

## Derbyshire Medicines Management on behalf of Derby and Derbyshire CCG

### CCG Position Statement on the Supply of Multi-Compartment Compliance Aids (MCAs)

There are increasing demands on GPs and community pharmacists to supply MCAs to assist patients to use their medicines correctly. The Royal Pharmaceutical Society (RPS) has published a report<sup>1</sup> which includes guidance and recommendations for health and social care professionals. The report suggests that, although MCAs may be of value to help some patients, they are not the best intervention for all patients and alternative options should be considered. Each patient's needs must be assessed on an individual basis and any intervention must be tailored to the patient's specific requirements. Advice on medicines adherence is also available from NICE<sup>2</sup>

#### RPS recommendations:

1. The use of original packs of medicines with appropriate support is the preferred option of supplying medicines to patients in the absence of a specific need requiring an MCA as an adherence intervention.
2. In support of independence and re-ablement, patients who can safely self-administer their medicines should be encouraged to do so and where they are unable to do so, there must be appropriate training for carers so that they are able to administer medicines from original packaging.
3. Every patient identified as having medicines adherence issues should have a robust individual assessment to identify the best intervention based on their needs and the evidence currently available. This assessment should incorporate a clinical medication review, any reasons for non-adherence, medicines suitability, a consideration of all possible options to support the patient and follow up.
4. Where a patient assessment indicates an MCA is the intervention of choice, it is important that this is supported with the provision of information, appropriate counselling and follow up for the patient and that the health or social care professional is aware of the legal, professional and practice considerations.

The decision to supply MCAs should only be made after taking all factors into consideration.

- The following information relates specifically to the supply of MCAs. It does not refer to the arrangements for the supply of any other type of medicines compliance support.
- The provision of 7 day scripts remains at the discretion of the prescriber. This should be used to facilitate the most appropriate care for a patient and not as a method of funding MCAs.
- Community Pharmacists who decide not to provide MCAs, as they either feel the patient does not meet the Equality Act 2010 criteria or that provision of an MCA is not a reasonable adjustment, will need to keep records clearly showing the rationale for the decision.
- In all cases, supply of MCAs under the Equality Act 2010 requirements would be on the basis that the Community Pharmacist considers it to be a reasonable adjustment.

## Position Statement

1. If a patient is assessed by the community pharmacist as needing MCAs under the Equality Act 2010 with no other clinical or pharmaceutical issues, MCAs should be provided by the pharmacist (free of charge to the patient) via 28 day scripts. Four weeks' supply of MCAs should be dispensed at each interval. This applies to patients living in the community, those receiving social care support, and self-medicating patients living in residential homes.
2. If a patient is assessed by the community pharmacist as needing MCAs under the Equality Act 2010, but there is a clinical or pharmaceutical issue involved requiring weekly dispensing (e.g. the medicines are only suitable for weekly dispensing; the patient is at risk of overdose or medicines regime changing frequently), MCAs should be provided by the pharmacist (free of charge to the patient) via 7 day scripts. One week of MCAs will be dispensed at each interval. This applies to patients living in the community, those receiving social care support, and self-medicating patients living in residential homes.
3. If a GP believes that a patient would benefit from MCAs, but on assessment by the community pharmacist the patient does not meet the Equality Act 2010 requirements, then the GP can choose to provide 7 days scripts with the pharmacist dispensing the MCAs on a weekly basis, so long as the pharmacist is happy to provide the service in this manner. Alternatively, arrangements could be made for the patient to pay the pharmacist for providing an MCA service, or other local arrangements made.
4. GPs and other healthcare professionals are reminded that they too have a duty to make reasonable adjustments to the management of patients' medicines under the Equality Act 2010; in the first instance this should include rationalisation of the medication and administration times, but this may include the prescribing of weekly prescriptions. Weekly prescriptions should only be provided where the pharmacist will be issuing one week's supply of medicines at weekly intervals and that they will immediately notify the GP / prescriber should this situation change. This should be facilitated using the request form for weekly prescriptions (see Appendix 2). The pharmacist should send this completed form to the GP.
5. The GP can only make a reasonable adjustment as a GP. They cannot make an adjustment to a pharmacist's Equality Act 2010 assessment.
6. If a patient or their carer (including provider carers) need or want an MCA but the patient does not meet the Equality Act 2010 requirements, then this will be outside the scope of the NHS and will be negotiated between the patient, their GP and the community pharmacist. Refer to bullet 3 for possible supply options.
7. If Care Homes want patients' medicines to be supplied in MCAs as part of their internal policies, then this will be outside the scope of the NHS and will be negotiated between the nursing home and the community pharmacist.

