

# MDS guidance and support

The Equality Act 2010 requires pharmacists to determine what reasonable adjustments can be made within the pharmacy to overcome obstacles which prevent persons with a disability from receiving goods and services.

The provision of an auxiliary aid such as an MDS is one way of providing an adjustment if this is deemed necessary, to ensure that a patient with a disability is not at a disadvantage compared to someone without a disability.

Contractually community pharmacies obligations are:

‘Community pharmacies are required to support patients in taking dispensed medications, by making reasonable adjustments for patients with identified needs as per the Equality Act 2010, From 2005, the funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of complying with disability legislation.’

The Medicine & Pharmacy North West Steering Group has supervised the development of an interactive document which includes an assessment template under resources

[An Interactive Guide to What good looks like for assisted medicines taking](#)

## Prescriptions and payments

Pharmacists cannot charge patients with a disability (as defined under the Equality Act 2010) for the provision of any reasonable adjustments. This means that these eligible patients should not be charged for the provision of auxiliary aids, a Single Activity Fee incorporates payment for the provision of auxiliary aids.

NHS prescriptions ordering 28 days treatment should be dispensed on one occasion (except for instalment prescriptions); this also applies to medicines provided in an MDS. The Terms of Service of NHS pharmacists do not impose a requirement to dispense into an MDS or to dispense in instalments (other than instalment prescriptions for the treatment of substance misuse clients).

Therefore, if a prescription is received for 28 days treatment, the pharmacist should supply 1 x 28 days in an MDS or 4 x 7 day MDSs on one occasion. The prescription would attract one professional fee only.

Occasionally, a patient may benefit from having their medicines dispensed at shorter intervals, for example, weekly. This may be because of the following:

- The stability of the medicines may only be guaranteed for short periods of time outside of the manufacturer's original packaging.
- The patient is at risk of deliberate or accidental self-harm by taking all their medicines in one go.
- There may be risk to the patient or others (for example, young children or animals) from having a large quantity of medicines in the home.
- The patient may require a change in either dose and/or the medicines which they are taking (once the MDS has been dispensed, new medicines should not be added, nor unwanted medicines removed).
- The patient who may be regularly admitted into hospital possibly resulting in changes to the medicines.

In these circumstances, where it is in the patient's best interests to do so, the prescriber should be contacted to arrange prescriptions with a shorter prescribing interval. It will, however, be the prescriber's decision if they choose to prescribe in this manner.

Patients may request for their medicines to be put in an MDS for convenience rather than because they are eligible to receive them in this way under the Equality Act 2010. Pharmacists are entitled to charge the patient in these circumstances. The pharmacist should also consider that medicines taken outside of the manufacturer's packaging will not be covered by the manufacturer's product licence and so the prescriber should be notified of the patient's wishes as they may wish to monitor the patient. In addition, the pharmacist should consider whether the prescriber would be willing to issue a new prescription should there be any changes to the patient's medicines part way through the prescription. The prescriber may not be willing to issue a new prescription in these circumstances.

Before supplying medicines in an MDS to a patient, either for convenience or under the Equality Act 2010, there are a number of factors that must be taken into account, taking into consideration both the patient and the medicine(s).

## Patient characteristics

When dispensing medicines into an MDS, the aim is to encourage and support a patient's medicine adherence and compliance. However, an MDS may not be appropriate for all patients. Each patient identified to have compliance issues should be reviewed to understand the underlying causes for poor compliance on an individual, case-by-case basis.

Following a review process, it may be found that an MDS is not the most appropriate option for the patient and other supportive measures may be more suitable, such as

- Adjusting the timings of doses to simplify the regime.
- Using easy open or non-child resistant containers for those with arthritis.
- Increasing the patients understanding on the importance of each medicine in regards to maintaining their health.
- Using larger font labels to assist partially sighted patients.
- Reducing the number of medicines the patient is taking.
- Using reminder charts.

Along with identifying current compliance issues and the contributing factors, information gained from a review may assist with the preparation of an MDS that is tailored individually for the patient. For example, by ascertaining the time of day the patient usually takes each medicine (following the prescriber's instructions), will allow the pharmacist to dispense the MDS in line with the patient's preference.

## Recording

Where a reasonable adjustment is made this should be recorded in the patient's pharmacy record and shared with the patient's GP. If following a review, there is a change in the reasonable adjustment recommended for a patient, the risks of any changes should be considered as part of the assessment.