



MONITORED DOSAGE SYSTEMS

Guidance for Sheffield GPs

Over the last few years we have had discussions about this issue on numerous occasions with various people. The problem is that pharmacists are not adequately funded to provide tablets in a Monitored Dosage System (MDS) which, obviously, takes a significant amount of time.

It had been suggested that one way this could be funded would be if prescriptions were issued on a weekly basis, so that the pharmacist can claim a dispensing charge for each of these separate prescriptions, which would compensate him/her for filling the MDS.

We agree with our pharmaceutical colleagues that proper payment should be made for supplying and filling MDSs. We do not agree that it is appropriate for GPs to undertake the additional workload by providing weekly prescriptions. We have written to the Department of Health and the General Practitioners Committee, urging them to negotiate adequate financing for MDSs.

To date, no agreement has been reached and we continue to receive complaints of pharmacists stating that they will not provide an MDS unless weekly prescriptions are issued and doctors refusing to issue weekly prescriptions.

Despite rumours to the contrary, there has been no agreement with the LMC or nationally with Social Services that, without good clinical reason, patients should have an MDS in the community. In the LMC's opinion it is not appropriate to issue an MDS purely for the convenience of the Social Services carers.

In August 2011 a joint communication from NHS Sheffield (NHSS), Sheffield LMC, Sheffield Local Pharmaceutical Committee and Sheffield City Council was distributed to Sheffield GP practices. The letter highlighted how contractors can identify when a patient qualifies for an MDS under the Discrimination Act 1995. The responsibility for implementing an MDS lies with the pharmacist, but there are a number of tools to assist in providing answers on which patients may be appropriate to receive MDS prescriptions. There may be situations where additional, subjective, professional interpretation is required and this should involve discussions between the GP and the pharmacist.

Our general advice to GPs is that they continue to issue prescriptions at clinically appropriate intervals. In most cases, this would be the standard 28-day supply. It is the LMC's opinion that decisions regarding the use of MDSs and the issuing of weekly prescriptions should be made on an individual patient basis, and should be based on need rather than want.

May 2014 Update

This guidance has recently been reviewed by Sheffield Area Prescribing Group (APG) and it was felt that there was no need to alter the current policy, but that the following points should be emphasised:

1. Practices should decline all new requests for MDSs to be supported by weekly prescriptions, other than in exceptional clinical circumstances.
2. Practices should enter into discussions with the relevant community pharmacy provider(s) to assess the clinical necessity of existing MDSs that are supported by weekly prescriptions.