Community Pharmacy Multi-compartment Compliance Aids Audit

Introduction
To comply with the NHS contractual requirements associated with the Clinical Governance Essential Service, pharmacy contractors must perform an annual practice based audit. Audit is an integral aspect of ongoing clinical effectiveness and provides data of how patients are supported by community pharmacy systems and procedures.

Please remember that a clinical audit is a quality improvement process and should be viewed as a mechanism for gradually improving patient care. Helpful information on a guide to clinical audit can be found on the PSNC website: http://psnc.org.uk/wp-content/uploads/2013/07/a_guide_to_clinical_audit.pdf.

Hertfordshire LPC is committed to supporting pharmacies, and when audit results are collated and analysed, this will highlight opportunities for service developments locally and will provide robust evidence of community pharmacy teams’ contributions to supporting patients.

The use of multi-compartment compliance aids (MCA)* is sometimes regarded by the public and health and social care providers as the 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. The LMC and LPC in Hertfordshire issued joint guidance in 2009 however this now requires some revision. There is a lot more evidence and examples of services from across England that make MCAs work more effectively in their local area. This needs to be considered across Hertfordshire in order to ensure a consistent approach to MCAs that best support patient outcomes.

*This document uses the definition from the Royal Pharmaceutical Society, 2013 guidance (https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/rps-mca-july-2013.pdf) that defines 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. For the purposes of this document, 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 or 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.

Although MCAs may be of value to some they are not the best intervention for all patients and many alternative interventions are available. Not all medicines are suitable for inclusion in MCA and re-packaging of medication from the manufacturer’s original packaging may be unlicensed and involves risks and responsibility for the decisions made.

The LPC is aware of continuing concerns regarding MCAs and we would like to be proactive in addressing these concerns. We have identified that an MCA audit for community pharmacies could be a useful indicator for all. It could also help to progress any future MCA proposals/guidance as well as encouraging community pharmacies to reflect on their own practice to improve patient care.

Following an assessment of a patient who cannot manage their medicines and meets the Equality Act 2010, the pharmacist may decide that an MCA is a “reasonable adjustment” to make to ensure that the patient is supported to take their medicines. In that case they are obliged to supply one. The pharmacist is under no obligation to provide MCA to a patient who does not fit the Equality Act 2010 unless they are part of a local scheme that funds the MCAs.
This audit aims to explore:

**Section 1:** Community pharmacy awareness of current MCA information and guidance (questions 4-9).

**Section 2:** Current community pharmacy MCA service (questions 10-22).

**Section 3:** To identify a range of patients that currently receive MCAs to understand how they are supported, where the MCA was initiated by and how well they adhere to the use of the MCA. This part of the audit(s) should be carried out on a minimum of 5 patients either requesting or currently receiving an MCA during any two week period determined by the pharmacy during 1 September – 31 October 2017 (questions 23-43).

*Please note that a paper template with enough questions for five patients can be accessed here.*

In order to make the data collection easier for this audit, both for pharmacies and for the collation of the data at the LPC office, we have provided an electronic version of the survey that the pharmacy must use in order to submit the completed data to the LPC office:

- Sections 1 and 2:
- Section 3:

The LPC office will no longer accept paper documents as a submission from your pharmacy so please do not return them to the office. You do not need to return the completed paper copies of the form to the office.

Hertfordshire LPC will provide a summary of the audit data in early November 2017 and will securely store all information submitted electronically. The audit report will not disclose pharmacies’ identities therefore we have not requested your pharmacy details. **This is to encourage community pharmacies to participate without fear that any of your responses could be used inappropriately. The LPC office will not share any identifiable information with other organisations. We have requested your F Code to check that there are not multiple entries from the same pharmacy for the first part of the questionnaire but you do not have to enter this information.** We do require you to enter in which CCG area you are situated and whether you are a Company Chemists Association (CCA), Association of Independent Pharmacies (AIMp) or independent pharmacy as this is useful in the analysis.

