

Primary care contracting

'Support for people with disabilities'

Jan 2005

Introduction

The auxiliary aid assessment will support the community pharmacy workforce to help people who may be unable to cope with the day-to-day activity of taking their prescribed medicines; this may result in non-compliance and adverse effects.

It is recognised that there may be a variety of reasons why people are unable to take their medicines, including both physical and mental impairment. What is important is that pharmacists are given a tool that they can use to determine whether a person 'perceives' or perhaps 'feels' that they need help rather than actually needing long-term support. To comply with the Disability Discrimination Act 1995 (DDA) this assessment service should be accessible to people, including those who have a physical or mental impairment that has a substantial and long term adverse effect on their abilities to carry out normal day-to-day activities.

Due to the lack of evidence associated with the evaluation of compliance aids this assessment tool has been designed by building on 'good practice'. A pragmatic approach has been applied to the development of the tool. It should be noted that this is not a definitive assessment tool that has been validated, however, it is considered an appropriate tool.

The pharmacist should take professional responsibility for the assessment of the risk and support recommended. Pharmacists should document interventions made. Assessments should follow the process irrespective of how demanding a person, or their 'support systems' are.

The Disability Discrimination Act 1995 describes a disabled person as- 'A person has a disability for the purpose of the Act, if he has a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day-to-day activities.'

It is important to consider if an impairment has a substantial adverse effect on a person's ability to carry out normal day-to-day activities and if such an impairment has a long term effect. Long term is defined as at least one year or for the rest of the person's life.

Each pharmacy should have a robust system for assessment and auxiliary aid supply that adheres to clinical governance principles.

The DDA identifies that a person may have physical or mental conditions that impact upon their day-to-day function. **The assessment described in this documentation does not include the assessment of needs associated with mental function.** Pharmacies may be able to make reasonable adjustments to services to identify and address both sensory and physical needs; a specialised service is needed to support people with a mental condition that impacts upon their day-to-day function.

For the purpose of this work we shall include sensory impairment including those that may be due to an underlying long-term medical condition e.g. Epilepsy. A person's disability may be multi-factorial. This is shown diagrammatically in Figure One. A framework of the pharmacy service is outlined in Figure Two and Table one.

