**Recommendation for a New Monitored Dosage System – Referral Form**

**Details of person completing referral**

|  |
| --- |
| Name: Profession:  Contact No.: Email: |

**MDS requested by:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient |  | Community Pharmacy |
|  | Relative / Friend / Unpaid Carer |  | Intermediate Care Pharmacy Technician |
|  | Domiciliary Care Worker / Extra Care Services |  | Secondary Care Pharmacy Team |
|  | District Nurse |  | Mental Health Trust Pharmacy Team |
|  | Care Home |  | Other: |

**Reason for request:**

|  |
| --- |
|  |

**Does patient currently take medicines as prescribed?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | YES |  | NO |  | SOMETIMES |  | UNCLEAR |
| Comments: | | | | | | | | |

**Number of medicines taken daily and how many times are medicines taken each day?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No. of Medicines** | | |  | |
|  | 1 |  | 2 |  | 3 |  | 4+ |

**If patient has carers / family / friends how many times do they visit each day?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |  | 4+ |

**Do the times of these visits align with the time medication is to be taken?**

*Consider time sensitive medicines e.g. those given before or after food, Parkinson's medication*

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| Comments: | | | | |

**Are there any items which would not be suitable for an MDS?**

*E.g. dispersible & buccal (may absorb water and degrade outside of manufacturers packaging), PRN & warfarin (variable doses and may not be taken regularly), cytotoxic (specific storage and handling requirements)*

|  |
| --- |
|  |

**How many medicines are suitable for an MDS?**

|  |
| --- |
|  |

**Below are common barriers to taking medicines – do any of the following apply? Many barriers can be overcome by supporting medicine adherence. Please see Appendix A for alternatives to MDS.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Access / Mobility (not being able to order or collect) |  | Physical (difficulty opening containers / packets) |
|  | Complexity of Medication Regime |  | Visual impairment |
|  | Understanding Importance of Medicine & Why |  | Swallowing |
|  | Anxiety / Concern regarding Medicines or Side Effects |  | Engagement (purposefully not taking medicines) |
|  | Recollection (forgetting to take medicines) |  | Other: |

**Is the patient suitable for an adjustment to support medication adherence? Please see Appendix A.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| Please document details of conversation and steps taken/changes made to support medication adherence | | | | |

**Patient is suitable for an MDS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| Detail: | | | | |

**Patient has been informed how an MDS affects their medicine supply?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

**Risks and benefits of MDS have been discussed:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

**Has the patient given informed consent?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| Comments: | | | | |

*If referral form completed by GP Practice*

**Nominated community pharmacy informed & documentation of recommendation (as above) sent via NHS Mail**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

*If referral form completed by community pharmacy*, *domiciliary care / extra care services, intermediate care technicians, secondary care, community hospital or mental health trust*

**GP Practice informed & documentation of recommendation (as above) sent**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

GP practice to review and refer to nominated community pharmacy if appropriate

**Review Date:**

*3 months from initiation then annually*

|  |
| --- |
|  |

**APPENDIX A**

See table below for possible adjustments which can be made to support medication adherence without the use of an MDS.

Ensure discussions are had between patient, family, carers, community pharmacy and GP Practice / Trust to confirm adjustments can be facilitated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Access / Mobility** | Repeat Dispensing |  | **Physical** | Provide oral syringe or measure |
| Medicine delivery service | Eye drop dispenser / aid |
| Prescription collection service | Grip bottle opener |
| Does patient require assessment by social services | Spacer (for inhalers) or Breath Actuated inhaler |
| Increase levels of support from carer(s) | Provide larger bottles / lids |
| **Complexity** | Multi-compartment compliance aid (purchased) | Multi-compartment compliance aid (purchased) |
| Consolidation / rationalisation of medicines | Pill Popper |
| Request increase levels of support from carer(s) | Dispense blister packs into bottles |
| Structured Medication Review to explain about medicines | Alternative formulation of medicine |
| **Comprehension** | Help patient to understand the reason for taking medication e.g. leaflets | Increase levels of support from carer(s) |
| Increase levels of support from carer(s) | **Recollection** | Introduce a coping routine e.g. link to meal times, visits, phone calls |
| Patient requires a translator | MAR chart / Reminder chart |
| Consolidation / rationalisation of medicines | Reminder on calendar |
| Improve clarity of directions on label | Consolidation / rationalisation of medicines |
| Structured Medication Review to explain about medicines | Increase levels of support from carer(s) |
| **Anxiety** | Dosage adjustment / simplification | **Side Effects** | Structured Medication Review to review medicines |
| Structure Medication Review to explain about medicines and discuss concerns | Consolidation / rationalisation of medicines |
| **Engagement** | Increase levels of support from carer(s) | Alternative formulation |
| Structure Medication Review to explain about medicines | **Visual** | Diagrams / colour coded dots on container |
| Is this an informed patient choice? | Increase clarity e.g. large print labels |
| **Other Medicines** | Structure Medication Review to explain about medicines | Tactile identifiers e.g. elastic band |
| **Swallowing** | Alternative formulations e.g. effervescent, liquid | Increase levels of support from carer(s) |
| Pill cutter / Pill crusher | Magnifying glass |