

## Service Specification

### Monitored Dosage System Service

#### 1. Service description

- 1.1 The pharmacy will help support independent living in groups of vulnerable people, or those with special needs, who do **not** fall within the Disability Discrimination Act 1995 criteria. Pharmacies are required to support those meeting DDA criteria under section 21 of the Disability Discrimination Act and the pharmacy contract.
- 1.2 The pharmacy will provide advice, support and assistance to the person with a view to improving the patient's knowledge and use of their drugs and their compliance.
- 1.3 The pharmacy will assess the appropriate level or kind of support, if any, required by the person to help them take their medicines as intended, or refer them to another health or social care professional.
- 1.4 If support is necessary, the pharmacist will agree with the person or carer the appropriate level or kind of support. Pharmacy support could include compliance charts, non-child resistant closures, medication administration record (MAR) charts, labelling medicines in large fonts and multi-compartment compliance aids (monitored dosage systems). Monitored Dosage Systems are associated with a higher inherent risk of dispensing errors and therefore increased risk of harm to the patient. The use of MDS must therefore be selectively targeted to patients for whom the usual supply system would have a greater risk of harm. To clarify, MDS must only be used where its use will reduce the overall risk to the patient.
- 1.5 This scheme should not be used for patients in nursing homes or residential homes where patients do NOT self-medicate, or for a patient who has a carer who can prompt them to take their medication.

#### 2. Aims and intended service outcomes

- 2.1 To support independent living.
- 2.2 To help people manage their medicines safely and appropriately.
- 2.3 To reduce wastage of medicines.
- 2.4 To improve patient compliance with therapy by:
  - Improving the patient's understanding of their medicines
  - Where possible, simplifying the medicines regimen
  - Simplifying the ordering process where appropriate
  - Identifying practical problems the patient faces in taking their medicines and where appropriate providing compliance aids
  - Providing advice and support to the patient and/or carer, including referral to other health and social care professionals where appropriate.

#### 3. Service outline

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of confidentiality, privacy and safety as required by the patient and/or their carer.
- 3.2 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.3 Assessments for this service must be carried out by a pharmacist or a technician registered with the General Pharmaceutical Council.
- 3.4 The pharmacy contractor must have appropriate standard operating procedures in place for the service.
- 3.5 The pharmacy contractor must have a vulnerable adults procedure in place
- 3.6 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within standard operating procedures.
- 3.7 Pharmacists and technicians providing the service must ensure they have appropriate insurance cover.
- 3.8 Pharmacists and technicians must not carry out assessments for this service on family members. If there is another member of staff at the pharmacy able to carry out the assessments then they may provide the service or they must refer them to another pharmacy providing the service.

- 3.9 Pharmacists and technicians providing the service should be trained in systematically assessing patients for compliance support.
- 3.10 This service is only available to patients registered with a GP within Wigan Borough CCG.
- 3.11 To access this service, patients must be referred by their GP using the MDS Service GP Referral Letter. If patients or their carers approach the pharmacy directly for the service they should be referred to their GP for a referral letter. If a patient does not wish to go to their GP for a referral letter the pharmacy must not refuse to provide support to the patient if they meet DDA criteria i.e. are disabled. The pharmacy contract requires that pharmacies meet DDA requirements and pharmacies are funded via the practice payment for provision of compliance aids to those people meeting DDA requirements. The GP referral letter will indicate the supply interval required i.e. should supplies be made monthly (4 x 7 day trays supplied together) or weekly (1 x 7 day tray). Pharmacies may supply GPs with information to inform the decision on frequency of supply e.g. stability of medication in a MDS, problems experienced by patients in the past, but the GP must make this decision.
- 3.12 The pharmacy must then assess the patient to identify the type of support most suitable for the patient and to establish if the patient meets DDA criteria i.e. would be considered to be disabled.
- 3.13 Initial and follow up appointments will normally take place within the community pharmacy, however they could also take place in other environments, such as the person's home, if this is the case the pharmacy must have a lone-workers procedure to ensure the safety of their staff. The assessment should be carried out with the patient and their carer if appropriate.
- 3.14 Every initial assessment must include:
- Assessment of the problems being experienced by the patient.
  - The patients' current medication routine, establishing what medication the patient is actually taking.
  - Identification of the most appropriate support to be provided to the patient by the pharmacy. NB although this service only funds supply of compliance aids it is expected that the pharmacy will only recommend these when required, other support should be considered such as non-child resistant closures, medication administration record (MAR) charts, labelling medicines in large fonts, ordering repeat medication for patients, delivery services etc.
  - Assessment of the patient to establish if they meet DDA criteria i.e. are disabled. This step is to enable the pharmacy to claim appropriate payment for the service. This assessment should not affect the pharmacists/technicians decision to provide support to the patient.
- 3.15 Initial Pharmacy Assessment in Detail:
- **Assessment of the problems being experienced by the patient** – the MDS Scheme Compliance Assessment Form should be completed for all patients requesting this service. It can either be completed in the pharmacy during the assessment or patients/carers can be asked to complete it and return it to the pharmacy prior to the assessment to allow the pharmacist or technician to prepare for the meeting. The pharmacist/technician assessing the patient should obtain as much information from the patient as possible to ensure they are fully aware of the problems being experienced and to enable identification of appropriate solutions. The pharmacist/technician may also want to complete the MDS Pharmacy Assessment Form or any other assessment tool that they feel is suitable in addition to the MDS Scheme Compliance Assessment Form.
  - **The patient's current medication routine** – the MDS Scheme Compliance Assessment Form can be used to record this, or it may be appropriate to carryout a MUR. NB if a technician is carrying out the assessment a pharmacist must be asked to complete the MUR. It is vital that the pharmacy establish which medication the patient is taking. If the patient is found to be non-compliant the pharmacist/technician must liaise with the patients GP to establish which medications the GP wants the patient to be re-instated on. For example if a patient is currently prescribed 3 medications for hypertension but does not take these medications it would may be inappropriate to put all 3 medication into a MDS as this could lead to hypotension.

