

# LPC BRIEFING

## DDA & DMDS

Hampshire & Isle of Wight **LPC**

These brief notes are intended to clarify the situation for pharmacy contractors when dealing with requests for Domiciliary Monitored Dosage Systems (DMDS) from patients, carers and other professionals.

See also updated guidance:  
'Prescribing MDS dispensing 2018.07 Final'

### Background

All service providers, not just pharmacies, are required by the Disability Discrimination Act (DDA) to make reasonable and appropriate adjustments to their services such that a person with disabilities would not be prejudiced against. This includes pharmacists making medication available to such people with suitable instructions or in a suitable container. The new contract recognises the increased work and costs of meeting this legal obligation and an additional payment per prescription item has been added to help with these costs.

### Requirements

The decision of what adjustments are appropriate in each individual case is the responsibility of the community pharmacist, not that of carers, social workers or other healthcare professionals. However, the evaluation must be done in a consistent manner and detailed records kept. The LPC has developed an assessment form for use by community pharmacists and allows a record to be kept which does not require a great deal of storage space. This, in both double and single sided format, is available from the LPC website. This assessment is an ideal opportunity to do an MUR, if pharmacist and premises are suitably accredited.

### Adjustments

Appropriate adjustments need not be solely the provision of a DMDS system; in fact MDS is often inappropriate on the grounds of safety, efficacy or practicality. The solution should be matched to the individual. For example, a patient who forgets whether they have taken their tablet might benefit more from a simplified Medication Administration Record (MAR) chart. Similarly, a patient with difficulty reading the label might find it more advantageous to receive packs with a large print label. The LPC has made available on their website a system which can be used to generate this sort of label together with further information for the visually impaired.

### 7-day Prescriptions

Some contractors have in the past worked with their prescribing colleagues to use 7-day prescription to help ameliorate the costs of providing DMDS. The 2005 contractual framework includes an amount to provide appropriate adjustments to service, which might include DMDS, but only for those patients who meet the requirements of the Disability Discrimination Act 2005. There is a significant cohort of patients for whom a more regularised provision of medication is appropriate. For example, patients who may be at risk of self-harm or who require their compliance to be reported or monitored. If it is the clinical consideration of the prescriber that this is the case, then the prescriptions should reflect this period of review or provision, whether single day, 7 days or other length of time.

### Ineligible patients

Community pharmacists are only obliged to provide support to patients who are eligible under the act. If, following assessment by the pharmacy, patients who are not eligible request such aids, then they are free to enter into a private arrangement with them to provide the support requested. Alternatively a PCT could commission an Enhanced Service to meet this need.

### Reasonableness

Contractors should recognise that for some patients, the adjustments necessary are beyond the capabilities of the majority of community pharmacies. A patient might be helped by Braille labelling but it would be unreasonable to expect every pharmacy to invest in a Braille printer.

### Further Guidance

**PSNC website:** [www.psn.org.uk](http://www.psn.org.uk)

**Primary Care Commissioning website:** [www.pcc.nhs.uk](http://www.pcc.nhs.uk)

**Disability Discrimination Act:** [www.legislation.hmso.gov.uk/acts/acts1995/1995050.htm](http://www.legislation.hmso.gov.uk/acts/acts1995/1995050.htm)