NHS FORTH VALLEY

Area Wide good practice guidance on the use of monitored dosage systems

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Management of Policies Procedure control sheet

(Non clinical documents only)

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Consultation and Change Record – for ALL documents

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1 Introduction

Monitored dosage systems (MDS), are intended to make it easier for the patient to take their medicines, however **they are not suitable for all** patients and there are concerns over escalating use.

The use of MDS may not be appropriate in the following situations:

- Patients resident in a care home.
- Patient's who have not been formally assessed as being suitable for an MDS.
- Patients who have intentional non adherence to medicines.
- Patients who have difficulty accessing medication from a MDS due to manipulation problems.
- Patients who are on medicines where the dose changes frequently e.g. warfarin.
- Patient's who are on medicines which are not pharmaceutically 'stable' to be put into a MDS.

Increasingly manufacturer's original packaging is a calendar pack of 28 days, and sometimes these also indicate the days of the week which should support medicine taking.

2 Good Practice Guidance Statement

NHS Forth Valley considers MDS as **one tool among others** to support patients with their medicine taking. They are committed to adopting a patient centred approach to ensure the appropriate use of MDS in all care settings, alongside important interventions such as polypharmacy reviews with the aim of keeping patients independent for as long as possible.

3 Scope

This guidance is applicable to all staff that are involved in either the assessment, recommendation or filling of an MDS in the following settings: the patient's home, community pharmacies, GP practices, acute and community hospitals, care homes and reablement facilities.

This will include but not be limited to the following groups of staff : pharmacists and technicians, occupational therapists, nurses, doctors, carers and reablement staff.

4 Definitions

MDS - also known as multicompartment compliance aids, are medicine storage devices with compartments divided into days of the week and various times of each day.

5 Detail of Document

5.1 Patient assessment and recommendation of MDS

Every effort should be made to keep medication regimens simple, reduce dosage frequency and encourage patient autonomy by increasing their knowledge of their treatment through education at every opportunity.

First and foremost, pharmacy staff (community, hospital or practice based) should be approached to undertake a polypharmacy review in order to rationalise medication, simplify regimens, review timings of medicines and reduce any inappropriate polypharmacy (Refer to national and local polypharmacy review guidance).

If non adherence has been confirmed, then a patient assessment should be undertaken in order to determine the reason(s) for non adherence e.g. visual impairment, memory problems or manual dexterity issues. This will help determine what interventions may help. See Appendix 1 for the recommended example of an assessment tool which could be used.

All staff should have an awareness of alternative devices to MDS and other compliance aids. See Appendix 2.

Staff should refer to the 2013 Royal Pharmaceutical Society Improving patient outcomes through MCA for further information on identifying options of interventions that will support patients with use of their medicines.

If a patient has been assessed as requiring a MDS, then the patient's community pharmacy should be contacted to see if they are willing and able to fill an MDS. If they are not able then the patient and/or carers should be asked for an alternative nominated community pharmacy.

The patient's GP practice should be contacted and a request made for the patients medicine's to be synchronised and changed to a 28 day supply with the directions 'dispense weekly' added to instalment text.

The GP practice should code the patient as appropriate with code 8BIA.

The patient should be reassessed at appropriate intervals to ensure the ongoing suitability of the MDS.

5.2 Filling a MDS

Repackaging medicines into MDS may increase the chance of mistakes being made, especially if many are being done at the same time. Dispensaries should have robust standard operating procedures in place to cover all aspects of dispensing and checking a MDS, including the assessment of whether a medicine is suitable for going in a MDS.

The following are strong indicators that a medicine may not be appropriate for MDS:

- The medicine is sensitive to moisture. This may be stated on the packaging or may be indicated by the presence of a desiccant in the packaging.

- The medicine is sensitive to light. This may be stated on the packaging or may be indicated by the packaging being dark in colour.

- Medicines that require refrigerated storage.

- Effervescent or dispersible products (particularly sensitive to moisture).

- Large tablets that are difficult to fit into a compartment in MDS.

- Buccal and sublingual tablets that should not be swallowed whole.

- Cytotoxic medicines.

- Liquid medicines.

- Medicines with the directions 'as required' or 'as directed'.

- Medicines that require specific dose timings, e.g. Parkinson's medicines.

- Medicines whose dose will frequently vary depending on test results, e.g. warfarin.

- Medicines that need to be taken in a specific way so need to be easily identifiable to the patient, e.g. tablets to be taken with plenty of water or after food.

- Administration by routes other than the oral route.

