



Prescribing Points

A NEWSLETTER FOR ALL HEALTH CARE PROFESSIONALS IN OXFORDSHIRE, WRITTEN BY THE MEDICINES MANAGEMENT TEAM, OXFORDSHIRE PCT, JUBILEE HOUSE, OXFORD BUSINESS PARK SOUTH, OXFORD, OX4 2LH.

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Monitored Dosage System (MDS)

Background

Prior to the introduction of the new pharmacy contract in April 2005, monitored dosage systems were filled by community pharmacy (and other members of the primary health care team) on an ad hoc basis. Some pharmacies charged patients for this service whilst others provided it without additional funding.

With the new contract, additional funding was made available for community pharmacies in order that they could meet their obligation under the Disability Discrimination Act (DDA) which in some situations included the provision of an MDS.

As a result different systems were set up across the county to deal with requests for patients who required an MDS but who did not fall under the DDA. This was particularly necessary for patients who require carers to administer their medication. Oxfordshire health and Social Care currently allow their carers to administer one medicine from a bottle or blister pack. Patients on two or more medicines however must have their medicines dispensed into an MDS if the carer is to administer (i.e. give to the patient to take or put in the patients mouth). Carers are however allowed to remind or prompt patients to take their medicine and this does not need an MDS.

Due to the difference in provision of MDS across the county it has been necessary to re look at the provision of MDS for the patients with different needs. The current scheme in the south of the county will stop on the 1st July 08 and those pharmacies involved have been advised of this.

In order to ensure that patients still have access to MDS work has been undertaken with the LMC and LPC to ensure that there is access to this service. The flow chart on the back describes the routes available for the provision of MDS.

What is MDS?

MDS is a medication storage device designed to simplify the administration of solid oral dose medication. There are various types which include the NOMAD, Plus Pak, dosette and Venalink 7 Day systems. MDs can potentially address the issues of difficulty accessing medication and following the

regimen due to sight impairment and/or confusion / forgetfulness. The evidence however to support these benefits is however limited.

Advantages and disadvantages of using an MDS are listed below¹

<u>Advantages</u>	<u>Disadvantages</u>
❖ Provide medicine storage which is easily accessible to the patient	❖ Risk from secondary dispensing errors
❖ Reduce the complexity of adhering to a regimen	❖ Do not improve intentional non-compliance
❖ Minimise dose, amount and timing errors	❖ Only suitable for solid dosage forms that are to be swallowed whole
❖ Act as a memory aid	❖ Long term stability of medicines in the compliance aid unknown
❖ Some are tamper evident	❖ Potential hygiene problems with reusable MDS
	❖ Lack of child resistant closures
	❖ Doses can become mixed up if the MDS is dropped (in some cases)
	❖ Large size of MDS can make carrying difficult
	❖ Not useful for 'when required' medication
	❖ Not suitable for medicines with variable dosage such as warfarin

There are some reports that MDS are the best solution for only around 50% of people referred for such a service. It is therefore very important to fully assess the need for an MDS which in turn provides an ideal opportunity to review treatment, reduce the number of medicines and the frequency of doses prescribed.

MDS provided to patients who meet the DDA

The DDA (1995 and 2005) seeks to improve the rights of disabled people across the UK. It requires services including community pharmacies and GP practices to make reasonable adjustment to ensure that a disabled person can access all the services offered to the general population. This includes the ability of the individual to access the supplied medicines and to be able to take them appropriately.

The DDA only applies to a disabled person if they have or are expected to have a long term disability (defined as 12months or longer) that affects at least one of the following:

- ❖ Mobility
- ❖ Manual dexterity
- ❖ Physical co-ordination
- ❖ Speech, hearing or eyesight
- ❖ Memory
- ❖ Ability to concentrate, learn or understand
- ❖ continence
- ❖ Ability to lift, carry or move everyday objects
- ❖ Understanding of the risk of physical danger

Various tools are available to help community pharmacies assess if the patient meets the DDA requirements and then determine what is the most suitable form of adjustment for that individual

There are many 'reasonable adjustments' that can be made in a pharmacy and some examples are listed in the box below

¹ Bhattacharya D : Indications for Multi compartment compliance aids (MCA) – also known as Monitored Dosage Systems (MDS) – provision January 2005

Pushing medicines out of blister packs
*Labels with pictograms
*Tick chart
Alarm reminders
Monitored dosage systems

colour coded labels
*reminder charts
large print labels
non child proof locks
*dosage bagging system

*examples are available from the PCT Medicines Management team

Prescriptions for seven days

There is a common misnomer that 7 day prescriptions are needed for MDS in order to cover the cost of dispensing. However this is not the case. Weekly prescriptions allow the dispensing and issuing of an MDS tray on a weekly basis. It should be noted that a patient requiring a MDS with a prescription for 28 days will be given 4 seven day trays at one dispensing. Seven day prescriptions therefore allow for weekly dispensing which means that adjustment to medications, dosage etc can easily be made.

Seven day prescriptions should therefore be used if

- ❖ flexibility is required to change the medication at short notice
- ❖ the patients' medicine needs are unstable and liable to change
- ❖ there may be a risk to the patient or others from having too much medicine in the home
- ❖ weekly provision of MDS is required

GPs may issue weekly prescriptions if they feel it is clinically appropriate for their patient.

It may be appropriate to use repeat dispensing for weekly prescriptions if the patient's medication needs are stable. This involves the generation of batch prescriptions which will be dispensed by the pharmacist at the interval requested by the GP. The patient can then collect their medicines directly from the pharmacy of their choice without first requesting a prescription from their GP. Before dispensing each instalment the pharmacist is required to check that the patient's condition has not changed and that they still require all the medicines. More information on repeat dispensing is available from your local community pharmacy or in Prescribing Points August 07²

PCT Commissioned MDS service

The PCT has previously been alerted to capacity issues in pharmacies who are not able to safely take on anymore patients who do not fall under the DDA but who require an MDS. Patients who do not fall under the DDA are often those patients that have a carer to administer their medication. This excludes carers who prompt the patient to take their medicines (when a MDS is not needed)

For the small number of patients where there is no local provision of MDS the PCT commissioned service may be used. In this case the practice should contact Continuing care on 01235 205480 who will

- Check that the patient has a carer administering their medicine
- Check that the local pharmacy is not able to take on additional patients
- Provide the Practice with details of the commissioned service
- Request that prescriptions are sent to the PCT commissioned service.

The PCT commissioned service will

- Receive a FP10 for an MDS patient from the GP
- Dispense and supply a sealed/labelled medicine compliance aid
- Arrange and provide delivery of the MDS to the patient/carer
- Supply with the MDS, an up to date administration record form and send a copy to the Continuing Care office
- Keep patient dispensing records
- Request from the practice regular prescriptions for dispensing

² <http://www.oxfordshire.nhs.uk/documents/Vol16.15PrescribingPointsAug2007.pdf>

Flow diagram identifying provision of MDS to patients

**Monitored Dosage System
(MDS)**

