NHS
Stoke-on-Trent
Clinical Commissioning Group

NHS
North Staffordshire
Clinical Commissioning Group

Prescribing for Monitored Dosage Systems (MDS) 7 day vs. 28 day prescriptions

Advice for GP practice and Community Pharmacy Staff:

Introduction
This document aims to clarify the common issues around requests for 7 day prescriptions for monitored dosage systems (MDS). With the roll-out of EPS2 across the Local Health Economy, clarification is also given with respect to issuing of electronic prescriptions.

A monitored dosage system (MDS) is a generic term for a device that allows medicines to be packaged in individual compartments either by patients, carers or professionally by pharmacists. They are designed to help patients to maintain independence in taking their medication. These often contain more than one medication in each blister. (Other names commonly given are: Dosette boxes, MDS, Venalink)

Although MDS may be of value to help some patients with problems managing their medicines and maintaining independent healthy living, they are not the best intervention for all patients and many alternative interventions are available. The evidence-base indicates that MDS should not automatically be the intervention of choice for all patients.[1]

A patient-centred approach to identifying the best intervention must be through a sustainable and robust individual assessment of both the level of care required by the individual, the reasons for both intentional and non-intentional non-adherence and the most suitable solution.[1]

Consideration as to the patient's adherence should be given by both parties and should include the wider implications that if patients fail to take medication in accordance with directions there could be a risk of hospital admission. Use of multi-compartment compliance aids is one possible solution to aid compliance, but other options should also be considered, within the framework of a formal pharmaceutical assessment. Using MDS does not guarantee adherence to treatment.

***** For a Summary Flowchart of when to issue 7 day prescriptions please see Appendix 1 ***

7 day prescriptions should only be issued for MDS where:

1. There is a clear clinical need for restricting the quantity of medication that a patient holds at any one time (e.g. concerns about overdose/misuse)
2. There are frequent changes to the medication regime* - to minimise waste. Once stable dose/medication choice – it is recommended to move back to 28 day scripts.
3. There is a risk to the pharmaceutical stability of the medication** e.g. hygroscopic items or those sealed under inert gas in original packaging (to protect from deterioration). For individual drugs see http://www.ukmi.nhs.uk/applications/mca/

*alternatively MDS could be suspended until the regime is stable

**The CCG does not recommend packing medicines with limited stability in a MDS however this is at the discretion of the GP Practice/Dispensing Pharmacy.

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Patients covered by the Disability Discrimination Act (DDA)

The Disability Discrimination Act 1995 which has been replaced by the Equality Act 2010 sets out a framework which requires providers of goods and services, not to discriminate against persons with a disability. The legislation does not require a formal assessment to be carried out, only that a reasonable adjustment is made to help a disabled person overcome the obstacles to the use of the service. These may include using easy opening tops, reminder charts, large print labels, braille typed labels or MDS.
Under the pharmacy contract funding arrangements, where a patient has been assessed under the DDA (Equality Act) and an MDS is appropriate, provision for funding is already available as part of the pharmacy contractual Practice Payment. **Seven day scripts are not required for these patients to receive an MDS, unless the GP has concerns as outlined in 1-3 above.** (NB. Pharmacies are not obliged to supply weekly against a 28 day prescription).

Patients not covered by DDA

Ambiguity arises where patients do not fall under the DDA, but require MDS to aid compliance, either for themselves or for carers to help with their medications, and national funding has not been incorporated to include these patients.

In this situation-
Patients falling under this category may be discussed with the GP indicating the reasons for 7 day prescriptions. It is good practice to record the reasons suggested, and GP decision in patient notes for future reference.

Provision of 7 day prescriptions is not recommended by the CCG but remains at the discretion of the prescriber. NB. Pharmacies are not obliged to supply weekly against a 28 day prescription.

*Where 7 day prescriptions **are** agreed*
Pharmacists should fill the MDS weekly to minimise waste to the NHS if changes occur mid-week, (or be willing to take the loss if changes occur). In the event of a treatment change, GPs are not expected to replace prescriptions for greater than the week being changed and those weeks not yet dispensed.
Completion of 28 days' worth of MDS devices should only occur on receipt of a 28 day prescription.

*Where 7 day scripts are **not** agreed as necessary,*
It remains a financial decision within the pharmacy on whether to continue to provide free MDS or to charge the patient for this service.

Frequently asked questions:

What if there are changes to the prescription part way through the month?

If 7 day prescriptions have been issued, as above, GPs are not expected to replace prescriptions for greater than the week being changed and those weeks not yet dispensed. The advice is to issue 7 day prescriptions until the patient is stable/it is not anticipated there will be any changes.

If 28 days prescriptions have been issued the pharmacy is not obliged to amend what has already been dispensed and a whole new set of prescriptions would have to be issued and supply of a new compliance aid (discarding the previous one and its contents).

