

## Managing Compliance Aids in Primary Care Guidance for GP Practices & Prescription Clerks

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.



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. ('Compliance' or 'adherence' with medicines is when the patient correctly follows the instructions given by the prescriber and takes the medicine as prescribed).

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

Every patient identified as having medicines compliance issues should have a thorough medication review to ensure that their prescription has been optimised and rationalised as appropriate (The STOPP/START criteria are a useful tool for prescribers to use). The patient's dispensing pharmacist should then undertake a robust individual assessment to identify the best intervention for the patient to improve their compliance based on their needs. Assessment tools to support pharmacists are available online. Local community services provider pharmacists may be able to provide support in assessing housebound patients but this varies from area to area.

Pharmacists are contractually obliged to make 'reasonable adjustments' for those patients covered by the Equality Act 2010 in order to support patients with a long term disability access their medication as instructed.

As well as MCAs, 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 so they aren't suitable to be put in an MCA and 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/>

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, the patient 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 with lower literacy levels 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 duration 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. The pharmacy is contractually obliged under the Equality Act 2010 to make reasonable adjustments to dispensing to support patients with disabilities.

*Note: if you issue the next batch of prescriptions before all of the previous ones have been drawn down from the spine and dispensed, it will **cancel** any prescriptions that have not yet been drawn down. To avoid this happening, don't issue the next batch of prescriptions until all of the previous prescriptions have been drawn down. You can check when the next prescription is due to be issued by viewing the patient's 'Drug History' page and looking when the next prescription is due for the patient.*

### **Carers**

Even though some 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 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.

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>

There is no obligation for the pharmacy to amend what has already been dispensed, mid-way through a course of treatment. Therefore, if there are any changes to a patient's prescription a new prescription for all the items which go into the compliance aid will likely be needed.

Dispensing a separate container of a 'new' medicine to be used in conjunction with the previously supplied compliance aid could 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/>

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

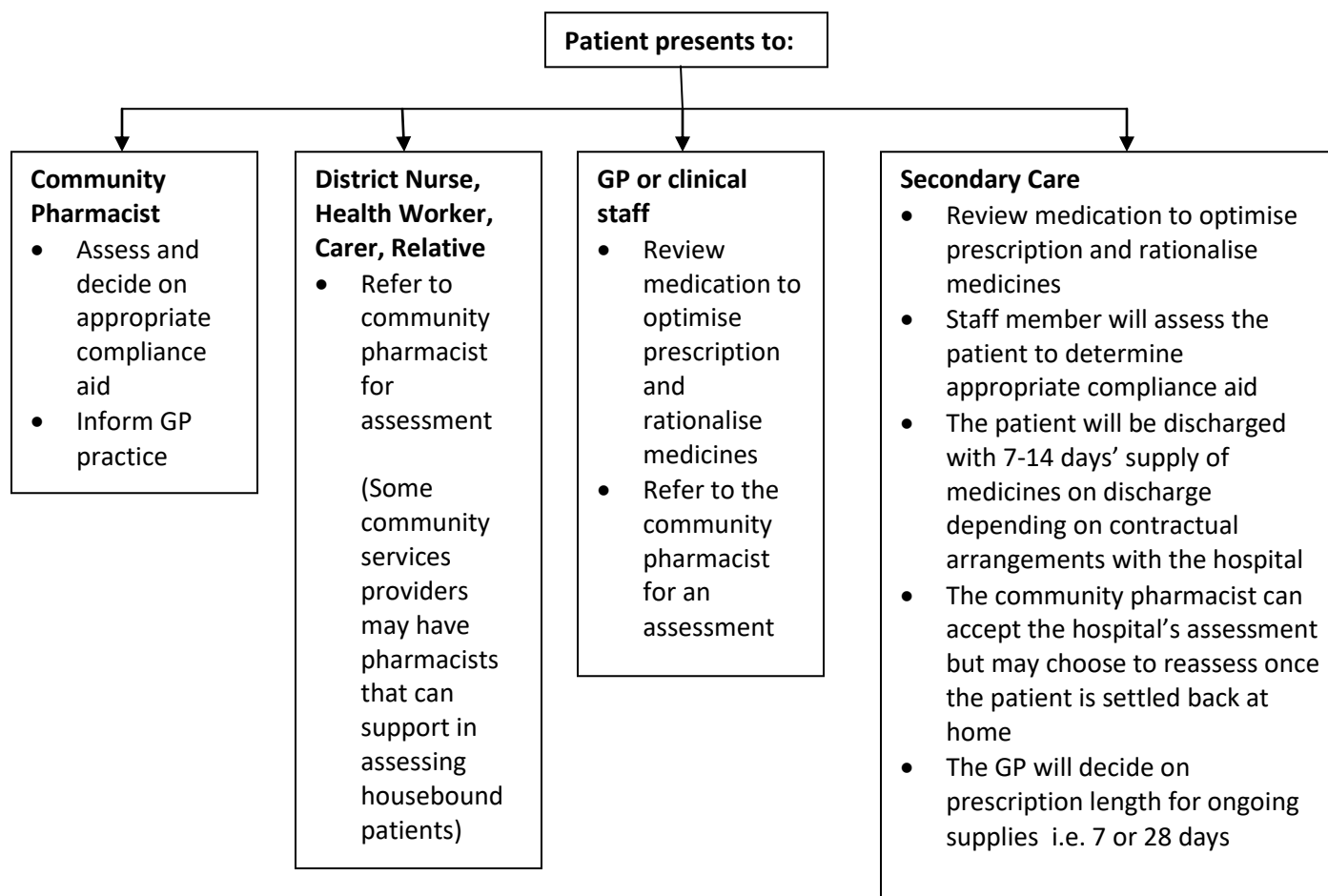
If you suspect a patient is not compliant with their medicines, you should contact the patient at home to find out how much medicine they have in their cupboards before issuing another prescription.

