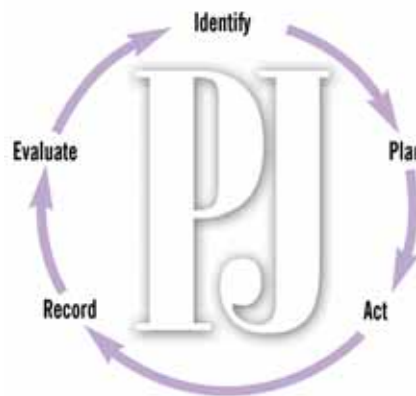


The Disability Discrimination Act

In this article, Karen Rosenbloom, Ruth Wakeman and Pippa Scrimshaw explain what help and support pharmacists should give to people with disabilities when providing pharmacy services, in order to comply with the Disability Discrimination Act 1995



The Disability Discrimination Act 1995 (DDA) applies to a range of areas, including the provision of services, standards of premises and employment rights. This article provides guidance on how to meet what is required under the DDA in relation to the supply of medicines.

The DDA is part of the continuing process to improve the rights of disabled people and all pharmacists providing services in the UK have a legal obligation to comply with it. Following a series of amendments the following requirements apply to pharmacy services under the DDA:

- Disabled people should not be treated less favourably than other people for reasons related to their disability
- Reasonable adjustments for disabled people, including providing extra help or making changes to the way that services are provided, should be made
- Reasonable adjustments to the physical features of pharmacy premises, to overcome barriers to access, should be made

However, there are variations in community pharmacy contractual frameworks and health and social service developments in each of the UK countries. Payment for contractors to meet the costs of complying with the DDA is included within the funding of the new community contract for England and Wales. The funding is distributed on the basis of the number of prescription items dispensed and is not linked to the provision of a specific number of service adjustments. It is likely that similar arrangements will be introduced in Scotland and Northern Ireland. Pharmacy contract terms, funding and the other services available may influence the determination of what is reasonable.

Who and what is covered by the DDA?

One of the challenges of complying with the DDA is to be able to determine who has a qualifying disability and what level of support

Identify knowledge gaps

1. How would you determine if someone is disabled and covered by the Disability Discrimination Act 1995?
2. What do pharmacists have to do to comply with the Disability Discrimination Act?
3. What reasonable adjustments can pharmacists make to the supply of medicines to support people with disabilities?

Before reading on, think about how this article may help you to do your job better. The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record", (available at: www.rpsgb.org/education). This article relates to "complying with non pharmacy legislation relevant to sphere of practice".

should be given. Pharmacists must decide what reasonable adjustments they should make to their services. Such decisions should only be made after carrying out an assessment and should take into account local health and social care services and procedures. In addition, decisions should, wherever possible, be made in partnership with the disabled person and his or her carer(s).

Many people assume that a person who has qualified for a disabled parking badge is entitled to reasonable adjustment requirements, but this is not automatically the case. The DDA states that a person is considered disabled if he, or she, has a mental, sensory or physical impairment that would have a sub-

This article takes a practical approach and represents the personal views of the authors. Pharmacists should use this article to inform their CPD and should make their own professional judgements when determining patients' needs.

Case 1

Case 1 A 19-year-old student with asthma telephones the pharmacy. His leg is in plaster. He is in some pain and expects to have difficulty travelling for two months. He is running out of his inhalers. Must the pharmacy deliver his medicines?

The DDA does not apply to this patient because his condition will last less than a year. The pharmacist is under no obligation to support this patient under the DDA, so whether or not to deliver his medicines is an ethical decision.

stantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. A long-term effect is one that has lasted for 12 months, or is likely to last for more than 12 months or for the rest of the person's life.

