Safe use of Multi compartment Compliance Aids (MCA) , Monitored Dosage Systems (MDS) commonly referred to as Blister Packs

The following Recommendations are aimed at the potential use of such devices to support correct use of medication in the community setting where individual patients are not residing in a Care or Nursing home.

The catalyst for this work was concerns raised by clinicians in the community and the anecdotal evidence of delay in discharging this cohort of patient's back to the community after their admission to hospital trusts.

These recommendations are supported by the Pharmacy Local Professional Network (PLPN) in Merseyside and follow extensive consultations with a variety of stakeholders.

Links to any references used are either located within the document or are listed at the foot of this document.

We encourage all those involved in requests and delivery of such devices to; firstly engage with each other, in particular the patients and secondly use the recommendations contained here to improve patient experience and outcome.

The PLPN wishes to thank all those involved in production of these recommendations in particular the MDS Task & Finish group and PLPN steering group.

Hassan Argomandkhah FRPharmS IPresc

Chair of Pharmacy LPN, NHS England, Merseyside, hassan.argomandkhah@nhs.net

Recommendations for Community Pharmacy

1. Pharmacy staff involved in assessment of patients must be familiar with the current regulations and legislations covering dispensing of NHS prescriptions.
2. The use and supply of MDS in community setting is determined by the community pharmacy following assessment of the patient's requirements in line with the Equality Act 2010. The assessment will assist the pharmacist to determine if the pharmacy needs to make reasonable adjustments to ensure patients can access their medication safely and appropriately.
3. This adjustment may not necessarily be the provision of MDS and it is the role of the pharmacist to determine if it is deemed reasonable within the regulations.
4. Guidance and a resource kit is available from http://www.pcc-cic.org.uk/article/disability-discrimination-act-resource-kit
5. Re-packaging drugs from the manufacturer's original packaging has the potential to have an impact on the product's stability and marketing authorisation. A pharmacist should satisfy him/herself of the validity of any stability data used. http://www.ukmi.nhs.uk/applications/mca/MCA.asp
6. The patient's General Practitioner (GP) needs to be informed if medicines are not being supplied to the patient in the original packs and a MDS is being used, this is particularly important if the GP decides to alter the patient's medication.

7. Additional support and guidance including stability data may also be available from various other sources such as The Royal Pharmaceutical Society, The NPA, The PSNC, MHRA, UKMi and eMC.
8. Other options to support patients to take their medications should always be considered such as use of reminder charts, Medication Administration Record (MAR) sheets https://www.rpharms.com/support-pdfs/marchartsguid.pdf , and technology such as apps on new devices.
9. The duration and cycles of prescriptions should be based on the clinical needs of the patients.

Recommendations for Care providers

1. If a care package includes supporting patients using medicines appropriately at home by an agency (public or private), then the care agency must liaise with the patient's community pharmacy so the best arrangements for the medication administration can be made.
2. All employed carers must be suitably qualified and trained to help with supporting the patients to self-administer or to administer their medication in a safe and appropriate manner.
3. The Care providers should demonstrate a commitment to ongoing training and professional development of all their employed care staff.

4. If any care staff is of the opinion that a patient may benefit from MDS, prior to recommending MDS, they should refer the patient to their Community Pharmacy for an assessment. (For details of assessment, see the recommendations for community pharmacy above)

Recommendations for Commissioners

1. Commissioners should add a minimum qualification or training requirements for all employed care staff used by the care agency that are involved with supporting the patients to self-administer or to administer their medication in a safe and appropriate manner.
2. Commissioners should satisfy themselves that the Care agency can provide assurances that all employed care staff used by them will maintain their minimum qualification and training requirements through ongoing training and professional development.
3. The development of an evaluated national, multi-disciplinary assessment tool designed to identify, assess and resolve medicines issues is needed.

4. Estimates from the literature can be applied to local population data to give an indication of the scale of the problem of drug related hospital admissions involving non-adherence issues.
5. There is a need for more research on the effectiveness and cost effectiveness of MDS and its alternatives versus supply of medicines in their original packs.

Recommendations for other Health and Social Care Professionals (GPs, Hospital Pharmacists, Practice Nurses, Nurse Clinicians, District Nurses, Community Matrons, Primary Care pharmacists, Health & Social Care workers);

1. NICE guidance in 2009 (NICE CG76) http://www.nice.org.uk/guidance/cg76/resources/guidance-medicines-adherence-pdf recommended that health professionals should routinely assess for non-adherence whenever medicines are prescribed, dispensed or reviewed.
2. If any Health and Social care professional is of the opinion that a patient may benefit from MDS, prior to recommending MDS, they should refer the patient to their Community Pharmacy for an assessment. (For details of assessment, see the recommendations for community pharmacy above)
3. MDS may not always be the most appropriate option to deliver medication safely to the patients.

4. Health and Social care professionals need to be aware that initiation of MDS if deemed necessary will need a reasonable time for implementation, and all medication in use or storage at patient's home must be reviewed to reduce any risks from medication errors.
5. The duration and cycles of prescriptions should be based on the clinical needs of the patients.

References;

1) http://www.rpharms.com/support-pdfs/rps-mca-july-2013.pdf
2) https://www.liv.ac.uk/media/livacuk/instituteofpsychology/publichealthobservatory/LPHO,monitored,dosage,system_,final.pdf
3) http://cdn.pcc-cic.org.uk/sites/default/files/articles/attachments/literature_review_of_indications_for_monitored_dosage_system_provision.doc
4) http://www.nice.org.uk/guidance/cg76/resources/quality-and-productivity-case-study-ensuring-appropriate-use-of-monitored-dosage-systems-reducing-unnecessary-pharmacy-workload2
5) http://www.resourceclinical.com/stability-of-drugs-in-compliance-aids.html (contains many links to articles and research on stability of drugs in MDS)