Your practice could decide that you should process the prescription as a 'Request Issue' and use the message to let the GP know the patient's stock levels and that they are non-compliant with their medicines. Your practice could also decide that you should book the patient in for a review appointment with the GP or practice pharmacist and get the patient to bring all their medicines in with them so that they can be thoroughly reviewed. If medicines can be simplified at an early stage it may mean that the patient doesn't need to be referred to the community pharmacist for an assessment and may not need an MCA at all. You should decide in your practice what the approach to this will be.

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 to prevent 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, or patients may choose to buy their own. Not all pharmacies are able to fill these devices. Prescriptions should be issued as for any other compliance aid.

## Managing Prescription Request for Compliance Aids – A Summary

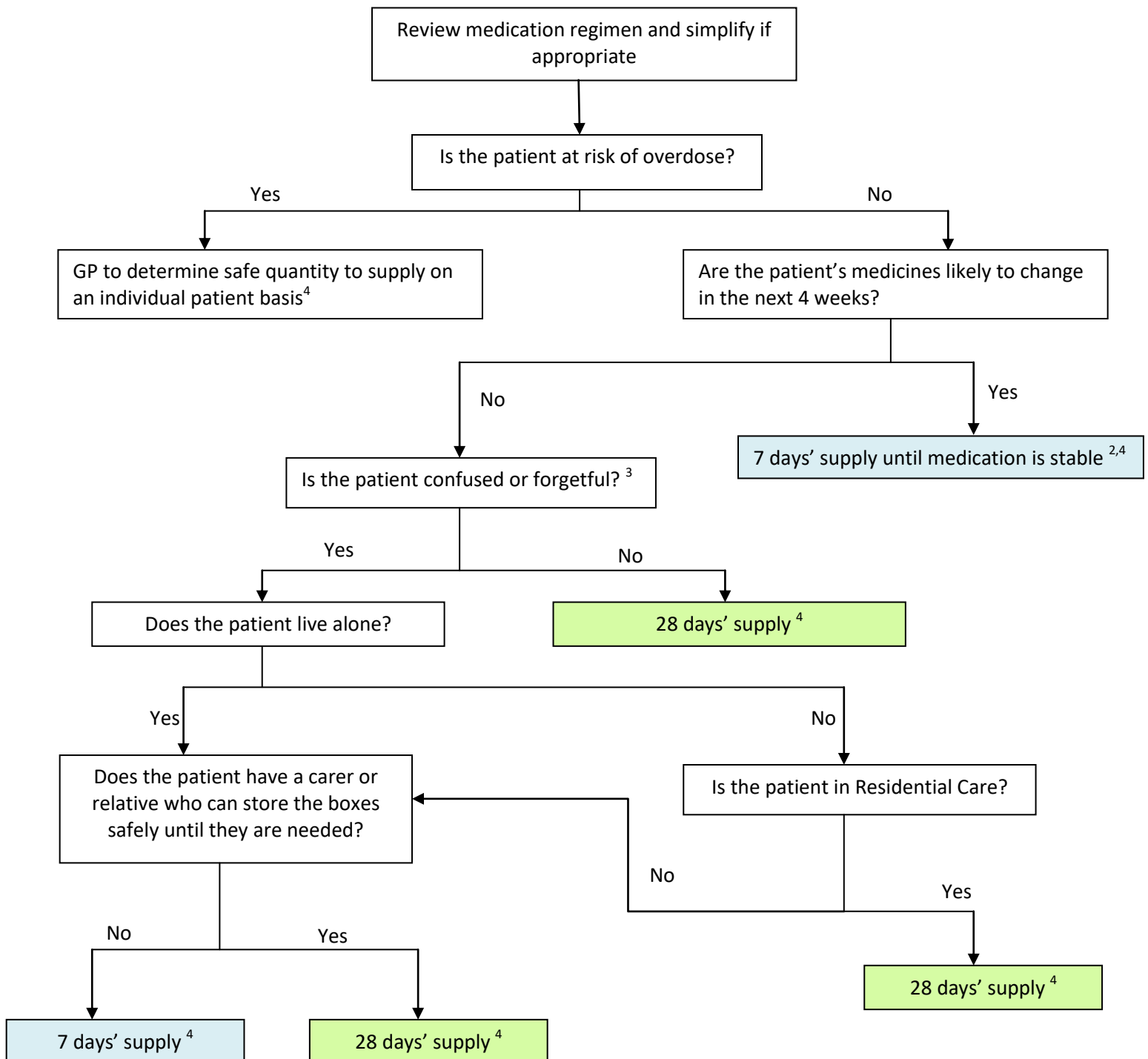
Patient presents having difficulty managing their medicines:



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. 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)

## References

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>

Evidence and tips of the use of medication compliance aids. *BMJ* 2018;362:k2801 doi: 10.1136/bmj.k2801