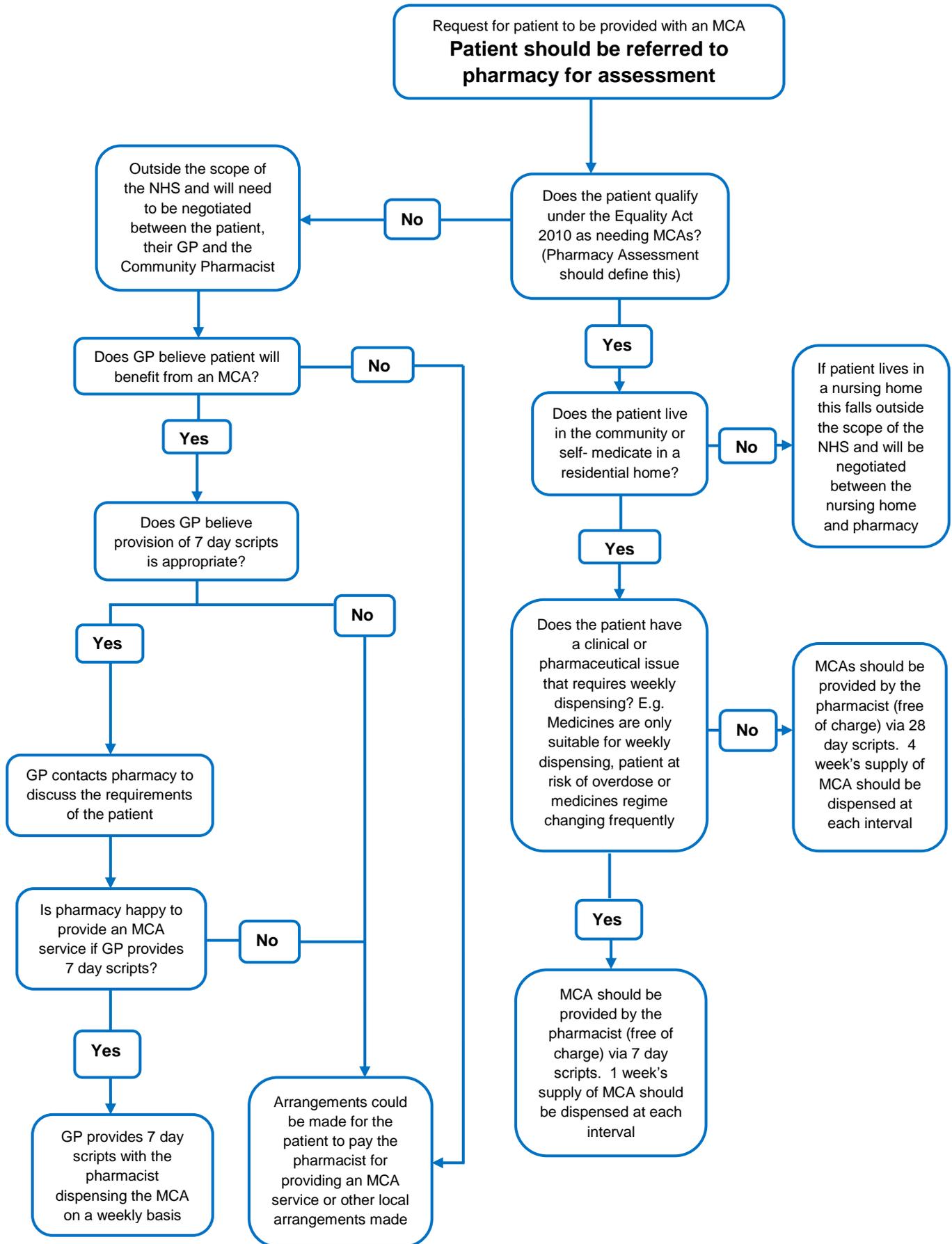
### Note on Adult Social Care

Derbyshire County Council providers and Derby City Council providers will provide medication assistance to patients already receiving home care support as a last resort. The health sector has an obligation to try all possible avenues of supporting patients to self-medicate first, which may include the supply of MCAs if appropriate. Therefore, there may be instances where patients with social care support are also receiving MCAs, as this enables the patient to safely self-medicate without social care needing to provide this additional support.

