

## Guidance: 7-day Prescriptions and Monitored Dosage System (MDS)

### Background

7-day prescriptions (scripts) are prescriptions provided to the patient to dispense their medication for one week at a time only. There is often confusion regarding the role of MDS and when it is appropriate and not appropriate to use 7-day scripts.

This document seeks to provide advice and clarity on when each should be used.

### Monitored Dosage System (MDS)

The best system for supplying medicines is one that meets the person's health and care needs. Interventions should aim to maintain the person's independence wherever possible.

Monitored Dosage Systems (MDS), also known as multi-compartment compliance aids ('MCAs' e.g. blister packs, Dosette® Nomad®, Venalink®, Medidose®), are designed to help patients remember when to take their medicines.

MDS do not always simplify how people take their medicines. When people need additional support to continue to be independent with their medicine, it may be necessary to have a medication review to simplify their medicine regimen.

The Royal Pharmaceutical Society issued [guidance](#) stating that while some may think of MDS as a panacea, there is limited evidence base to support their use, and safety incidents have been reported to the National Reporting and Learning System.

### Prescription Duration/Quantities/Intervals

There is no current consensus on durations of prescriptions across the NHS and prescribers are advised that they should prescribe for a duration that is clinically appropriate. The duration of medicine provided should be a decision between the prescriber and the patient. This must be coupled with a rigorous and effective medication review process, at least annually.

The ICB does not mandate the quantities provided on prescription. It is recommended that individual GP Practices have their own policies regarding quantities to help manage the expectations of patients.

### When Are 7-Day Prescriptions Appropriate?

7-day prescriptions are for patients who need their medicine supplied at weekly intervals for clinical, safety and medication stability reasons. The appropriate duration of supply is a clinical decision for the prescriber, but the prescriber should consult with the patient's community pharmacy, where appropriate, for further advice, if needed. 7-day scripts create more work for GP Practices which may be offset by using eRD (electronic repeat dispensing).

Examples of when 7-day prescriptions may be appropriate:

- Patient requires frequent changes in medication, to reduce the risk of waste.
- The patient is undergoing a period of titration or review of treatment.
- The patient is considered to be at risk of medication overuse (e.g. due to self-harm or confusion) and it is not safe to provide them with longer than 7 days' supply and hence need medication supplied weekly from the dispensing contractor.
- Patient is prescribed medications with stability issues when supplied in an MDS\*
- Have a documented need (as determined by the prescriber)

## Are 7-Day Prescriptions Needed for Providing Medication via MDS?

Prescribers do not need to routinely provide 7-day prescriptions for patients who receive their medication in a compliance aid and dispensing contractors cannot mandate that the prescriber provides 7-day prescriptions, to support the dispensing of medicines in compliance aids.

The ICB does not support the use of 7-day prescriptions solely to fund the provision of MDS. The ICB accepts the exceptions as described above ('When Are 7-Day Prescriptions Appropriate?').

Where prescriptions for 28 days are supplied, the patient will receive 28 days of medication in one supply, i.e. 4 x 7-day trays or 1 x 28-day tray. Community Pharmacies are not able to dispense in instalments on an FP10 prescription.

It should also be noted that the decision to dispense medication in an MDS is a decision solely for the dispensing contractor. MDS decisions must be made by the dispensing contractor, following an assessment of the patient's needs, appropriateness of the adjustment and the suitability and stability of the medicines for inclusion in the MDS with the patient's/carer's agreement. Other healthcare providers or social care cannot mandate that medication is dispensed via MDS devices; however, they can highlight if they think a patient falls under the Equality Act.

The [RPS Guidance on Multi-compartment compliance aids \(MCAs\)](#) can help with the decision-making process.

For any MDS - When a medication change is needed, prescribers must provide a new prescription for all the current medications if the change must be made before the next prescription is dispensed, as there is no obligation under the Terms of Service, or within the Equality Act 2010, for the pharmacy to amend what has already been dispensed mid-way through a course of treatment. To minimise patient risk, effective communication pathways must be established to support the transfer of information between the prescriber and dispensing contractor regarding medication changes part way through a course of treatment.