Once medicines have been dispensed by a pharmacist, whether in an MDS or in manufacturer's cartons, then no further changes to what has been dispensed should be made by a pharmacist. If a prescribed medicine is no longer required, the prescriber should inform the patient of that clinical decision, and ensure that the patient understands that previously dispensed medicine should not be administered. If the medicine has been

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provided alongside other medicines in an MDS, it might be acceptable for the prescriber to advise the patient not to take the particular product if it is readily identifiable visually by the patient. But if the MDS was provided

because of a disability and the patient does not have the ability to identify and discard the medicine, when opening each compartment, then the whole MDS would need to be replaced. This is potentially very wasteful, because all the medicines contained in the MDS will need to be re-prescribed. The NHS terms of service for pharmacies does not require pharmacists to modify previously provided MDS trays.[2]

For patients requiring medicines in a MDS as an adjustment under disability legislation, the prescriber may decide to prescribe in 7 day quantities, to minimise the amounts of waste that would occur on medication changes. This would be a clinical decision of the prescriber, just as the decision to dispense in MDS is a decision solely for the pharmacist.[2]

Can I do post-dated prescriptions with EPS?

Prior to EPS, where it was deemed necessary for patients to have medication in 7 day intervals, pharmacies may have been supplied with 4 x7 post-dated prescriptions allowing the pharmacy to dispense the MDS in advance of the patient collecting, however technically, as previously stated, completion of 28 days' worth of MDS devices should only occur on receipt of a 28 day prescription. i.e. If 4x7 post-dated prescriptions are supplied then the pharmacy should dispense only 7 days supply on the specified dates.

We do not recommend <u>post-dated</u> prescriptions for anything other than patients with an overdose risk. EPS is not designed for post-dating and we would <u>never</u> recommend using them for MDS as it leaves no preparation time for the pharmacy.

Instead, where 7 days supply is deemed necessary by the prescriber (see previous advice on page 1), and it is the prescribers intention that the patient only receives 1 weeks supply at a time we recommend that the GP should seriously consider if a repeatable prescription will be more appropriate. Repeatable prescriptions enable the pharmacist to make checks on whether the continued medication is appropriate for the patient, and are generally a preferred method than post-dating prescriptions.

To clarify electronic repeat dispensing

The first issue of an electronic repeat dispensing prescription is downloaded from the NHS Spine in the same way as other EPS Release 2 prescriptions. After each subsequent issue has been dispensed to the patient the dispensing site must send a dispensed notification to the NHS Spine. This allows the next issue to be downloaded automatically on time. The next issue of an electronic repeat dispensing prescription automatically becomes available seven days before it is due. The due date for each issue of an electronic repeat dispensing prescription is based on when the previous issue was last marked as fully dispensed or not dispensed, plus the interval minus seven days.

For example, looking at an electronic repeat dispensing prescription with an interval of 28 days and six issues.
If issue one of the electronic repeat dispensing prescription is marked fully dispensed and the dispense notification sent on 1 May, then issue two of the electronic repeat dispensing prescription will be automatically downloaded on 21 May. This is calculated as follows:
1 May plus (interval of 28 days - seven days) = 21 May

For electronic repeat dispensing prescriptions with a 7 day interval, the next prescription is available as soon as the previous is marked dispensed (i.e. also 7 days before it is due; as above), this allows the pharmacy time for preparation where necessary. NB any EPS Release 2 dispensing site can manually request the subsequent issues of an electronic repeat dispensing prescription, based on clinical judgement at any time, as long as all items of the previous issue have been marked as 'dispensed' or 'not dispensed'.[3] If however the practice post-dates the prescription the pharmacy can't physically see the prescription before it is due. In addition, on the

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day it is due, it does not necessarily become available first thing in the morning and in fact this could be anytime during the day.

Post-dated prescriptions are therefore not recommended, this in turn will result in a lot less queries and problems going forward. Practices that post date with EPS are usually low implementers of EPS that experience increased calls and difficulties as a result.

For 7 day interval repeat dispensing prescriptions batches of 4x7 are advisable, this way if there are any changes it is easier to amend compared with batches of 12 x 7.

NB - From February 2016, a change will be made to the repeat dispensing logic, which will ensure that the timing of each repeat dispensing issue aligns with the frequency that the prescriber originally intended. The change will remove the need for a dispense notification to be sent before the automatic countdown to the next issue can begin.

Currently, the countdown to the next issue of a repeat prescription doesn't begin until a dispense notification has been issued. This can delay the automatic download of future repeat prescriptions from the Spine, resulting in items not being available for patients in time.

A dispense notification must still be sent as soon as possible, but this will not delay the start of the automatic countdown to the next issue.

