

**MONITORED**

**DOSAGE SYSTEMS**

**AUDIT**



## Audit of Standards

This audit should be carried out by those already providing Monitored Dosage Systems (MDS) or those thinking of providing it in the future. It is an audit of the systems and processes that need to be established to ensure that the process of assembling and supplying medication in an MDS is as robust and safe as possible.

MDS	CRITERIA	AUDIT RESULT	COMMENTS / ACTION TO BE TAKEN	TARGET DATE	COMPLETED
PROCESS	An SOP is in place to cover the MDS process which includes prescription request / ordering and medication delivery ( <i>if the MDS service is being provided to a Care Home then the pharmacy should not be responsible for prescription request/ordering</i> )	YES/NO			
	The SOP has been signed by the accountable pharmacist and by the members of staff using it	YES/NO			
	If the pharmacy receives prescriptions other than directly from the patient / representative, it is in accordance with Code of Ethics Prescription collection services (see Appendix B).	YES/NO			
	If MDS is being supplied to a Care Home then the prescription forms go to the Care Home before they are sent to the pharmacy for dispensing	YES/NO			
	The PMR is updated and the MAR chart / labels are produced after receipt of the prescription	YES/NO			
	The medication in the MDS is assembled after receipt of the prescription	YES/NO			
	The labels and MAR chart are checked against the original and most up to date prescription	YES/NO			
	The medication in the MDS is dispensed from and checked against the original and most up to date prescription	YES/NO			
	The medication in the MDS is checked against the original container from which it was dispensed	YES/NO			
	Only suitably qualified staff are involved in the MDS process	YES/NO			
	Where possible, a second person, different to the person carrying out the dispensing, checks the MDS for accuracy	YES/NO			
	Dispensed by and checked by boxes are initialled as part of the MDS labelling system	YES/NO			

	MAR sheets, or other documents supplied with the MDS, identify and accurately describe the medication and the dosage instructions	YES/NO			
	Robust systems are in place for recording and actioning changes in medication	YES/NO			
	All changes to the MDS must only be made under the supervision of the pharmacist	YES/NO			
	The labelling system used to identify the contents of the MDS are clear and legible and include warning labels where necessary	YES/NO			
	Equipment is available to prevent the handling of any medication with bare hands e.g. gloves / tweezers	YES/NO			
	Medication is not stored in the MDS for longer than eight weeks	YES/NO			
	Pre-packs used are labelled correctly, including batch number and expiry date and must include a date beyond which it cannot be used	YES/NO			
	If "spare" trays are made up in advance they contain all the information required as if the tray was going directly to the patient i.e. patient name, medication names, dosages, identifiers etc	YES/NO			
	If non-disposable trays are used they are thoroughly cleaned before use	YES/NO			
	Up to date PILs are supplied with the MDS. PILs are issued if there is any new addition to the MDS or on a monthly basis	YES/NO			
	A risk assessment of the process is carried out regularly (at least annually and more often if legislation around MDS changes, if there are changes in procedures in the pharmacy or if a significant event, relating to MDS, occurs)	YES/NO			
	A system for disposal of returned waste medication is in place ( <i>Note: Pharmacists cannot accept returned medication from nursing homes in England and Wales</i> )	YES/NO			
	The MDS process involves a system for recording significant events and incidents	YES/NO			
	The MDS process involves a system for complaints	YES/NO			
	If a repeat medication ordering service is in operation then it is in accordance with service specification 6 (see appendix B) ensuring that the requests for specific medication are received from the patient / carer (only applicable to England and Wales)	YES/NO			

	If MDS is delivered then it is in accordance with service specification 8 (see appendix B)	YES/NO			
	The appearance of the MDS, including the backing sheets and container, is clean and professional	YES/NO			
<b>PREMISES</b>	Size and layout of the area allocated to MDS dispensing is sufficient and adequate for the purpose without causing disruption to the normal everyday running of the pharmacy	YES/NO			
	There is : Effective written and verbal communication Ability to supervise staff Safe and efficient workflow	YES/NO YES/NO YES/NO			
	The working space allows the orderly and logical positioning of materials to reduce the risk of errors and cross contamination	YES/NO			
	Storage areas allow the orderly storage of various products and packaging materials and finished products	YES/NO			
	The equipment used e.g. heat sealers, trays etc are regularly checked to ensure they are fit for purpose	YES/NO			
	The premises have adequate ventilation in order to maintain an appropriate working temperature	YES/NO			
<b>SUITABILITY OF MEDICATION</b>	Only suitable medication is included in the MDS – see Appendix A	YES/NO			
	PRN medication is not included in the MDS	YES/NO			
	Drugs whose dose can vary are supplied in original containers e.g. warfarin (refer to MEP page 111 3.4.8 (3.4))	YES/NO			
	Drugs which are hygroscopic, photosensitive etc are supplied in original containers (see Appendix A)	YES/NO			
<b>ADVISORY SERVICES TO CARE HOMES</b>	Where the pharmacist providing advice does not supply the medication they liaise with the pharmacist who does	YES/NO			
	The pharmacist has undertaken adequate training relevant to the services provided	YES/NO			
	The Care Home(s) is assessed and advised on procedures to ensure safe and accurate administration of medication	YES/NO			
	Adequate records are maintained by the pharmacy in order to deal with queries and enable audit of the service	YES/NO			
	Visits to the Care Home are undertaken on a regular basis	YES/NO			

