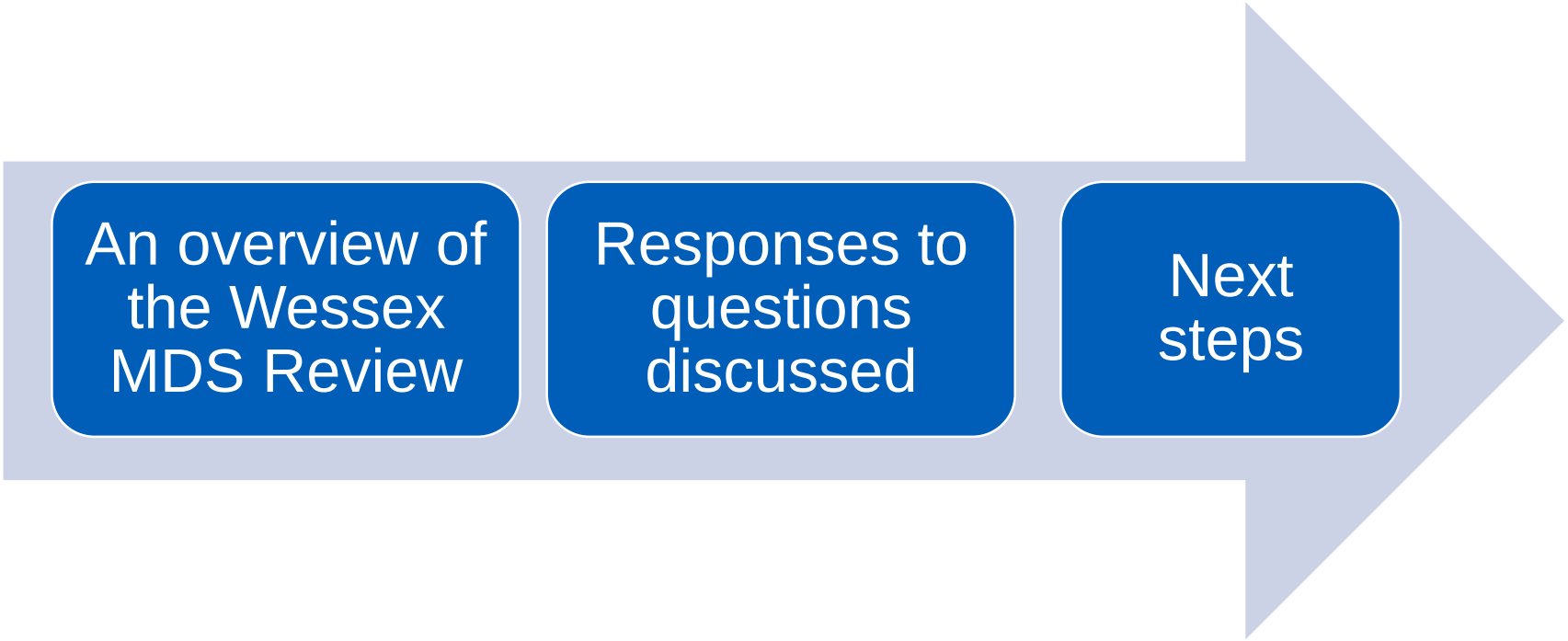
Monitored Dosage Systems Review

November 2019 V 2.0

NHS England and NHS Improvement
South East and South West Regions (Wessex)

The slide pack provides…



Background and timeline…

Wessex LPN (2018/19)

- Recognised trend of increasing MDS use
- Collaborated with LMC to create Guidance on the Issue of Prescriptions and Use of Monitored Dosage Systems (see slide17)
- Commissioned discussion paper (see slide 17)

Oversight group formed April 2019

- Included representatives from health and social care
- Included community and secondary care pharmacists

Paper developed Jun/Aug 2019

- Summary of relevant national guidance
- View and Opinions sought through semi-structured interviews
- Summary of aids which can help people take their medicines

Discussions held Sept 2019

- Registered manager meetings for care providers
- Medicines Optimisation Groups
- Pharmacy and Medicines Collaborative meeting
- Local Pharmaceutical Committee meetings

Questions discussed…

- Is change needed?
- What change is needed?
  - What would good use of MDS in Wessex look like?
  - How do we implement current guidance?
  - Are there specific messages for stakeholders?
- Who can make the changes happen?
  - How can we make sure the changes are sustainable?
  - How will the changes enhance patient care and medicines?
- How can we ensure the changes happen?

Responses to questions…

- Slides 6 to 15 provide details of the responses received at the various forums attended during September where the discussion document was presented.
- When asked if change is needed, all of the forums which had representation from pharmacists had a strong desire for change.
- The forums attended by domiciliary care providers were less certain as to whether change is required.
- When discussing what changes are needed and how they might be implemented there was strong consensus across the forums.
- The last question ‘How can we ensure the changes happen?’ triggered responses which when collated provides strong direction and starts to develop a possible action plan.
- Some of the questions prompted wider discussions on roles and responsibilities and wider considerations. These have been captured on slide 15.