- **Identification of the most appropriate support for the patient** – the MDS Scheme Compliance Assessment Form will provide information and the pharmacy may also wish to complete the MDS Pharmacy Assessment or an assessment form of their own. In all cases an assessment of whether a compliance aid is required must be carried out. Many patients will not be expected to receive a MDS, as alternative compliance aids will be more appropriate. Appendix 1 lists common compliance problems experienced by patients, and the possible solutions to these problems. Whilst this appendix does not set out directive choices, the Pharmacy contractor is expected to use their professional judgement and this would be expected to be within the scope and spirit of the appendix.
- **Assessment of the patient to establish if they meet DDA criteria** – this assessment must be completed on the DDA Assessment Form. This form must be completed for all patients on the scheme. If this form is not completed the pharmacy cannot claim payment for the service. This form must clearly detail the problems the patient has, any underlying causes, if this is a long-term condition and if the assessor considers the patient to meet DDA criteria i.e. is disabled or does not meet DDA criteria i.e. is not disabled. Under the DDA, a person has a disability if he has a physical or mental impairment which has a substantial and long-term (usually lifelong or at least 12 months) adverse effect on his ability to carry out normal day-to-day activities. For example if a patient is assessed as being confused and they had Alzheimer's disease they would be disabled, if a patient is confused by their medication as they are multiple medications with a variety of frequencies of administration but is otherwise well and does not require any other form of support they would not be disabled. Pharmacy staff providing this service should refer to the DDA for further information [www.legislation.gov.uk/ukpga](http://www.legislation.gov.uk/ukpga). There is also information available from the equality and human rights commission [www.equalityhumanrights.com](http://www.equalityhumanrights.com), the PSNC, the NPA and the PCC amongst others.

- 3.16 If a requirement for a compliance aid is identified this will be provided with training for the patient and/or carer. If MDS equipment is to be supplied it remains the choice of the Pharmacy contractor of which equipment to use.
- 3.17 A follow up appointment should be made to assess whether the support provided has met the patients needs and to address any problems experienced.
- 3.18 Every patient must be reviewed annually to ensure the support provided is still meeting all the patients' needs and to update the assessment of the patient under the DDA. The DDA assessment form must be completed as part of this review. There is no need to obtain a new GP referral letter as part of this review.
- 3.19 If a GP wishes to change the frequency of supply at anytime they must supply the pharmacy with a new MDS GP referral letter.
- 3.20 No claim will be accepted following the decease of a patient after a 28 day period.
- 3.21 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit, the claim form must be correctly completed to include full name, date of birth and current address of the patient and be legible. If illegible it will be returned to the contractor and processed the following month.
- 3.22 For every new patient using the service the pharmacy must have a GP referral letter, they must complete the Pharmacy MDS Scheme Compliance Assessment form and the DDA Assessment Form.
- 3.23 At every annual review the pharmacy must complete the DDA Assessment Form and ensure that the support provided by the pharmacy continues to meet all the patients' needs.
- 3.24 Completed paperwork for the scheme must be retained securely for 4 years.
- 3.25 Claims forms will be submitted to LaSCA monthly. Under no circumstance should the DDA Assessment Forms or Compliance Assessment Forms be sent to LaSCA or Wigan Borough CCG. All paperwork must be transferred securely in compliance with information governance requirements.
- 3.26 Wigan Borough CCG will provide details of relevant referral points which pharmacy staff can use to signpost clients who require further assistance.
- 3.27 Pharmacy staff may need to share relevant information with other health care professionals and agencies in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information. All clients' informed consent will be obtained and documented on the DDA Assessment Form.

