

Risk Review of Community Pharmacy Managed Patients Receiving MDS

Appendix 2

- The purpose of this review is to identify patients for whom MDS must continue as it is deemed vital to their clinical stability at the time of review.
- **The review is not intended to include patients receiving MDS who are in receipt of a Domiciliary Care Package which includes medication administration.**
- Pharmacists are strongly encouraged to read SPS guidance at <https://www.sps.nhs.uk/articles/summary-of-guidance-and-evidence-for-use-of-multi-compartment-compliance-aids-mccas/> and https://www.sps.nhs.uk/wp-content/uploads/2020/05/SPS_ProductsInterventionsToAidMedicationAdherence_May20_FINAL.pdf before undertaking these reviews.
- The criteria listed allow the pharmacist to use **professional judgement** and knowledge of the patient to reach a decision. If unsure, please contact patient/carer directly.
- **It is expected that in the majority of cases patients requiring MDS will meet most, if not all, the criteria.**
- If only a few criteria are ticked then the pharmacist should consider whether or not MDS is still the best support for that patient, or if other solutions e.g. original packs are more appropriate.

Patient details:

Date:

Risk Category	Criteria	Points for consideration
Medication suitability	<input type="checkbox"/> Medication regimen primarily consists of regularly scheduled, solid oral dose forms <input type="checkbox"/> Medication regimen unlikely to change frequently <input type="checkbox"/> Medication suitable for packing in MDS	➤ Medication generally deemed unsuitable for MDS include: controlled drugs, warfarin, PRN, liquids, external preps, injectables and those not suitable for storage outside of original packaging (see https://www.sps.nhs.uk/)
Adherence history	<input type="checkbox"/> Patient has history of significant adherence issues <input type="checkbox"/> Patient identified as compliant while on MDS	➤ Prior to starting an MDS were compliance issues identified for the patient? ➤ How long has the patient been in receipt of an MDS? ➤ Has the MDS improved patient's compliance? ➤ Is the patient experiencing any problems with using MDS?
Medication-related	<input type="checkbox"/> Patient is unable to manage their medication regime and it cannot be simplified further for that individual patient	➤ Would the patient benefit from a medication review by GP practice?
Personal circumstances: other points	<input type="checkbox"/> Patient / carer is unable to manage medication in original packs <input type="checkbox"/> Patient / carer is capable of using an MDS <input type="checkbox"/> MDS is essential for the patient to support their medication taking	➤ Does the patient administer their own medication from the MDS? ➤ Does a carer monitor a patient's medication-taking? ➤ Does the patient have limited social support? ➤ Does the patient have any relevant medical conditions e.g. memory loss, vision problems, hearing loss, dexterity issues, rheumatoid arthritis etc ➤ Does the patient/carer have adequate vision, cognition and dexterity to use original packs? ➤ Does the patient/carer have adequate vision, cognition and dexterity to use the MDS? ➤ Could the patient/carer self-fill a refillable MDS, or use a medication list or MAR sheet, as an alternative to the MDS?

Declaration: *The review has been carried out to the best of my knowledge and understanding of the needs of the patient, at the time of the review. Needs may change on an on-going basis. Please complete details below.*

Pharmacist Name: I am satisfied an MDS is appropriate for this patient at this time <input type="checkbox"/> I am satisfied an MDS may not be required / appropriate for this patient at this time <input type="checkbox"/>	Signature of pharmacist
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Next steps: Where the pharmacist considers an ongoing MDS may **not** be appropriate for a patient, please note action taken below. This may include referral to GP practice for medication review / assessment for additional social support or starting other forms of adherence support with original packs (see template referral form). Any changes in patient care should be fully discussed with patient/carer before these are implemented.

Action taken	Date