

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Monitored Dosage Systems (MDS) Scheme v1.1 May 2017
Commissioner Lead	Sheila Brown
Provider Lead	Community Pharmacies Dispensing Practices
Period	1st April 2017-31 st March 2018
Date of Review	September 2017

For any Provider entering the scheme after 1 April 2017 the Agreement will start on the day of signing and finish on 31 March 2018.

1. Population Needs
<p>1.1 National/local context and evidence base</p> <p>The CCGs preferred method to support appropriate administration of medication is for medication to remain in the original packaging and where necessary a medicines Administration record (MAR) Chart to be provided. In a few circumstances a MDS unit may be the preferred option and this service specification provides a funded route to supply.</p> <p>Background</p> <p>MDS are frequently seen as a solution to problems with administration of medication by healthcare professionals, carers and patients. However no evidence has been located which supports this although data from the local Community Medicine Team (CMT) indicates avoidance of admissions which demonstrated cost effectiveness</p> <p>Provision of a funded service facilitates the CMTs role and allows prompt supply of MDS units which is a key factor in avoiding admissions where an urgent need has developed However MDS can be the cause of a further set of problems where medication is changed.</p> <p><i>Potential benefits.</i> Proponents of MDS argue that for those on multiple medications, MDS can enable them to be cared for at home, possibly avoiding the need for admission to hospital. An MDS lowers the risk of e.g. missed doses or medicine taken at the wrong time and has the potential to reduce waste</p> <p><i>Possible disadvantages.</i> The 28 day packs may increase the likelihood of confusion and mistakes by patients when presented with four separate MDS packs at a time Any changes to the patient's prescription within the 28 days may result in substantial waste. There have been anecdotal reports that discharge from hospital has been delayed due to the administrative processes and extra time involved in preparing MDS. There is the possibility that increases in dispensing errors may result from the required repackaging of medicines.</p> <p><i>Evidence of cost effectiveness and related outcomes.</i> It is estimated that 40%-50% of all prescribed medication is not used by patients as intended by the prescriber. Non-adherence or medication errors can have serious health consequences, sometimes resulting in complications requiring hospital admission. Improving adherence to medication can reduce costs and MDS is a way of overcoming unintentional non-adherence to medication. However, the evidence base reports that economic outcomes were not reported in any study</p>

on MDS or other drug reminder packaging.

Targeting: Prime candidates for MDS are patients at risk of confusing their medication; including those where their ability to manage their medication is affected by disability or their arrangements or who have multiple medication. If patients have significantly impaired mental self-care abilities, MDS dispensing is likely to be of little help to

Alternatives: Alternatives to MDS include patient counselling and education, alarms and telephone or text reminder systems.

[No. 98 Rapid Evidence Review Series: An evaluation of the cost effectiveness of monitored dosage systems \(MDS\) as an aid to maintaining independence in taking medication](#)

01 July 2014 - Publisher: Liverpool Public Health Observatory

[Ensuring appropriate use of monitored dosage systems: reducing unnecessary pharmacy workload NICE Quality and Productivity Case Studies](#) - 22 January 2015 - Publisher: Taunton &

Somerset NHS Foundation Trust

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X
Domain 6	Prevent hospital admissions	X

2.2 Local defined outcomes

Provides a Monitored Dosage System which can support patients who with long term conditions and complicated medication regimes to manage their own care

3. Scope

Please note all prescriptions will be issued for a 28 day period. If supply is required at shorter intervals due to stability issues this will be at the discretion of the pharmacist but requests for 7 day prescriptions will not be supported for items funded under this scheme

3.1 Aims and objectives of service

To prepare MDS units in the pharmacy/dispensary

To support patients with long term conditions and complicated regimes manage their own medication, which otherwise may have required carers or residential care.

To support self-care and maintain patient independence.

To maximise the benefits achievable by regular medicines taking.

To reduce waste caused by non-compliance.

Each patient will be informed that a community pharmacy or their dispensing practice will be providing MDS units. Any patient who does not wish this to happen will not be able to receive services under this SLA.

