

Guidance for Optimising Medicines Support for Patients Seven Day Prescribing and Multi-compartment Compliance Aids (MCA) Best Practice

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Executive Summary

Vision Statement

'MCAs are only suitable for people who manage their own medicines, and where these have been agreed as the most suitable option by a community pharmacist which can sometimes be chargeable. An MCA is not suitable for the majority of patients for safety reasons. Where an alternative sector considers an MCA may be suitable, a joint decision discussion is had and agreed with the usual community pharmacist. It is ultimately the community pharmacist's decision as to whether they supply a patient's medicines in an MCA.'

This guidance has been prepared to support patients, carers, and healthcare professionals to optimise medication management. Often MCAs, also known as dosette boxes or blister packs, are regarded as the only available option to support a patient to take their medication.

The [Royal Pharmaceutical Society](#) (RPS) states that multi-compartment compliance aids are often seen as a solution to barriers patients may have to taking their medication. There is limited evidence to suggest that MCAs benefit patients, and in some cases, they may cause harm. Patients who can safely administer their medications from original packs should be encouraged to do so. Where a patient has a paid carer, the carer should be trained to administer from the original packaging. There are many interventions available to support patients to take their medication and health care professionals should collaborate to ensure that the most appropriate intervention is made. The Equality Act 2010 requires reasonable adjustments to help people take their medicines and whilst an MCA might be appropriate for some patients, other [reasonable adjustments](#) include reminder charts, winged bottle caps, large print labels, alarms, or tablet splitters. Community pharmacists are best placed to decide whether a reasonable adjustment is required to support patients to take their medication.

Many medications are not suitable to be put in an MCA due to stability issues or hazards associated with removal from the original packaging.

Consider

A patient is prescribed seven medications, utilising the SPS guidance below only four of the medications are suitable for the MCA and one of the three morning tablets should be taken with food. Three of the medications are dispensed in their original packs. For the tablet to be taken with food, will the instruction be lost causing sub-optimal treatment? Will the patient remember to take the three medications which are packed separately? Is an MCA the best option for this patient? Would the patient be better with a medication reminder chart. Refer to appendix two for alternative options to support patients to take their medications.

The [Specialist Pharmacy Service](#) (SPS) gives guidance on medicines usage in compliance aids that provides guidance for health care professionals considering use of an MCA for a patient.

Seven day, or shorter duration, prescriptions are not required to support the preparation of an MCA. Shorter prescription durations should be issued at the discretion of the treating clinician on clinical or patient safety grounds only.

This guidance has been shared and is supported with the Local Pharmaceutical committees and Local Medical Committees and county councils

Introduction

As outlined within the [NHS Long Term Plan](#) and within our own local Hertfordshire and West Essex Integrated Care System plan it is recognised that people are now living far longer and are more likely to live with multiple long-term conditions. Extending independence as people age requires a targeted and personalised approach.

As nationally outlined by the [RPS](#) the use of Multi-compartment Compliance Aids (MCAs) is sometimes regarded by the public and health and social care providers as the only remedy to support adherence to medicines. There

is confusion about when MCAs are appropriate to recommend. It is often integrated into practice and service policy without giving due consideration to alternatives.

Although MCAs may be of value to some, they are not always the best intervention for all patients and many alternative interventions are available. As well as patient factors, there are also a number of considerations to be taken into account in deciding if a medicine is to be suitable for inclusion in an MCA and it should be acknowledged that re-packaging of medication from the manufacturer's original packaging may render it unlicensed. It will also involve risks and responsibility for the professional making those decisions.

This guidance has been written to outline the options for understanding best practice with respect to improving access to medicines that is in line with national guidance.

It is recognised that it will be more difficult to change current support to existing patients as all those involved in their care may agree it would not be appropriate to disrupt their patients' existing routine if they are complying well with their medicine's regime. Existing patients should be reviewed on a case-by-case basis. GP practices, as independent contractors, are encouraged not to blanket stop seven day prescribing to avoid impacting on patients' adherence to medicines. GP practices should work collaboratively with the community pharmacy to identify alternative medicines support options for existing patients.

Aims of this Guide

1. To ensure that reasonable adjustments are used when clinically appropriate to support independent living and that these are right for the patient.
2. To increase awareness amongst health and social care staff, as well as patients and carers, on the wide range to support mechanisms that are available to encourage patient compliance with prescribed therapy.
3. To provide a best practice framework and tools in assessing the level of medicines compliance of a patient and identifying what support is needed/available to help them to take/use medicines correctly.
4. To provide consistent messages to the local health and care economy on resources that are available for professionals and patients on the NHS.
5. To provide clarity about when it is clinically appropriate to issue seven-day prescriptions.

Options for Medicines Support

Anyone can request assistance/support to take their medicines. However, as referenced by [RPS](#) it is the community pharmacist's responsibility to make a professional judgement of what is an appropriate adjustment or intervention including an MCA.

Doctors, nurses, carers or practice staff and other pharmacists in other settings (including hospitals) should refer clients to the community pharmacist but could offer supporting information to help the pharmacist make their decision. Other healthcare professionals and staff in other settings should be mindful to ensure that they do not raise patient expectations that they will automatically receive a certain type of medicines support aid.

There should be a multidisciplinary approach to addressing patient factors that may lead to improved adherence with safe medication practices. The final decision regarding MCA suitability rests with the community pharmacist'

If a health professional feels a patient may need assistance in taking medication, a full clinical medication review should be undertaken. The implications of previous non-adherence must be taken into consideration including the effects of the patient suddenly taking medication, having not been doing so previously.

