

Managing Compliance Aids in Bristol North Somerset and South Gloucestershire

Summary

This resource is for health and social care professionals involved in prescribing, dispensing, and administering medicines for patients living in the community.

The aim of this resource is to support health and social care professionals with the complex issues around compliance aids, and to inform of the regulatory and contractual infrastructure in the utilisation of compliance aids.

The focus is on safe and appropriate medicines support for adults living in their own homes, with the emphasis on people retaining full responsibility for their own medicines and being involved in the decision-making process, to enable self-administration wherever possible.

It is the Community Pharmacists responsibility to assess and identify the most appropriate reasonable adjustment for the patient to improve their compliance, based on their needs, this will include an assessment of whether to supply medicines in a Medication Compliance Aid (MCA) for any particular patient, however the duration of a prescription is a clinical decision for the prescriber. If there is no clinical reason for a patient to have 7-day prescriptions, then the recommended prescription duration is 28 days. 7-day prescriptions should only be issued where there is a clinical need for weekly dispensing; this should be determined by the prescriber (refer to decision aids on page 6 & 7).

Background

Medication compliance aids ('MCAs' e.g blister packs, Dosette® Nomad®, Venalink®, Medidose®) are designed to help patients remember when to take their medicines. The compliance aid consists of seven daily compartments (Monday to Sunday) which are divided into multiple sections which correspond to the time of day e.g. breakfast, lunch, dinner and bedtime.



The use of MCAs has grown significantly in recent years and the demand for them is not always being driven by clinical need. In many cases they may not contribute to improved clinical outcomes and their use is not always justifiable.

There is a substantial cost to both community pharmacies and to prescribers to provide medicines in MCAs. This has significant and adverse consequences for local health economies where there is often no clinical benefit to the patient.

In general, the use of original packs of medication, along with appropriate support (e.g. reminder charts), is the preferred option for most patients as there is limited evidence that MCAs actually improve compliance with medicines and they are not without risks.

West of England Academic Health Science Network resources:

West of England Academic Health Science Network (AHSN) working collaboratively with stakeholders have published a **series of free resources** to support appropriate use of MCAs, through promotion of the range of **reasonable adjustments** and how assessments for adjustments should be undertaken. The use of MCAs were recognised as an important medicines safety issue by the West of England Patient Safety Board and the West of England Medicines Safety Steering group.

Watch this [short video](#) where national Polypharmacy Clinical Lead and pharmacist, Clare Howard, discusses the resources and their importance.

Resources to be used by health professionals and to educate patients, carers and families:

- Patient Equality Act Assessment for Medication Reasonable Adjustment **standardised assessment form**
- Patient Equality Act Assessment for Medication Reasonable Adjustment **decision tree infographic poster**
- [Health care professionals video animation](#) – “**How healthcare professionals can support medicines compliance: reasonable adjustments**”
- [Video animation sharable with patients/carers/public](#) – “**Helping medications to be taken safely: advice for patients, families and carers about reasonable adjustments**”

The resources aim to promote a culture change around MCAs, through:

- Raising awareness of the other reasonable adjustments available to support patients take their medicines safely and effectively.
- Supporting pharmacy teams with decision making about reasonable adjustment eligibility and appropriateness
- Educating healthcare professionals, patients, carers and the public about available adjustments, and the proper process to obtain them, to support medicines safety based on individual needs.

Find out more about reasonable adjustments and why an MCA may not be the most suitable adjustment for your patients by viewing these resources at [Helping patients take their medicines safely: reasonable adjustments - West of England Academic Health Science Network \(weahsn.net\)](#)

Patient Safety

While there seems to be a culture that believes that MCAs improve compliance and are safer, there is no evidence to support this. Research by the North East and North Cumbria AHSN summarises some of the issues with and risks of MCAs which prescribers and community pharmacists should be aware of:

