Community Pharmacy Surrey & Sussex

In conjunction with

surrey and sussex LMCS

BRIEFING NOTE

Medicines compliance aids

Guidance and FAQs for primary care providers

5 pages: January 2020

In general, the use of original packs of medication, along with appropriate support (eg medication reminder charts) is the preferred option for most patients as there is limited evidence that medicines compliance aids (MCAs) improve compliance with medicines. This approach is endorsed by The Royal Pharmaceutical Society, NICE and the Care Quality Commission.

There is insufficient evidence to support the benefits of MCAs in improving medicines adherence in patients and the available evidence does not support recommendations for the use of MCA as a panacea in health or social care policy. Care should be provided in a way that supports patient independence and reablement; MCAs can inadvertently perpetuate dependence and disempowerment.

However, there is limited evidence to indicate that MCA may be of value for **a small number** of patients **who have been assessed** as having practical problems in managing their medicines, where there may not be an alternative way to achieve safe medicine administration. Each patient's needs must be assessed on an individual basis and any intervention must be tailored to the patient's specific requirements.

There is no funding from the NHS for community pharmacies to support the general use of MCA. Consequently, community pharmacies cannot be compelled to provide medicines in this way.

Community pharmacies are required under the Equality Act 2010 to make adjustments for those with a long-term disability and in doing so to determine what is reasonable. The national NHS community pharmacy funding contains a small contribution towards the provisions of such adjustments to the dispensing process, such as auxiliary aids, which may include reminder charts, large print labels, etc. It is likely that only a very small number of patients will satisfy the eligibility criteria for adjustments to result in a supplies of medication in an MCA.

1.	**Who decides when to use an MCA?**	**This should be based on a robust individual patient assessment, by the community pharmacist, to ascertain the most appropriate and safe method of dispensing. MCAs may not always be the best solution; there are many other tools which can support patients with medicines use. Community pharmacists may want to consider keeping records clearly showing the rationale for their decisions.** **Pharmacists should consider the advice of other healthcare professionals where appropriate in their determination of the EA eligibility of a patient. It is useful for the prescriber or practice clinical pharmacist to carry out a clinical medication review as part of the assessment, to see if therapy can be rationalised. Patient assessment tools currently in use in practice are available at https://www.rpharms.com/resources/toolkits/improving-patient-outcomes-through-mca**
2.	**Can a prescriber request that a patient has their medicines**	Prescribers can ask that an MCA is supplied but the final decision is made by the supplying pharmacist as supplier of the medication. If a prescriber or other health care professional thinks that a patient might benefit from an MCA, they should

	dispensed in an MCA?	refer the patient to their community pharmacy for a robust assessment of their needs.
3.	**Do prescribers have to issue seven-day prescriptions for patients with blister packs?**	It is important that patients are not given the expectations that their medicines will be dispensed in an MCA by prescribers, other health care professionals or carers, before an assessment is undertaken. No, the provision of seven-day prescriptions remains at the discretion of the prescriber. Seven-day prescriptions are only needed if a joint decision has been made by the prescriber and pharmacist, on **clinical grounds**, that medication should be issued to the patient on a **weekly basis**. This may be appropriate for patients who are managing their medicines themselves and for whom receiving more than one MCA at a time may be confusing or dangerous. Community pharmacies should not routinely request seven-day prescriptions to facilitate the provision of MCAs. However, the community pharmacist is well placed to advise where adjustments might need to be considered by the prescriber, e.g. those at risk, or receive medicines which are not stable for more than seven days and is on an MCA due to being assessed as requiring it. **It is important to be aware that if a 28-day prescription is issued, where weekly MCAs are filled, all four will be issued at once. This is a requirement under the pharmacy terms of service.**
4.	**Should prescribers issue seven-day prescriptions for care homes?**	Patients in care homes should not be issued with seven-day scripts. This should only be considered for individual patients who manage their own medicines, as in Q3 above. The cultural reliance on medicines supplied in monitored dosage systems (MDS) within care homes and care at home services should be challenged.
5.	**Are there any medicines which should not be put in an MCA?**	Prescribers and pharmacists should understand the potential liability issues when requesting or supplying a medicine in an MCA. Removing a medicine from the manufacturers packaging means that it is no longer licensed, and responsibility for the stability of the repackaged medicines transfers from the manufacturer to the prescriber and pharmacist. The removal of a medicine from the manufacturer's original packaging and its repackaging into an MCA can affect its stability. Environmental conditions such as 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. It is difficult to produce a comprehensive list, but solid dosage forms not suitable for packing into MCAs include: • Soluble, effervescent and orodispersible tablets eg asprin 75mg disp., risperidone orodispersible • Chewable and buccal tablets eg Adcal D3, Buccastem • Moisture sensitive preparations eg nicorandil, Madopar, dabigatran and many others • Medicines whose dose may vary frequently depending on test results, e.g. unstable INR with warfarin • Medicines that may be harmful when handled, e.g. methotrexate • Medicines which are stored in the fridge eg fludrocortisone • Medicines intended for "as required" use eg analgesics, laxatives

