

Supporting patients who may need reasonable adjustments (under the Equality Act: 2010) to take their medicines.

Guidance on the use of Monitored Dosage Systems (MDS) across Devon.

Aim

This resource is for health and social care professionals involved in prescribing, dispensing, and administering medicines for patients living in the community.

The focus is on safe and appropriate medicines support for adults living in their own homes, with the emphasis on people retaining full responsibility for their own medicines, and being involved in the decision making process when possible.

Under the Equality Act (2010), patients should receive a reasonable adjustment in the way their medicines are supplied where they require support with their medicines taking. This may include determination of whether a monitored dosage system (MDS) is appropriate for the patient.

All patients should be able to receive the support they need from their chosen community pharmacy.

Executive Summary

To facilitate a patient gaining optimal outcomes from their medicines, a person with a disability must not be put at a substantial disadvantage (when compared to a person with no disabilities) in accessing services that are provided by the community pharmacy. The Equality Act requires that a community pharmacy make a reasonable adjustment to help people overcome obstacles to access pharmacy services.

- The decision about whether to use a MDS or any other reasonable adjustment should be made by the community pharmacist, they are the final arbiter in this process, although decisions may be made in collaboration with people, their carers and other health and social care professionals.
- A decision to discharge a patient from secondary care with their medication dispensed in a MDS must be made in collaboration with the patients chosen community pharmacy.
- The decision about the length of the prescription should be made by the prescriber, although decisions may be made in collaboration with other health and social care professionals.
- 7-day prescriptions should only be provided when there is a clear clinical need to restrict supply of medications to a patient. These prescriptions should be dispensed and supplied on a weekly basis.
- Patients that do not qualify for MDS provision under Equality Act legislation are not funded for this provision by the NHS. There may be a direct cost made for providing this (non-NHS) service to either the patient or care agency requesting the MDS supply.

Background

There are a number of compliance aids available that may assist patients in taking their medicines. One type of compliance aid involves repackaging medicines in blister packs collectively known as Monitored Dosage Systems (MDS) / Domiciliary Dosage Systems (DDS) or Multi-compartmental Compliance Aids (MCCA). For the purposes of this document the term MDS will be used to encompass all compliance aids mentioned above. The use of MDS has grown significantly in recent years and the demand for them is not always being driven by clinical need. In many cases they may not contribute to improved clinical outcomes and their use is not always justifiable.

There is a substantial cost to both community pharmacies and to prescribers to provide medicines in MDS. This has significant and adverse consequences for local health economies where there is often no clinical benefit to the patient of using an MDS.

The Guiding Principles

The aim of this resource is to support health and social care professionals with the complex issues around compliance aids including MDS, and to inform health and social care commissioners of the regulatory and contractual infrastructure in the utilisation of compliance aids including MDS.

A multidisciplinary approach is more likely to produce the correct outcome for the patient. All practitioners have an important role to play in supporting patients in the optimisation of their medicines, in order that MDS does not become a substitute for professional intervention. Nevertheless, the final decision of whether a patient should receive their medicines via MDS is that of the community pharmacist.

MDS should not be the default for all patients; they are not likely to lead to improved outcomes, and place an undue strain on healthcare services. As the commissioner of adult social care is not the arbiter of the reasonable adjustment the commissioner should not make any stipulations of a domiciliary care provider when placing a patient's care package with them. Those commissioning the provision of, and those delivering social care services must ensure that those providing care are adequately trained and operate to a sufficiently high quality to provide medicines administration support.

Prescribing Decisions

Prescribers should consider the fact that poor medication concordance can have wider treatment implications, in some cases resulting in hospital admission. Providing medication in 7-day compliance aids however does not necessarily improve concordance and for some patients will not be appropriate. The need for, and provision of 7-day prescriptions for patients is at the sole discretion of the prescriber.

If prescribers believe their patient may require additional levels of support in taking their medicines, they should refer their patient to their chosen community pharmacy, in order that the community pharmacist can determine what reasonable adjustments

are required. Prescribers (or any other person involved in their care) should not generate an expectation in the patient that they will receive their medication via MDS.

Patients who may require additional support in taking their medicines may benefit from medication review. This is an opportunity to deprescribe, to rationalise the medication prescribed or to reduce the number of times in the day that medication is taken. If a clinical medication review is completed any changes need to be communicated to all relevant health and social care professionals, including the community pharmacy team.

Decisions to Supply Using MDS

It is at the community pharmacist's sole discretion whether to supply medicines in an MDS for any particular patient. A decision to provide MDS services should be based on the needs of the patient, and also on the capacity of the community pharmacy to safely do so.

Whilst there is no contractual requirement for community pharmacists to assess patients, under the Equality Act (EA) 2010, there is a requirement to provide reasonable adjustments to how they provide medications. Community pharmacists may wish to consider the advice of other healthcare professionals in their determination of the Equality Act eligibility of a patient. However, the community pharmacist is the sole arbiter of whether a patient should receive an MDS and cannot be instructed to provide an MDS by a third party.

A reasonable adjustment provided under the Equality Act by a community pharmacist may include providing easy opening tops, large print labels, reminder charts or an MDS appropriate for the patient. More detail about reasonable adjustments can be found [here](#). Community pharmacists may wish to use the PSNC assessment tool available [here](#).

Where the patient does not meet the Equality Act eligibility criteria there may be a direct cost made for providing this (non-NHS) service to either the patient or care agency requesting the MDS supply.

It is recommended that community pharmacists:

- Inform prescribers of medication that should not be dispensed in an MDS e.g. reasons of stability, variable dose medication
- Make prescribers aware of medication prescribed on a 7-day prescription for which 'special container' rules apply.

Conclusion

It is important to recognise that MDS can offer the support some patients need to take their medication as prescribed. However, MDS should not be the default and the focus should be on safe and appropriate medicines support for adults living in their own homes.

References:

- PSNC Briefing 60/17: Equality Act 2010 – a quick reference guide
<https://psnc.org.uk/wp-content/uploads/2020/07/PSNC-Briefing-060.17-Equality-Act-2010-A-quick-reference-guide.pdf>
- Information on the stability of individual medicines in medication compliance aids available at:
<https://www.sps.nhs.uk/category/guidance-2/stability-in-dosette-boxes-guidance/>
- Information on 'special containers' available at:
<http://psnc.org.uk/dispensing-supply/dispensing-a-prescription/special-containers/>
- Improving patient outcomes: The better use of multi-compartment compliance aids (Royal Pharmaceutical Society July 2013).
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/rps-mca-july-2013.pdf>
- PSNC guidance on 7-day prescriptions is available at:
<http://psnc.org.uk/contract-it/pharmacy-regulation/dda/the-equality-act-2010-28-day-prescribing/#>
- Care Quality Commission Medicines information guidance for adult social care providers: Multi-compartment compliance aids in adult social care.
<https://www.cqc.org.uk/guidance-providers/adult-social-care/multi-compartment-compliance-aids-mcas-adult-social-care>
- PSNC Medicines Compliance Aid Assessment tool.
<https://psnc.org.uk/devon-lpc/wp-content/uploads/sites/20/2020/08/4.-Medicines-Compliance-and-EA-Assessment-Tool.pdf>
- NICE guideline for managing medicines for adults receiving social care in the community (NG67, March 2017): <https://www.nice.org.uk/guidance/ng67>

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