

North of Tyne Medicines Management QIPP Group

Seven Day Prescriptions and Monitored Dosage Systems (MDS)

June 2012

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When are 7 day prescriptions appropriate?

- Patients are already receiving 7 day prescriptions; until such time as they have had a proper review; this should be carried out by the Prescriber or Pharmacist
- For patients who are not compliant with medication, when dispensed as a 28 day supply and it has been demonstrated that 7 day prescribing improves compliance
- For patients who are considered to be at risk of medication overuse and it is not safe to provide them with longer than 7 days supply
- For patients whose medication requires regular monitoring and this medication is provided in a Monitored Dose System (MDS) e.g. warfarin (see Key Messages – MDS)
- If changes have been made to a patient's medication and they appear confused, supply in 7 day amounts may be suitable for a short period
- For patients where the Prescriber has requested that the medication is supplied on a weekly basis
- For patients who frequently require a change in medication due to changing health, in order to reduce the risk of waste; this particularly applies to those with MDSs
- For medication that is known not to be stable in a MDS beyond 10-14 days and this cannot be changed for a more suitable alternative (see Key Messages – MDS)

When is it NOT appropriate to prescribe 7 day prescriptions?

- For new patients where no assessment has taken place and is not planned.
- For existing patients don't switch to 28 day prescriptions without an assessment by the pharmacist or prescriber
- Where the patient does not meet the above criteria
- Where the prescription is not dispensed and supplied weekly to the patient
- For patients in Care Homes and those being supported at home by Domiciliary Care Workers (unless a risk assessment has been made by the care agency)
- To support the provision of a MDS

Reasons for issuing 7 day prescriptions

- Where the stability of a medication cannot be assured for more than 14 days
- The pharmacist has concerns about a patient receiving a 28 day supply of medication
- If someone other than the prescriber has requested that supply is made on a weekly basis for safety reasons (this is not acceptable from Domiciliary Care Workers unless a risk assessment has been made by the care agency)
- Where there is likely to be changes to medication especially if an MDS is used – a pharmacist is unable to make changes to an already dispensed and issued set of MDS devices and if a change is made then the entire set of MDS dispensed medicines will have to be disposed of and new prescriptions for all medicines issued.

Disadvantages of 7 day prescriptions

- Increased workload for the GP surgery unless repeat dispensing is used
- Waste of paper
- Risk of over supply of 'when required' or fixed quantity medication, leading to waste, e.g. Glyceryl Trinitrate sprays, Creams, 'when required' Pain relief
- Unnecessary provision of a MDS and loss of patient independence

What is an MDS?

- There are many different types of MDSs available and they are known by a range of names e.g. NOMAD, Medicine Compliance Aid, Dosette, Blister pack etc
- The majority consist of 7 daily compartments, which are divided into sections. Each section usually corresponds to a certain time of day i.e. breakfast, lunch, evening meal and bedtime
- The aim of the MDS is to aid patients to take their medication
- Ideally a patient should have an assessment by a prescriber or pharmacist to ensure that they are able to use a MDS; they are not always the most appropriate solution
- Use of the MDS should be monitored for the first few months to ensure that it leads to the required improvement, otherwise the patient should be re-assessed for alternative solutions
- There are some MDS devices available for patients or relatives to buy, which they can then fill themselves
- An MDS is only one of a range of options that can be used to assist patients with taking their medicines correctly. Medication administration record (MAR) charts can offer a clearer record of administration history which may assist the patient or carer better than an MDS. Pharmacists are able to advise patients and/or their carers on a variety of strategies to aid medicines adherence

How to obtain a MDS?

- Anyone can request a MDS; however, the decision to provide a patient's medication in a MDS rests with the dispensing pharmacist as they take responsibility under the Equality Act 2010
- Some patients may benefit from other aids e.g. reminder charts, large print labels, easy open tops etc to aid their compliance; an MDS may be suitable if these measures fail
- If a MDS is issued a consultation should take place between the patient/representative/carers and the pharmacist

Benefits of MDS

- MDSs may reduce or eliminate accidents caused by dosage problems and poor compliance
- Helps organise medication – particularly where a patient takes a large number of medicines
- Can reduce the anxiety of the patient or their family

Issues with MDS

- Not all medication is suitable for a MDS e.g. liquids, creams, soluble tablets, moisture sensitive caps/tabs, variable doses e.g. warfarin etc; consideration should be given to stopping/changing medication so all can be included in the MDS
- Only medication taken on a regular basis is suitable for a MDS, when required medication cannot be packed in a MDS; consideration should be given to stopping/fixing the dose
- Ideally, medication regimens should be stabilised before the use of an MDS is considered (unless there is a risk of taking the medicine(s) inappropriately)
- Some MDS may be difficult to open, especially for patients with arthritic fingers
- A MDS relies on the patient's ability to read and recognise the days of the week and times of the day so may not be suitable for people with memory problems
- Just because medication has been removed from the MDS, doesn't mean it has been taken
- If a patient has previously been non-compliant and then they start using a MDS correctly, monitoring of their condition is recommended as non-compliance may have led to a reduced response
- If the patient is disinterested or does not want to take their medication, packing it in a MDS is unlikely to make a difference

Restriction on use of a MDS

- Patients receiving domiciliary care funded by Northumberland County Council should not require a MDS as carers are trained to level 2 and able to provide medication from standard packaging unless the risk assessment has identified this as appropriate e.g. to facilitate self administration
- Patients receiving domiciliary care funded by North Tyneside and Newcastle County Councils may require a MDS in order to prompt taking medicines
- Occasionally where a medication regime is complex their use may be warranted but this is a decision for the pharmacy as to whether they are willing to provide this and would be the exception
- If these patients' carers request a MDS and their medication regime does not warrant it the carer should be referred to the patient's social worker

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