Is change needed?

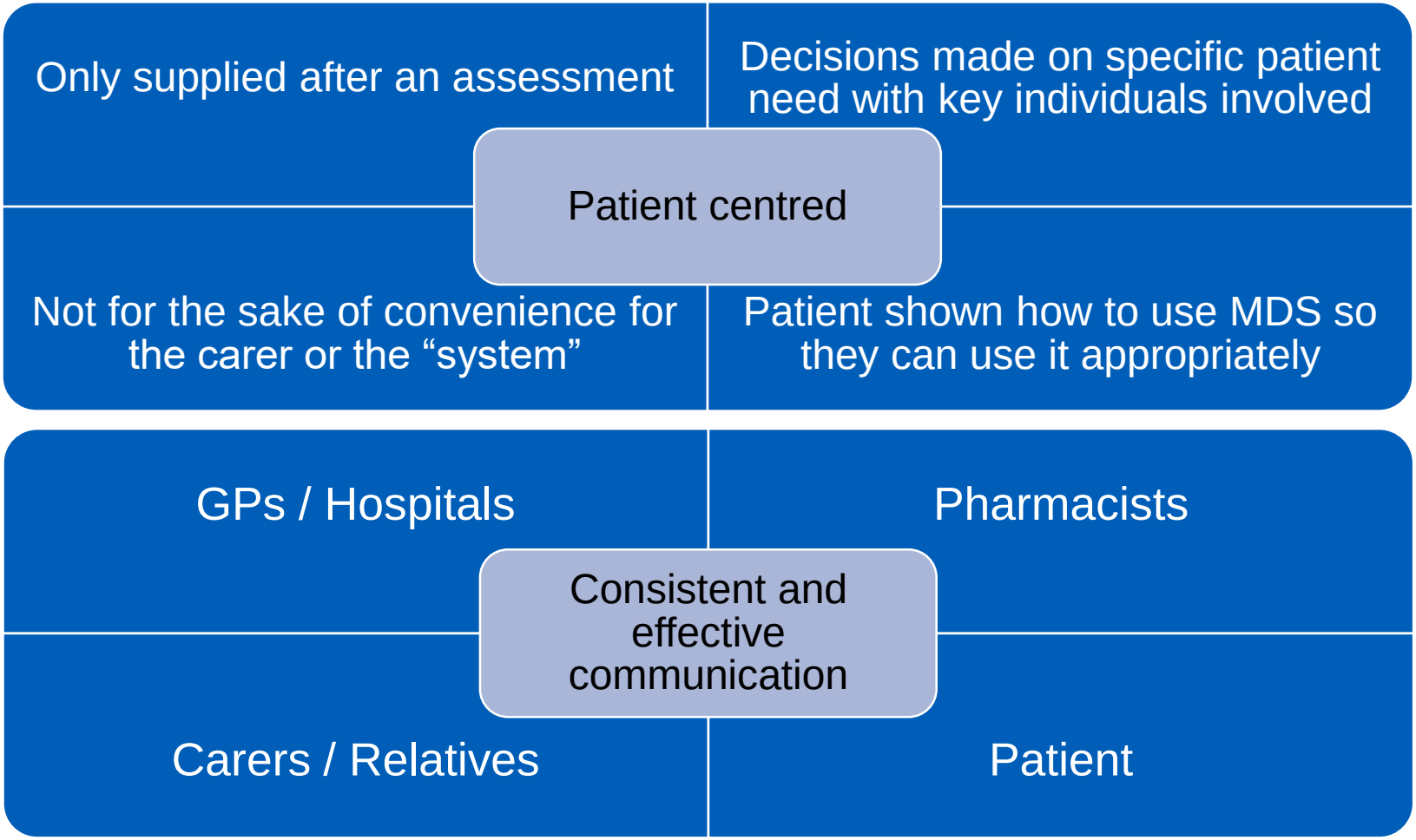
Yes

- Outdated solution to an old problem
- Packaging has changed - no longer lots of brown bottles
- MDS is one option when making reasonable adjustments
- Lack of capacity within pharmacy to support the increasing trend of MDS requests

Not necessarily

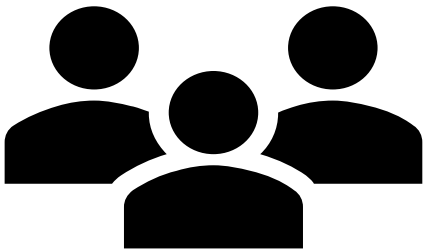
- Alternatives can also cause problems
- MDS might be the right solution for some patients
- Care staff shouldn’t have additional responsibilities
- Low pay for high responsibility
- Patient's home not designed for ‘administering medicines’
- Pharmacists better placed to do this
- Medicines not stored together
- Interruptions and lack of space/time
- Care often self funded