The Equality Act 2010 expects all service providers to take 'reasonable steps' to anticipate the needs of those people identified within the Act, not just to react as they arise. The definition of what is reasonable considers a number of key issues including the size of the organisation and the cost and practicality of the measure. In many cases, providers of primary care services can be compared to small businesses as they have limited resources.

The community pharmacist must make a 'reasonable adjustment' to how medicines are supplied. This reasonable adjustment may take the form of non-child resistant tops, large print labels, medicines administration record (MAR) charts and MCAs. Often it is thought that MCA always solves most administration and compliance issues which is not true and sometimes bypass the simpler option. Pharmacists can choose to provide an MCA to patients that do not fit under the Equality Act 2010 but will often charge a small fee. **Re-packaging of medication from the manufacturer's original packaging may render it unlicensed which could impact on all professionals (See Frequently Asked Questions).**

It is important to review people and their use of medicines regularly, including their current use and need of MCAs. RPS recommend that a holistic individual assessment is used to determine the most appropriate support. This involves a person-centred and collaborative approach. The person and their carer should be involved in discussions and choosing what suits them.

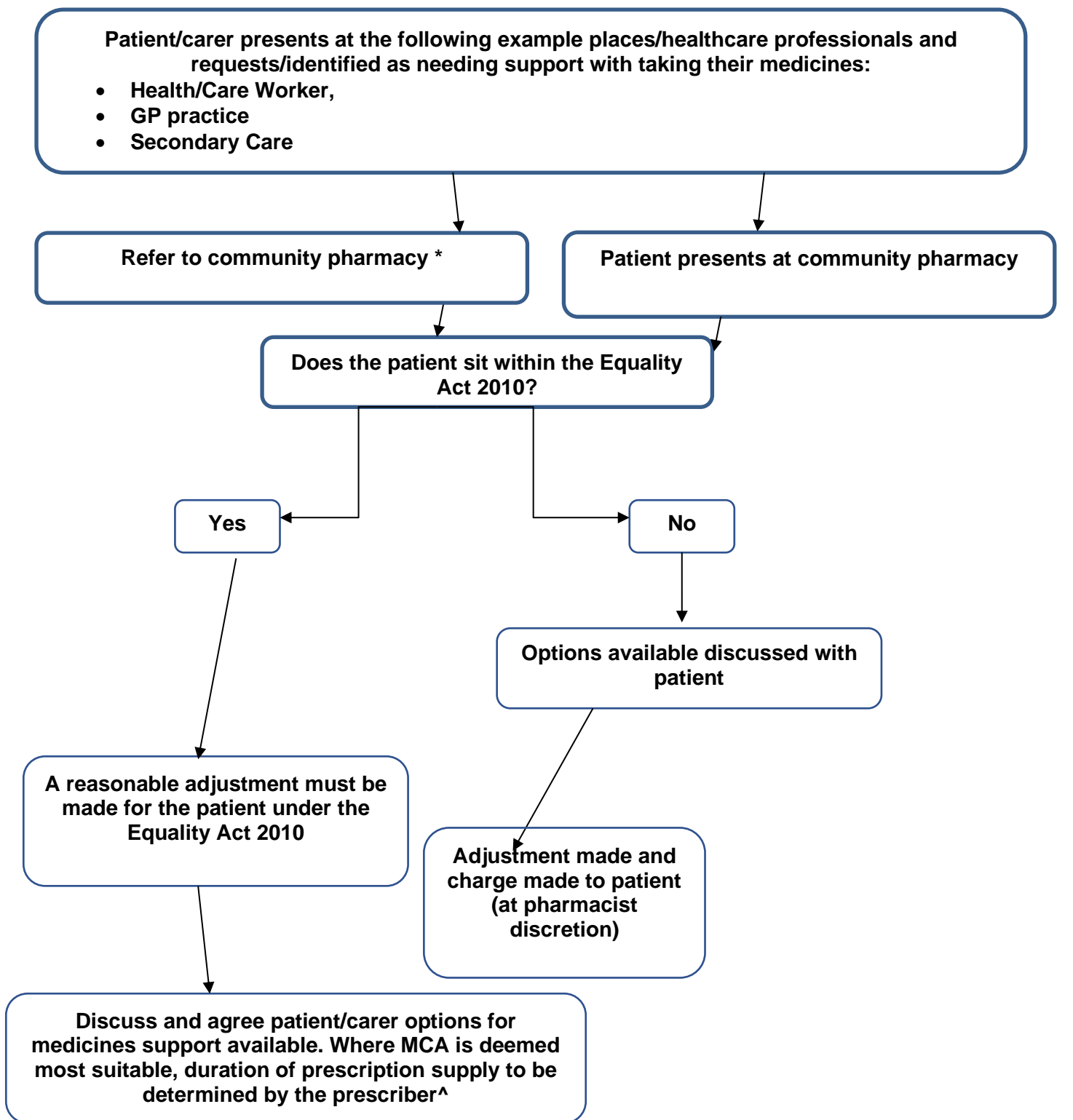
There are a number of options for medicines support that can be made as a reasonable adjustment, and these are outlined within the Managing Medication Information Pack in [appendix two](#).

The [Specialist Pharmacy Service](#) have published a guide to products or interventions that are available to support medication adherence. This guide provides support on exploring the barriers to medication adherence with the patient and then provides suggested interventions and aids to be used for the barriers identified.