	There is regular, and frequently as required, contact with medical personnel responsible for the patients in the Care Home e.g. GP	YES/NO			
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Resources:

- The administration and control of medicines in Care Homes and Children services, RPSGB. Available at [www.rpsgb.org.uk/pdfs/adminmedguid.pdf](http://www.rpsgb.org.uk/pdfs/adminmedguid.pdf) or hard glossy A5 copy by ringing Lorraine Fearron on 0207 572 2409 (charge of £6)
- Provision of MAR charts by community pharmacists available at [www.rpsgb.org.uk/pdfs/marchartsguid.pdf](http://www.rpsgb.org.uk/pdfs/marchartsguid.pdf)

As a general rule the following drugs should be **excluded** from MDS:

- Dispersible formulations
- Non-tablet / capsule formulations e.g. suppositories, liquids, powders, wafer formulations etc
- Drugs which may cause skin reactions / hypersensitivity reactions on prolonged contact e.g. chlorpromazine
- All drugs with cytotoxic potential
- Drugs requiring special temperature control i.e. fridge lines
- Blister packs or containers containing drying agents usually indicate the relative instability of the drug when exposed to moisture so these should only be dispensed in an MDS if the advised by the manufacturer

**Further reading:**

- How stable are medicines moved from original packs into compliance aids? – [http://www.pharmj.com/pdf/articles/pj\\_20060121\\_stable.pdf](http://www.pharmj.com/pdf/articles/pj_20060121_stable.pdf)
- Which medicines are stable in compliance aids (Pinderfields Guide) available at <http://www.nelm.nhs.uk/Record%20Viewing/viewRecord.aspx?id=543972>

Code of Ethics – Service Specifications relevant to MDS**6. Repeat medication services**

A repeat medication service is a service operated in co-operation with local prescribers, in which pharmacists will provide professional support to assist in the rational, safe, effective and economic use of medicines.

- a) The pharmacy must operate a patient medication record (PMR) system, notified to the Information Commissioner, and ensure that an audit trail exists to identify each request and supply so as to enable the service to be monitored
- b) The request for the service must come from the patient or their carer and be recorded in writing. Pharmacists may not act as the carer for this purpose
- c) Unless this information is already available from the prescription form, pharmacist must establish with the prescriber the period for which repeat prescriptions will be issued. Pharmacists must be alert to the possibility of the patient needing an earlier review. On dispensing the final repeat the pharmacist must remind the patient or their carer, preferably in writing, of the need to visit the prescriber
- d) Pharmacists may instate a patient reminder system but may not request a repeat prescription from a surgery before obtaining the patient or carer's consent
- e) At the time of each request the pharmacist must establish which items the patient or their carer considers are required and ensure that unnecessary supplies are not made. At this stage pharmacists must also use their professional judgement to decide whether concordance or other problems encountered by the patient may require early reference to the prescriber
- f) Records of all interventions should be kept in order to be able to deal with any queries that may arise and to advise the prescriber

**7. Prescription collection services**

Prescription collection services encompass any scheme whereby a pharmacy receives prescriptions other than directly from the patient, their carer or representative.

- a) Prescriptions must be collected by individuals acting in accordance with directions given by the pharmacist
- b) Pharmacists must ensure that the procedures for the collection of prescriptions safeguard patient confidentiality and the security of prescriptions
- c) The request for ongoing service must come from the patient or carer and the pharmacy must ensure that a procedure for recording the initial request, preferably consisting of written authorisation, exists
- d) All requests to the doctor for repeat prescriptions must be initiated by the patient or carer and be made directly to the surgery unless the pharmacy is offering a repeat medication service in compliance with service specification 6
- e) On receipt of prescriptions pharmacists must ensure that the pharmacy is authorised to receive and dispense them. Any prescription received for which the pharmacy does not have the patient's or their carer's consent must be returned to the surgery for collection by the patient or carer to be directed to the pharmacy authorised to receive the prescription

**8. Delivery services**

A delivery service is one where medicines are handed over to a patient or their carer other than on the registered pharmacy premises. The provisions detailed in this service specification also apply to rural collection points. On each occasion a service is requested pharmacists must use their professional judgement to assess whether direct face-to-face contact with the patient or their carer is necessary.

In addition to complying with all other professional requirements relating to the sale or supply of medicines, pharmacists are responsible for ensuring that the delivery mechanism used:

- a) is safe and that the medicines will be delivered promptly to the intended recipient with instructions for use. Unless alternative delivery arrangements have been made, medicines must only be handed over to the patient or their carer and before doing so, the delivery person must confirm with the patient or their carer that the name and address of the patient is correct.
- b) Caters for any special storage requirements of the product
- c) Enables a verifiable audit trail to be kept identifying the initial request for the service and each

delivery and attempted delivery so that the service can be monitored. Wherever possible a signature should be obtained indicating safe delivery of the medicines.