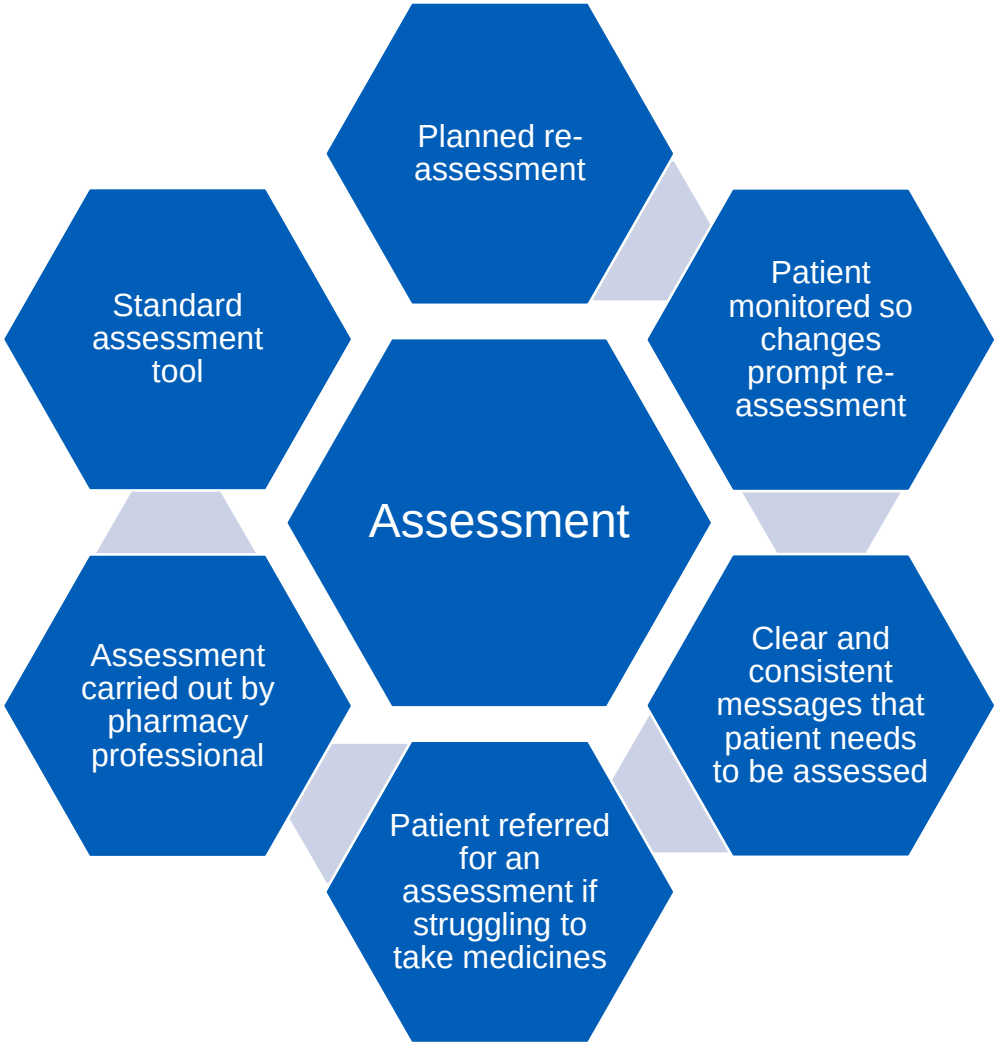
What would good use of MDS look like?