Assessing Patients

The Equality Act 2010 does not require a provider to carry out an assessment as to whether a person has a "disability", but it does require that the provider makes a "reasonable adjustment" if this is what is needed, in order to allow the person to access the service. What is considered a "reasonable adjustment" is subject to the individual situation of the provider. (PSNC, 2016 <https://psnc.org.uk/wp-content/uploads/2016/01/PSNC-Briefing-001.16-Equality-Act-2010.pdf>)

A template medicines compliance assessment tool is available in appendix one that may support professionals in assessing patients where needed.



**It is the dispensing pharmacist's responsibility to determine an appropriate aid for the patient. The dispensing pharmacy may choose to accept an assessment done by secondary, community or primary care but should not be put under any undue pressure to accept this if it is not appropriate in their clinical opinion.*

^It is the prescriber's responsibility to prescribe for the patient in an appropriate quantity which is independent of the aid provided unless the stability of the medication is a problem and the decision should be based on the individual patient requirements. The prescriber may choose to accept advice and information from other health and care colleagues to inform their decision around prescription duration i.e., if an MCA is appropriate and the medication isn't stable. See Decision Aid for Appropriate Prescription Duration flowchart.

Paid Carer Support to Patients

Patients in care homes or those who have care workers do not routinely require an MCA. MCAs should only be considered for individual patients who manage their own medicines and who have a genuine, clinical need. MCAs are intended for people to use themselves to assist self-administration and to help them retain their independence. If there is a paid carer whose role it is to assist in the administration of medication, then it is unlikely to be reasonable for the pharmacy to have to provide an MCA for the patient concerned.

If care homes or care agencies (as part of their internal policies) or relatives/carers want patients' medicines to be supplied in MCAs, as a matter of convenience, then this will be outside the scope of Equality Act provisions, and it is not paid for by the NHS. As there is no funding available within the NHS to support the provision of MCA to this group of patients, the cost may have to be negotiated between the patient/carers/care home/care agency and the community pharmacist/dispenser. The community pharmacy is under no obligation under the Equality Act to supply an MCA to patients who have paid carers that administer the medicines.

Although many care provider organisations insist that medicines should be dispensed in MCAs in order for staff to provide medicines support, neither the Medicines Act 1968 nor the Care Quality Commission (CQC) stipulate this as a pre-requisite. CQC outcome 9 (regulation 13) management of medicines and outcome 13 (regulation 22) staffing, require that provider organisations providing the care worker must make sure they have sufficient staff with the right knowledge, experience, qualifications, and skills to support the people that they are caring for.

This is also supported by NICE guidance:

- [NG67 Managing medicines for adults receiving social care in the community, published March 2017](#)
- [SC1 Managing medicines in care homes](#), published March 2014
- [NG21 Home care: delivering personal care and practical support to older people living in their own homes](#), published September 2015

There are three different levels of support that care workers are required to provide patients in domiciliary care:

- **Level 1:** The person takes responsibility for their own medication. The person takes the initiative for taking their medicines but can be prompted occasionally or assisted physically. The care worker provides support e.g., helping the patient select the right tablet.
- **Level 2:** It is considered that the person cannot take responsibility for their medicines and that care staff will need to do this. At this level, the care staff takes the initiative, makes the decision as to whether the patient needs the medicines or not and it may include assisting to physically administer the medication.
- **Level 3:** Exceptional circumstances where medication needs to be given by specialised techniques e.g., administering insulin, oxygen. The care worker requires extra training to carry out this level of support.

If the care plan for the patient requires the care worker to 'assist' the patient, then the care worker should have the necessary skills to open containers, and hand the medicines to the patient (whether they are in MCA or original containers). If, however, the care worker is expected to administer medicines then the care worker should have the qualifications and skills to be able to interpret instructions on the medicines container and not require an MCA.

The employer of the care worker should specify the boundaries as to whether the care worker will assist with or administer medicines and it is the obligation of the employer to ensure that the care worker has the requisite skills and qualifications to undertake the roles. Carer organisations may benefit from seeking the assistance of a pharmacist to provide relevant training to care workers on interpreting dispensing labels. Carer organisations should not simply rely on pharmacists to provide medicines in MCA as a matter of routine to lower the skills required of care workers.

If GP practices and community pharmacies experience paid carers not following the above guidance then examples should be emailed to acscommissioning.support@hertfordshire.gov.uk for patients within Hertfordshire and BusinessSupportAdultSOVAs@essex.gov.uk for patients within West Essex. A template letter is available that can be sent to social care agencies to remind them of the local and national position relating to MCAs (Appendix 3).

[Hertfordshire County Council's medication policy](#) was published in January 2019 and outlines the roles, responsibilities, and procedures for assisting people living in their own homes in receipt of regulated and non-regulated homecare and community support with prescribed medication as part of their care and support plan. [Essex County Council's Medicines standards](#) for providers was published in February 2022 and includes pharmaceutical or medicines management activities including handling, purchasing, storing, transporting, prescribing, dispensing, administering and disposal of medication.

Prescription Quantities

The duration of a prescription is a clinical decision for the prescriber who may consider advice from other healthcare professionals when making this decision.

Prescriptions ordering duration less than 28 or 56 days (e.g., seven days) may be appropriate in circumstances when based on clinical need.

Appropriate use of short duration (e.g., seven day) prescriptions include:

- where a longer duration of supply of medication could lead to confusion.
- where a person may use their medicines to self-harm.
- where a person is known to overuse their medicines; or
- Where there is likely to be changes to the medication e.g., trial of new medicine/s, frequent hospital admissions, palliative care.

