

## **Frequently Asked Questions (FAQs) on Optimising Medicines Support for Patients**

This FAQ is based on [local guidance](#) which covers best practice on 7-day prescribing and multi-compartment compliance aids (MCA).

### **1. Who decides when to use an MCA?**

This should be based on an individual patient review, usually by the community pharmacist, to ascertain the most appropriate method of dispensing. It would be beneficial for pharmacist and prescriber to discuss this decision. It is useful for a clinician to carry out a clinical medication review as part of the assessment, to see if therapy can be rationalised.

### **2. Can a GP insist a community pharmacy dispense a medicine in an MCA?**

No. Compliance with the obligations in the Equality Act 2010 are for the pharmacist and the Courts. The final decision whether to use MCA for a patient with a disability would rest with the community pharmacist. Any issues that cannot be resolved locally should be fed back to the Integrated Care Board (ICB): [hweicbwe.medicinesoptimisationteam@nhs.net](mailto:hweicbwe.medicinesoptimisationteam@nhs.net).

### **3. Can a provider from another setting e.g., pharmacist at hospital insist a community pharmacy dispense a medicine in an MCA?**

No. Compliance with the obligations in the Equality Act 2010 are for the community pharmacist and the Courts. The final decision whether to use MCA for a patient with a disability would rest with the community pharmacist. All provider staff should refer the patient to discuss any medicines compliance support with the community pharmacy. Any issues that cannot be resolved locally should be fed back to the Integrated Care Board (ICB): [hweicbwe.medicinesoptimisationteam@nhs.net](mailto:hweicbwe.medicinesoptimisationteam@nhs.net).

### **4. Can a patient, Care Home, paid carer, or family carer insist a community pharmacy dispense a medicine in an MCA?**

No. The final decision whether to use MCA for a patient with a disability would rest with the community pharmacist. Information to support patients is available in appendix four within full [guidance](#).

### **5. Can a pharmacist insist a GP prescribes for seven days for a patient requiring an MCA?**

No. If the pharmacist believes that a shorter duration of supply is necessary due to reasons outlined in the prescription quantities section then this should be communicated to the GP. There is a significantly higher number of 7-day prescriptions issued in Hertfordshire and West Essex when compared to the national position and 7-day prescriptions are not necessary for the sole purpose of filling an MCA. Any issues that cannot be resolved locally should be fed back to Community Pharmacy Hertfordshire [info@hertsipc.org.uk](mailto:info@hertsipc.org.uk) or Community Pharmacy Essex [essex.lpc@nhs.net](mailto:essex.lpc@nhs.net).

**6. What type of prescription is needed for an MCA?**

The NHS Terms of Service for community pharmacies do not impose a requirement to dispense into compliance aids or to dispense in instalments for MCAs. It is for the pharmacy contractor to decide whether it is appropriate to dispense in an MCA.

Any alterations to medicines should be authorised by the production and dispensing of another prescription, with the previously dispensed items being discarded. It is not appropriate for the pharmacy to amend what has already been dispensed into an MCA midway through a course of treatment.

**7. Can a community pharmacy dispense all four weekly MCAs together if they have received 7-day prescriptions?**

No. The prescriber has deemed that the patient requires seven-day prescriptions for clinical reasons.

**8. Can a GP practice request that a pharmacy dispense weekly separately if they prescribe 28-day prescriptions?**

No. If the prescriber deems that the patient requires 7-day prescriptions for clinical reasons then they should prescribe at 7-day intervals.

**9. In that case, is community pharmacy funded for providing MCA on request?**

No. There is an expectation as part of the current general funding envelope for all community pharmacies nationally that they will support compliance of the Equality Act 2010 for patients. Funding for community pharmacies will not cover MCAs provided as a convenience, or where the MCA is being used for a purpose other than Equality Act 2010 support. Where a patient does not meet the Equality Act, any adjustments made can still be made by the community pharmacist, but they may choose to charge the patient for this service.

**10. Do prescribers have to issue 7-day prescriptions for patients with MCAs?**

No. Prescribers will only issue 7-day prescriptions if they are needed on clinical or patient safety grounds. Prescribers may take into account advice from other health and care professionals including community pharmacists. Please see [Prescription Duration Aid](#) for reference.

**11. Should prescribers' issue 7-day prescriptions for care homes?**

No. Patients in care homes should not be issued with 7-day scripts. This should only be considered for individual patients who manage their own medicines. Reliance on medicines supplied in MCAs within care homes and care at home services should be challenged.

**12. What happens if changes are made to a patient's medication if using an MCA?**

Depending on the urgency of the changes, it may be more practical to implement them at the end of a supply cycle. If this is not possible, the prescriber should liaise with the pharmacist and patient/ carer to ensure changes are made safely and promptly. Prescribers should be aware that if there is a change midcycle, a new prescription needs to be issued for all medicines, and that the pharmacist should ensure that contents of previously issued MCAs are discarded.