		• Medicines that have special administration instructions and must be identified individually in order to do this safely e.g. alendronate Individual clinical assessment may override stability concerns. Advice for pharmacists is available at https://www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/
6.	**How should medicines that cannot be packaged in MCAs be managed?**	Medicines such as inhalers, eye drops, creams and ointments etc required in addition to MCAs add further complexity. Care providers and patients will have to deal with using several different medicines administration systems which may raise questions around the appropriate use of the MCA and increase the risks of the patient not receiving their medication correctly.
7	**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. The NHS terms of service does not require pharmacies to modify previously supplied MDS trays if there is a change in medication mid cycle. Prescribers should be aware that if a change requires alterations to the MCA 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.
8	**How can medicines in an MCA be identified?**	MCAs are labelled to include descriptions of each medicine it contains. However, many tablets look similar and when present in the same compartment they can be difficult to distinguish. This can lead to disempowerment of patients and carers eg if they are choosing not to take a medicine at a specific time for lifestyle reasons, such as a diuretic.
9	**How can admin time be reduced while ensuring patients who need weekly supplies get them weekly, rather than monthly?**	Use the NHS repeat dispensing (batch prescribing) service, where the GP may only need to authorise one form (the RA), and these can be done in batches of 4-8 weeks at a time. Note, GP clinical systems have safety processes to limit repeat dispensing for certain medication i.e. controlled drugs, any potential cytotoxic agents. With increasing uptake of the Electronic Prescription Service (EPS), this should be less of an administration burden than in the past. EPS and particularly NHS electronic repeat dispensing (eRD) offers greater audit and governance than with paper-based FP10s. For further information, speak to your community pharmacist or practice-based clinical pharmacist.
10	**Can a carer, or provider carer, request an MCA in order to provide medicines support?**	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. This is reflected in the medication policy that the local authorities across Surrey & Sussex has shared with care providers. Instead, the obligation is with the care organisation to train their staff accordingly to administrate medicines from original packaging. Carers are trained to different levels and provide different levels of support with medicines. The CQC policy is for care providers to maintain a record to show what medicine was administered to the patient at each administration time. The CQC do not