A shorter duration of prescriptions may also be appropriate if the pharmaceutical stability of the medicines is compromised. The Specialist Pharmacy Service provides information on stability of medicines in MCAs and this can be found on their [website](#).

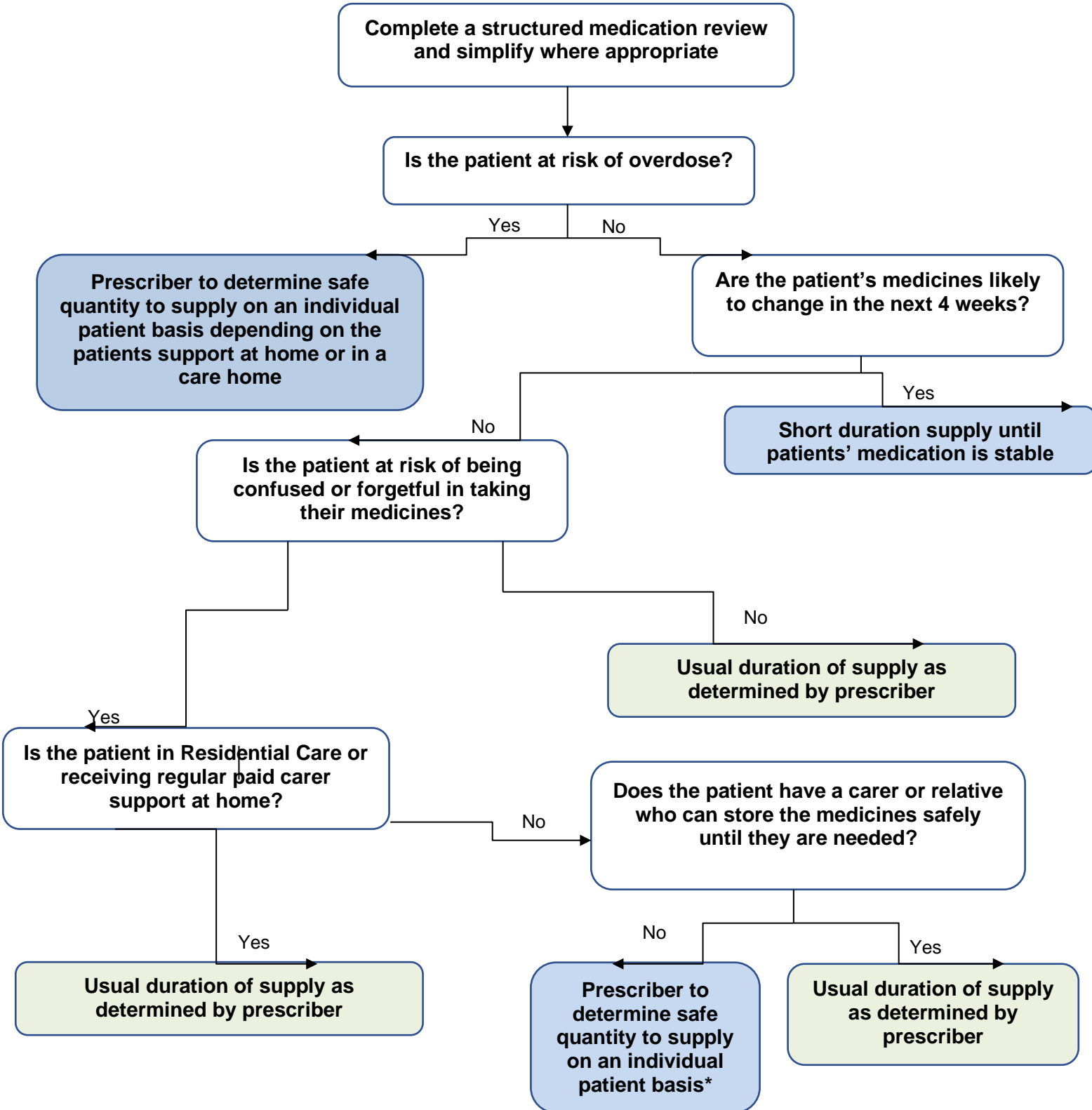
Inappropriate use of short duration (e.g., seven day) prescriptions include:

- where no clinical assessment has taken place by the prescriber.
- where there is no **clinical** reason for the patient to receive a short duration of supply; or
- to support the need for an MCA.

Existing 7–day prescriptions should not be stopped without a case-by-case review for example such as part of a Structured Medication Review.

Please refer to FAQs for further information and advice.

