Guide to the DDA and the use of Domiciliary Compliance Aids

The inclusion of the provision of Domiciliary Medication Dosage Systems (DMDS) within the Essential Services of the Pharmacy Contractual Framework has led to misunderstanding between some pharmacists and contractors and other providers of health and social care. These brief notes are intended to clarify the situation 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, in a suitable container, this need not be a monitored dosage system but could be repackaging in easy to open bottles. Similarly patients who forget to take medicines may benefit from provision of a simplified medication administration or reminder chart or other prompt such as an alarm. Those with sight difficulties may need large print labels.

Requirements
The decision as to 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.

7-day Prescriptions
The decision to provide a seven day prescription resides with the prescriber, based on a patient’s clinical need. 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 would be provided to the patient at the same time. If, however, a prescriber requires the patient to collect or have their medication delivered weekly, then they should write individual prescriptions for seven days.

The decision to issue 7 day Rx can only be made by the prescriber, examples where this may be appropriate include when a patient is confused, there is a concern that they may take too much medication, where medication is likely to change or where they wish to monitor compliance or the patient’s condition closely.

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