#### 4 **Quality indicators**

- 4.1 Providers review their standard operating procedures and the referral pathways for the service when there are any major changes in the law affecting the service or in the event of any dispensing incidents. In the absence of any of these events they are reviewed every 2 years.
- 4.2 The pharmacy can demonstrate that all staff involved in the provision of the service have undertaken CPD relevant to this service.
- 4.3 The pharmacy participates in an annual organised audit of service provision if required by Wigan Borough CCG.
- 4.4 The pharmacy co-operates with any locally agreed PCO-led assessment of client experience.

#### 5 **Payment mechanism**

- 5.1 All payments will be made on a monthly basis on submission of the MDS Claim Form. This form should be sent to:-

Primary Care Support Services, Preston Office  
LaSCA  
3 Caxton Road  
Fulwood  
Preston  
PR2 9ZZ

Claims should be submitted no later than the 3<sup>rd</sup> working day of the following month to which the claim relates. Late submissions will not be processed until the next month. Submissions at the end of the financial year must be received before the end of June or payment may be refused, in all other cases claims will be paid up to 6 months in arrears although late submission is discouraged.

- 5.2 Prescription forms should be submitted to the Prescription Pricing Division (PPD) of the NHS BSA for contractor reimbursement in the normal manner.
- 5.3 Wigan Borough CCG will make payments to pharmacies via the PPD statement.
- 5.4 Wigan Borough CCG reserves the right to verify claims by, but not limited to, inspecting paper and computer records in accordance with ethical guidelines.

#### 6 **Current funding**

- 6.1 Wigan Borough CCG provides funding for this service for patients living in the community and self medicating patients living in residential homes. NB: However, Wigan Borough CCG does not fund MDS when a patient has a carer at home who can support them with their medication – this includes social services carer or family and friends.
- 6.2 Disabled patient monthly supplies no additional payment - If a patient is assessed by the contractor as needing MDS under the DDA with no other clinical or pharmaceutical issues, MDS should be provided by the pharmacist (free of charge to the patient) via 28 day scripts. Four weeks supply of MDS should be dispensed at each interval.
- 6.3 Disabled patient requiring weekly supplies - If a patient is assessed by the contractor as needing MDS under the DDA, but there is a clinical or pharmaceutical issue involved requiring weekly supplies (e.g. the medicines are only suitable for weekly dispensing; the patient is at risk of overdose or medicines regime changing frequently), MDS should be provided by the pharmacist (free of charge to the patient). One week's supply of medication will be dispensed at each interval. The PCT will pay **£10 per patient per month and £7 per patient per month for every patient over 30** for this service.
- 6.4 Non-disabled patient requiring monthly supplies - If a GP believes that a patient would benefit from an MDS but on assessment by the contractor the patient does not meet the DDA requirements; the PCT will fund this service. The PCT will pay **£10 per patient per month and £7 per patient per month for every patient over 30** for monthly supplies.
- 6.5 Non-disabled patient requiring weekly supplies - If a GP believes that a patient would benefit from an MDS but on assessment by the contractor the patient does not meet the DDA requirements; the PCT will fund this service. The PCT will pay **£15 per patient per month and £10 per patient per month for over 30** for weekly supplies of MDS.