Figure One Factors associated with Disability

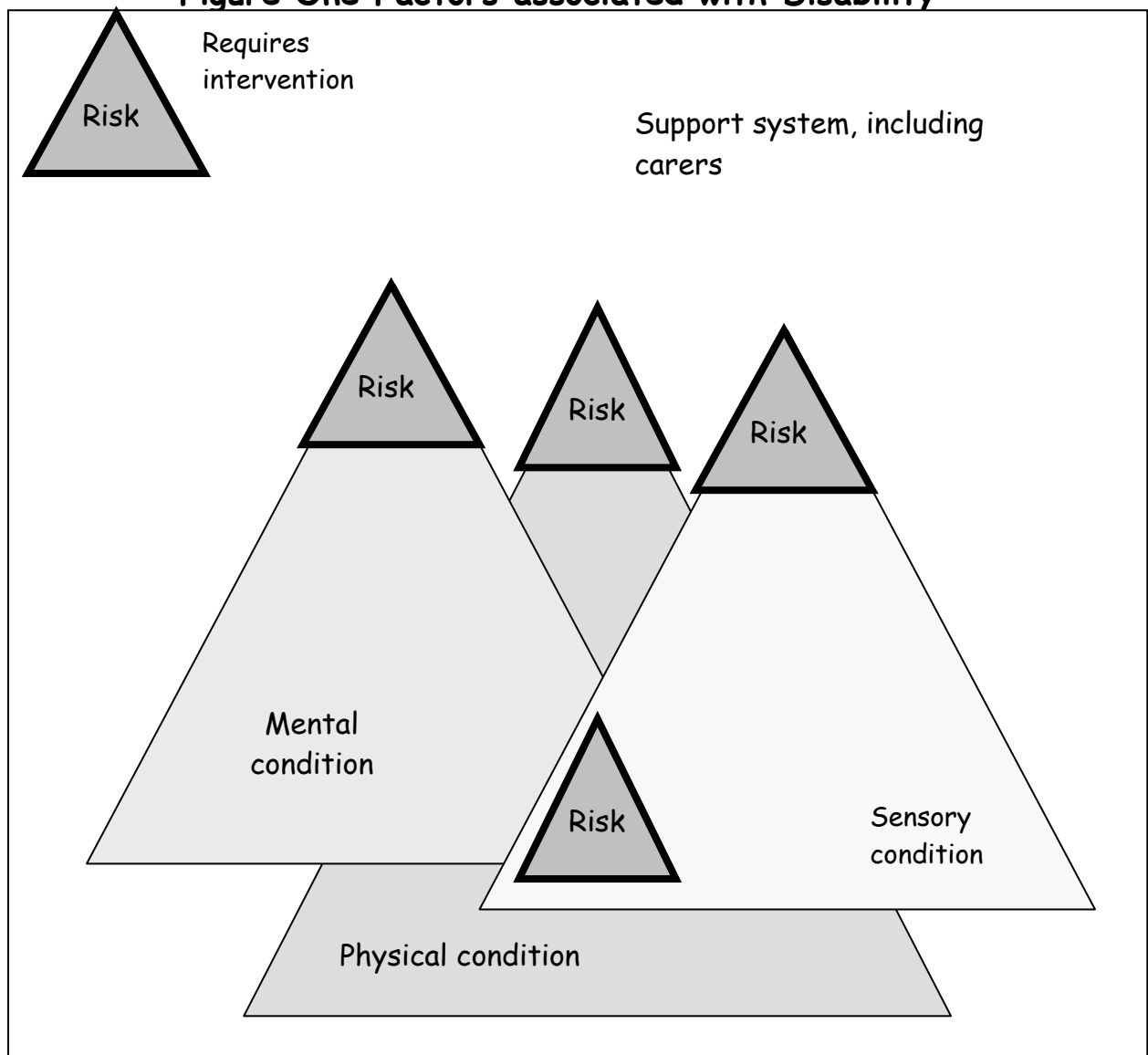


Figure Two Proposed service outline

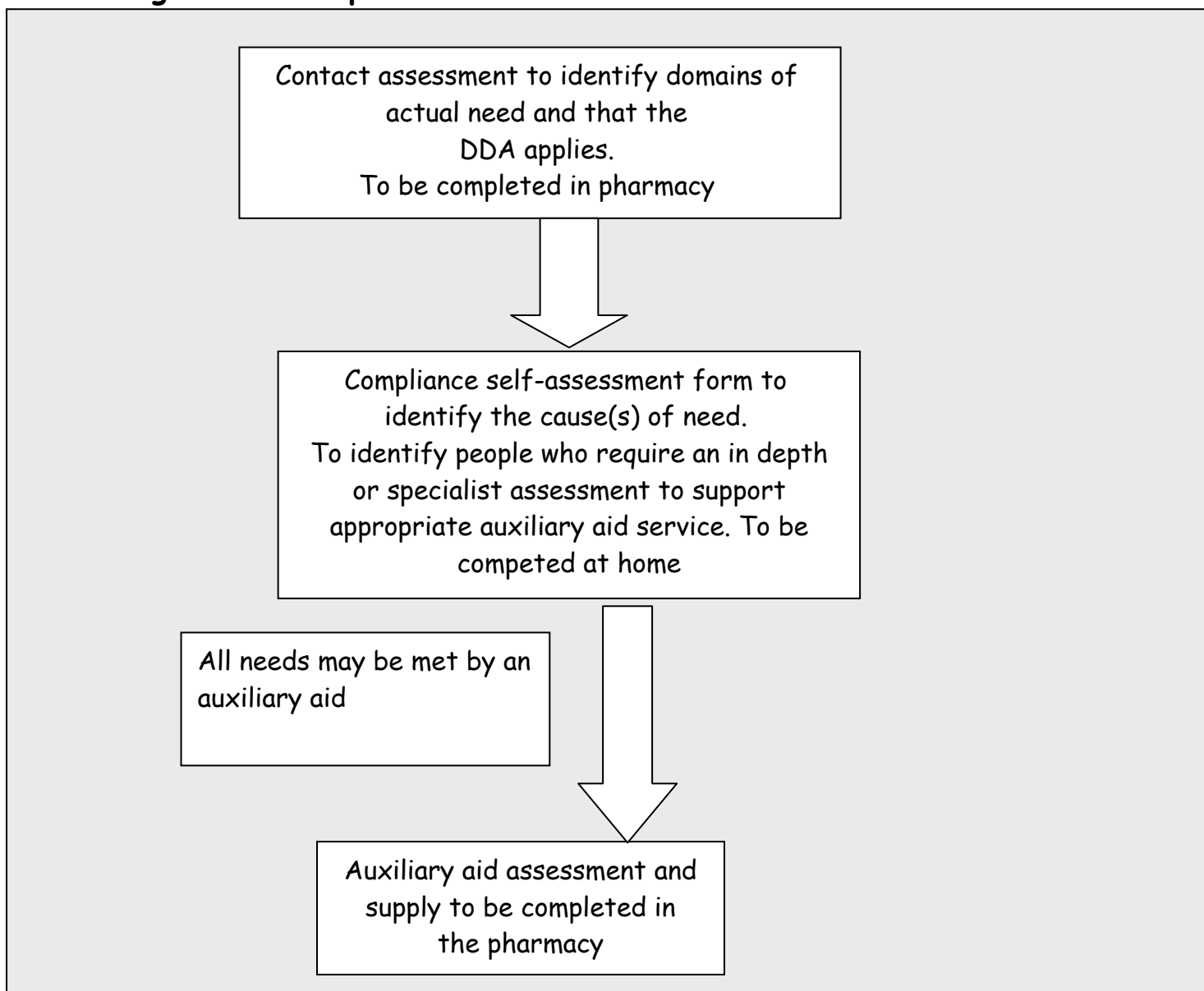


Table One Outline of the assessment service within the community pharmacy

Process
<u>Patient approaches pharmacy for an MDS</u>
Stage 1
Pharmacists or pharmacy staff assess patient needs using the Initial Contact Assessment Form to determine if they are covered by the DDA
If patient's condition is not suitable to be covered by DDA the pharmacist can discuss the potential benefits of auxiliary aids but the patient would have to pay for this service.
If the patient's condition is suitable for support under the DDA but they answer 'no' to the questions relating to day to day problems that they have with their medication, no further support is required and whilst a discussion with the patient about adherence may be carried out, it will not form part of this auxiliary aid service.
If the patient is covered by the DDA, but their needs include an element of cognitive (confusion) or are complex, a non-pharmacy based assessment may be required. If appropriate, they may be referred into a local care pathway. As part of this pathway they may also be referred back to the pharmacy for an auxiliary aid review.
Stage 2
If patient's condition is covered by the DDA and they answer 'yes' to any one of the 3 questions concerning problems they have with day to day tasks associated with their medication, the patient /carer should now be given the compliance self assessment questionnaire and asked to complete it.
Stage 3