When medicines are repackaged into an MDS, it will likely be out with the medicine's license and have a significantly reduced expiry date. Processes within the community pharmacy must ensure that MDS are filled and sealed as close as possible to the date they are required to avoid the risk of degradation and unnecessary wastage.

The MDS (or backing sheet) must have a current dispensing label attached for every medicine the MDS contains, and as good practice should include a description of the tablet/capsule.

Patients receiving medicines in MDS should be provided with a patient information leaflet for each medicine dispensed with the first MDS of every four they receive.

Patients should only be supplied one MDS at a time, unless it is prearranged with the patient/carer and GP practice.

Single use MDS should be used, rather than re-usable devices.

Medicines should not be placed in MDS without removing them from the original blister packaging.

If an MDS contains a Controlled Drug, the MDS must be stored in a Controlled Drug cabinet until it is collected by the patient/carer.

6 Appendices

Appendix 1: Recommended example of a compliance assessment

NHS Forth Valley **Compliance Needs Assessment**

Assessors Information		
Name:	Designation:	Signed: Date:
Initial or Follow up assessment (please circle)	Date of previous assessment *(if applicable)*:	Assessment carried out in: ☐ Service user/patients home ☐ Hospital - Hospital name and ward: ☐ Community Pharmacy

Section 1: Service user/patient details		
Name:	Address:	Date of Birth:
GP Practice:	Practice Pharmacist:	Community Pharmacy:
Diagnoses/ Conditions:		
Known allergies: *(Specify allergen/reaction/severity)*		
Compliance aid: Yes/ No *(If yes please give details)*		
Recent Hospital Admission *(within last 3 months)* Yes ☐ No ☐ Don't Know ☐ Hospital: Ward: Admission Date: Discharge Date: Reason for admission:		
Household Composition/ Support:		

Section 2: Medication details	
Number of regular medicines.	
Numbers of times per day medicines are taken. *(Max frequency)*	
Specify any 'as required' medicines. *(Specify drug name and indication)*	
Specify any 'as directed' medicines. Are the directions clear and understandable? *(Specify drug name and indication)*	
Are any medicines currently being titrated/reduced? *(give details)*	

Are all medicines suitable for inclusion in MDS? *(Stability information available from website below)* [SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#) www.sps.nhs.uk Specify any that may not be suitable and why.	

Section 3: Ability to manage medicines/ Questions to ask the patient/service user and/or carer*. It may be useful to have demonstration packs available to test their manual dexterity.*

Can you please tell me where you keep your medicines?
(Provide advice on safe storage where necessary and document advice given)

Can you please tell me what each of your medicines are for, how and when you take them?
(Go through list of medicines with service user/patient)

Does the patient/service user have a good understanding of their medicine's indications and are they taking them according to the prescribed directions?
Yes/No *(If no, provide explanation/education to patient/service user where able or specify below which medicines require further clarification)*

Ability	Yes	No	Not applicable	Comments/details
Do you take your medicine yourself? Or does anyone help you take them?				
Can you swallow your medicines?				
Can you open child resistant tops?				
Can you open foil blisters?				
Can you read the labels and patient information leaflets?				
Can you break/cut a tablet in half?				
Can you pick up a tablet from a table/counter?				
Can you measure liquids?				
Can you use inhalers?				
Can you use Eye drops?				
Can you use ear drops?				

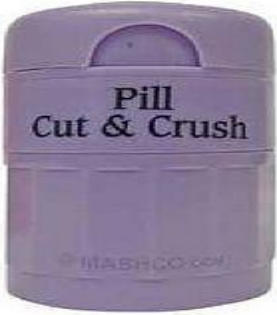| Ability	Yes	No	Not applicable	Comments/details
Can you use nasal drops/spray?				
Can you apply Creams/ointments etc?				
Can you apply patches?				
Do you order and collect your medication yourself? Do you have any problems doing this?				
Does your medication ever run out? *(Provide details of specific medicines)*	Never	Sometimes	Frequently	
Do you ever forget to take your medicines? *(Provide details of specific medicines)*	Never	Sometimes	Frequently	
Do you ever choose not to take your medicines? *(Provide details of specific medicines)*	Never	sometimes	frequently	

Section 4: Ability to use an MDS *(if appropriate)* Demonstrate with sealed empty blister packs	
Following a demonstration of a MDS:	Comment
Do you find it easier to take tablets out of the MDS than the containers you have now?	
Do you know today's date? Can you identify each dose in the MDS? e.g. can you find Tuesday lunchtime medicines?	
Do you understand how to take medicines that cannot be put in a MDS? (ask them to explain)	