The DDA will apply to a disabled person if at least one of the following is affected by the impairment:

- Mobility
- Manual dexterity
- Physical co-ordination
- Speech, hearing or eyesight
- Memory
- Ability to concentrate, learn or understand
- Continence
- Ability to lift, carry or move everyday objects
- Understanding of the risk of physical danger

A recent amendment has been made to the DDA to cover conditions that cause an intermittent disability or a progressive disability that affects or will affect day-to-day activities. These conditions include cancer, HIV and multiple sclerosis from the time of diagnosis. Therefore, a person who is likely to need a wing-capped or oversized container when his or her condition deteriorates can expect pharmacists to make such adjustments to their current services. This amendment has also removed the criteria for a mental impairment to be clinically well-recognised.

The DDA does not apply to:

- Lifestyle choices, such as tattoos and non-medical piercing
- Hay fever unless it aggravates the effects of an existing condition
- Addiction to alcohol, nicotine or any other non-prescribed substance

The DDA applies only where the patient's ability to carry out day-to-day functions is compromised and is not intended to support carers, or nursing or residential home staff. Pharmacists may consider it reasonable for a carer to be trained to support the safe supply of medicines as an integral part of a care package. This could be funded by local social services.

Patient assessment Patient assessment could involve an informal discussion or a more formal approach, using assessment forms (see below) and pharmacists should make a professional decision regarding the conditions they are effectively able to assess. Pharmacists may feel unable to assess a patient's mental or cognitive impairment and such patients should be referred for a full cognitive assessment. For example, a person who describes him or herself as being muddled and sometimes forgetful could be in the early stages of a degenerative condition and could be referred.

Pharmacists should also consider the environment in which they will make an assessment — it is unreasonable to carry out an

Case 2

Case 2 A 63-year-old woman has Parkinson's disease that is well controlled with medicines. She is aware of the DDA and asks how she can remain independent. She wants a monitored dosage system. The pharmacist decides that an MDS would not be appropriate for this patient. The pharmacist and patient could reach an agreement that at present no service adjustments are needed. The patient could be offered a future assessment if her symptoms increase.

Three months later the patient comes into the pharmacy a little weepy. She explains that her condition is deteriorating because she now struggles to manage things that have not been a problem in the past, including getting her tablets out of their blister pack. She requests that you help her by giving her an MDS. She has seen her GP, who has increased the dose of her medicines. She can no longer pop her tablets from a blister pack, but nor can she use a de-blister pen or the MDS that is available in the pharmacy.

The pharmacist could offer to remove the tablets from the blister packs and dispense them in large bottles with non-child resistant caps. A review could be agreed for when the patient next collects her prescription.



Some patients may be unable to remove tablets from blister packs

assessment of cognitive function in a setting that offers little privacy or confidentiality.

According to the Act, assessments should ignore corrective interventions that have been made to support a disability. Unfortunately, this could be interpreted as including medicines and, therefore, presents an ethical dilemma for pharmacists. One exception is that patients with a visual impairment should be assessed when wearing spectacles or contact lenses. It may be appropriate, therefore, to refer such patients to an optometrist for an eye test before considering using large font labels.

It may not be possible to identify the necessary adjustments that could be made to pharmacy services. In cases where pharmacists are unable to support patients they should signpost them to local support groups or refer them for a health and social care assessment according to local protocols.

Pharmacists should develop communication pathways with other health and social care professionals to support patients. Although referring a patient to his or her prescriber is an option, under the DDA pharmacists cannot direct the prescriber as to what adjustment he or she should make to a patient's prescription. In the same way, pharmacists cannot be told to supply an MDS free of charge by any member of the health care or social care team. Reasonably assessed adjustments to services made by pharmacists can only be challenged in the courts.

Pharmacists should be aware that diseases can progress while symptoms may improve and patients may require reassessment.

Reasonable adjustments Adjustments should be made to meet the needs of the patient but pharmacists do not have to adjust services to meet non-essential demands of patients or carers. However, patients who demand or perceive that they need an adjustment to services may need reassurance if the pharmacist believes that no adjustments are necessary.

The following factors could be considered when deciding if an adjustment is reasonable: patient safety, pharmacy workforce safety, resource implications (eg, cost and time) and

E. Karen Rosenbloom, PhD, MRPharmS, is health and social care policy adviser to Hertfordshire Local Pharmaceutical Committee, Ruth Wakeman, BPharm, MRPharmS, is an information pharmacist at the National Pharmacy Association and Pippa Scrimshaw, Btec, is medicines management specialist for East Cambridgeshire and Fenland Primary Care Trust

clinical governance. Decisions made should encourage independence and equality, and manage risk.