Provision of this service does not affect any other terms and conditions within the community pharmacy services contract – The National Health Service (Pharmaceutical Services) Regulations 2005 as amended or GMS contract conditions for Dispensing Practices

3.2 Service description/care pathway

The pharmacist/registered technician will use their professional judgment to ensure the MDS unit produced is safe, accurate, and current and fit for purpose. The pharmacy/dispensary will produce a MDS unit for a patient that includes all the medication able to be placed in such a unit that is currently required to be administered to the patient.

Where access to patient records is available (e.g. Summary Care Record) the Pharmacist/registered technician will use the records to ensure that assembly of the MDS unit is as accurate as possible.

Where CCGs commission use of the Eclipse system or similar, access for Community Pharmacies will be bought in within the contract period to provide additional access to information relating to individual's medication

If at any stage there is a change in therapy such as start of new therapy or discontinuation or amendment to the current medication that the patient is taking and is included in a MDS unit, then either the GP must be contacted to consider if changes can wait until the next cycle of MDS units are issued or a new prescription for all medication contained in the MDS will be required from the patient's GP. The provider must retrieve all previously issued MDS units from the patient prior to supplying the new units

If a reduced quantity is supplied on a prescription to synchronise treatment intervals, the quantity dispensed will be noted on the prescription accordingly

MDS unit production

The pharmacy/dispensary should have a Standard Operating Procedure (SOP) in place for the production of MDS units which ensures where possible:

- ☐ The patient or carer is contacted within seven working days prior to the prescription items being requested to ensure no changes have been made. . It is recognised that patient may not have capacity to know and carers will not necessarily be aware and providers should use professional judgement)
- ☐ The MDS unit is individual to the person and includes the items which are still being currently prescribed and administered and are suitable to be placed in an MDS unit
- ☐ Labels are clear, indelible, and permanent.
- ☐ Provider must have ability to print labels for MDS units from their electronic dispensing system
- ☐ The pharmacy/dispensary should have sufficient space for assembly of MDS units and allow work to be completed without undue interruption

Physical description of the MDS unit

- ☐ Type of MDS trays which can be used will be those units agreed with the CCGs authorising team. This will differ between CCGs

Frequency of supply of MDS units

- ☐ Produced on a 28 day cycle

Information to patient

Patient must be provided with a copy of their latest repeat slip indicating medication is being provided using an MDS unit, contact details of the pharmacy or dispensary including both telephone number and nhs.net email. The pharmacy to hold the original when supplying a funded MDS

Delivery/collection

- ☐ Collected by formal/informal carer.
- ☐ The pharmacy may choose to deliver if medication deliveries are being offered.

Record keeping

The Pharmacy/Dispensary will include on the PharmOutcomes return the following data for each patient (Patient identifiable data is not visible to the CCG but will be visible to the Community Medicine Team:

- ☐ Name
- ☐ Date of Birth
- ☐ NHS number
- ☐ Clinical system reference number (shown on the repeat slip).
- ☐ Registered GP practice
- ☐ Reference number from the Community Medicine Team
- ☐ Key contact from the local Community team if this support is provided by the CCG
- ☐ Key contact from the GP practice
- ☐ Date on which each 28-day cycle started.
- ☐ Whether at least 1 MDS unit was prepared for use during each 28-day cycle.
- ☐ Medications supplied within MDS unit
- ☐ Items with stability problems in MDS
- ☐ Medications supplied which are not in an MDS unit

Further information to determine outcomes and quality will be included on the PharmOutcomes portal such as the following

- Where using an inhaler
 - confirm when inhaler technique last checked, who by and was it seen to be optimum
 - Are inhalers all dry powder or all pMDI? If not has any action been taken e.g. review at the pharmacy or ask Community Hub team to review if housebound. Notify GP practice.
- Insulin- how many units per day, is quantity supplied over last 3 months in line, if not has any action been taken
- Blood glucose strips – in line with expected use
- Date of last Community Hub's (CHOC or equivalent) visit- any concerns reported or action taken if this support is provided by the CCG
- if any concerns have been raised by carers or family and action taken

Beyond the requirements given above it is up to the professional judgement of the Pharmacist/GP to decide what other records should be kept.