Decision Aid for Appropriate Prescription Duration



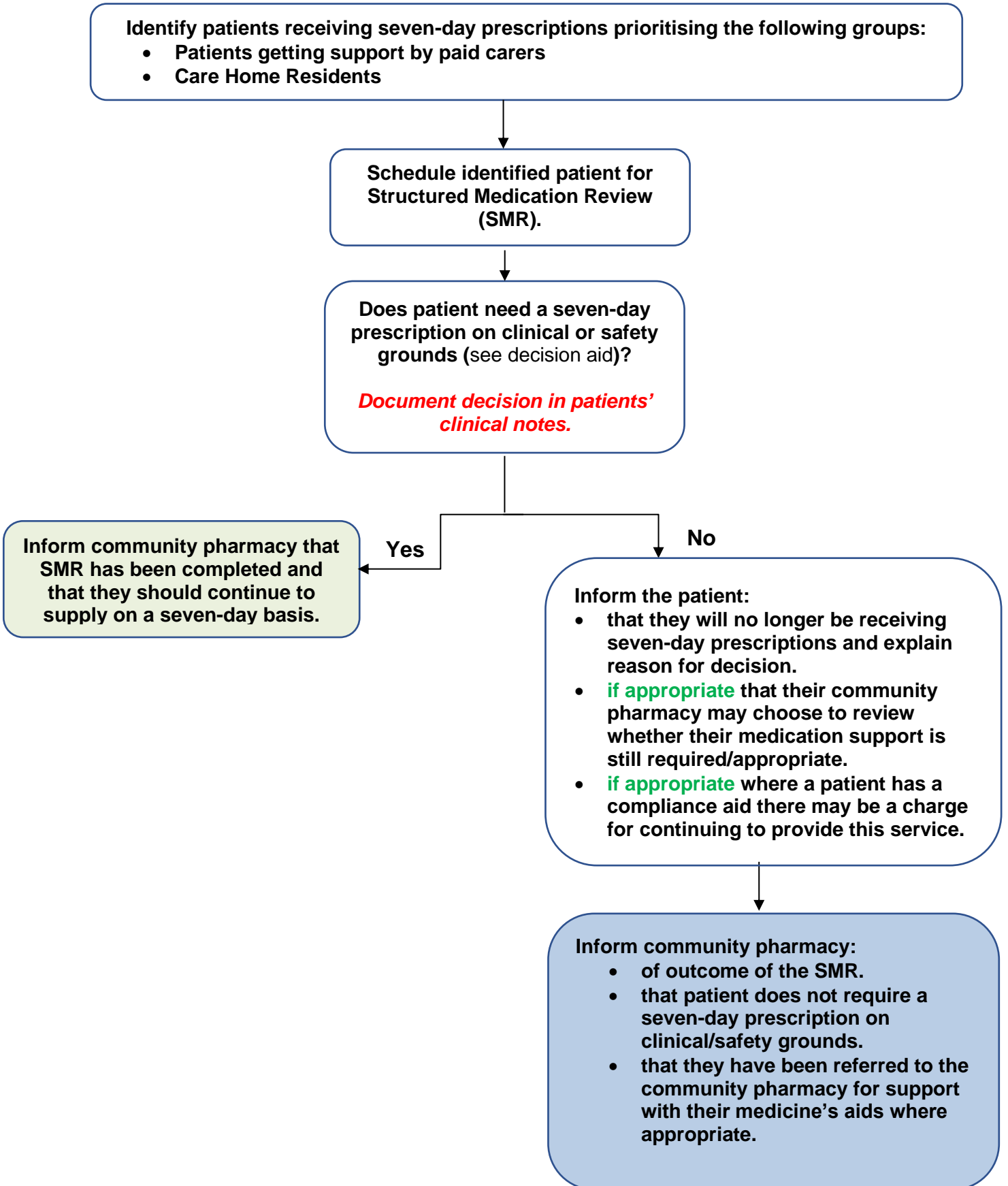
This flowchart is not exhaustive and is not intended to replace clinical and personal knowledge of the patient's circumstances.

**See FAQs.*

The provision of short duration supply remains the discretion of the prescriber although a discussion should be undertaken with other key providers such as community pharmacy, nurses, and carers where appropriate.

If an MCA is appropriate for the patient then consideration should be given to pharmaceutical stability of the medicines and if any would be unstable if left in a tray for 6 weeks.

Process and Communication for Seven Day Prescription Identification



Frequently Asked Questions

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. Community Pharmacy Hertfordshire has also developed a simple [form](#) for community pharmacies to use and report back where they are being put under pressure to provide an MCA.

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 relevant Integrated Care Board (ICB) place: South and West Herts hvccg.pmot1@nhs.net ; East and North Herts hweicbenh.pmot@nhs.net and West Essex 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 relevant Integrated Care Board (ICB) place: South and West Herts hvccg.pmot1@nhs.net; East and North Herts enhertsccg.pmot@nhs.net and West Essex 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

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 South and West Hertfordshire 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@hertslpc.org.uk or Community Pharmacy Essex 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 seven-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 of £2,592m 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 mid-cycle, 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 for Herts patients or for Essex email 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.

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.

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 for alternative options to support patients that may be experiencing memory problems along with supportive organisations that may be able to assist.

Please note these FAQs will be updated on a regular basis with new questions as received.

Definitions

Multi-Compartment Compliance Aids (MCA)

This document uses the RPS definition of an MCA that they define this as a multi-compartment compliance aid as a repackaging system for solid dosage form medicines, such as tablets and capsules, where the medicines are removed from manufacturer's original packaging and repackaged into the MCA. This definition of an MCA would include repackaging systems such as monitored dosage systems (MDS) and daily dose reminders. Some new MCA systems are now marketed as being able to accommodate liquid dosage forms. MCA exist as both sealed and unsealed systems, and cassette (where several medicines can be in one compartment) or blister (where there is only one dose of a medication in each compartment) systems.

Equality Act 2010

The Equality Act 2010 (the Equality Act) provides that a person must not be treated in a discriminatory way because of a "protected characteristic" by service providers (including providers of goods, services, and facilities) when that person requires their service. A disability would constitute a "protected characteristic" identified in the Equality Act.