References

1. Improving patient outcomes – the better use of multi-compartment compliance aids
   http://www.rpharms.com/support-pdfs/rps-mca-july-2013.pdf
2. Disability Discrimination Act (DDA) 1995; Equality Act 2010; and Multi-compartment compliance aids
   http://archive.psnc.org.uk/data/files/Regulation/DDA/Disability_Discrimination_and_MDS_briefing_October_2011.pdf
3. Electronic Repeat Dispensing Guidance – NHS England, May 2015
   https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf

Further information:

Prescribing in association with multi-compliance aids can be found at:
http://archive.psnc.org.uk/pages/disability_discrimintation_act_dda_1995.html

Repeat Dispensing:
http://systems.hscic.gov.uk/eps/library/faqs/repdispensing
https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf

EPS
http://systems.hscic.gov.uk/eps

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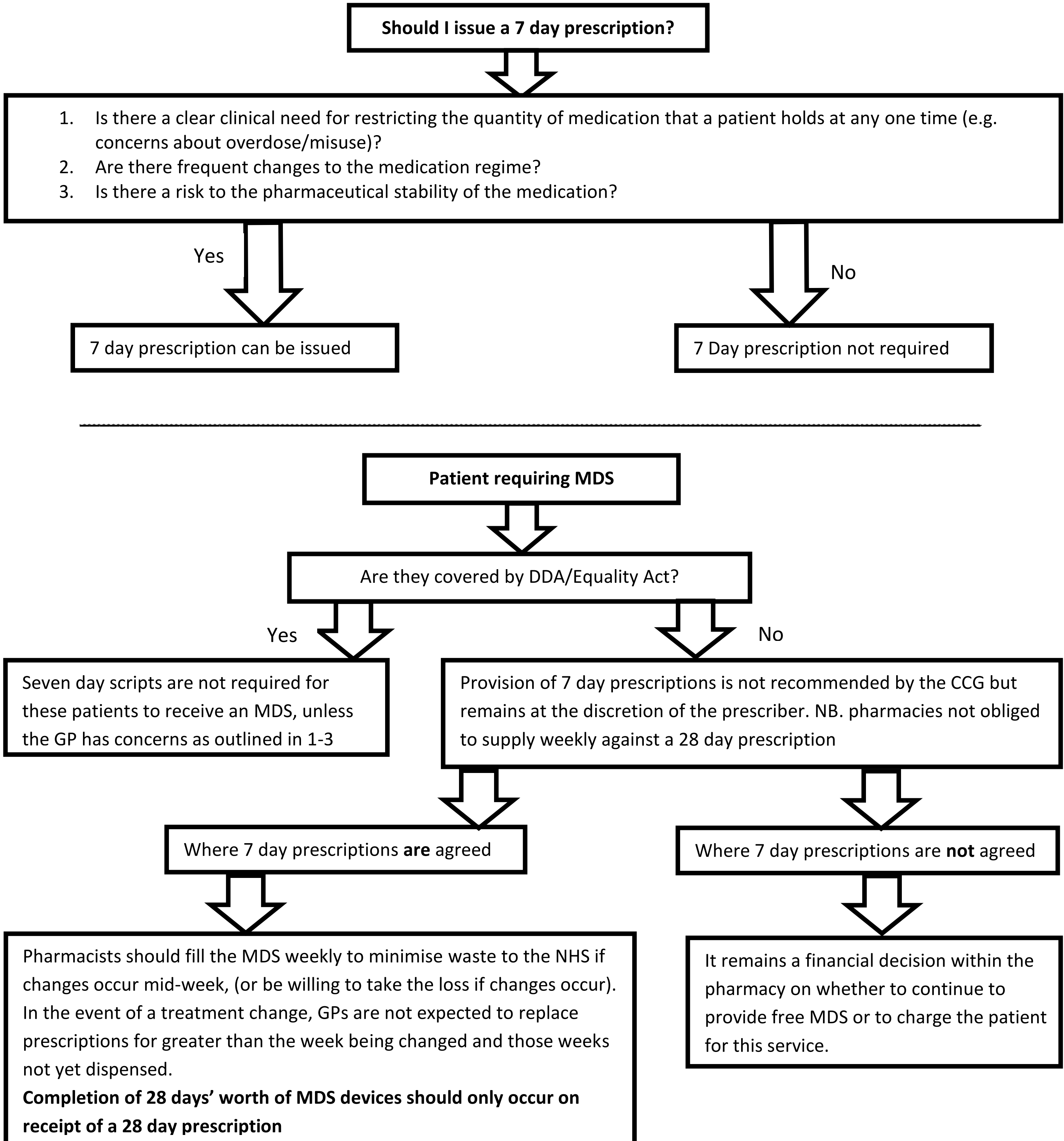
Appendix 1

Summary Flowchart - Prescribing for Monitored Dosage Systems – 7 day vs. 28 day prescriptions



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