- 6.6 The GP referral letter will state the frequency of supply. Pharmacies can only claim payment for the service indicated by the GP. Therefore if the GP referral indicates monthly supplies but the pharmacy chooses to make weekly supplies the pharmacy must only claim for the monthly service.
- 6.7 If a patient believes they need or they want a MDS but the patient does not meet the DDA requirements, and the GP does not believe that the patient will benefit from MDS, then this is outside the scope of the NHS. In this eventuality, the payment must be negotiated between the patient and the community pharmacist.
- 6.8 If nursing homes request that patient medicines are to be supplied in MDS as part of their internal policies, then this is a cost falling upon the Care Home provider. Any MDS service will be outside the scope of the NHS and must be negotiated between the nursing home and the community pharmacist.
- 6.9 It is a legal requirement that charges equivalent to prescription charges are payable by the patient unless they are exempt from such charges. All patients claiming exemption must be asked to sign the declaration on the recording form. A sample of declarations will be verified at a later date to minimise fraud. Patients who pay prescription charges must be asked to pay a charge at each occasion that a supply is made. A pre-payment certificate should be suggested to any client who might obtain more than 6 items on prescription during a 4-month period.

## **7 Termination of service**

- 7.1 Wigan Borough CCG and the contractor should give 3 months notice of their party's desire to terminate the service.
- 7.2 Where contractors stop providing this service, they should inform the Medicines Management Team and endeavour to re-engage in the service as soon as possible.

## **8 Service review**

- 8.1 This service will be reviewed every 3 years.
- 8.2 The service specification will be reviewed every 3 years.
- 8.3 Next review: January 2016

## Appendix 1 Common compliance problems experienced by patients

Problem	Cause	Possible Solution
Obtaining medicines from Pharmacy	<ul style="list-style-type: none"> <li>Poor mobility/housebound</li> </ul>	<ul style="list-style-type: none"> <li>Community Pharmacy delivery service</li> <li>Input from carer</li> </ul>
Accessing medication from packaging	<ul style="list-style-type: none"> <li>Poor dexterity e.g. arthritic hands</li> <li>Poor sight</li> <li>Unsuitable container</li> </ul>	<ul style="list-style-type: none"> <li>Change container e.g. plain/winged tops, non-crc, pop out tablets</li> <li>Provide aids to open container</li> <li>Provide device to aid removal</li> <li>Input from carer</li> </ul>
Reading label/identifying medicine	<ul style="list-style-type: none"> <li>Poor sight</li> </ul>	<ul style="list-style-type: none"> <li>Large print labels</li> <li>Braille labels</li> <li>Coloured/coded labels</li> </ul>
Swallowing medication	<ul style="list-style-type: none"> <li>Unsuitable formulation</li> <li>Swallowing problems e.g. after stroke</li> </ul>	<ul style="list-style-type: none"> <li>Change formulation e.g. soluble or liquid.</li> <li>Crush/break tablets (if medication is suitable)</li> </ul>
Administering liquids	<ul style="list-style-type: none"> <li>Poor dexterity</li> </ul>	<ul style="list-style-type: none"> <li>Spoon/measure/cup/oral syringe</li> </ul>
Applying topical preparations	<ul style="list-style-type: none"> <li>Poor mobility</li> </ul>	<ul style="list-style-type: none"> <li>Input from carer</li> <li>Lotion applicator</li> </ul>
Using inhalers	<ul style="list-style-type: none"> <li>Poor dexterity</li> <li>Unsuitable device</li> <li>Poor technique</li> </ul>	<ul style="list-style-type: none"> <li>Change device</li> <li>Haleraid</li> <li>Advice on technique</li> <li>Use spacer</li> </ul>
Administering eye-drops	<ul style="list-style-type: none"> <li>Poor dexterity</li> <li>Poor technique</li> </ul>	<ul style="list-style-type: none"> <li>Advice on technique</li> <li>Eye drop administration aid</li> </ul>
Forgetfulness	<ul style="list-style-type: none"> <li>Poor memory</li> <li>Complicated regime</li> <li>Confusion over medicines</li> </ul>	<ul style="list-style-type: none"> <li>Simplify regime</li> <li>Ensure understanding</li> <li>Reduce number of medicines to a minimum</li> <li>Link to "cues" (meal times, daily rituals)</li> <li>Reminder chart</li> <li>Tablet organiser/MDS</li> </ul>
Intentional non-compliance	<ul style="list-style-type: none"> <li>Confusion/misunderstanding/misconception</li> <li>Patient beliefs</li> </ul>	<ul style="list-style-type: none"> <li>Simplify regime</li> <li>Promote understanding and dispel misconceptions</li> <li>Accept informed dissent</li> <li>Perform Medicines Use Review</li> </ul>