Only the service provider can decide what reasonable adjustments to make to his or her services. For example, a pharmacist may determine that a reasonable adjustment to dispensing a prescription for a 28-day supply of capsules is to provide a medicine bottle with a non-child resistant cap and a large font label even if the patient has been given a

Tools to help pharmacists choose an appropriate adjustment are available on www.pjonline.com/dda

A list of compliance and auxiliary aids suppliers is also available on the website.

compliance aid in the past. By using a partnership approach with patients and other organisations, it should be possible to negotiate a reasonable adjustment.

Disabled people have the right to ask the courts to determine if an adjustment offered is reasonable. However, so far, there are few legal interpretations of this term. The Table below gives examples of activities that may be affected by a disability and explores the adjustments that could be made.

Examples of adjustments associated with dispensing services

Specific problems	Examples that may be considered reasonable adjustments	Examples that may be considered unreasonable adjustments*	Examples of adjustments that members of the health and social care team could make
Unable to walk to and from the pharmacy or to carry a large supply home	Free collection and delivery of prescriptions even if the service is offered to others at a charge	Introducing a collection and delivery service or extending an existing service to cover an unreasonable distance	Providing a carer to collect a patient's medicines
Unable to remove tablets from blister packs	Removing tablets for the patient or providing a free device to aid removal	Removing large quantities of tablets or medicines that should not be removed from packaging	Prescribing a manageable quantity of tablets
Unable to handle small objects	Supplying medicines in larger than needed containers		
Unable to open child resistant closure	Supplying screw caps		
Unable to open screw caps	Supplying wing caps		
Unable to self medicate because of poor co-ordination	Supplying a device to aid medication (eg, an aid for instilling eye drops)		Prescribing a device to support medication
Unable to pour from a bottle into a 5ml spoon	Supplying a 20ml measuring cup		
Unable to squeeze creams or ointments from small tubes	Supplying a larger pack size (if appropriate prescription presented)	Demanding that prescriber alters prescribed quantity	
Unable to speak clearly	Providing a notepad and pen to facilitate communication	Learning how to communicate using sign language	
Unable to hear	Providing advice in writing to support counselling	Installing an expensive hearing loop	
Unable to read normal labels (eg, impaired vision, including colour blindness)	Labelling medicines in a more legible way (eg, use of larger fonts, symbols, black on white symbols)	Purchasing a Braille typewriter	
Sometimes forgets to take medicines	Providing a reminder, tick chart or other support to link medicine taking to other daily activities (eg, meal-times)	Providing an alarm device	Prescribing a simpler dosage regimen
Patient is independent but needs regular support to take medicines	Providing a multi-dosage system	Providing a large number or variety of MDSs from one pharmacy	
Gets muddled and needs support to take medicines regularly	Referring the patient for a cognitive assessment		Providing a medicines administration record for a carer to use
Unable to learn how to manage medicines	Referring the patient for appropriate assessment.		
Patient cannot understand why he or she needs to take medicines	Conducting a medicines use review to explore why the patient does not understand medicines		
Unaware of the risks of non-compliance	Signposting for appropriate assessment		

*Providing any device that patients are not able to use just because they would like one would be unreasonable

Case 3

Case 3 A 42-year old man with multiple sclerosis and asthma is wheelchair-bound but lives alone with no carer. He reports that he is finding it increasingly difficult to manage both his tablets and his inhalers. The pharmacist performs an assessment and identifies the following issues and solutions:

- The patient is unable to hold a blister strip of tablets or remove tablets but able to hold a larger bottle. He cannot open a screw cap. A reasonable adjustment would be to provide larger bottles with wing caps.
- The patient is unable to depress his inhalers, but otherwise his technique is good. Provision of an auxiliary device, such as Haleraid, would enable him use his inhalers.
- The patient finds it difficult to get to the pharmacy. It is agreed that he will continue to collect his medicines, but that the pharmacy will drop off and collect his repeat prescription from the GP surgery. An agreement is made to review the situation in six months unless the situation changes in the meantime.