On returning with a completed self-assessment questionnaire an appropriate member of the pharmacy workforce reviews the patient's questionnaire. Using the assessment form guide determine if they require a full pharmacy assessment. You may want to 'book' the patient/carer in for a specific time slot for this full review.

Table One (cont.) Outline of the assessment service within the community pharmacy

The pharmacist/pharmacy staff should then conduct a face to face interview with the patient/carer using the schedule provided in the 'Assessment' form (for use by pharmacy).

The results of the auxiliary aid assessment and the patients self-completed initial assessment should be used collectively to determine the type of support a patient requires.

The following items should be considered and used as a part of the assessment (you may choose to develop an 'assessment kit' that includes the MDSs that are locally approved:

- Collection and delivery of repeat prescription (as a part of you normal pharmacy services)
- Non CRC tops on bottles
- Winged tops on bottles
- Large print labels
- Coloured or symbol use on labels
- Tick charts
- Symbol charts
- Daily regimen table
- Medication Administration Record (MAR)
- Blister packed medicines only
- Non blister packed medicines only
- Choice of multiple dose systems
- 5ml Spoons
- 20ml measure
- Oral syringe
- Haleraid
- Dropper device
- Other auxiliary aids

The pharmacist/pharmacy staff should complete the summary sheet with the key risk areas and the outcome of the assessment.

Table One (cont.) Outline of the assessment service within the community pharmacy

Stage 4

Summary sheet stored in the pharmacy, it may be sent/faxed to GP. If an MDS system is recommended, the form **MUST** support your decision making process.

Review the patient after one month, and then manage them according to local protocols.