- The root cause for many MCA patients is having too many medicines (problematic polypharmacy)
- MCA can increase risks for patients due to:
 - Increased number and severity of dispensing errors
 - Problems when patients are admitted and discharged from hospitals and can delay transfers of care
 - They often do not address the root cause of the non-adherence e.g. intentional non-compliance
 - Problems with the stability of medicines that are repackaged from their original packs. Pharmacists should be aware that repackaging results in unlicensed supply of a medicine.
- MCAs can erode a patient’s independence and awareness of their medicines and once a patient is on an MCA they often never come off (patients should be reassessed regularly to confirm that an MCA is still useful and has not become a risk (e.g. as their condition has progressed)
- Medicines inappropriate for inclusion within an MCA are often included e.g. medicines to be taken ‘when required’ e.g. codeine for pain, meaning patients may take some medicines even when not needed
- MCAs can increase medicines waste
- Medicines identification becomes more difficult for patients and pharmacy staff, also the time taken to prepare MCAs is significant
- Separate supplies of liquids, fridge lines, CDs and ‘red drugs’ from secondary care can cause confusion (including around alignment of ordering, commonly leading to stockpiling of ‘as required’ medicines). Also, some patients have so many medicines taken at different times of day that they may need two MCAs running concurrently which can be confusing.

- MCAs can cause clinical concerns, such as packaging interacting medicines in the same blister or patients being confused about the day or time and “playing bingo” taking doses at random from the blisters. Patients may also not notice dispensing dates and use old MCAs without realising the changes and stability/expiry dates.

Patients should be supported to understand their medication and know how to use it safely. Patients who can safely self-administer their medicines from original packs should be encouraged to do so.

Every patient identified as having medicines compliance issues should have a thorough structured medication review (SMR) to ensure that their prescription has been optimised and rationalised as appropriate. **Multiple visits to prompt, assist or administer medicines are a significant pressure for health and social care. Four times a day medication regimen should be avoided where possible if patients are having social care support with their medicines. Please note social care do not provide visits for medication prompts alone.** If a clinical medication review is completed, any changes need to be communicated to all relevant health and social care professionals, including the community pharmacy team.

Community Pharmacists:

The patient’s dispensing pharmacist must undertake a robust individual assessment to identify the most appropriate reasonable adjustment for the patient to improve their compliance, based on their needs. In BNSSG we recommend the ASHN tool linked to above. It is not the responsibility of the GP practice to undertake this assessment. Prescribers (or any other person involved in their care) should not generate an expectation in the patient that they will receive their medication via MCA.

If the patient is not able to attend the pharmacy for an assessment and the pharmacist is not able to complete the assessment in the patient’s own home, Sirona may be able to support assessing patients face to face at home.

Pharmacists are required to make ‘reasonable adjustments’ to the way medicines are dispensed for those patients covered by the Equality Act 2010, to support patients with a long-term disability access their medication as instructed. This adjustment could be an MCA but **importantly, there are alternative interventions available to support patients in taking their medicines which may be more appropriate e.g., paper or electronic reminder charts, large print labels, easy open lids etc.**

The pharmacist will also assess whether the medicines themselves are suitable to be dispensed in an MCA. Light and moisture can affect some medicines, making them unsuitable to be included in an MCA. In addition, MCAs do not work well for medicines where the dose is not regular e.g. medicines used only when required such as painkillers or sleeping tablets. Advice for pharmacists is available from <https://www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/>

It is at the community pharmacist’s sole discretion whether to supply medicines in an MCA for any particular patient. Community pharmacists may wish to consider the advice of other healthcare professionals in their determination of the Equality Act eligibility of a patient.

