

Monitored Dosage Systems (MDS) Guidance for Health & Social Care Professionals in Herefordshire

Background

A “Monitored Dosage System” is a term in healthcare associated with the way that a patient can receive their medicines which have been “re-packaged” by the community pharmacist into a “box” or “blister system” which indicates the days of the week and times of day medicines should be taken. Medicines can be “re-packaged” in this way for individual patients who are thought to require assistance in the day to day management of their medicines by their pharmacist. However “re-packaging” of medicines has many complex elements from prescribing, dispensing and patient perspectives.

Over recent years there has been a steady rise in the demand for MDS in the community. This is despite a serious shortage of evidence surrounding its use and the benefit (if any) to the patient. MDS has been promoted as a safe system of medicine administration but it is merely a convenient form of packaging for a limited group of medicines. Safe practice is not guaranteed by use of a system alone but it can be useful for certain individuals to manage medicines who do not have carers.

This guidance has been drawn up in order to facilitate a consistent approach across Herefordshire for referrals to pharmacists to ensure that limited resources available to pharmacists in re-packaging medicines are secured for those patients most likely to benefit.

Caution is needed in interpreting the claimed benefits of MDS, which have not been confirmed by good research evidence.

Key advantages of this guidance for health and social care professionals working in Herefordshire will be to:

1. Ensure that patients who are *most likely* to benefit of having their medicines packed in Monitored Dosage Systems (MDS) receive them packaged in this way. These frequently have been the first line but sometimes inappropriate choice for patient, carers and healthcare professionals and should be reserved for patients to support independent living.
2. Raise awareness of a much wider range of support mechanisms which can be of benefit to patients through the NHS after individual patient assessment by their community pharmacy/dispensing practice. See Appendix 1 for possible options for support e.g. reminder charts.
3. Promote regular review of patients’ medicines before commencing packaging medicines within MDS by the GP to simplify their medicines regime and in some cases patients will only need short term support through these systems.
4. Recommend that patients receive a Medicines Use Review (MUR) with their community pharmacist in which all patients medicines can be reviewed together with a DDA assessment which will highlight options for patients.
5. Highlight that Domiciliary care agency staff, GPs, District Nurses or other health or social care colleagues *cannot* refer patients for MDS but will need to refer to the community pharmacy or dispensing practice for advice if there are queries over dispensing or presentation of patients’ medicines.
6. This guidance has referenced the joint PCT Social care Medicines policy for Domiciliary Care Settings Herefordshire 2007 and PCT Pharmaceutical Advice to Care Homes Policy 2010 both of which highlight the need for appropriately staff trained in medicines working with suitably documented care plans supporting safe systems for medicines management for patients.

Community Pharmacist/ Dispensing practices

Pharmacists and dispensing practices in the community are required to make “reasonable adjustments” to enable disabled persons to use their medicines according to the DDA act. This could mean any of a range of support mechanisms such as large print labels, medication reminder charts & alarms, dexterity aids, winged or plain bottle caps or MDS. Patients who fall outside the Disability Discrimination Act (DDA) may also require help to gain optimal benefit from their medication; however there is no legal obligation. The DDA based assessment on support needed around medicines only applies where the patients’ ability to carry out day to day functions is compromised and is not intended to support carers, or nursing or residential home staff.

Professionals can refer to the patient’s choice of community pharmacy for an assessment of their compliance needs. The pharmacist or GP (in the case of a dispensing practice) is ultimately responsible for deciding the patients DDA status and what level of compliance support is required. Further details on the national assessment tools used by pharmacists can be found <http://www.pcc.nhs.uk/disability-discrimination-act-a-resource-kit>.

Patient referrals to a pharmacist/dispenser should only be for an assessment not a specific compliance aid.

Limitations to the use of MDS

For patients on many medicines not all medicines can be included.

MDS can only be used for tablets & capsules (with exceptions) and so excludes liquids, soluble tablets, granules, cytotoxics (e.g. methotrexate), light-sensitive medicines (e.g. chlorpromazine), inhalers, eye drops, creams, GTN (glass bottle only), temperature controlled medicines (e.g. ketovite).

In addition there are drugs which are not suitable for inclusion because of specific administration requirements e.g. alendronate which may easily be forgotten when included in MDS and warfarin since the dose can change and warfarin should be taken separately to other medicines. Packaging of medicines for ‘as required’ use in MDS is not suitable and should not be requested.

Due to these limitations, any care home that uses MDS will have two different systems operating. The question arises, if patients are unable to cope and require an MDS, what happens to the medication that cannot be included?

Stability Issues

Many manufacturers are quick to point out that their drug(s) are not licensed for inclusion in a compliance aid based on the absence of any stability studies, and that this will affect their liability. Hence they cannot / will not advise on the suitability of inclusion in a compliance aid. Some manufacturers whilst pointing out the absence of stability information in MDS provide guidance based on the physical and chemical properties of the drug. The final decision on whether to include or exclude a drug from a compliance aid is therefore left up to the pharmacist/ GP in a dispensing practice.

Community Pharmacy/Dispensing practice

The NHS does not directly fund MDS systems, consequently community pharmacists & dispensing GPs cannot be compelled to provide medicines in this way however much the care provider or health/social care professional may want it. Individuals can be assessed within the DDA criteria by community pharmacists or dispensing practices for support to manage medicines themselves who will decide the most appropriate compliance aid after using national assessment tools. MDS systems are provided to patients in order to support independent living at home but are extremely resource intensive for the community pharmacist or dispensing practice in assembly costs. Requests from care home environments to receive medicines dispensed in this way must be discussed and agreed between the care home and pharmacy.