### References

1. <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/mca-faqs-2pg.pdf>
2. <https://www.nice.org.uk/guidance/cg76/evidence/full-guideline-pdf-242062957>

The flow chart below has been provided to help clarify the position statement



## Appendix 1

### Patients with Compliance Issues

Difficulties with medicines compliance may be caused by a number of different factors; it is important to assess each patient individually and identify potential risks before modifying treatment. The following problems and possible solutions may be helpful in addressing some common issues and support may be available from local community pharmacists in the first instance.

#### 1. Confusion about when to take medicines:

- Medicine Use Reviews and /or counselling by community pharmacist.
- Rationalisation of medication by GP (review continued need for all medication and reduce the number of different administration times).
- Amend administration times to ensure carers are present e.g. coincide with social care or neighbours' visits; once weekly drugs at weekends when family can assist.
- Medicine Chart listing which drugs need to be taken and when. This could also state what drugs are prescribed for and when to take "prn" drugs.
- Tick charts - useful if patients can't remember whether they have taken their medicines or not.
- Storing tablets in different places in the home; e.g. morning doses by kettle, tea time doses on the table, bedtime doses by bed, to act as visual prompts.
- Private carers/ social care staff to prompt from original containers – community pharmacies may provide MAR sheets for carers to sign.
- Provide compliance aids for patient/family to fill (N.B. private carers/ social care cannot administer from these as they are not labelled by a pharmacy or sealed, and drugs should be checked to ensure suitability to remove from original containers).
- Blister packs provided by pharmacy – safer than above if patient is likely to drop the device or tamper with it. Private carers/ social care can administer from these.

#### 2. Forgetting to take medication:

- Placing medication where it will be seen e.g. next to kettle, near hairbrush, toothbrush etc.
- Alarm clocks for each administration time – commercial watches/devices are available.
- Telephone call from friends/relatives to prompt doses.
- Private carer/ social care to administer (will only be provided if the care team is already providing other services e.g. dressing, washing, and meal preparation). This may require a review of administration times to coincide with care visits.

#### 3. Difficulty with supplies:

- Community pharmacy to take responsibility for ordering repeat prescriptions from GP.
- Home delivery of medicines to patients by community pharmacist.
- Private carer/ social care can often liaise with GP/community pharmacy when prescriptions for "prn" medicines such as creams, inhalers, analgesics etc. need re-ordering.
- Synchronisation of prescriptions to ensure that all of the medicines run out at the same time (with help from the GP surgery to set up initially).

#### 4. Difficulty getting medication out of packaging:

- Remove tablets from blisters into bottles (check suitability before removing from original packaging).
- Plain tops on bottles (request from community pharmacist).
- Winged tops on bottles (request from community pharmacist).
- Using large bottles for those with poor grip (request from community pharmacist).
- 'Poppa' device may be useful if the patient only has the use of one hand.
- Tablet splitters (purchase from community pharmacies).
- Haleraid to change the action needed to deliver a puff from a metered dose inhaler.
- Use of Autodropper, Opticare, Opticare Arthro devices to aid (self) administration of eye drops

#### 5. Sight difficulties:

- Large print labels
- Colour coding

**Request form for Weekly (7 day) Prescriptions  
from GPs or Independent Prescribers**

***Requests to GPs for weekly prescriptions, by pharmacists, should only be made if there is a risk with giving the patient a full month's supply of medication. It is not to be used as a method of funding the supply of compliance aids (e.g. blister packs) to patients.***

I have assessed the following patient for under the Equality Act 2010. (Please send this completed form to the patient's GP).

Name of patient.....Date of Birth ..... Name of GP.....

Address of patient.....

.....

Following this assessment, I have decided to provide the following compliance support

.....

I would like to request weekly prescriptions because (please explain why this is needed)

.....

.....

I feel that this patient is on stable medication and is suitable for 'Repeat Dispensing' Yes / No

Consequently, this request could be facilitated by a batch prescription from the GP under 'Repeat Dispensing' (if the GP practice is participating in this scheme) as per the guidance overleaf.

I agree that I will be issuing one week's supply of medicines at weekly intervals and that I will immediately notify the GP / prescriber should this situation change. ....(signature)

..... (name of pharmacist) .....(tel. no.) ..... (date)

Name and Address of Pharmacy

.....

.....

.....

Requests to GPs for weekly prescriptions, by pharmacists, should only be made if there is a risk with giving the patient a full month's supply of medication

**Please send this completed form to the patient's GP**