1. **ODS (F Code) Optional:** ______________________

2. **CCG Area?**
   - [ ] East and North Herts CCG
   - [ ] Herts Valleys CCG
   - [ ] Cambridgeshire and Peterborough CCG
   - [ ] West Essex CCG
   - [ ] Other (Please specify):

3. **Type of Pharmacy Contractor?**
   - [ ] Company Chemists Association (CCA)
   - [ ] Independent
   - [ ] Association of Independent Multiple Pharmacies (AIMp)

**SECTION ONE: Community pharmacy awareness of current MCA information and guidance**


   - [ ] Yes and using in practice
   - [ ] Yes but have never used

☐ Yes and using in practice
☐ Yes but have never used
☐ No


☐ Yes and using in practice
☐ Yes but have never used
☐ No

7. Are you aware that there is a database searchable database to provide information and guidance about the stability of solid dose forms of medicines outside of their original packaging: [https://www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/](https://www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/)?

☐ Yes and using in practice
☐ Yes but have never used
☐ No


☐ Yes and using in practice
☐ Yes but have never used
☐ No

9. Does your pharmacy assess whether patients are eligible for an MCA under the Equality Act 2010?

☐ Always
☐ Regularly
☐ Sometimes
☐ Never
SECTION TWO: Current community pharmacy MCA service

10. How many patients currently receive an MCA from your pharmacy?

☐ 10 or less
☐ 11-25
☐ 26-50
☐ 51-100
☐ 101-200
☐ 200+ (please specify approximately how many)

11. On average, taken across a one week period how many queries do you get in relation to patients that receive MCAs?

<table>
<thead>
<tr>
<th>Query</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription not issued</td>
<td></td>
</tr>
<tr>
<td>Prescription stopped</td>
<td></td>
</tr>
<tr>
<td>General Practice query</td>
<td></td>
</tr>
<tr>
<td>Patient/relative/friend/neighbour</td>
<td></td>
</tr>
<tr>
<td>Medicines unsuitable for inclusion in an MCA</td>
<td></td>
</tr>
<tr>
<td>Other eg hospital</td>
<td></td>
</tr>
</tbody>
</table>

12. On average, taken across a one week period how long does it take to resolve the following issues in relation to patients that receive MCAs ie length of time taken sorting in minutes and hours?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription not issued</td>
<td></td>
</tr>
<tr>
<td>Prescription stopped</td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td></td>
</tr>
<tr>
<td>Patient/relative/friend/neighbour</td>
<td></td>
</tr>
<tr>
<td>Medicines unsuitable for inclusion in an MCA</td>
<td></td>
</tr>
<tr>
<td>Other eg hospital</td>
<td></td>
</tr>
</tbody>
</table>

13. On average where do the majority of requests for MCAs originate from in your pharmacy? Rank top three.

☐ Patients
☐ Relatives
☐ Friends/Neighbours
☐ Paid carers/care agencies ie patients not in a care home
☐ Patients or carers at the request of paid carers/care agencies ie patients not in a care home
☐ GPs
☐ Recommendation from the pharmacy
☐ Care homes
☐ Hospital

14. For the majority of your MCA patients what prescription length is issued by the prescriber?

☐ 7 days
☐ 28 days
☐ 56 days
☐ Longer than 56 days
15. On average, for MCA patients how often does your pharmacy give out or deliver to the MCA patient on a regular repeat dispensing cycle?
- Weekly
- Monthly
- Two monthly
- Longer than two monthly
- Other (please specify)

16. What is the percentage of your MCA patients to which you deliver to the patient’s home?
- None
- 0-24%
- 25-49%
- 50-74%
- 75-99%
- 100%

17. Do you charge for your MCA service?
- Some
- All
- None

18. If you answered some or all to question 17, please indicate the approximate amount that you charge for the service per month?
- Less than £5
- £5-10
- £10-15
- £15-20
- Over £20

19. For the majority of your MCA patients are the prescriptions paper or EPS?
- Paper
- EPS

20. For the majority of your MCA patients how are the patients’ repeat prescriptions managed?
- Community pharmacy repeat management system
- Patient
- Relative/Friend/Neighbour (unpaid carer)
- NHS Repeat Dispensing Service
- Other (please specify)

21. On average, for the majority of your MCA patients how long in advance are you notified when there are patient changes or stoppages to their MCA medicines? Rank top three.
- When item is requested
- When item is dispensed
- Less than 24 hours
- Less than one week
- More than one week
- More than one month
- Other
22. For the majority of your MCA patients, who notifies you of any changes to the MCA medicines? Rank top three.