MCAs are not suitable for everyone. Evidence suggests that there are only a few groups of patients who may benefit from MCAs such as:

- Patients who are motivated to take their medicines (i.e. not intentionally non adherent) but who are struggling to manage a complex medication regimen
- Patients with physical impairment affecting the ability to use conventional packaging (who do not have carers that could support them to use original packs)
- People who sometimes forget whether they have taken their medicines and require a visual cue
- Patients with cognitive impairment, dementia or memory problems who have carers to support them (although MCAs can be useful in patients with mild memory problems, you still need to be ‘orientated in time’ e.g. know

its lunchtime in order to take your lunchtime doses, so MCAs are unlikely to be beneficial in patients with more severe cognitive impairment unless they have support from carers)

- Patients with learning difficulties
- Patients who have difficulty reading or following instructions on original packs

Prescription Quantities

The duration of a prescription e.g. 7 days or 28 days is a clinical decision for the prescriber. There are sometimes entirely appropriate clinical reasons for issuing 7-day prescriptions, including:

- concerns about overdose
- risk of addiction
- patients whose medicines are frequently changing
- medicines which are only pharmaceutically stable in the compliance aid for 7 days

If there is no clinical reason for a patient to have 7-day prescriptions, then the prescription duration should be 28 days. 7-day prescriptions should only be issued where there is a clinical need for weekly dispensing; this should be determined by the prescriber. Prescription length is a clinical decision for the prescriber, in the same way that the decision around dispensing in a compliance aid is a decision for the pharmacist.

There is no obligation for the pharmacy to amend what has already been dispensed mid-way through a course of treatment. If the MCA has left the premises the pharmacist is no longer in control of the safety and stability of the tray and the original prescription would have been claimed for from the NHSBSA. If a compliance aid has left the pharmacy premises a new prescription for all items would be required.

Dispensing a separate container of a 'new' medicine to be used in conjunction with the previously supplied compliance aid is likely to cause confusion and could result in the medicines not being taken appropriately. The individual patient circumstances should therefore be considered carefully.

For further information please see <http://psnc.org.uk/contract-it/pharmacy-regulation/dda/the-equality-act-2010-28-day-prescribing/>

Social Care Carers

Even though some care provider organisations insist that medicines should be dispensed in MCAs for staff to provide medicines support, neither the Medicines Act 1968 nor CQC stipulate this as a pre-requisite.

If (following assessment by the pharmacist) patients are not eligible under the Equality Act, the pharmacist may offer to dispense the medicine in an MCA and charge a fee (which may be paid by the patient or a care agency) or patients may choose to purchase their own MCA to fill themselves. For clarity, prescription duration (i.e. 7 days or 28 days) is in no way linked to any fees charged to the patient by the pharmacy.

As the commissioner of adult social care is not the arbiter of the reasonable adjustment, the commissioner should not make any stipulations of a domiciliary care provider when placing a patient's care package with them. Those commissioning the provision of, and those delivering social care services must ensure that those providing care are adequately trained and operate to a sufficiently high quality to provide medicines administration support. Where issues arise these should be escalated to the ICB.

Carers may be trained to different levels and provide different levels of support with medicines:

- **Level 1:** The person takes responsibility for their own medication. At this level, the person takes the initiative for taking their medicines but can be prompted occasionally or assisted physically. If the need for prompting is a regular occurrence, then it is considered a level 2 support.

- **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 take the initiative, 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. Care workers require extra training to carry out this level of support

NICE has published guidance - Managing medicines for adults receiving social care in the community
<https://www.nice.org.uk/guidance/ng67>

Pivotell® Automated Pill Dispensers are sometimes requested by patients or carers. These devices have a number of features to support patients with their medicines, such as timers, alarms and a self-locking shutter over the lid opening prevents access to the medication tray except at the time that medication is programmed to be available. These devices cannot be prescribed on the NHS; either pharmacies could provide them if they assess a patient as described above and deem this to be the 'reasonable adjustment' needed, they are provided by the local authority (patient pays a hire cost) or patients may choose to buy their own. Not all pharmacies are able to fill these devices. Prescriptions will need to be issued as a 7 day prescription as pivotells are issued 2 per patient so that one remains in the pharmacy for re-filling and will need to be switched over weekly. Please note reminder devices to use alongside a standard MCA is preferred.

How to identify a patient who is non-compliant with their medication.