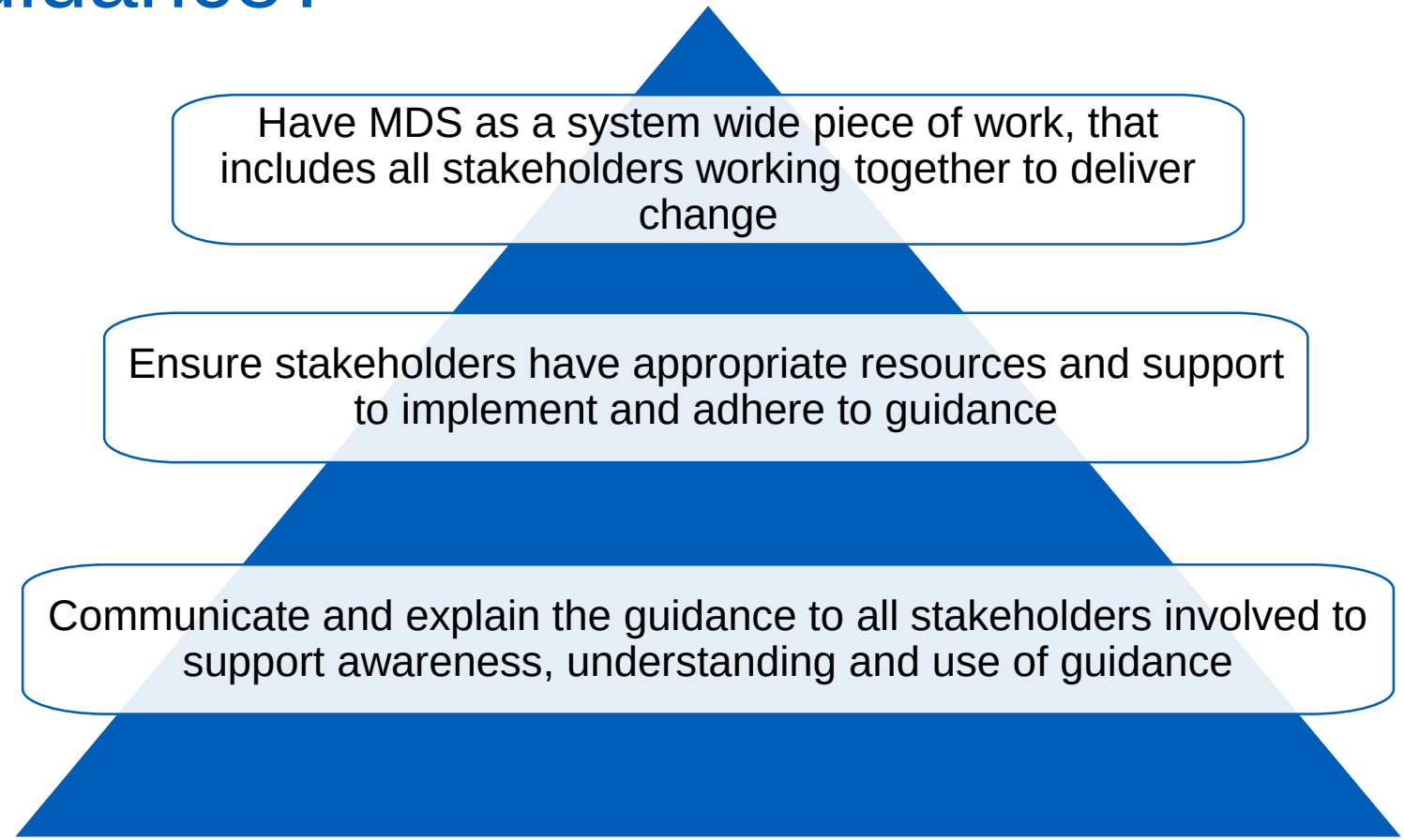
What change is needed?

True collaboration (not tokenistic involvement) and a **patient centric** approach





How do we implement current guidance?



Are there specific messages for stakeholders?

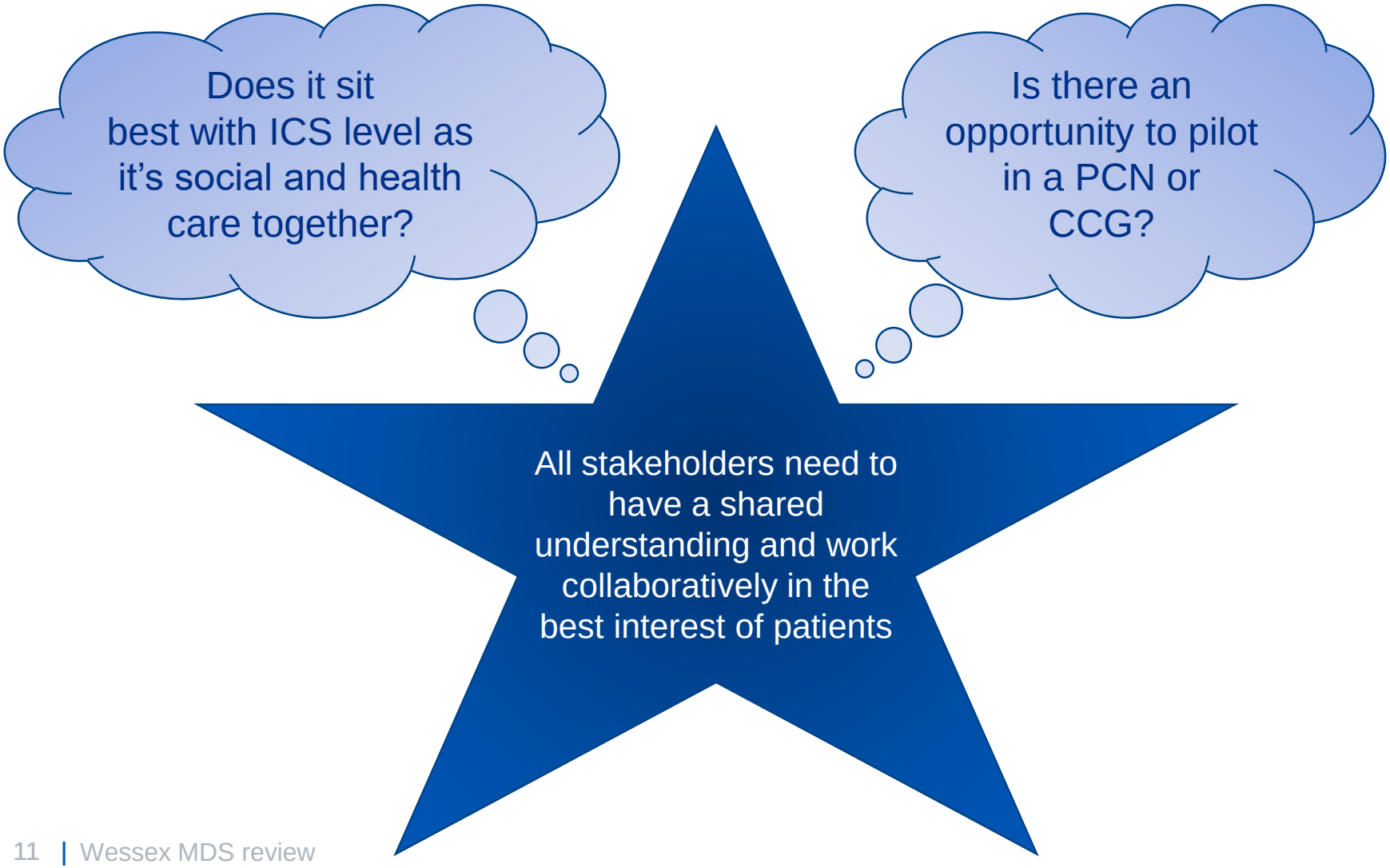
MDS is not the answer to everything and is only one option – let pharmacists decide the most appropriate reasonable adjustment based on patient need.

