



Guidance on the Issue of Prescriptions and Use of Monitored Dosage Systems (MDS) across Southampton, Hampshire, Isle of Wight, Portsmouth and Dorset

This guidance has been produced by the Local Pharmaceutical Committees (LPC) and Local Medical Committees (LMC) representing the Community Pharmacy and Medical Practices across Wessex. It has the endorsement of each of the Clinical Commissioning Groups and Area and District Prescribing Committees as well as NHS England (Wessex).

The Supply of Monitored Dosage Systems (MDS) / Multi-compartment Compliance Aids (MCA) to patients

There are a number of compliance aids available that may assist patients in taking their medicines. These are collectively known as Monitored Dosage Systems (MDS) / Domiciliary Dosage Systems (DDS) or Multi-compartmental Compliance Aids (MCA). The use of these aids 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 justifiable.

There is a significant cost to both pharmacies (of dispensing into these systems) and to prescribers (in terms of time taken to generate 7-day prescriptions, which has become one method of trying to offset the otherwise unremunerated cost of supply to the dispenser). This has significant and adverse consequences for the local health economies when there is no clinical benefit to the patient of using an MDS system.

The Guiding Principles

Seven-day prescriptions should only be issued when 7-day dispensing is clinically necessary. Typically, this will be in one of two scenarios;

1. When there is a clear clinical need for restricting the quantity of medication that a patient holds at any one time e.g. concerns about overdose or misuse.
2. There are frequent changes to the medication regime - using 7-day quantities will help to minimise waste as a result of medication changes. Once stability in dose/medication choice has been achieved, moving to 28 day quantities should be considered.

Note: A Repeat Dispensing Scheme can be used to reduce workload when generating weekly prescriptions for medication that is unlikely to change in dosage during the repeat dispensing period. Electronic prescribing will also make the issuing of weekly prescriptions easier (see additional guidance on the dispensing of 7-day batch prescriptions within EPS).

1. Prescribing Decisions

The need for, and provision of, 7-day prescriptions for patients is ultimately at the discretion

of the prescriber.

Prescribers should consider the fact that poor medication concordance can have wider treatment implications, including in some cases necessitating hospital admission. Providing medication in 7-day compliance aids however does not necessarily improve concordance and for some patients will not be appropriate.

Assessment of clinical need is a matter for the health and social care professionals involved in providing care to the patient. A multidisciplinary approach is therefore more likely to produce the correct outcome for the patient. Each professional has an important role to play in supporting the patient to ensure medicines optimisation and MDS should not become a substitute for professional intervention.

Those commissioning the provision of social care services must ensure that those providing care are adequately trained and operate to a sufficiently high quality. They should not allow providers to default to the use of MDS for all clients as this is not likely to lead to appropriate outcomes, places an undue strain and extra costs on healthcare services and is unsustainable in the longer term.

2. Decisions to Supply Using MDS

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

Pharmacists are required to assess patients who may fall under the Equality Act (EA) 2010 (formerly the Disability Discrimination Act - DDA) and provide 'reasonable adjustments' to how they provide medications. Pharmacists may wish to consider the advice of other healthcare professionals in their determination of the EA eligibility of a patient.

[Note: An EA 'reasonable adjustment' provided by a pharmacist may include providing easy opening tops, reminder charts or an MDS device appropriate for the patient].

Where a patient is considered eligible by the pharmacist under the Equality Act for a medication compliance aid, it should be noted that a small amount of funding is already incorporated into the total financial envelope of the national pharmacy contract to fund this. This funding covers provision for a small number of patients and it was not expected that the majority of patients would need MDS provision. For other patients it would be more appropriate to draw upon other means of support.

Ambiguity may arise when a patient does not meet the EA eligibility criteria, but a request is made for an MDS to aid compliance, either by themselves or by carers, to help them take their medications correctly. National funding has not been incorporated in the pharmacy contract to include provision for these patients and consequently there may be a direct cost for providing this service to either the patient or care agency requesting the MDS supply.

An assessment of eligibility under the EA and need for an MDS should be made and where a pharmacist judges that a patient has a need for an MDS and that 7-day instalment prescriptions are clinically appropriate then:

- Patients falling under this category should be identified to the GP indicating the reasons why 7-day dispensing is necessary.
- Records should be kept in the pharmacy of the request for an MDS 7-day prescriptions

- The outcome of the request for an MDS 7-day prescriptions should be recorded by the pharmacy
- Any agreed provision of MDS should be supplied in accordance with the prescriber's decision (7-day or 28-day)
- Any consequences resulting from a change in the period of supply should be recorded and reported back to the prescriber.

The Implications of Dispensing Multiple 7-day Prescriptions at the same time

It is recommended that where 7-day prescriptions are agreed between the prescriber and pharmacist as being necessary then pharmacists should assemble and issue the MDS once a week to that patient. This will help minimise any waste and associated cost to the NHS if changes to medications occur.

Despite this recommendation, pharmacies may choose to assemble four cassettes at a time based on the information that is on the first prescription. This is entirely at the risk of the pharmacy. If the pharmacy receives weekly prescriptions but chooses to dispense more than one week at a time then they must be willing to accept the cost of the loss if any changes occur mid cycle. GPs are not expected to replace prescriptions for more than the week when the change is made. Replacement prescriptions will not be issued for medications dispensed in advance of when they were due.

In summary:

- The decision about the length of the prescription should be made by the prescriber
- The decision about whether to use an MDS or any other reasonable adjustment should be made by the pharmacist.
- 7-day prescriptions should only be provided when there is a clear clinical need to restrict supply of medications to a patient for the reasons given above. These prescriptions should be dispensed and supplied on a weekly basis.
- All other MDS supplies should be supplied against 28-day prescriptions. These prescriptions should be dispensed and supplied on a four-weekly basis.
- Patients that do not qualify for MDS provision under EA legislation are not funded for this provision by the NHS.
- 7-day prescriptions should not be used to fund MDS provision for patients that do not have a clinical need to receive their medications weekly.
- Where 7-day prescriptions are not agreed as necessary for patient safety it is a commercial decision within the pharmacy whether to continue providing MDS for free or to make a charge for this non-NHS service.

Note:

It is requested that pharmacists should:

- *Inform prescribers of medication that should not be dispensed in a compliance aid for reasons of stability, etc.*
- *Make prescribers aware of medication prescribed on a 7-day prescription for which 'special container' rules apply.*

If you are having any difficulties around this guidance then please approach either the LMC or the LPC who will be happy to advise and facilitate conversations.

References:

Information on the stability of individual medicines in medication compliance aids available at:

<http://www.ukmi.nhs.uk/applications/mca/>

UKMI Medicines in Compliance Aids database

Information on 'special containers' available at:

<http://psnc.org.uk/dispensing-supply/dispensing-a-prescription/special-containers/>

Guidance is available to help pharmacists undertake Equality Act (DDA) assessments of patients at:

<http://www.pcc-cic.org.uk/article/disability-discrimination-act-resource-kit>

The Primary Care Commissioning Disability Discrimination Act resource kit.

Guidance to help decide whether a multi-compartment compliance aid is appropriate for a patient at:

[http://www.rpharms.com/unsecure-support-resources/improving-patient-outcomes-through-the-better-useof-](http://www.rpharms.com/unsecure-support-resources/improving-patient-outcomes-through-the-better-useof-mcas.asp)

[mcas.asp](http://www.rpharms.com/unsecure-support-resources/improving-patient-outcomes-through-the-better-useof-mcas.asp) Improving patient outcomes: The better use of multi-compartment compliance aids (Royal Pharmaceutical Society July 2013)

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/#>

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