The first matter to consider is whether the patient has a disability. A person is regarded as being disabled if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. The adverse effect must be "substantial" i.e., not minor, or trivial. The Equality Act does not create a spectrum, or sliding scale, running from those matters which are clearly of substantial effect to those matters which are clearly trivial, but rather unless a matter can be classified as 'trivial' or 'minor', it must be treated as substantial.

Further information on the Equality Act 2010 can be found on the [GOV.UK website](#).

Royal Pharmaceutical Society (RPS)

The Royal Pharmaceutical Society (RPS) is the professional membership body for pharmacists and pharmacy. Further information can be found on their [website](#).

Pharmaceutical Services Negotiating Committee (PSNC)

Pharmaceutical Services Negotiating Committee (PSNC) promotes and supports the interests of all NHS community pharmacies in England. They are recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations. Further information can be found on their [website](#).

Local Medical Committee (LMC)

LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities. Further information on Beds and Herts LMC can be found on their [website](#). For Essex LMC [website](#)

LPC

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC). The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with NHS England Area Teams, ICBs, Local Authorities and other healthcare professionals to help plan healthcare services. Further information on Hertfordshire LPC ([Community Pharmacy Hertfordshire](#)) and Essex LPC ([Community Pharmacy Essex](#)) are available on their websites.

Integrated Care Boards (ICBs)

The Hertfordshire and West Essex Integrated Care Board (ICB) was established on 1 July 2022. Its role is to plan and buy healthcare services for 1.5 million people, working closely with partners to improve the health and wellbeing of local communities. The board consists of three geographic places which are South and West Herts, East and North Herts and West Essex.

HWE ICB is part of the Hertfordshire and West Essex Integrated Care System. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. In May 2020 Hertfordshire and west Essex became one of the 18 Integrated Care Systems across the country.

The Herts and West Essex ICB has responsibility for commissioning primary care services such as GP services, as well as some specialised hospital services. From April 2023 commissioning of services such as community pharmacy, optometry and dental services will be devolved from NHS England to Integrated Care Boards.

Further information can be found on the [Herts and West Essex ICS](#) website and the [Herts and West Essex ICB](#) website.

Medicines Act 1968

The 1968 Medicines Act regulates the licensing, supply, and administration of medicines.

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. Further information can be found on the [website](#).

Hertfordshire County Council (HCC)

HCC commission adult social care for their population which will include provision of care packages from care agencies. Further information about HCC can be found on their [website](#).

Essex County Council (ECC)

ECC commission adult social care for their population which will include provision of care packages from care agencies. Further information about ECC can be found on their [website](#).

NICE

NICE balances the best care with value for money across the NHS and social care, to deliver for both individuals and society as a whole by providing rigorous, independent assessment of complex evidence to produce guidance and advice for health and social care practitioners; developing recommendations that drive innovation into the hands of health and care professionals and encouraging the uptake of best practice to improve outcomes for everyone.

References

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Supportive Tools

- Appendix One: Medicines Compliance Assessment Tool
- Appendix Two: Managing Medication Information Pack
- Appendix Three: Template Letter for Social Care Agencies

Version	2.0
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Date approved	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
Review date	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.

Appendix One: Medicines Compliance Assessment Tool

This assessment tool can be used when a patient presents with a compliance problem with their prescribed medication. Using this tool will allow a judgement to be made on how best to adjust the supply of medication in order for the patient to take it correctly.

Patient details:	GP details:
Name	GP Name
Address	GP Practice
Tel no	

Where is this form being completed?

Patient's home Pharmacy Hospital Other Please specify.....

Does the Equality Act 2010 apply to this patient: (refer to EA Guidance – see definitions?)

Does the patient have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities that impact on taking their medicines?	YES	NO
Is the patient able to come to the pharmacy to discuss their needs?	YES	NO
Is any adjustment for the benefit of the patient (rather than a carer)?	YES	NO

If all three questions are answered "yes" then the patient is covered by the Equality Act and the pharmacy/dispensary should attempt to make a reasonable adjustment.

If "no" you may still be able to assist (refer to managing Patients and Reasonable Adjustment for Medicines Flowchart) particularly if they are unable to come to the pharmacy to discuss their needs because of their physical/mental impairment. Discuss options available to help.

Step 1 - What can the patient manage?

	Swallowing	Swallow all their tablets/capsules?	Yes	No
P	Dexterity	Grip medicine bottles?	Yes	No
H		Halve tablets themselves (if required)?	Yes	No
Y		Open and close screw lids?	Yes	No
S		Open and close child-resistant lids?	Yes	No
I		Open and close winged lids?	Yes	No
C		Open medicine boxes?	Yes	No
A		Open blister strips?	Yes	No
L	Vision	Read standard print labels?	Yes	No
		Read large print labels	Yes	No
		Read braille labels (if patient blind)?	Yes	No
		Check ability to use other medication devices ie inhaler	Yes	No
M	Understanding	Understand each medicine dosage instruction?	Yes	No
E		Understand the importance of each medicine?	Yes	No
N		Understand how to take PRN medication?	Yes	No
T		Understand how to take variable doses (e.g., warfarin)?	Yes	No
A	Memory	Remember to take their medication regularly?	Yes	No
L		Remember to order their repeat medication?	Yes	No
		The medicines regime is adapted to the patients routine (waking and bedtime)	Yes	No
		Understand how to re-order medication to avoid running out	Yes	No

If the answer to each question is 'yes', it is unlikely the patient requires additional compliance support.

