

Briefing Statement on NHSE Commissioned Medicines Optimisation Scheme

Medicines Optimisation Scheme

The medicines optimisation scheme was set up in City and Hackney as a service commissioned from community pharmacies to

- Support independent living and assist patients, living in their own homes, who need assistance to take their medicines
- Ensure that all such patients have their needs formally assessed to identify the most appropriate mechanism for assisting their medicines taking.
- Improve patient compliance with therapy by:
 - improving the patient's understanding of their medicines;
 - where possible, simplifying the medicines regimen and ordering process where appropriate;
 - identifying practical problems in taking their medicines and **where appropriate providing compliance aids**; and
 - providing advice and support to the patient and/or carer, including referral to other health and social care professionals where appropriate.
- Ensure that all patients receiving assistance through the service have their needs reviewed on a regular basis.

What are Monitored Dosage Systems (MDS)

The monitored dosage system (MDS) is a medication storage device designed to simplify the administration of suitable solid oral dose medication, especially for those on multiple medication. It aims to address the issues of difficulty accessing medication due to sight impairment or other disability. There are a number of terms used interchangeably with MDS including Multicompartment Compliance Aids (MCA or MMCA) and dosette boxes

MDSs are usually a variation on the design of a box or a blister pack, divided into days of the week with several compartments per day to allow for the different timing of doses such as breakfast, lunch, dinner and bedtime.

For some patients, provision of MDS or other medication adherence aids is mandatory, as pharmacists are required by the Equality Act 2010 and within the national community pharmacy contract, to make reasonable and appropriate adjustments to services so as to ensure that a disabled person is not discriminated against.

Who commissions it

NHS England -London has since 2013/2014, commissioned in a number of London boroughs, Medicines Optimisation Scheme as part of a local community pharmacy enhanced service.

De-commissioning of the service

NHSE have been considering, for a number of years, plans to decommission this service. The initial intentions to cease this service became known to London CCGs in 2018. The CCG have since been in discussions with NHSE with regards to this intention and as a result of these discussions, NHSE indicated extensions of the service to the following dates:- March 2021, September 2021 and March 2022 following discussions with the CCG and NHSE. North East London Clinical Commissioning Group (CCG), and City and Hackney Local Pharmaceutical Committee (LPC) and provider pharmacies as far as we know, has not received a formal notification of ceasing contracting of this service.

The cessation of this NHSE service has occurred in all boroughs in London apart from City and Hackney and Camden and Islington. Through invoicing information from NHSE, City and Hackney have estimated that approximately 3000 patients are still on the MDS scheme. It is also important to note that there are many patients in City and Hackney who are provided with MDS outside of this commissioned scheme.

As discussions with NHSE indicated that this service would be decommissioned, the local City and Hackney medicines management team (MMT), initiated a project to identify which patients were on the NHSE commissioned MDS service, as this information was not routinely held by the patient's GP. Practices gave consent for Practice Support Pharmacists (PSPs) to contact community pharmacists to identify this information. PSPs undertook some initial work (for a proportion of patients), to establish if patients required a review or whether there was a definite reason for continuation of the MDS. This proved challenging as MDS assessments are difficult to undertake via telephone consultations. Also, although the NHSE service requires community pharmacies to undertake assessments to identify the initial and ongoing needs for an MDS these were not routinely available.

PSPs have supported the review of some patients and provided information to both community pharmacists and GP practices on how to approach reviewing these patients according to the protocol that was developed.

It is important to note that a comprehensive analysis of the research on use of MDS has shown that the evidence for their use is weak and problems can occur with their use, Therefore it is important, that even after cessation of this scheme, that plans are put in place to continue to determine the need for these devices for these patients.

Outside of this scheme, the NHS does not provide additional targeted funding to community pharmacists to dispense medicines in MDSs or supply them free of charge. Under the national pharmacy contract funding arrangements, where a patient has been assessed under the Equality Act and an MDS is appropriate, provision for funding is already available as part of the pharmacy contractual practice payment. This position of national funding for supporting patients with disabilities would be made available as part of the new contract funding was jointly agreed by the PSNC (on behalf of community pharmacists) and the Department of Health in 2005.

MDSs are not the only intervention to support management of patients' medicines and the pharmacist after assessing patients may recommend and provide other reasonable adjustments to support a person with a disability to take their medicines e.g. easy opening (i.e. non child resistant) medicine bottle caps, medicines reminder charts, large print/braille labels. Therefore, if the patient falls under the Equality Act and is assessed as requiring an MDS, then a discussion needs to take place between the patient's practice and their community pharmacist about continuation of provision of an MDS or the implementation of an alternative intervention. If the best reasonable adjustment is an MDS, then the community pharmacist should provide this.

A protocol was devised by City and Hackney MMT and consulted on with GP and Pharmacy representatives through the Medicines Optimisation Committee in August 2021. The protocol was informed by national guidance, to advise GPs and community pharmacists of the process of review required for patients on the MDS scheme and what action to take depending on whether the patient fell under the equality act and/or required an MDS. Currently practices should liaise with community pharmacists to determine the appropriateness of continuing the MDS and this will be an individual decision undertaken on a case by case basis informed by patients' clinical and support circumstances.