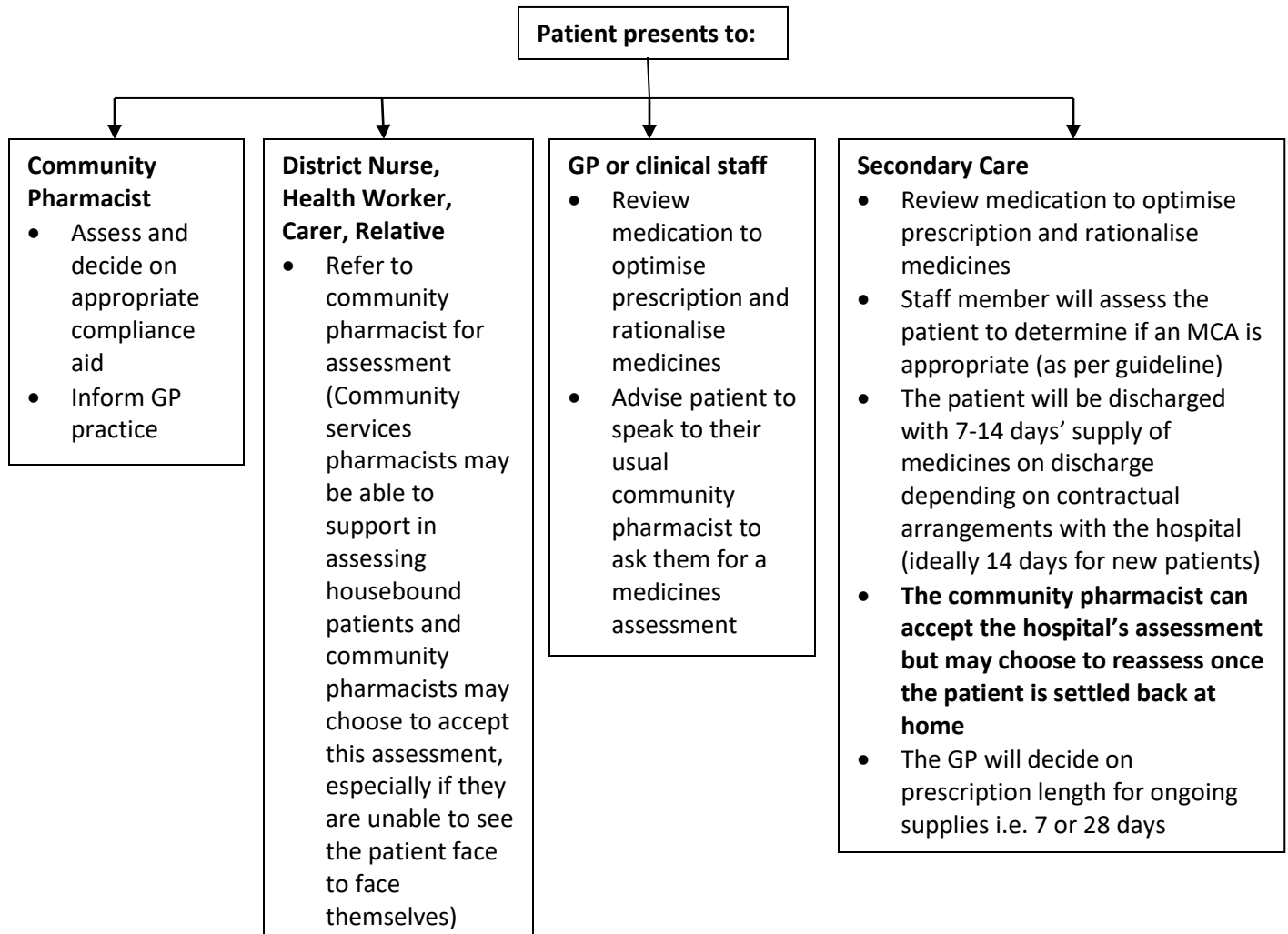
You may identify a patient who is struggling with their medicines by noticing:

- They are over or under-ordering their medicines
- They seem to be ordering 'at random' with no pattern to when they request their medicines
- You get feedback from their pharmacy (this could be verbal, or you might receive a form from the pharmacy following a medication review that they have carried out)
- Pharmacies might tell you when a patient has not collected their medicines or returned lots for disposal (building a good working relationship with your local pharmacies will be helpful for this and you should encourage your pharmacies to give you feedback about patients that are not compliant with their medicines)
- Or the patient, their friends, family or carers may contact you and tell you
- Sirona (nurses, therapists, pharmacy team) might highlight the issue

If you suspect a patient is not compliant with their medicines, you should contact the patient to find out how much medicine they have in their cupboards before issuing another prescription to reduce medicines waste. The patient may also benefit from a Structured Medication Review of their polypharmacy.

Managing Prescription Request for Compliance Aids – A Summary

Patient presents having difficulty managing their medicines:

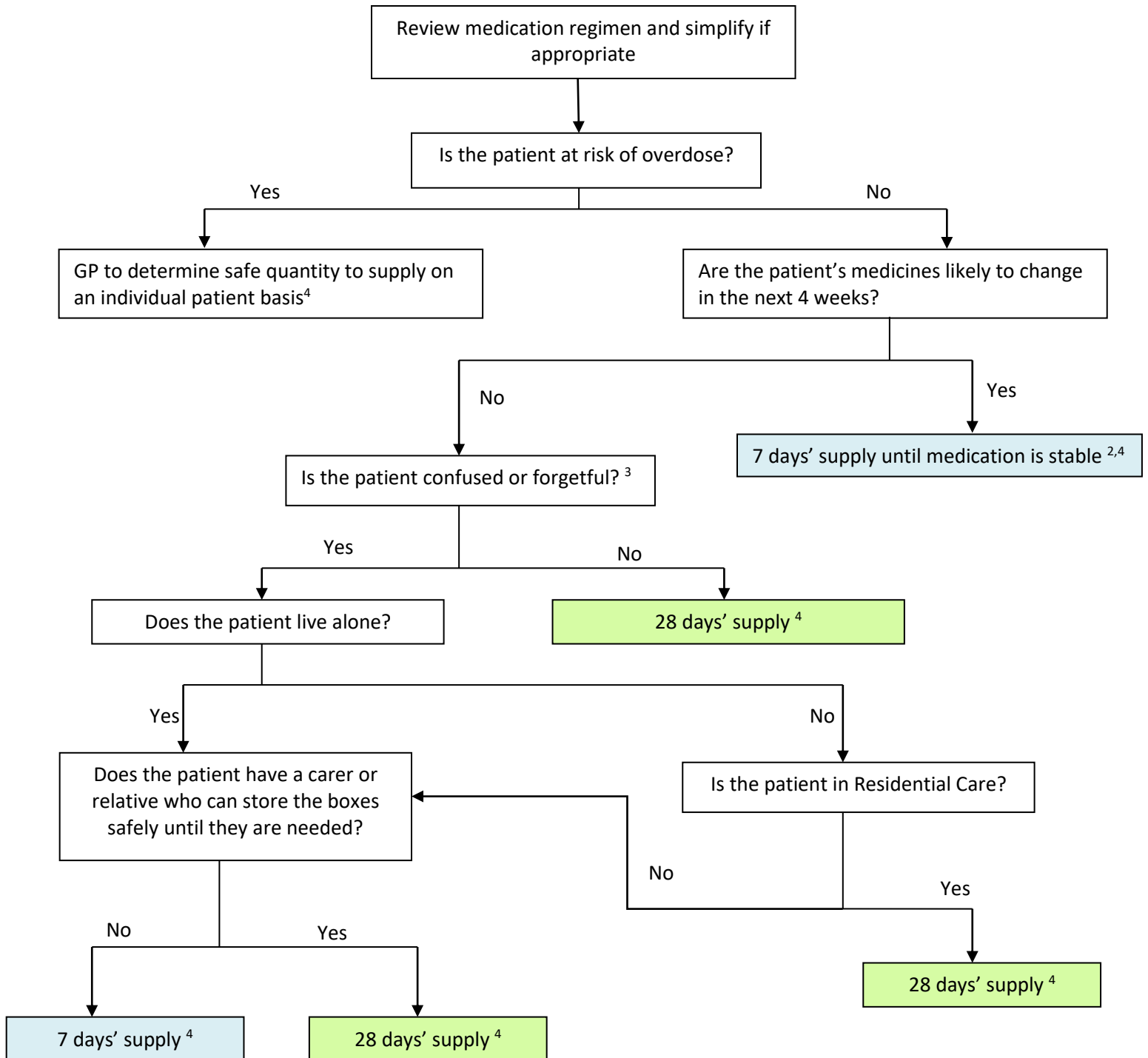


It is the dispensing pharmacist's responsibility to determine an appropriate aid for the patient. The dispensing pharmacy may choose to accept an assessment done by secondary care or community services pharmacists e.g. for housebound patients or may wish to undertake their own assessment.

It is the GPs responsibility to prescribe for the patient in an appropriate quantity which is independent of the aid provided and should be based on the individual patient requirements.

If a community pharmacist accepts a hospital assessment for an MCA, it is suggested that they reassess the patient 6 months after discharge as their status may have changed and an MCA may no longer be necessary

Decision Aid to decide appropriate prescription length:



- Key:
1. This flowchart is not exhaustive and is not intended to replace clinical and personal knowledge of the patient's circumstances.
 2. If the medication is likely to change within the next 4 weeks, supply in 7-day intervals and reassess the patient every 4 weeks. Once the medication is stable, start the algorithm again. This will reduce possible wastage of medication.
