, 1978** Form GP34 (Scotland)

Please write with black ink in block capitals

I hereby claim payment in accordance with my terms of service for the drugs and listed appliances ordered on the prescription forms submitted with this declaration and supplied by me during the month

MMYYYY date of dispatch DDMMYYYY

Tick one box: e.g. 10 Feb 99=10021999  
 First Half Month  Second Half Month  Full Month

Signature of contractor \_\_\_\_\_

PPD contractor code \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Pharmacist's Stamp

NOTE FOR COMPLETION

- Prescription forms must be sorted into exempt and charged batches and the number of forms and items for each batch recorded below.

Include those marked "x"

Exempt from Charges		Subject to Charges	
No of forms	No of items	No of forms	No of items

GP10a (stock orders)

No of forms	No of items

Authorised oxygen contractors

Oxygen Rental	
No of Authorised Sets	Sets On Loan

If there has been a change in ownership or any details of the contract have changed, please cross box and give details overleaf.

01130113

Figure 6. A GP34 form

All serial prescription forms must be sent to PSD within three months of having been completed (dispensed in full), expired or cancelled.

For the GP34 form count ONLY the forms, i.e. Form = 1, Item = 0. Items are processed using electronic claims.

All CP3 registration forms should be submitted to PSD in the normal way (i.e. same as MAS). They should be bundled separately.

✓ If for any reason a GP cancels all the items on a serial prescription, you should submit the paper serial prescription form with your next submission.

More detailed information on each stage of CMS is available in the NES Pharmacy CMS Implementation Resource pack.

We would like to acknowledge the work of the Community Pharmacy IM&T Facilitator Group, and in particular, Dawn Balfour from NHS Fife and Catriona MacDonald from NHS Tayside, in assisting with the development of the Quick User Reference Guide.