NHS Devon

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

Guidance on the use of Monitored Dosage Systems in Devon

Aim

The aim of this resource is to support health and social care professionals with the complex issues around compliance aids including Monitored Dosage Systems (MDS). This information serves as a guide for health and social care professionals involved in prescribing, dispensing, and administering medicines for patients living in the community. It also seeks to inform health and social care commissioners of the regulatory and contractual infrastructure in the utilisation of compliance aids including MDS.

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

Executive Summary

- A patient should gain optimal outcomes from their medicines. To facilitate this, a person with a disability must not be put at a substantial disadvantage when compared to a person with no disabilities. This applies to patients accessing services that are provided by the community pharmacy. The Equality Act requires that a community pharmacy make a reasonable adjustment to help patients overcome obstacles to access pharmacy services (Equality Act, 2010).
- The decision about whether to use an MDS or any other reasonable adjustment should be made by the community pharmacist. They are the final arbiter in this process. However, decisions may be made in collaboration with patients, their carers, and other health and social care professionals.
- A decision to discharge a patient from secondary care with their medication dispensed in an MDS must be made in collaboration with the patient's chosen community pharmacy.
- The decision about the duration of the prescription should be made by the prescriber. However, 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 the supply of medications to a patient. These prescriptions should be dispensed and supplied on a weekly basis. There should be no prescribing of 7-day prescriptions to cover the cost of an MDS.

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- Patients that do not qualify for an MDS provision under Equality Act legislation are not eligible 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 many 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 (MCA). For the purposes of this document the term MDS is used to encompass all compliance aids mentioned above.

The use of an 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 (Royal College of Pharmacy, 2022).

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

The Guiding Principles

Under the Equality Act (2010), patients must receive a reasonable adjustment if there is an established need. Within the pharmacy, the reasonable adjustment could involve the way medicines are supplied when a patient requires support with their medicines taking, which may include a determination of whether an MDS is appropriate for the patient (Community Pharmacy England, 2017). When patients require support, they should be able to receive that support from their chosen community pharmacy (including online pharmacies).

A multidisciplinary approach, with a focus on person-centred care, is more likely to produce the correct outcome for the patient. All practitioners have a vital role in supporting patients in the optimisation of their medicines (NICE, 2009). This is to ensure that an MDS does not become a substitute for professional intervention. Nevertheless, the final decision of whether a patient should receive their medicines via an MDS is that of the community pharmacist (NICE, 2017).

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. The commissioner of adult social care is not the arbiter of the reasonable adjustment. Therefore, the commissioner should not include any stipulations for the use an MDS when placing a patient's care package with a domiciliary care provider. Those commissioning the provision of, and those delivering social care services, must ensure that those providing care are adequately trained and operate to sufficiently high-quality standards to provide medicines administration support (Care Quality Commission, 2024).

Prescribing Decisions

Prescribers should consider the fact that poor medication adherence can have wider treatment implications, e.g. medications not taken as intended could result in hospital admission (Specialist Pharmacy Service, 2023). Providing medication in 7-day compliance aids does not necessarily improve adherence 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 (Community Pharmacy England, 2024). There should be no prescribing of 7-day prescriptions to cover the cost of an MDS. If prescribers believe their patient may need more support in taking their medicines, they should refer them to their chosen community pharmacy. 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 an MDS. Patients who may require additional support in taking their medicines may benefit from a Structured Medication Review (SMR) at their general medical practice (NHS England, 2020). The patient (and their carer if appropriate) should be involved in discussions regarding any medication changes. This is an opportunity to rationalise a patient's medication through deprescribing and reducing the number of times in the day that medication is taken. If an SMR is completed, any changes need to be communicated to all relevant health and social care professionals, including the community pharmacy team (NHS England, 2020).

Reasonable Adjustment Digital Flag

The reasonable adjustment digital flag (RADF) enables health and care professionals to share details of reasonable adjustments within the National Care Records Service (NCRS), where they exist (NHS England, 2026). The RADF highlights people with a disability or impairment under the Equality Act and optionally suggests key adjustments that could be considered.

The flag will enable community pharmacy contractors to consider possible reasonable adjustments in an anticipatory manner. It does not mandate the supply of an MDS (or other specified adjustment) even if included within the RADF, as this remains at the sole discretion of the community pharmacist (Community Pharmacy England, 2026). The opposite is also true, the absence of a RADF doesn't preclude a community pharmacy from supplying an MDS device, if they determine it to be appropriate. In either instance, it suggested that the community pharmacist document their decision.

Decisions to Supply Using MDS

It is at the community pharmacist's sole discretion whether to supply medicines in an MDS for a patient. A decision to provide MDS services should be based on the needs of the patient, and on the ability of the community pharmacy to safely do so (Community Pharmacy England, 2017).

There is no contractual requirement for community pharmacists to assess patients under the Equality Act 2010. However, there is a legal requirement to provide reasonable adjustments when needed 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. Only a community pharmacist can decide if a patient should receive an MDS and cannot be instructed to provide one by a third party (Community Pharmacy England, 2017). Any requests made by a third party should be considered by the community pharmacist, and decisions to supply/not supply be communicated effectively to all parties.

What is considered a "reasonable" adjustment under the Equality Act depends on factors such as the size and resources of the provider, the potential impact on others, and the practicality of making the adjustment. A reasonable adjustment provided by a community pharmacist may include providing easy opening tops, large print labels, reminder charts, or an MDS appropriate for the patient. More details about reasonable adjustments can be found via the Royal College of Pharmacy website (2022). Any reasonable adjustment should be reviewed on a regular basis. The frequency of the review should be determined by the needs of the patient (Royal College of Pharmacy, 2022).

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.

As listed in the References and Resources section, community pharmacists can review the guidance on the Equality Act from Community Pharmacy England (2024). The Royal College of Pharmacy (2022) provides information on how to conduct an MCA suitability assessment. Additionally, local resources are available from Community Pharmacy Devon (2024) website.

It is recommended that community pharmacists inform prescribers on the following:

- Medication that should not be dispensed in an MDS, e.g. reasons of stability, variable dose medication. For detailed information on the stability of medicines outside their original blister packaging, please refer to the Specialist Pharmacy Service medicines compliance aid stability tool (2026).

- Medication prescribed on a 7-day prescription for which ‘special container’ rules apply (Community Pharmacy England, 2024).

Conclusion

It is important to recognise that an 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 and Resources

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