## The Equality Act 2010

Dispensing contractors are required to assess patients who may fall under the Equality Act (EA) 2010 (formerly the Disability Discrimination Act - DDA) and provide 'reasonable adjustments' to help a disabled person overcome the obstacles to using the service. This includes people living in care homes or supported by social care staff in their own homes who are managing their own medication.

There is no definition within the Act as to what constitutes a 'reasonable adjustment' however, consideration must be given to both the patient's needs AND the impact on the pharmacy of providing the adjustment. The purpose of the duty to make reasonable adjustments is to provide access to a service as close as it is reasonably possible to get to the standard normally offered to the public at large. The duty to make reasonable adjustments does not require contractors to take a step which would fundamentally alter the nature of the service provided. When considering the provision of an MCA as an 'EA reasonable adjustment', consideration should be given to the availability and capacity of suitably qualified staff, the availability of sufficient pharmacy space to dispense into and store MCAs, the impact on service provision to other patients and the financial impact on the business. Ultimately, it would be for a court to decide on any individual cases brought by a patient if a community pharmacy did not meet its requirement for 'reasonable adjustments' under the Equality Act 2010.

Dispensing contractors should use their professional judgement to decide what the appropriate 'reasonable' adjustment/s is for an individual patient. No one else can mandate that the dispensing contractors dispense medicines via MDS, not a care worker, social care provider, prescriber, or other healthcare professional.

The provision of MDS systems for care staff use in either home care services or care homes is not a "reasonable adjustment" covered by the Equality Act. The care Quality Commission (CQC) does not require or advise care providers to use MDS systems.

An EA 'reasonable adjustment' provided by a dispensing contractor does not always equate to offering to dispense medication via MDS. The Royal Pharmaceutical Society (RPS) and NICE have both stated that MCAs should not be the first-choice intervention to help people manage their medicines. They recommend that the use of original packs of medicines should be the preferred choice for the supply of medicines in the absence of a specific need for an MDS in all settings.

There are other ways to promote people's independence. Other reasonable adjustments to support the person to use original packs of medicines may include, for example:

- Reminder charts.
- Winged bottle caps.
- Large print labels, braille and talking labels.
- Alarms (such as notifications on mobile phones).
- Tablet splitters.

The dispensing contractor will consider what is appropriate for the individual patient. If required as part of an 'EA reasonable adjustment' these must be provided free of charge.

Dispensing into an MDS significantly increases the workload and costs for the dispensing contractor. It is not part of the community pharmacy NHS Terms of Service to provide medication in an MDS, even if a prescriber requests this. The pharmacy 'single activity fee' for all prescriptions dispensed includes a small contribution towards the provision of auxiliary aids for people eligible under the Equality Act 2010.

### Non-EA eligibility

Provision of MDS, if not offered as part of an 'EA reasonable adjustment', is not an NHS-funded service, and therefore it would be at the discretion of the dispensing contractor as to whether this service can be provided, and the charges associated with its provision.

Dispensing contractors may agree to dispense medication in an MDS to patients who would benefit from MDS but do not meet the requirements of the EA, for example, at the request of patients/informal carers or social care providers. However, this is discretionary.

The ICB does not support the use of MDS solely for convenience, for patients or their carers. MDS use should be considered as part of the criteria as set out in this guidance.

The cost of the equipment and the resources necessary to dispense medication in an MDS are much higher than dispensing the manufacturer's original carton, hence this would be at the patient's or social care provider's expense. Any fee charged by the dispensing contractor is at the discretion of the dispensing contractor.

### Further Resources:

<https://www.legislation.gov.uk/>

[RPS Guidance on Multi-compartment compliance aids \(MCAs\)](#)

<https://www.nice.org.uk/guidance/ng67>

[Multi-compartment compliance aids \(MCAs\) in adult social care](#)

Practices can look at their 7-day prescribing data on [Open Prescribing](#)

\*The stability of some drugs is affected once removed from their original packaging and they require a 7-day prescription when the drug is to be dispensed into a compliance aid. Some drugs are not suitable for dispensing in compliance aids at all. The [Specialist Pharmacy Service Medicines Compliance Aid database](#) includes drug stability in compliance aid information.