Data of submissions

A portal for data returns will be available to each Pharmacy/dispensary which they should use to submit claims on a monthly basis to the relevant CCG. Data should be entered within 5 working days of accepting a request to supply. Payment will only be initiated from the date information is entered on the portal

Invoices should be submitted by the 24th of the following month (extended to the next working day if the submission date falls on a Saturday, Sunday, or Public Holiday).

Claims that are incorrect and/or incomplete will be returned without payment to the Pharmacy/Dispensary for correction and/or completion.

Claims submitted later than two months after due date will not be paid

Service developments

Frequently Asked Question (FAQ) sheets will be issued to all providers through the PharmOutcomes as issues require clarification

3.3 Population covered

Community Pharmacies/Dispensing practices will receive official notification in the form of an

authorization letter from the relevant CCG team informing them that a new or existing patient of the pharmacy now requires a MDS unit.

The GP practice will be informed by the authorising team

The pharmacy will annotate the patient medication record that an MDS unit is provided.

3.4 Any acceptance and exclusion criteria and thresholds

Patients included in this service will comply with the following criteria:

- ☐ Over 18 years of age.
- ☐ Patients must freely nominate a participating pharmacy or agreed to their dispensing practice providing this service
- ☐ Be registered with a GP in the Ashford, Canterbury and Coastal or South Kent Coast CCG area.
- ☐ Agreed to prescriptions being supplied under the Electronic Prescription Service (EPS) Repeat Dispensing service if offered by patient's GP
- ☐ Have been assessed to receive assistance with their medicines from the CCGs support team. This will vary across CCGs as shown below

CCG	Authorising team
Ashford	KCHFT Community Medicine Team (CMT)
Canterbury and Coastal	KCHFT Community Medicine Team (CMT)
South Kent Coast	SKC CCG Medicines Management team

- ☐ Have a complicated medication regime on their repeat medication list which requires support and is seen as critical to care to remain stable, avoid admission or to maintain optimum health.
- ☐ Have the ability to self-medicate from an MDS unit. Please note patient with impaired mental ability are unlikely to benefit from an MDS unit
- ☐ Agree to regular reviews in the patients home by the Community Hub teams(or equivalent) if this support is provided by the CCG
- ☐ MAR charts will not be provided for medication in an MDS unit

3.5 Interdependence with other services/providers

Patient and carers

Provision of these services should be seen as a partnership between the patient and the local health services in supporting administration of medication.

An information sheet will be provided as a reminder on the following points

- The need for these services may change and will be kept under review
- Where medication is being administered by carer, use of original packs and a MAR chart is the preferred system and support may be changed from MDS to MAR support.
- The patient or their carer remains responsible for notifying the pharmacy about any changes in their medication so the MDS unit can be made up with the medication you need
- If you are in hospital please make sure your pharmacy is notified so they can see if any changes are made to your medication before dispensing the next supply. Your GP may not notified you are in hospital until you are discharged which may be too late to make any changes to your medication
- The CCG strongly recommend you have given permission for information to be viewed on the Summary Care Record as this will enable your community pharmacy to view information about your medication and provide additional support
- If you or your carer uses a smart device the iPlato system can prompt you to order a further supply of medication and also when to take during the day
- If you are not taking your medication for any reason please let your pharmacy or GP know. There are many reasons why patient may not take their medication and your GP and pharmacist can help if they are aware.

- Carry information with you on your repeat medication and the fact it is supplied in an MDS unit if you have an appointment about your care or need to access Urgent care services
- .