Social care may need to adapt in terms of awareness, support and training for their carers.

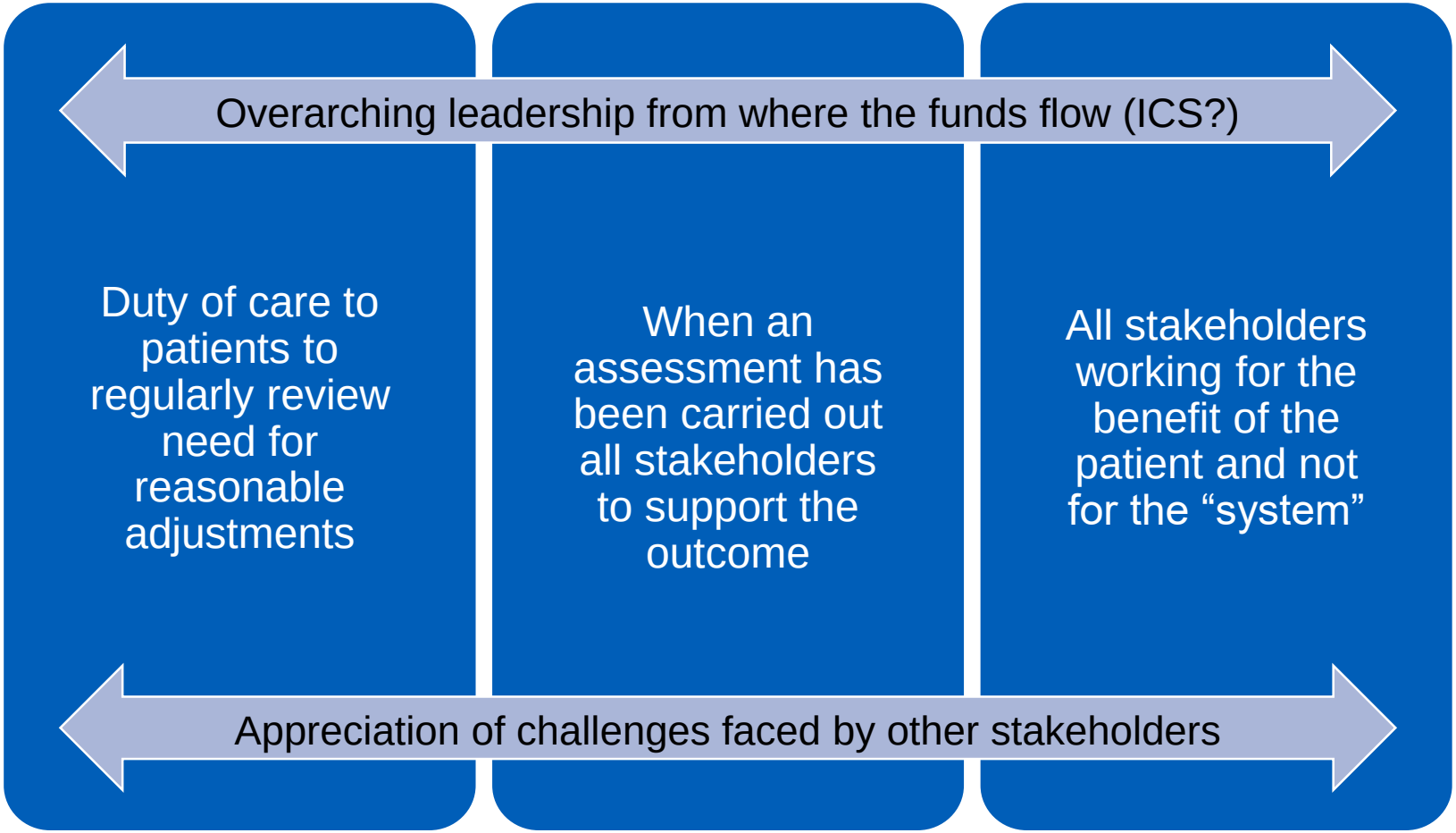
Manage expectations when exploring support options with patients.