The compliance assessment shows the patient requires:	Tick as appropriate	Actions Taken
Medicines Administration record (MAR chart) Please note you would have to liase with social services if you thought the patient at risk & required a package of care.		
A simpler medication regime (please be specific on how existing medicines can be simplified or if full medication review is required).		
A memory aid (please specify e.g. reminder chart, new technology).		
Easier packaging (please specify e.g. non click-lock bottles).		
Large print on labels/ Braille/ Symbol based label		

The compliance assessment shows the patient requires:	Tick as appropriate	Actions Taken	Who contacted and when
Weekly dispensing in original packs.			
Monitored dosage system (MDS).			
Synchronise Medication (so all medication is ordered at the same time)			
Put medicines from blister strips into bottles			
Alternative formulation			
Prescription ordering/collection service			
Extra medication counselling required			
Education on how to use inhalers/eye drops/ear drops/nasal products/patches			
Support from relatives/carers			
No further assistance.			

Appendix 2: Alternative compliance aids

Dexterity aids: Approx price (£2-10). Ask local pharmacy or look online if cannot be sourced locally.	
	Pill Punch Handy tablet removal device which comes in 4 sizes. Designed by a Pharmacist to aid removal of most tablets and capsules from blister strips. Helpful for anyone who has difficulty in removing pills from blisters
	PillPress is a unique and innovative product that solves the frustrating problem some people experience when removing pills from blister packaging as the enclosed 'well' captures the pill when pushed through the foil pack by hand.
	Grip it bottle opener Internal grip fits the bottle top While the outer surface fits comfortably in your hand Great for removing most bottle tops
	Plain bottle (non child resistant) tops / Winged bottle tops.
Inhaler aids	These help patients grip, actuate or twist their inhaler device.
	Pill mate cutter Small, portable plastic pill cutter cuts tablets neatly and simply if they are too large, or are just too difficult to swallow whole

	PillMate pill cut & crush Suitable for those who are unable to or have difficulty swallowing pills
	Aid for administering eye drops Eyepiece attaches to dropper bottle ensures correct positioning over eye Simply squeeze bottle to administer drops £5.15
	Opticare eye drop dispenser each dispenser is now supplied with a simple adaptor making it compatible with many non-standard bottles can clip on to most round eye-drop bottles from 5-15ml, commonly used by people with glaucoma ideal for people who have arthritic hands or anyone who finds it difficult to dispense eye drops to enquire about getting this product on prescription please quote PIP-code 033-3369 to your Doctor Please Note: This product is compatible with Xalacom or Travatan eye drop bottles, as the dispenser is now supplied with an adaptor

MEMORY AIDS:

	The Talking Label voice recorder offers a simple and effective solution if you take multiple medications, as it provides audible guidance when you need to identify and take any medication.	Talkingproducts.com £5.50
Medication reminder Chart	See Appendix 3 for a blank example that can be printed off.	

VISUAL AIDS:		
Colour coding	Colour dots can be stuck on medication boxes, and a corresponding colour coded key done on a piece of paper for them to refer to.	
Large print labels	Dependant on dispensary labelling software. Font size 16/18 is classed as large. RNIB suggest arial font no smaller than 14.	
Tactile identifiers	Attach something to the box/foil/strip e.g. elastic band, staples, tear in the lid of the box in agreement with the patient.	
Large diagrams/ pictures	Draw/ attach pictures onto the box to signify when a medicine is to be taken e.g sun for morning and moon for night.	
Magnifying glass	Recommended by RNIB.	
Braille	Do not stick dispensing labels over Braille information on medicine containers.	
Braille products	Braille labeller based on a Dymo gun, prints letters and numbers as Braille characters on to a self adhesive tape which can then be affixed to a box.	
Plastic tie on labels	These can be affixed to a container, and preprinted with Braille, historically available from the pharmaceutical industry.	

(Original source: Managing medication guidance version 7 Sept 2012.)

Appendix 3: Medication Reminder Chart

Medication Reminder Chart

Name of patient: Date Completed: Completed by (Print &Sign):   Designation:

Medication	What the medication is for	Before Breakfast	Breakfast	Lunch	Afternoon	Teatime	Bedtime	Any other important information

Document Development and Approval Checklist

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Specify the rationale for the development of the policy, procedure or guideline

Document developed in the NHS Forth Valley document template (Appendix 2) and developed in accordance with the Document Development and Approval Process (Appendix 3). The cover pages include the following:-

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Approval

Specify areas of document applicability

NHS Board Wide	x☐
Acute only	☐
Community Services Directorate only	☐
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