- If the answer to any question is 'no', proceed to the suggested adjustments listed in Step 2

Step 2

Problem	Suggested Solutions	Action Plan

If a suitable adjustment can be made, agree with the patient, and commence

- If the suggested adjustment for the patient is an MCA, proceed to Step 3

Step 3 – Is a Multi-compartment Compliance Aid (MCA) appropriate?

Consider the following for patients requesting an MCA tray

Is the medication stable and suitable for a MCA?	Yes	No
Is the patient able to fill an MCA tray themselves?	Yes	No
Does patient have any relatives/carers who can fill a compliance aid?	Yes	No
If either of the above questions are yes, consider sale of appropriate MCA	Yes	No
If a pharmacy-filled MCA is to be considered		
Can patient select medication from correct compartment?	Yes	No
Can patient remove medication from the box?	Yes	No
Does the patient understand how the MCA is to be used?	Yes	No

Pharmacies and surgeries should supply MCAs under the Equality Act if it applies to the patient.

If the Equality Act does not apply or your reasonable adjustment does not solve the issue, then discuss what support is available (refer to managing Patients and Reasonable Adjustment for Medicines Flowchart).

Appendix Two: Managing Medication Information Pack

The information in this pack is for all healthcare professionals to raise awareness of the wide range of support mechanisms available from community pharmacists that can be of benefit to patients and family or social carers looking for solutions to managing their medication. Healthcare Professionals should be mindful of “reasonable adjustments” covered by the Equality Act 2010 or when it would be appropriate for the patient to be charged.

Identifying why a patient has problems with their medication should be the first step to considering the most appropriate solution.

Consider the following:

1. Medication Review
2. Dexterity
3. Memory
4. Visual Impairment
5. Hearing impairment
6. Literacy problems
7. Language problems
8. Learning disability

Below is a list of some options that are available as solutions to the lack of compliance with medication regimes.

Medication Review

Refer patient to GP practice.

Dexterity

Large containers	These have a larger lid to improve grip in opening containers where appropriate.
Dossett boxes cups	These are cups that the patient can push over the relevant dose, and it falls into the cup
Easy open tops	Non child resistant tops can be requested by the patient and agreed with the pharmacist.
Winged caps	Non child resistant tops with a wing attachment.
Pill press/Pill poppet (available to purchase)	Devices that enable medicines to be pushed out of blister packs.
Eye drop dispensers	Available on prescription to aid with administration of eye drops.
Inhaler aids	Aids to help patients grip, actuate, or twist their inhaler device (available free directly from manufacturers e.g., Allen & Hanbury, Astra).

Memory and Understanding





Medication Reminder Chart	<p>A paper-based chart to summarise medicines, what they are for and when to take them.</p> <p>Include a reminder of when to order next prescription</p> <p>RPS Good Practice guidance for the production of MAR charts should be Adopted for the Medication Reminder Chart. <i>The Reminder Chart is constructed on the basis of the current prescription together with information about repeat prescriptions for PRN medicines..</i></p>
Reminder Alarms	<p>Electronic devices are available to assist This includes phone apps and telemedicine</p>
<p>Medication Tick Charts Useful for people who may forget they have taken their medication or need help with a more complex regime.</p>	<p>A paper-based chart as above but the patient records, they have taken their medication. These charts are available on pharmacy computer systems.</p> <p>Copies of the patient's medication labels can be stuck onto the blank template. CQC has advised this should be overlaid with sticky tape to avoid tampering.</p> <p>Explain to the patient/ carer how to use the chart and advise them initially to bring it back the next month to discuss if they had any problems.</p>
Simplify Regime and counsel patient to improve understanding	<p>Work with surgery to simplify the process e.g., Change to once-a-day dose, alter strength.</p>
PIL	<p>Provide the PIL in the patient's language</p>

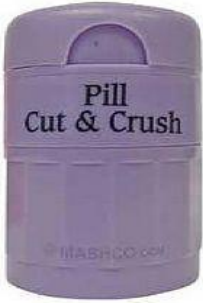



Visual impairment


Colour coding	<p>Coloured dots can be stuck on medication to indicate what it is for. A colour coded key must be placed on a separate sheet of paper for them to refer to.</p>
Large print labels	<p>Dependant on dispensary labelling computer.</p>

	<p>Font size 16/18 is classed as large. RNIB suggest Ariel font no smaller than 14.</p> <p>It may be easier to print clearly on a large piece of paper in large font the regime for taking the medication.</p>
Tactile identifiers	<p>Attach something to the box/foil strip e.g., Elastic band, staples, tear in the lid of the box, in agreement with the patient.</p>
Larger diagrams/pictures	<p>Draw/attach pictures onto the box to signify when a medicine is to be taken e.g., sun for the morning or moon for at night.</p>
Magnifying glass	<p>Suitable magnifying glasses recommended by RNIB.</p>
Braille	<p>Do not stick dispensing labels over Braille information on medicines.</p>
Braille products	<p>Braille labeller - based on a Dymo gun, prints letters and numbers as Braille characters on to a self-adhesive tape which can then be affixed to a carton or bottle.</p> <p>There are many professional Braille machines available to purchase and range in cost</p>
Plastic labels	<p>Basic tie-on labels provided as a strip of plastic that can be attached to a container. Can be Brailled or used in conjunction with other labels or a felt pen. Historically, pre-printed Braille versions have also been available from the pharmaceutical industry. These are colour coded with the dosage instructions Brailled on the label which is then tied on to the container.</p>
Plastic sheets	<p>Available as sheets of self-adhesive plastic that can be embossed using a Braille machine.</p>

The following pages list some of the medication aids to support patients with their medication. The list is designed to give an indication of what forms of support are available to patients. The NPA provides a comprehensive list of suppliers. Inclusion in this list does not imply endorsement by the NHS, ICB, the LPC or the LMC.