Each stakeholder needs to know the implications and impact of the current situation and any proposed changes, not only for them but other stakeholders. E.g. pharmacists need to have an understanding of processes, changes and experience of care workers and vice versa.

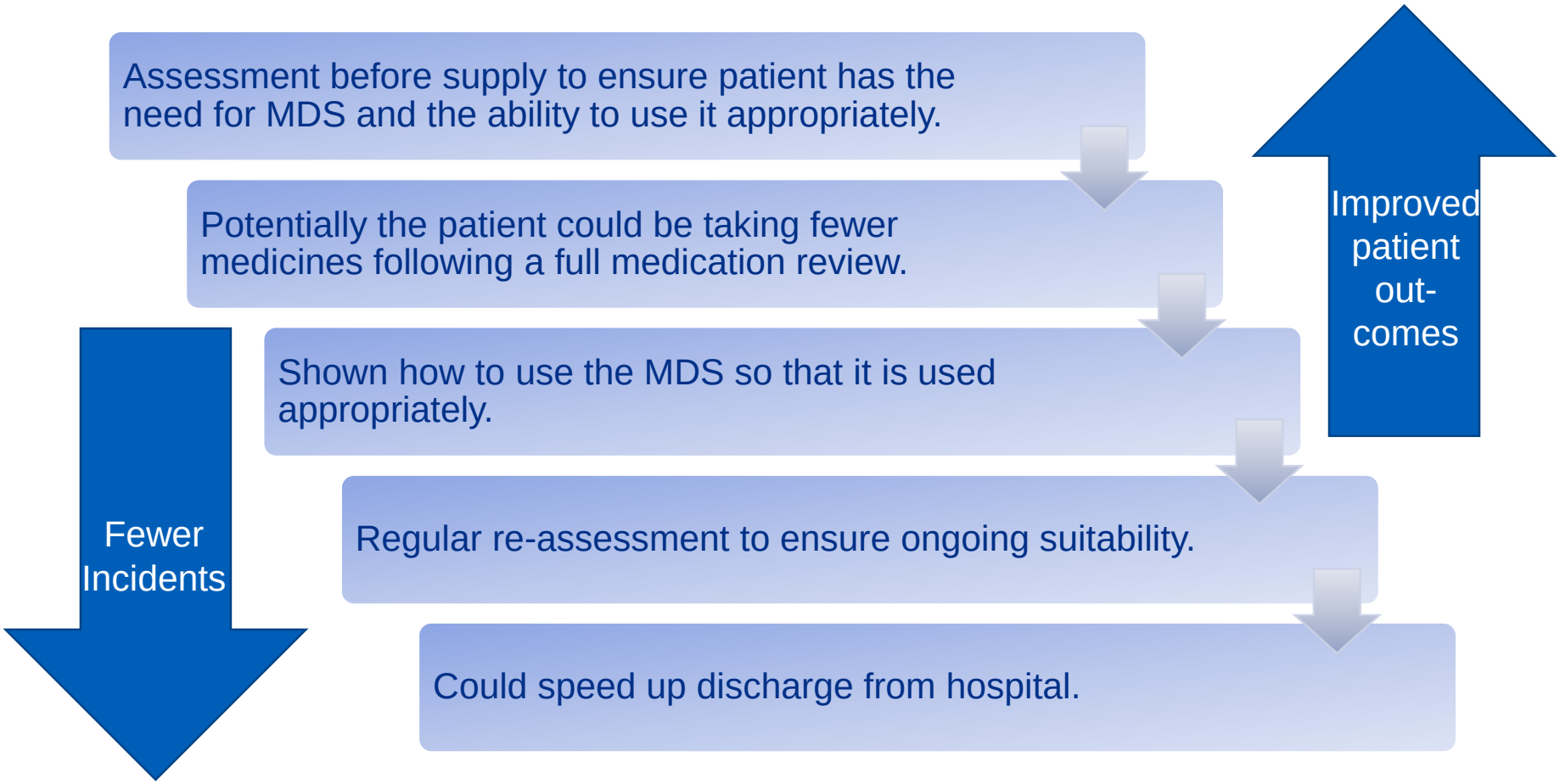
Who can make the changes happen?