		specify the form or type of record that is to be used by the carer and therefore a pharmacy is not obliged to provide a free MAR chart for patients who do not otherwise have a qualifying disability under the Equality Act 2010. If (following assessment by the pharmacist) patients are not eligible under the Equality Act for an MCA, the community pharmacy may offer other solutions to support carers, such as medicines administration record chart, or patients may choose to purchase their own MCA to fill themselves or by a family member or carer. A letter is available in appendix 1 to help pharmacists explain this to carers. Some local commissioners may commission local services for the provision of additional pharmaceutical support eg a MAR chart service. NICE has published guidance - Managing medicines for adults receiving social care in the community. See: https://www.nice.org.uk/guidance/ng67
11	**My practice still issues seven-day prescriptions. How do I implement this guidance, if not already done so?**	The provision of seven-day prescriptions remains at the discretion of the prescriber. Traditionally, some pharmacies have received seven-day prescriptions to help offset the additional consumable and staff costs of preparing MCA packs. This does not increase costs to the NHS as pharmacy activity fees are paid from a global sum. If a practice chooses to review historical arrangements, they should work closely with their community pharmacy colleagues to introduce changes in a planned and managed way. This may include starting by implementing this guidance for new requests, whilst existing patients are jointly reviewed. This should include and assessed. Such patients may have automatically been given MCA packs on request and should they be changed to 28 day prescribing they would be subject to an Equality Act Assessment by the community pharmacist and may then no longer receive dispensing into an MCA. Some pharmacies may be adversely affected by sudden changes from 7 to 28-day prescribing for patients. If this results in prescription items being less than they were for the same month last year then community pharmacies may be entitled to compensation for lost fees. Part XIVC of the Drug Tariff makes such provisions. See: https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff/prescriptions-drug-tariff-part-xiv
12	**Why do local pharmacies no longer provide medication in MCA for new requests?**	Ambiguity sometimes arises If a patient or their carer (including provider carers) *want* an MCA but the patient does not meet the Equality Act 2010 requirements. Community pharmacies are not obliged to dispense medicines via an MCA in these circumstances, and this is considered to be outside the scope of the NHS. It will be at the discretion of the community pharmacy to decide if they can support such requests. Arrangements could be made for the patient to pay the pharmacy for providing an MCA service. Pharmacists will want to consider the professional guidance available from the Royal Pharmaceutical Society; it is a recommendation of the RPS that the use of original packs of medicines, supported by appropriate pharmaceutical care, should be the preferred intervention for the supply of medicines.
13	**I need further support**	If you are having any difficulties around this guidance, then please approach either the LMC or your LPC who will be happy to advise and facilitate conversations.

		Community Pharmacy Surrey & Sussex *on behalf of East Sussex, West Sussex and Surrey LPCs* • lpc@communitypharmacyss.co.uk • Telephone 01327 417726 • www.communitypharmacyss.co.uk **Surrey & Sussex Local Medical Committees** • Telephone 01372 389270 • www.sslmcs.co.uk/thesecretariatandhowtocontactus

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References

1. Royal Pharmaceutical Society: Improving patient outcomes: The better use of multi-compartment compliance aids
2. Royal Pharmaceutical Society (Scotland): Improving Pharmaceutical Care in Care Homes
3. 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
4. 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
5. Using multi-compartment compliance aids (MCAs) in care homes, CQC https://www.cqc.org.uk/guidance-providers/adult-social-care/using-multi-compartment-compliance-aids-mcas-care-homes

All digital assets accessed January 2020

Agreed by East Sussex, West Sussex and Surrey Local Pharmaceutical Committees, January 2020
Surrey & Sussex LMC, April 2020
Next Review January 2022

APPENDIX 1

Sample text for pharmacies to use with carers

<Presented on pharmacy letterhead >

Dear <name>

Use of Multi-compartment dispensing systems – (MCA/MDS)

(Sometimes called MDS/Dosette boxes or Blister Packs.)

Over time there has been a move towards using more MDS/MCA packs filled by the community pharmacy. These may have some advantages, but they can have been associated with many problems and safety issues too. There is also very limited evidence supporting patient benefit.

Dispensing of medicines into MDS/MCA is only funded by the NHS in very limited circumstances, when patients with a long-term disability patients are managing their own medicines without any support from a professional or personal carer, where the medicines are stable outside the manufacturer's packaging and when they have a specific, assessed need that can only be met by use of MDS/MCA.

There is no NHS funding for MDS 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), The Royal Pharmaceutical Society, and others, such as the CQC says that carers must be trained to administer medicines, and that medicines must be supplied in original packaging with clear and simple instructions on the label that can easily be understood. This is reflected in the medication policy that the Local Authority 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 our pharmacist's professional opinion.

Please feel free to discuss this with our pharmacist and share with your employer if necessary.

Yours sincerely

<Enter pharmacist details>