GP Practices

Wherever possible, prescriptions should be provided through Electronic Prescribing service (EPS) using the Electronic Repeat Dispensing function. This will facilitate prompt provision of prescriptions to the dispensing pharmacy and the ability for the GP practice to update prescriptions and maintain an audit trail of issue

Prescriptions must be provided for a maximum of 28 days for any patient receiving support through funded MDS scheme

GPs should be aware they will need to synchronise medication to a 28 day cycle and consider this when initiating, stopping or amending doses. Pharmacists may need to dispense a reduced amount on a prescription to bring into line with the cycle so all suitable medication is in the MDS unit. This may result in the request for the next prescription being earlier than expected by the practice. Multiple MDS units may lead to error

GPs should respond promptly to request to consider de-prescribing, rationalisation of administration times or clarify 'as directed' or 'when required' instructions. Medications with these instructions will not be included in an MDS unit

Where medication is stopped it is not possible to remove items from an MDS unit
The GP will either need to consider if changes can wait until the next cycle of MDS units are issued or a new prescription for all medication contained in the MDS will be required so the MDS unit can be re-supplied

In Ashford and Canterbury and Coastal CCGs, the GP will be provided with advice from the Community Medicine Team (CMT) where provision of MDS units is not supporting effective concordance and will need to discuss with patients/carers whether this scheme is still suitable. The GP will make the final decision on whether the service should continue or not. Arrangements will vary across CCGs in East Kent

Practices should add a note onto the patient's repeat slip and patient record so information can be seen promptly by practice staff and EKHUFT pharmacy staff (when viewing information through MIG) that medication is being supported through use of an MDS unit

Authorising team

The approval route for supply of an MDS unit under this specification varies across CCGs
Following review by the authorising team, if use of a MDS unit is seen as the preferred option for the patient the team will request the pharmacy to supply, liaise with the pharmacy and GP practice for the initial prescription and issue a reference number to the community pharmacy/dispensary.

The team are responsible for counselling family member who are supporting a patient using an MDS unit.

MDS units are not provided for carers from private care agencies who should make their own arrangements for supply

The funding model for the service means availability of support is limited. The process to manage funds will vary across CCGs

Ashford and Canterbury and Coastal CCGs only-Support from Community Hubs (CHOCs or equivalent)

Patients will be identified to the Community Hub team's by the CCGs authorising team when review is required

A structured review to assess concordance with medication should take place in the patient's own home.
This should be completed within 4 weeks of initiation of MDS unit service. Further visits should be booked at least every 6 months (or earlier if appropriate) and within 2 weeks of any admission or A&E attendance or urgent care attendance to ensure medication is being taken as prescribed.

The Community Pharmacy/Dispensary should be notified of the date and outcome of the visit.

Where concerns are identified the Community Hub team should liaise with the CMT and the Community Pharmacy/Dispensary in the first instance. The GP should be kept informed of any concerns

Where the MDS units are not supporting improved or effective compliance the CMT team should recommend alternative action to the GP

It is the GPs decision on whether the service should continue or not

Patients

Patients must have the ability to self-administer medication using an MDS unit
If administration requires support from carers, a MAR chart and original packs (not MDS) may be the preferred option to avoid delays in the event of medication changes especially on discharge.

A MAR chart must not be provided to record administration of medication from a MDS unit

Local Acute trust pharmacy staff

Check patients record to see if medication is supplied in an MDS unit through the Medical Interoperability Gateway (MIG) and notify community pharmacy/dispensary of expected discharge date and arrange how medication will be provided. New or changed medication should be from the trust, current medication should either already be available or provided through usual GP prescription. Information on items stopped should be clearly communicated to pharmacy

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Standards of conduct, ethics and performance General Pharmaceutical Council Particular attention should be paid to standard one 'Make the care of patients your first concern' and standard seven 'Take responsibility for your working practices'.

https://www.pharmacyregulation.org/sites/default/files/standards_of_conduct_ethics_and_performance_july_2014.pdf

4.3 Applicable local standards

Staff qualifications

The service must be delivered under the supervision of a registered Pharmacist or registered Pharmacy Technician

Communication

Community Pharmacy/Dispensary must have a working shared nhs.net email address which all key staff can access

Complaints

The pharmacy/ Dispensary will effectively manage any complaints or incidents, keeping a record for audit purposes.