How can we make sure the changes are sustainable?



How will the changes enhance patient care and medicines?



How can we ensure the changes happen?

Have an agreed approach

Have an agreed assessment (nationally?) and method of referral for assessment.

Work with domiciliary carers and providers to identify needs to support changes.

Ensure buy in from all stakeholders, GPs, hospitals, care providers, commissioners and pharmacies.

Raise awareness of alternative aids.

Work collaboratively

Seek company buy-in from pharmacies and care providers.

Leadership from commissioners.

Dedicated project manager to co-ordinate and lead changes.

Consistent messages to patients, relatives and carers.

Appropriate flow of funds

Recognise where time pressures are.

Identify and fund training needs.

Ensure funding is directed appropriately so those making changes are supported in doing so.

The LPN will handover this work to the STP/ICS to build on work to date, support collaborative working and provide leadership through any changes.

Considerations, roles and responsibilities…

IT systems to facilitate communications between hospital, GP, pharmacy, patient & carer

National

- Guidance
- Endorsed assessment form

STP/ICS

- Commission services
- Bring health and social care together
- Provides leadership

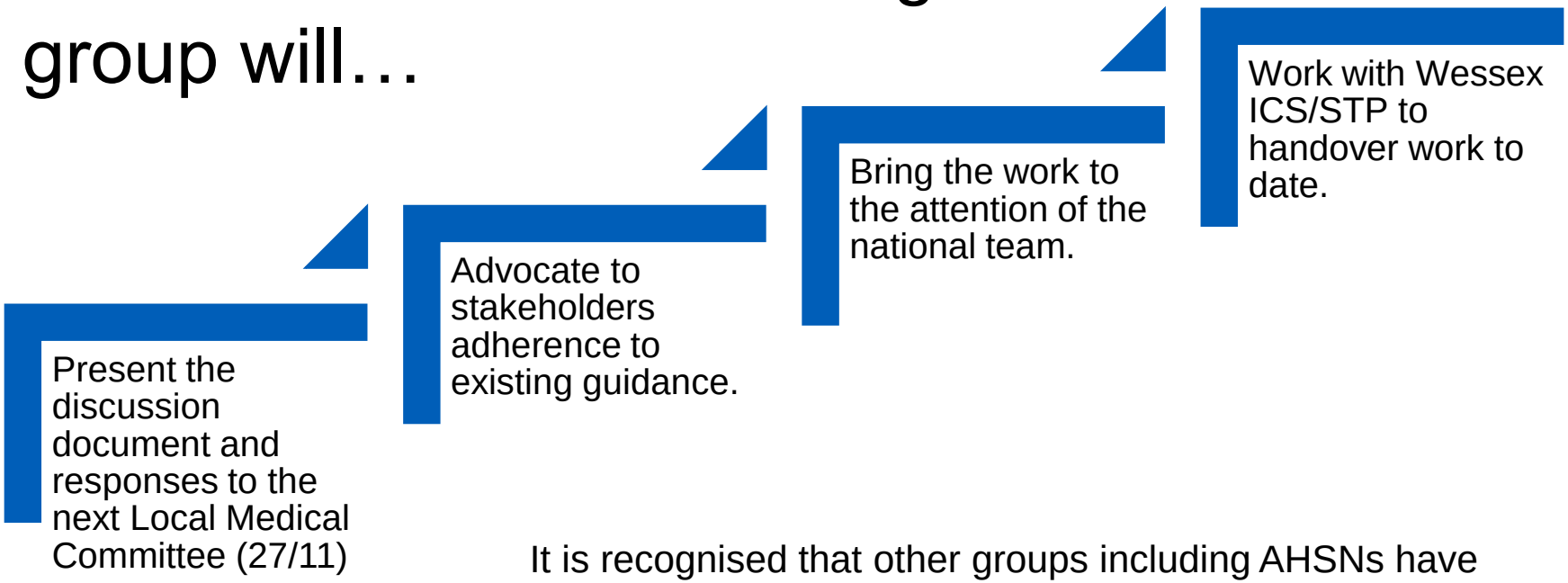
PCN/Care providers

- Responsible for individual cases
- Provides services
- Workforce change and development