Secondary Dispensing (also known as double dispensing or “potting up”)

Some care providers who have been unable to get medicines in MDS have taken the decision to allow care workers to re-package medicines in similar marketed or home made compliance systems. This is termed ‘secondary dispensing’ and is regarded as unacceptable due to increased risk of error. However this guidance does not preclude situations where care workers support people to fill their own compliance aid or patients simply fill them themselves.

Secondary dispensing is not allowed within the PCT Medicines Policy and therefore not acceptable for PCT staff who should seek advice.

Prescribing medicines for inclusion within MDS

If a prescription for 28 days treatment is issued for a patient who satisfies the DDA criteria and the pharmacy contractor decides that the adjustment required is a compliance aid then a compliance aid will be prepared on one occasion. Prescribers are only advised to issue 7 day prescriptions if the patient is not advised to be in receipt of more than 7 days medicines in the home for safety reasons or their medicines are changing frequently.

Domiciliary care agency staff and medicines dispensed within MDS

Compliance aids, such as a MDS, will normally be filled and labelled by the community pharmacist or dispensing practice. Normally, monitored dosage systems (MDS) would only be employed where it enables a service user to self administer at Level 1 support required by the patient who largely takes responsibility for their own medication and may require some assistance in for example opening a medicines bottle. (*Reference: Medicines Policy for Domiciliary Care Settings Herefordshire 2007...*)

This Guidance has been written with reference to the current Herefordshire PCT Medicines Policy and joint Council PCT Policy entitled Medicines for Domiciliary Care Settings in Herefordshire. This guidance will also be incorporated into these policies upon their next revision.

PCT Medicines Management Team

March 2010 for revision in 2012

Appendix 1- Medicines Management –options for supporting patients

Appendix 1 Medicines Management –options for supporting patients in the day to day management of their medicines.

What forms of support are available for patients? Please discuss these options with community pharmacist or GP practice dispenser for advice in the first instance.

Self help			
NHS Direct – self care guides.	Click on a symptom to get health and medical advice.	Consult www.nhsdirect.nhs.uk or via Tel no 0845 46 47	
Oral Medicines	Description	Availability/ Source of advice	
Medication Reminder Charts	Paper based chart to summarise medicines and timings of administration	Discuss with your Community pharmacist/ dispensing practices or via www.herefordshire.nhs.uk through “Your services,” “Community Pharmacy” then “Managing your medicines day to day.”	
Medication Tick Charts	As above	As above	
Large print labels	These are printed on to labels when the medicines are dispensed	As above	
Written down instructions	Minimum Arial Font 16/18 classed as “large print.”	As above	
Larger containers	These have a larger lid to improve grip in opening containers where appropriate.	As above	
Easy open tops	Non child resistant tops can be requested by the patient and agreed with the pharmacist	Some medicines can be supplied in containers with easy open tops- discuss when obtaining medicines.	
Winged caps	Simple device to place on the top of a medication bottle.	Discuss with pharmacist/dispenser	
The Pill Press®	A device that enables medicines to be pushed out of blister packs.	www.pillpress.co.uk or Tel: 012380 730731	Available to purchase
Pill Poppa®	A device that enables medicines to be pushed out of blister packs.	Example www.disabilitysupplies.com Tel 01342 837691	Available to purchase
Pill splitters and crushers	Only suitable for certain medicines – consult pharmacist/dispenser. Standard pill splitter and magnifying pill splitter enables patients with poor eyesight to split medicines into two.	Discuss with pharmacist/dispenser suitability of medicine to be crushed and safety issues associated with splitting tablets.	
Oral syringes	To measure liquid medicines accurately from medicines bottles	Some obtainable from dispensers/ pharmacists when dispensing prescriptions.	
Measuring spoon	Discuss when obtaining medicines supply.	Discuss when obtaining medicines supply.	

Eye drops			
Eye Drop Dispensers	Some are available on prescription e.g. Opticare, Opticare Arthro 5, Opticare Arthro 10.	Discuss with dispenser/ pharmacist. Xal-ease product for Xalatan and Xalacom eye drops available from Pfizer company representative. Travatan Eyot – for use with Travatan eye drops available from Alcon representative.	
Topical Creams/ointments			
Medication Tube Squeezers	Helps squeezing out of tubes and also reduces waste.	Consult pharmacist/ dispenser or e.g. try www.benefitsnowshop.co.uk	To purchase
Lotion applicators	Designed to help apply creams etc on hard to reach places.	Consult pharmacist/dispenser or e.g. try www.benefitsnowshop.co.uk	To purchase
Inhalers			
Haleraid	To help patients with dexterity problems grip and actuate the canister of the MDI.	Available in two sizes to fit different sizes- not available on prescription. Discuss with medicines supplier.	
Turbohaler Grip	Turbohalers are small and need to be twisted to activate.	Ask dispenser/ pharmacist to discuss with manufacturer.	
Spacers	Easier to co-ordinate inhaler use- discuss with prescriber.	Discuss with prescriber	
Compression stockings			
Stocking Aids	Can be used on open toe and closed toe stockings.	Discuss with prescriber since available on prescription.	

Other Service Options:

Consider other services which the pharmacy can provide to help patients in their medicines taking such as:

- 1. Collection and Delivery of Repeat Prescriptions** (where this service is available.)
- 2. Repeat Dispensing-** facility for patients upon stable medicines via community pharmacies- please ask GP.
- 3. Medicines Use Reviews (MURs)-** a one to one review provided by an accredited pharmacist in an accredited pharmacy to discuss day to day management of medicines, to simplify a complex drug treatment regime and to increase patient's understanding of what medicines they are taking and why.
- 4. DRUMS – Drug Review in the Use of Medicines-** these are provided by rural practices who supply medicines from the surgery. Please discuss further with GP or dispenser at the practice.