

The inclusion of the provision of Domiciliary Medication Dosage Systems (DMDS) within the Essential Services of the new Pharmacy Contractual Framework has led some pharmacists and contractors to come into conflict with other providers of health and social care. These brief notes are intended to clarify the situation for pharmacy contractors when dealing with requests from patients, carers and other professionals.

Background

All service providers, not just pharmacies, are required by the Disability Discrimination Act (DDA) to make reasonable and appropriate adjustments to their services such that a person with disabilities would not be prejudiced against. This includes pharmacists making medication available to such people with suitable instructions or in a suitable container. The new contract recognises the increased work and costs of meeting this legal obligation and an additional payment per prescription item has been added to help with these costs.

Requirements

The decision of what adjustments are appropriate in each individual case is the responsibility of the community pharmacist, not that of carers, social workers or other providers. However, the evaluation must be done in a consistent manner and detailed records kept. The LPC has developed an assessment form for use by community pharmacists and allows a record to be kept which does not require a great deal of storage space. This, in both double and single sided format, is available from the LPC website. This assessment is an ideal opportunity to do an MUR, if pharmacist and premises are suitably accredited.

Adjustments

Appropriate adjustments need not be solely the provision of a DMDS system. The solution should be matched to the individual. For example, a patient who forgets whether they have taken their tablet might benefit more from a simplified Medication Administration Record (MAR) chart. Similarly, a patient with difficulty reading the label might find it more advantageous to receive packs with a large print label. The LPC has a free system available on the website which can be used to generate this sort of label together with further information for supporting the needs of the visually impaired.

7-day Prescriptions

Some contractors have, in the past worked with their prescribing colleagues to use 7-day prescription to help ameliorate the costs of providing DMDS. These costs are now included within the Essential Services payments. However, the quantities prescribed on a prescription should reflect the required frequency of dispensing. Thus, if a prescription is written for 28 days then all 28 days should be provided to the patient at the same time. If, however, a prescriber requires the patient to collect their medication weekly, then they should write individual prescriptions for seven days.

Ineligible patients

Community pharmacists are only obliged to provide support to patients who are eligible under the act. If patients who are not eligible request such aids, then they are free to enter into a private arrangement with them to provide the support requested. Alternatively a PCT could commission an Enhanced Service.

Reasonableness

Contractors should recognise that for some patients, the adjustments necessary are beyond the capabilities of the majority of community pharmacies. A patient might be helped by Braille labelling but it would be unreasonable to expect every pharmacy to invest in a Braille printer.

Further Guidance

PSNC website: www.psn.org.uk **PCC website:** www.primarycarecontracting.nhs.uk/88.php

Disability Discrimination Act: www.legislation.hmso.gov.uk/acts/acts1995/1995050.htm

This guidance is provided by the LPC after reviewing all the information available to us concerning the Disability Discrimination Act (1995). In common with all laws, however, only the courts can give an authoritative interpretation. In all cases of doubt, you should refer to the original legislation and seek appropriate professional legal advice.

www.hampshirelpc.org.uk
Supporting Local Community Pharmacy