Link with work that is addressing problematic poly-pharmacy

Next steps…

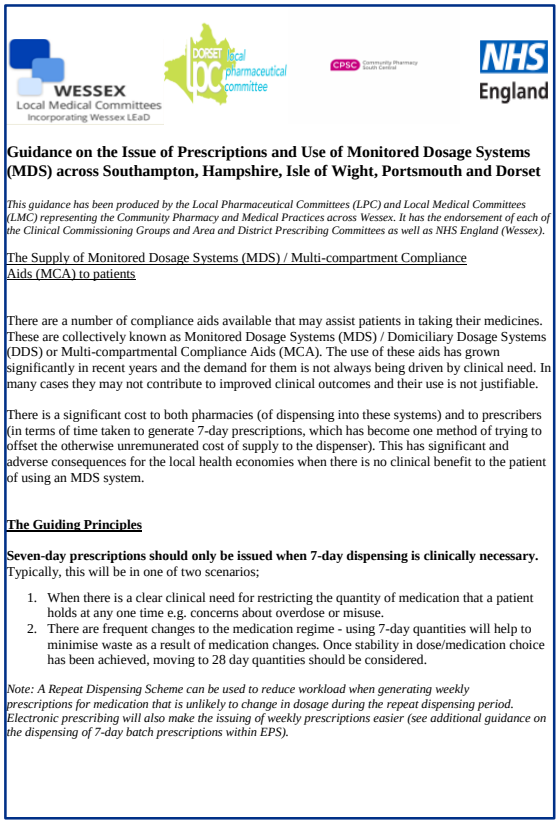
The LPN and MDS oversight group will…



It is recognised that other groups including AHSNs have engaged in this issue and are developing solutions which can be adopted.

Related documents…

Guidance on the Issue of Prescriptions and Use of Monitored Dosage Systems



WESSEX Local Medical Committees Incorporating Wessex LEaD

DORSET local pharmaceutical committee

CPSC Community Pharmacy South Central

NHS England

Guidance on the Issue of Prescriptions and Use of Monitored Dosage Systems (MDS) across Southampton, Hampshire, Isle of Wight, Portsmouth and Dorset

This guidance has been produced by the Local Pharmaceutical Committees (LPC) and Local Medical Committees (LMC) representing the Community Pharmacy and Medical Practices across Wessex. It has the endorsement of each of the Clinical Commissioning Groups and Area and District Prescribing Committees as well as NHS England (Wessex).

The Supply of Monitored Dosage Systems (MDS) / Multi-compartment Compliance Aids (MCA) to patients

There are a number of compliance aids available that may assist patients in taking their medicines. These are collectively known as Monitored Dosage Systems (MDS) / Domiciliary Dosage Systems (DDS) or Multi-compartmental Compliance Aids (MCA). The use of these aids has grown significantly in recent years and the demand for them is not always being driven by clinical need. In many cases they may not contribute to improved clinical outcomes and their use is not justifiable.

There is a significant cost to both pharmacies (of dispensing into these systems) and to prescribers (in terms of time taken to generate 7-day prescriptions, which has become one method of trying to offset the otherwise unremunerated cost of supply to the dispenser). This has significant and adverse consequences for the local health economies when there is no clinical benefit to the patient of using an MDS system.

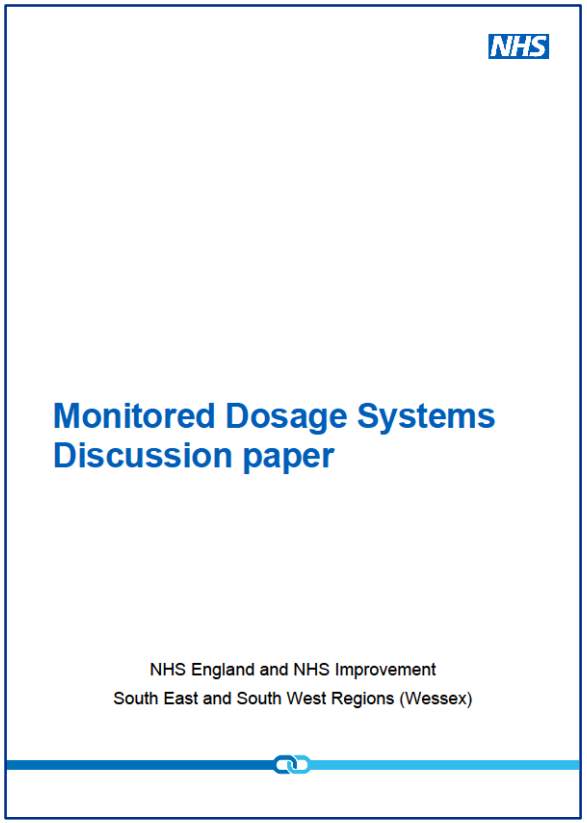
The Guiding Principles

Seven-day prescriptions should only be issued when 7-day dispensing is clinically necessary. Typically, this will be in one of two scenarios;

1. When 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 or misuse.
2. There are frequent changes to the medication regime - using 7-day quantities will help to minimise waste as a result of medication changes. Once stability in dose/medication choice has been achieved, moving to 28 day quantities should be considered.

Note: A Repeat Dispensing Scheme can be used to reduce workload when generating weekly prescriptions for medication that is unlikely to change in dosage during the repeat dispensing period. Electronic prescribing will also make the issuing of weekly prescriptions easier (see additional guidance on the dispensing of 7-day batch prescriptions within EPS).

Monitored Dosage Systems Discussion paper



NHS

Monitored Dosage Systems Discussion paper

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