 3. Unless they have some help at home, a patient who is forgetful or confused or has certain other clinical conditions may be unable to manage having 4 boxes (of a week each) delivered at one time.
 4. The length of supply prescribed will determine how much medicine is delivered and how often. 7 days should result in a weekly delivery. 28 days will likely result in a delivery every 4 weeks (either 4 boxes of 7 days or 1 box of 28 days)

Developed by BNSSG ICB Medicines Optimisation Team in collaboration with Avon Local Pharmaceutical Committee, North Bristol NHS Trust and University Hospitals Bristol & Weston NHS Foundation Trust. With thanks to West of England AHSN.

References

West of England AHSN. Helping patients take their medicines safely: reasonable adjustments [Helping patients take their medicines safely: reasonable adjustments - West of England Academic Health Science Network \(weahsn.net\)](#)

East & South East England Specialist Pharmacy Services. Supporting older people in the community to optimise their medicines including the use of multi compartment compliance aids (MCAs)
A resource to help health and social care organisations to work together to optimise patient care
<https://www.sps.nhs.uk/wp-content/uploads/2013/06/MCA20toolkit.pdf>

Royal Pharmaceutical Society, Improving patient outcomes The better use of multi-compartment compliance aids. 2013.
<http://www.rpharms.com/support-pdfs/rps-mca-july-2013.pdf>

RPSGB. The handling of medicines in Social Care.
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

NICE CG76. Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence. DoH 2009 <https://www.nice.org.uk/guidance/Cg76>

NICE CG 67 Managing medicines for adults receiving social care in the community
<https://www.nice.org.uk/guidance/ng67>

Medicines Adherence Support Project, North East & North Cumbria Academic Health Science Network
<https://www.ahsn-nenc.org.uk/medicines-adherence-support-project/>

Summary of Guidance and Evidence for use of Multi-Compartment Compliance Aids (MCCAs). London Medicines Information Service. February 2019
https://www.sps.nhs.uk/wp-content/uploads/2019/05/SPS_MCCA_briefing_May2019_final.pdf