

Support for Patients with Managing their Medicines and Seven-day Prescriptions

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Under the Disability Discrimination Act (DDA) 1995 it is the responsibility of all professions involved to make reasonable adjustments to help disabled people take their medicines appropriately. It should be emphasised that the definition of disabled is not restricted to those registered as disabled. A person is said to have a disability if they have a physical or mental impairment which has a substantial and long term (> 12 months) adverse effect on their ability to carry out normal day to day activities. This could include for example patients with severe arthritis, MS, visual impairment and/or poor short-term memory.

When looking at medicines supply services all professionals should determine if the services they provide make it impossible or unreasonably difficult for the disabled person to use their medicines.

Prescribers should therefore take account of a disabled patient's ability to comply with, and be prepared to make reasonable adjustments to, their medicines regimen. This may, for example, include altering the choice of drug and or formulation in order to simplify a complicated drug regimen that is impossible or unreasonably difficult to follow for a patient with a loss of short-term memory.

Dispensers should make reasonable adjustments and action should be taken to help disabled patients comply with their medicines regimen. This may, for example, include supplying medication in an easy open container as a child resistant container may make it impossible or unreasonably difficult for a patient with severe arthritis to use their medicines. It may also extend to the provision of reminder charts and medicines compliance aids (MCA).

Under the new pharmacy contract disabled patients may ask the pharmacist for support with medicines use. An assessment tool is being developed to assess if support is required, and at what level, but this will only be a guide and is not definitive. If a prescriber is aware that a disabled patient has problems using their medicines, and they have made all reasonable adjustments to their medication regimen, they can suggest that the patient approaches the pharmacist for advice and assessment.

Historically pharmacists have asked for seven-day scripts as a means of covering the cost of providing an MCA. There should be no need for new requests for seven-day scripts and patients currently receiving seven-day scripts will need to be reviewed. It is likely however that many patients who currently receive their medicines in an MCA would not fall within the definition of disabled (i.e. they do not suffer from an impairment that has a substantial adverse effect on their ability to take medicines). In these circumstances the pharmacist is under no obligation whatsoever to supply patients who are not disabled with an MCA. Practices may consider it appropriate therefore to continue supplying seven-day scripts for these patients, especially where the MCA was initiated at their request.

For further information the following website may be of use
www.legislation.hmsso.gov.uk/acts/acts1995/1995050.htm