Appendix 1 References

National guidance and articles on Multicompartment Compliance Aids (MCA or MMCA) / Monitored Dosage Systems (MDS)

1. Are we dispensing too many multicompartment compliance aids?; Pharmaceutical Journal; Feb 2019

<https://pharmaceutical-journal.com/article/feature/are-we-dispensing-too-many-multicompartment-compliance-aids>

There are suggestions from consultant pharmacists that the reporting of errors with MDS does not reflect the scale of the issue as it is difficult to determine issues which arise. A pharmacist who has done extensive research in this area identified that community pharmacists do not always know if people need an MDS before supplying one and once a patient is on an MDS they remain on it.

2. Summary of Guidance and Evidence for use of MultiCompartment Compliance Aids (MCCAs); February 2019; London Medicines Information Service

https://www.sps.nhs.uk/wp-content/uploads/2019/05/SPS_MCCA_briefing_May2019_final.pdf

There is no high quality published research to demonstrate the benefit of MDS on medicines adherence or patient safety. Other options and strategies to support medicines adherence exist and should be explored outside of using an MDS. A recommendation is undertaking assessments of people's medicines adherence support needs and reducing the inappropriate use of MDS, which has the potential to improve patient outcomes, reduce risks of medicines related harms and improve efficiencies.

3. Improving patient outcomes, the better use of multi-compartment compliance aids; July 2013; Royal Pharmaceutical Society

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/rp-s-mca-july-2013.pdf>

With the limited evidence base currently indicating a lack of patient benefit outcomes with the use of MCA, it is a recommendation of the RPS that the use of original packs of medicines, supported by appropriate pharmaceutical care, should be the preferred intervention for the supply of medicines in the absence of a specific need for an MCA in all settings. There must be a robust individual assessment undertaken to identify reasons for both intentional and non-intentional non-adherence and the most suitable solution.

4. Disability Discrimination Act 1995; Equality Act 2010; and Multicompartment compliance aids; January 2016; PSNC

<PSNC-Briefing-001.16-Equality-Act-2010.pdf>

This provides a practical guide of what aspects to consider before recommending initiation of an MDS for a patient and gives some information on the current law with respect to the Equality Act. It states that before assuming a patient requires an adjustment, it is important to establish from the patient, what their personal preferences are; it should not be assumed that a patient who has a disability wants a particular adjustment and support the patient in reaching their own decision. Whichever adjustment is made to assist patients with a disability, it is essential that the pharmacist satisfies himself that the patient is able to understand and be able to benefit from the adjustment, without introducing additional risks. It is likely that requests for MDS will be made from a wider group of patients, and their carers (including care workers)/ relatives, because of the convenience that MDS brings. There is a long standing position that there is no funding available within the NHS to support the provision of MDS to this group of patients, so the cost may have to be borne by the patient.

5. Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence; 28 January 2009; NICE

<https://www.nice.org.uk/guidance/cg76/resources/medicines-adherence-involving-patients-in-decisions-about-prescribed-medicines-and-supporting-adherence-pdf-975631782085>

As evidence supporting interventions to increase medicines adherence is inconclusive, this NICE guideline recommends only using interventions to overcome practical problems associated with non-adherence if a specific need is identified and provides suggestions interventions.

Appendix 2 Summary of engagement with GPs and Pharmacies for Guidelines to support GP- Pharmacy review of patients on Monitored Dosage System (MDS)

Date	Summary
9 th August 2021 Medicines Optimisation and Prescribing Committee (MOPC)	<p>City and Hackney Medicines Management Team draft MDS policy was presented to committee members (MOPC consists of GPs, local acute and mental health providers, C&H Local Pharmaceutical Committee (LPC), Local Authority, patient representatives and C&H medicines management team).</p> <p>Action from meeting – all members to share feedback on MDS policy.</p>
9 th August 2021	Email request for feedback sent to GP representatives of MOPC
10 th August 2021	<p>Targeted email request for feedback sent to practices who have undertaken extensive work for the MDS project. Responses received from Lower Clapton Group Practice and Barton House surgery.</p> <p>Feedback received:</p> <ul style="list-style-type: none"> • 7 day prescriptions not supported • 90% of patients will require MDS and will fall under DDA. • Initial assessment for MDS should be undertaken jointly by pharmacies and GP
13 th August 2021	Request for feedback sent to LPC chief officer. Response from LPC on 13 th August 2021 – indicates LPC happy with all of content
27 th August 2021	Reminder Request for feedback on revised draft policy – asked of all MOPC members
12 th September 2021	<p>LPC chief officer responded to the 27th August 2021 request:</p> <p>Suggested edits including amending wording to reflect that the issue of 7-day prescriptions for MDS to be under the discretion of the prescriber</p>
13 th September 2021 MOPC	<p>Members requested to give final feedback on MDS policy.</p> <p>Agreement that MDS policy would not be recalled as the document is aligned with national principles published by Specialist Pharmacy Services.</p>
14 th September 2021	<p>Request from LPC to stand down policy due to requests from practices to pharmacies to supply MDS with reason that patients fall under DDA.</p> <p>LPC reminded MOPC members that assessment is responsibility of pharmacies and to offer/recommend appropriate reasonable adjustment</p>
11 th October 2021 MOPC	LPC chief officer suggested that Stoke on Trent CCG wording on 7-day prescriptions could be considered in the MDS policy.