- [ ] GP Practice
- [ ] Care Agencies/Paid Carers ie not a care home
- [ ] Patient
- [ ] Relative/friend/neighbour of patient
- [ ] Hospital
- [ ] Care Home
- [ ] Other (please specify):
SECTION THREE: To identify a range of patients that currently receive MCAs to understand how they are supported, where the MCA was initiated by and how well they adhere to the use of the MCA.

Use of MCAs is becoming more widespread yet there is little evidence of their benefit and there is a recent study that suggests that they are associated with a high rate of potentially inappropriate medication use and drug interactions (http://www.prescriber.co.uk/wp-content/uploads/sites/23/2017/06/Multidose-EB-edit-ac-made-lsw.pdf).

The aims of this part of the audit are to ensure:

1. Whether the patient had an appropriate assessment and where the MCA recommendation originated from.
2. That the patient is well supported and adhering to the use of the MCA.
3. Whether there are more suitable alternatives to the MCA for the patient.

Through undertaking the audit pharmacists can assess how they can have an impact on:

- the patients’ ability to use their MCA appropriately and
- the patients’ compliance with their treatment.

This part of the audit(s) should be carried out on a minimum of 5 patients either requesting or currently receiving an MCA during any two week period determined by the pharmacy during 1 September – 31 October 2017.

Please note for each patients' answer you will need to click done at the end of the questions and then start again with the survey to allow you to submit this information for each patient. You may find it significantly easier to enter the patient’s responses online to the survey as you ask the questions. The LPC has allowed you to enter multiple entries in order for you to input this information.

23. Patient Age?
   - Under 18
   - 19-30
   - 31-49
   - 50-64
   - 65-74
   - 75 and over
   - Prefer not to say

24. Does the patient get their prescriptions by paper or EPS?
   - Paper
   - EPS
   - Doesn’t know

25. How are the patients’ repeat prescriptions managed?
   - Community pharmacy repeat management system
   - Patient
   - Relative/Friend/Neighbour (unpaid carer)
   - NHS Repeat Dispensing Service
   - Other (please specify)

26. What is the number of medications dispensed in the MCA?
27. Does the patient receive all their medicines in the MCA?
   - Yes
   - No (please specify what medicine/s)______________________________
   - Doesn’t know

28. When was the last time there was a change to the patient’s medication? eg. change of medicine, dose formulation
   - Less than a week ago
   - More than a week but less than one month
   - One month to six months
   - Six months to one year
   - More than a year ago
   - Doesn’t know

29. How long has the patient been on the MCA?
   - Up to and including one month
   - One month to six months
   - Six months to one year
   - One year to five years
   - Over five years
   - Doesn’t know

30. Who recommended the MCA?
   - Patient requested
   - Patient’s relative
   - Paid carer from care agencies ie not a care home
   - Community pharmacy
   - General Practice
   - Care Home
   - Hospital
   - Doesn’t know

31. Did the patient receive an assessment from the person/organisation that recommended the MCA?
   - Yes
   - No
   - Don’t know
   - Other (please specify):
32. Does the patient administer medicines from the MCA themselves?
   - Yes
   - No
   - Other (please specify):

33. If no, who administers the medication?
   - Paid Carer/Care Agency ie not a care home
   - Relative
   - Friend or neighbour
   - Care Home
   - Other (please specify):

34. Can the patient read and understand label instructions?
   - Yes
   - No
   - Other (please specify):

35. Can the patient remember when to take their medicines?
   - Yes
   - No
   - Other (please specify):

36. Does the patient know when to order medicines?
   - Yes
   - No
   - Other (please specify):

37. Could the patient open and close boxes?
   - Yes
   - No
   - Other (please specify):

38. Can the patient pop out tablets from a calendar pack?
   - Yes
   - No
   - Other (please specify):

39. Can the patient swallow the medication that they are prescribed?
   - Yes
   - No
   - Other (please specify):

40. Does the patient find the MCA helpful?
   - Yes
41. Does the carer find the MCA helpful?
   - Yes
   - No
   - Other (please specify):
   - Don’t know

**PLEASE NOTE THESE NEXT TWO QUESTIONS ARE FOR THE PHARMACIST ONLY AND SHOULD NOT BE ASKED TO THE PATIENT:**

42. Having undertaken the above assessment with the patient do you feel that the MCA is appropriate for this patient?
   - Yes
   - No
   - Other (please specify):
   - Don’t know

43. What is the possible solution to support this patient ie what would you offer as an alternative?