Assessment toolkits A variety of assessment tools is available to help pharmacists determine what reasonable adjustments they should make to services. Examples can be found on the Primary Care Contracting (www.primarycarecontracting.nhs.uk) and the National Pharmacy Association (www.npa.co.uk) websites (search for DDA).

The assessment toolkit on the Primary Care Contracting website provides for three levels of assessment. The first is a point of contact assessment, the second is a self-assessment form for the patient to complete, and the third is an in-depth pharmacy assessment form, which includes a summary feedback form to send to the patient's GP, where appropriate.

Pharmacists can decide if and when to use these forms. Adopting a staged approach to assessment allows pharmacists to manage over-demanding patients who might expect an immediate in-depth assessment and decision. At present, pharmacy assessment toolkits do not include mental impairment assessments.

Suitably trained pharmacy staff may conduct the assessment if they are confident. Pharmacists should familiarise support staff with the procedure adopted in their pharmacies.

Compliance and auxiliary aids It is a common misconception that the only adjustment that pharmacists can make to the dispensing process in order to comply with the DDA is to supply medicines in an MDS compliance aid, free of charge. Pharmacists may deem this to be an inappropriate adjustment even if the patient (or carer) has, in the past, benefited from an MDS provided through a locally funded service. Alternatively, it is possible that the patient would not be able to manage an MDS, even though he or she (or a carer) requests one and a tick chart or a medicines administration record might be deemed more appropriate. Confusion about the time of day or not knowing what day it is could result in a significant medication error occurring.

Patients or carers who would benefit from an MDS but are determined to not need the

service as a reasonable adjustment under the DDA may decide to purchase this service from their pharmacist. Alternatively the service could be funded locally, perhaps as an enhanced service.

Other options for supporting disabled people include devices to remove tablets from blister strips, wing tops, large font labels and oversized bottles. A list of compliance and auxiliary aids suppliers is available at www.pjonline/dda

Clinical governance procedures

Pharmacists should apply clinical governance procedures to support patient assessment and associated adjustments. Pharmacists should adhere to local protocols and develop a standard operating procedure that considers:

- Continuity of patient care
- Recording assessments
- Recording all requests made under the DDA
- Recording consent (eg, a signature) if using a non-CRC
- Significant events
- "Near misses" (eg, patient is unable to use an MDS provided or to read a label)
- Monitoring of non-compliance

Useful websites

- The Disability Rights Commission (www.drc-gb.org) is an independent body established to stop discrimination and promote equality of opportunity for disabled people
- Directgov (www.direct.gov.uk) provides a single point of access to government information and services. This includes much of the information previously on www.disability.gov.uk.
- The Office of Public Sector Information (www.opsi.gov.uk) provides online access to UK legislation
- Capability Scotland (www.capability-scotland.org.uk) provides a range of services to support disabled people
- Disability Action (www.disabilityaction.org) is a Northern Ireland-wide organisation working with disabled people
- The Royal National Institute of the Blind (www.rnib.org.uk) supports people with sight problems. It also provides patient information leaflets in Braille and large print.

Action: practice points

Reading is only one way to undertake CPD and the Society will expect to see various approaches in a pharmacist's CPD portfolio.

1. Review the assessment tools available and develop a standard operating procedure for your pharmacy.
2. Past articles in *The Pharmaceutical Journal* have considered how the Disability Discrimination Act applies to premises, and employment rights (*PJ*, 21 September 2002 pp389–990, *PJ*, 30 October 2004, p646, *PJ*, 23 July, p118–9). If you have identified knowledge gaps associated with these areas, review these articles.
3. Contact your local practice manager and discuss how you can work together to provide support for disabled people.

Evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following questions:

What have you learnt?

How has it added value to your practice? (Have you applied this learning or had any feedback?)

What will you do now and how will this be achieved?