Incidents and Near Misses

Currently providers do not have to identify themselves within the National Reporting and Learning Service (NRLS) reports in line with the NHS contractual arrangements. If the NHS arrangements are amended and the providers is required to identify themselves in incident reports then it would also be a requirement to identify themselves in any incident relating to this service

5. Applicable quality requirements and CQUIN goals**5.1 Applicable Quality Requirements (See Schedule 4A-C)**

Primary outcome measures will be assessed using the indicators below:

- Uptake of service.
- Compliments and Complaints from service users.

Secondary outcome measures will be assessed by the pharmacists/dispensers participating in a reasonable level of audit.

The Standard Operating protocol used will be provided to the CCG on request

The provider may be subject to random quality visits (with 2 weeks' notice to the provider) to ensure the quality of the service being provided. These quality visits will focus on, but are not restricted to, the patients journey through the service, in particular around safety, privacy & respect, and patient experience. During a quality visit, the provider will be expected to provide any supporting information or documentation in an up to date format.

5.2 Applicable CQUIN goals (See Schedule 4D)**6. Location of Provider Premises**

The Provider's Premises are located at:

7. Individual Service User Placement

SCHEDULE 3 – PAYMENT

A. Local Prices

Enter text below which, for each separately priced Service:

- *identifies the Service;*
- *describes any agreement to depart from an applicable national currency (in respect of which the appropriate summary template (available at: <https://www.gov.uk/guidance/nhs-providers-and-commissioners-submit-locally-determined-prices-to-monitor>) should be copied or attached)*
- *describes any currencies (including national currencies) to be used to measure activity*
- *describes the basis on which payment is to be made (that is, whether dependent on activity, quality or outcomes (and if so how), a block payment, or made on any other basis)*
- *sets out prices for the first Contract Year*
- *sets out prices and/or any agreed regime for adjustment of prices for the second and any subsequent Contract Year(s).*

Insert template in respect of any departure from an applicable national currency; insert text and/or attach spreadsheets or documents locally – or state Not Applicable

Canterbury and Coastal CCG and Ashford CCG

Funding for MDS units

Length of time patient has received an MDS unit	Payment per patient per month per MDS unit
0 to ≥-24 months*	£14
25 to ≥ 48 months*	£7
49 months and above	Nil

***Please note this specification agrees funding for the period April 2017 to March 2018 only. A further business case will be submitted in October 2017 for any service continuation**

Funding will be paid as above where:

- the pharmacy or the dispensing practice have notification of a verified Community Medicine Team (CMT) authorisation number
- Patient continues to require use
- notified through the PharmOutcomes portal within specified timeline

The total amount paid to a pharmacy or dispensing practice for these patients will capped in line with the amount routinely claimed by the pharmacy or dispensing practice through the 2016-17 financial year

Time criteria will be relaxed until the PharmOutcomes portal is available

Funding is finite and practices will be issued with a quota of MDS units available and CCG will monitor use.

Where use exceeds this quota, practices will be notified by the CCG and no further funded MDS units under a funded scheme will be available to patients from that practice.

Providers have a responsibility to provide support where required under the terms of the Disability Discrimination Act but this is at the decision of the pharmacist/registered technician and cannot be requested by other providers

Cost of all consumables is within contract price

South Kent Coast CCG

Funding for MDS- £10 per patient per calendar month

***Please note this specification agrees funding for the period April 2017 to March 2018 only. A further business case will be submitted in October 2017 for any service continuation**

Funding will be paid as above for those patients where

- both the pharmacy and the practice have notification of a verified CCG approved number authorising supply
- Patient continues to require use
- notified through the PharmOutcomes portal within specified timeline

The total amount paid to a pharmacy for these patients will capped at an amount be in line with the amount routinely claimed by the pharmacy through the last financial year

Time criteria will be relaxed until portal is available

Cost of all consumables is within contract price