**13. Are there any consequences for removing medication from its original blister pack?**

Removing medication from its original blister pack may render the product unlicensed. Therefore, both the prescriber and the pharmacist need to be aware of the risk this creates for them professionally. If the pharmacist deems that an MCA is appropriate for a patient, then the GP practice should be informed for their information. The Specialist Pharmacy Service provides information on stability of medicines in MCAs, and this can be found on their [website](#).

**14. Does a patient need access to Patient Information Leaflets if their medication is supplied in an MCA?**

When medicines are dispensed into an MCA, it remains a legal requirement that a patient information leaflet (PIL) is supplied for every dispensed medicinal product included.

**15. Does community pharmacy have to make a reasonable adjustment under the Equality Act 2010?** Yes, but a “reasonable adjustment” does not necessarily mean that every adjustment that is possible, should be made or is a reasonable one. The duty to make reasonable adjustments does not require community pharmacies to take a step which would fundamentally alter the nature of the services provided.

**16. What do you do if you are concerned that there is no adjustment that you can make that will support the patient to access their medicines?**

The community pharmacy should refer to GP practice. The GP practice should consider care options with medication support.

**17. If GP practices and community pharmacies experience paid carers not following the guidance, who should they contact?**

Examples should be emailed to [acscommissioning.support@hertfordshire.gov.uk](mailto:acscommissioning.support@hertfordshire.gov.uk) for Herts patients or for Essex email [BusinessSupportAdultSOVAs@essex.gov.uk](mailto:BusinessSupportAdultSOVAs@essex.gov.uk).

**18. As a GP practice, does this guidance mean I can stop all seven-day prescriptions for existing patients on MCAs?**

It is an individual decision for GP practices about how they manage their prescriptions. This guidance gives you a tool in which to manage shorter duration prescribing and best practice for MCAs. GPs, as independent contractors, could choose to undertake a review of existing patients on MCAs and they are encouraged not to blanket stop seven day prescribing for existing patients. This could detrimentally impact on the patient's adherence to their medicines. GP practices should consider reviewing each patient individually and work collaboratively with the community pharmacy to identify alternative medicines support options for existing patients.

**19. Do community pharmacies have to undertake an assessment on every patient with an MCA?** Community pharmacies do not have to undertake an assessment on every patient with an MCA. You may choose to use the [template provided](#) and can make a reasonable adjustment – this does not require a long assessment. Reasonable adjustment is covered under the community pharmacy contractual framework.

**20. As most Primary Care Networks have now appointed pharmacists within their organisations would it not be better suited that these funded pharmacists are given the task of assessing patients, with input from the patient's community pharmacy?**

The guidance recognises the community pharmacist as the expert in assessing medicines support for patients. We would expect all pharmacists regardless of where they work, to work with community pharmacists in identifying the right medicines support for patients.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

**21. How will patients from a lower socio-economic background be able to afford paying for their MCA if they do not fit under the Equality Act?**

We suspect MCA use to be minimal in future. It is recognised at a national level that an MCA is often not the best option to support compliance. Within the guidance we have identified different options that may support patients better and these may offer cheaper alternatives to an MCA. A [patient information leaflet](#) is also available.

**22. If a patient is experiencing memory problems, is a MCA the best support for the patient**

If a patient has memory problems a MCA may not be best solution to support the patient as if they are struggling to remember what day of the week it is a MCA may not help with this. Please remember if a patient cannot open blister strips, then it is unlikely a MCA would be an appropriate medicines aid. Please refer to the Managing Medication Information Pack in appendix two within full [guidance](#) for alternative options to support patients that may be experiencing memory problems along with supportive organisations that may be able to assist.

These FAQs published have been published using the content covered within  
[‘Optimising Medicines Support for Patients’](#)

For further information, please contact your ICS Pharmacy and Medication Optimisation Team via email: [hweicbhv.medicinesoptimisationteam@nhs.net](mailto:hweicbhv.medicinesoptimisationteam@nhs.net)

<b>Version</b>	2.1
<b>Developed by</b>	Janet Weir, Pharmacy Medicines Optimisation Team, HVCCG, Stacey Golding and Anushka Uppal, Pharmacy Medicines Optimisation Team ENHCCG, Community Pharmacy Hertfordshire and Bedfordshire and Hertfordshire Local Medical Committee. Updated Nov 2022 by Hazel Angus. Minor updates June 2025 by Misha Tailor
<b>Date ratified</b>	June 2020 Medicines Optimisation Clinical Leads group v1.0, updated and ratified Dec 2020 Medicines Optimisation Clinical Leads Committee v2.0. Reviewed Nov 2022 and approved by APC June 2023. V2.1 Updated and ratified by APC June 2025.
<b>Review date</b>	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair