

Community Pharmacy West Yorkshire is aware that many of our contractors are experiencing increased (and ongoing) requests for Multi-compartment compliance aids (MDS) and Medicines Administration Records (MAR). We recommend that you read the Community Pharmacy England (CPE) Equality Act briefing but this summary has been produced as a quick reminder of the key points to consider. It must be noted that the pharmacy is responsible and accountable for decisions made in relation to providing an adjustment, or not, and so each member of the pharmacy team involved with dispensing must ensure they are familiar with the Equality Act and associated guidance.

The summary advice below is referenced so that you are able to refer back to the relevant section of the Equality Act briefing.

Patient Eligibility		Page
✓	Patients who have a disability that falls under the Equality Act 2010 qualify for a "reasonable adjustment" to the way their medication is supplied. This may include free MDS dispensing but it could also be any other reasonable adjustment such as large print labels, MAR charts, tablets popped in to bottles, winged bottle tops etc.	4 FAQ
✗	Pharmacies are not obliged to dispense free MDS for patient, carer or prescriber convenience or to help improve compliance for patients who do not otherwise qualify under the Equality Act 2010.	3 FAQ
Safety and Liability		
✓	Professional liability for inappropriate, inaccurate or unsafe MDS dispensing lies with the pharmacy even if the initiation request for MDS was made by a prescriber. Therefore, before making a supply in MDS, it is essential that the pharmacist satisfies him/herself that the patient will be able to use the MDS safely and that the integrity of the medicines will be preserved in an MDS container.	
Decision Making		
✓	The decision to supply MDS is that of the pharmacy; not the prescriber, patient or carer.	3, 4, FAQ
✓	The decision should be based on a robust, individual patient assessment by the pharmacy to assess patients who may fall under the Equality Act 2010 and to make 'reasonable adjustments' where necessary as to how medication is dispensed.	3 4
✓	Whenever a decision is made to provide medicines in an MDS, it must: <ul style="list-style-type: none"> - Be appropriate for the patient - Before making a supply in MDS, it is essential that the pharmacist satisfies himself that the patient will be able to use the MDS safely - Preserve the integrity of the medicine - It is known that some medicines start to deteriorate if removed from the manufacturer's original carton, so the impact on these medicines must be assessed before they are repackaged. 	6
✗	MDS may be of value to help some patients with problems managing their medicines and maintaining independent healthy living, however, they are not the best intervention for all patients and many alternative interventions are available.	3-6
✗	Some medicines are less suitable for MDS, for example drugs where the dose is regularly adjusted (eg. Warfarin) and when required items (PRN). If the supply of an MDS plus additional containers is going to be unmanageable for the patient, then it is possible that the decision to dispense in MDS is flawed, and alternative adjustments may be required.	7
Carers and Care Organisations		
✓	Patients in care homes or those who have care workers do not routinely require MDS and should not routinely be issued with 7 day prescriptions	5-7 FAQ
✗	Although many care provider organisations (social services or private carers) insist that medicines should be dispensed in MDS in order for their staff to provide medicines support, neither the Medicines Act 1968 nor the Care Quality Commission (CQC) stipulate this as a pre-requisite. Instead, the obligation is with the care organisation to train their staff accordingly to administrate medicines from standard bottles and cartons.	10, FAQ

X	Carers may also request MAR charts to record administration of medicines. The CQC policy is for care providers to maintain a record to show what medicine was administered to the patient at each administration time. The CQC do not specify the form or type of record that is to be used by the carer and therefore a pharmacy is not obliged to provide a <u>free</u> MAR chart for patients who do not otherwise have a qualifying disability under the Equality Act 2010.	4-6, FAQ
X	Carers may request that pharmacists authorise that tablets can be crushed for administration when a liquid formulation is available. This is not in-line with the MHRA guidance regarding unlicensed use and pharmacists must also consider any implications for covert administration https://www.gov.uk/drug-safety-update/off-label-or-unlicensed-use-of-medicines-prescribers-responsibilities	See links
7 Day Prescriptions		
✓	The provision of 7 day prescriptions remains at the discretion of the prescriber.	7
✓	Seven day prescriptions are appropriate when 7 day supply is required. For example: <ul style="list-style-type: none"> • Where collection/delivery is required on a weekly basis for confused patients • Where there is a clinical need (e.g. risk of overdosing) to restrict the quantity • To reduce waste where a patient has frequent medication changes. 	8-9, FAQ
X	Once medicines have been supplied to a patient, whether in an MDS or in manufacturer's original packs, then no further changes to what has been supplied should be made. The NHS terms of service does not require pharmacies to modify previously supplied MDS trays if there is a change in medication mid cycle. If modification is essential for patient safety reasons then new scripts will be required from the prescriber for <u>all items</u> to prepare new MDS.	8, FAQ
X	Pharmacies are not obliged to supply/deliver once a week on a 28 day prescription. If a prescription is issued for 28 days treatment then all 4 x 7 day MDS containers (or 1 x 28 day MDS container) should be prepared and supplied to the patient in one occasion. If a prescription ordering 28 days treatment was to state 'dispense in MDS and deliver weekly' this should be dispensed on one occasion. The NHS terms of service do not require pharmacies to dispense/supply in instalments (other than on blue FP10MDA scripts). The prescriber who prescribed for 28 days with the direction to supply weekly in MDS must be informed that it is for the pharmacy contractor to decide whether or not it is appropriate to dispense into MDS and, if the pharmacy decides MDS is appropriate, that the supply will be made in full on one occasion (ie 28 days will be supplied in one go)	, 8 FAQ
✓	Where 7 day prescriptions are issued (including eRD scripts), the patient must receive their medication weekly.	8, FAQ
X	Pharmacies must not pull down eRD scripts in advance of them being sent automatically from the Spine in order to dispense multiple weeks of 7-day scripts at one time. Where 7 day eRD scripts are issued these should be pulled down from the spine, dispensed and supplied weekly.	
Automated Multi-Compartment Compliance Aids (AMCA).		
✓	AMCA devices can be used to help patients take their medication on the correct day and time. However, pharmacists and their teams must consider the complexity and additional professional indemnity risks associated with the supply of medicines in these devices. As with every adjustment, every patient identified as having medicines adherence issues should have a robust individual assessment to identify the most suitable intervention based on their needs and the currently available evidence. The pharmacy is responsible and accountable for this decision.	
Resources / key documents		
The CPE website Equality Act pages include advice and link to further resources including, RPS guidance including medicines stability when removed from original packaging and relevant briefings including The Equality Act & 28 Day Prescribing . CPWY 7-day script guidance can be found here .		
Specialist Pharmacy Service (SPS) MCA Stability Tool. https://www.sps.nhs.uk/home/tools/medicines-in-compliance-aids-stability-tool/ .		