	<p>Pill Punch Handy tablet removal device which comes in 4 sizes. Designed by a pharmacist to aid removal of most tablets and capsules from blister strips. Helpful for anyone who has difficulty in removing pills from blisters.</p>	<p>AAH & NPA</p>
	<p>Pill Press Is a unique and innovative product that solves the frustrating problem some people experience when removing pills from blister packaging as the enclosed 'well' captures the pill when pushed through the foil pack by hand.</p>	<p>RNIB</p>
	<p>Grip it bottle opener Internal grip fits the bottle top while the outer surface fits comfortably in your hand. Great for removing most bottle tops.</p>	<p>The Disabled Shop</p>
<p>Plain bottle tops/winged bottle tops</p>	<p>Plain bottle tops/winged bottle tops</p>	<p>Local pharm wholesalers</p>
	<p>PillMate cutter Small, portable plastic pill cutter cuts tablets neatly and simply if they are too large or are just too difficult to swallow whole.</p>	<p>AAH & NPA</p>

 <p>A purple cylindrical device with a handle on top and the text 'Pill Cut & Crush' printed on the front. The manufacturer's name 'HASHCO' is visible at the bottom.</p>	<p>PillMate pill cut & crush Suitable for those who are unable to or have difficulty swallowing pills.</p>	<p>AAH & NPA</p>
 <p>A close-up photograph of a person's eye being treated with a blue plastic eye drop dispenser. The dispenser is held against the eye, and a drop is being dispensed.</p>	<p>Opticare Arthro 5 &10 Perfect for users that suffer from arthritis or limited hand and shoulder mobility. Simply place your eye drop bottle into the dispenser and guide the drops into your eye accurately. Opticare Arthro 5 is compatible with most round and oval shaped bottles (2.5ml and 5ml) and is blue in colour. Opticare Arthro 10 is compatible with most round and oval shaped bottles (10ml and 15ml) and is cream in colour. Please note - this product is not compatible with Xalacom or Travatan eye drops.</p>	<p>Available on prescription</p>
 <p>A blue plastic eye drop dispenser shown next to a white eye drop bottle. The dispenser is designed to hold the bottle and dispense drops accurately.</p>	<p>Opticare eye drop dispenser Each dispenser is now supplied with a simple adaptor making it compatible with many non-standard bottles. Can clip on to most round eye-drop bottles from 5-15ml, commonly used by people with glaucoma. Ideal for people who have arthritic hands or anyone who finds it difficult to dispense eye drops. Please note - this product is compatible with Xalacom or Travatan eye drop bottles, as the dispenser is now supplied with an adaptor.</p>	<p>Available on prescription</p>
 <p>A white and green voice recorder device attached to a white blister pack of tablets. The pack is labeled 'Tablets' and has a small circular logo. Several white tablets are scattered on a blue surface in front of the pack.</p>	<p>The Talking Label voice recorder Offers a simple and effective solution if you take multiple medications, as it provides audible guidance when you need to identify and take any medication.</p>	<p>RNIB</p>

	<p>Aid for administering eye drops Eyepiece attaches to dropper bottle ensures correct positioning over eye. Simply squeeze bottle to administer drops.</p>	AAH & NPA
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Please note that the following local organisations may be able to support patients:

- Herts Careline: <https://www.care-line.co.uk/home.aspx>
- Hertfordshire Independent Living Service <https://hertsindependentliving.org/>
- Essex Careline: [Essex Careline | Careline365](#)
- Essex Independent Living Service: [Independent Living in Essex \(independentessex.co.uk\)](http://independentlivinginEssex.co.uk)

NB Please note some services are chargeable.

Appendix Three: Template Letter for Social Care Agencies

Dear Carer,

Re: Use of Multi-compartment Compliance Aids (MCAs) (Dosette boxes or Blister Packs.)

Over time there has been a move towards using more MCA packs filled by the community pharmacists and their teams to support patients. These may have some advantages, but they can have some problems too.

Dispensing of medicines into an MCA is only funded by the NHS in very limited circumstances, when patients are managing their own medicines without any support from a professional carer, where the medicines are stable outside the manufacturers' packaging and when they have a specific, assessed need that can only be met by use of an MCA.

There is no NHS funding for MCAs where medicines are prompted or administered by a paid carer, and there are no governance arrangements in place to support this.

Guidance from the National Institute for Health and Care Excellence (NICE) says that carers must be trained to administer medicines, and that medicines must be supplied with clear and simple instructions on the label that can easily be understood. The [Care Quality Commission](#) also acknowledges that an MCA is not the best or only solution to support patient compliance in adult social care and states that "only trained and competent care staff should support people to take their medicines". This includes administration from MCAs and original packs. This is reflected in the medication policy that Hertfordshire County Council has shared with social care providers.

We will be following this guidance and supplying medicines in the most suitable packaging according to relevant legislation and the community pharmacist's professional opinion.

Please feel free to share this with your employer who can contact Hertfordshire County Council where necessary. Email acscommissioning.support@hertfordshire.gov.uk or Essex County Council for Essex patients: BusinessSupportAdultSOVAs@essex.gov.uk

Appendix Four: Patient Information

A [patient information leaflet](#) can be downloaded to support patients.

A [poster](#) is available for providers to display to support communications with patients.