

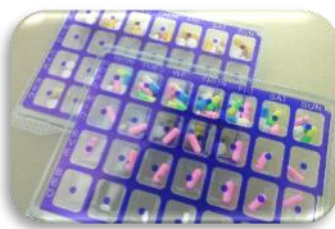
BSW Guidance for Managing Use of Compliance Aids

This resource aims to support health and social care professionals involved in prescribing, dispensing, and administering medicines to patients living in the community.

The intention is to assist in navigating the complexities of compliance aids and to clarify the regulatory and contractual framework surrounding their use. The primary focus is on providing safe and appropriate medication support for adults living at home, emphasising the importance of patients retaining full responsibility for their medications and being actively involved in decision-making to facilitate self-administration whenever possible.

Community pharmacists are responsible for assessing and identifying appropriate adjustments to support improved patient compliance, including determining whether to supply Medication Compliance Aids (MCAs).

- The duration of a prescription is a clinical decision made by the prescriber.
- 7-day prescriptions should be issued only when there is a clinical necessity for weekly dispensing, as determined by the prescriber.
- If there is no clinical need for 7-day prescriptions, a **28-day duration is recommended**.



Helping patients take their medicines safely: reasonable adjustments.

The demand for MCAs (sometimes referred to as Monitored Dosage System, MDS) is not always being driven by clinical need. There is a substantial cost to both community pharmacies and to prescribers to provide medicines in MCAs.

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

Supplying medicine via an MCA is only one of several 'reasonable adjustments' available to pharmacists, who are required to make sure patients with long-term disabilities, as defined by the Equality Act, can access their medicines.

Other reasonable adjustments include:

- large-print labels,
- medication reminder charts and alarms,
- dexterity aids such as winged or plain bottle caps, tablet splitters and 'poppa' devices

Watch this [short video](#) which discusses the resources and their importance.

Resources for health professionals & to help educate patients, carers, families:

- [standardised assessment form](#)
- [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”

There is insufficient evidence to support that the use of MCAs leads to better compliance and safety.

Research by Academic Health Science Network **AHSN** summarises some of the issues and risks of MCAs:

- 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
 - Delays when patients are awaiting discharge medication from hospitals
 - 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 original packs.*(Pharmacists should be aware that repackaging results in unlicensed supply of a medicine.)*
- Patients on MCAs often remain reliant on them long-term, potentially reducing their independence and awareness of their medications. To mitigate such risks, regular assessments (recommended annually) should be conducted to confirm the ongoing necessity and safety of the MCA.
- Inappropriate medicines are often included e.g. PRNs, meaning patients take when not needed.
- MCAs can increase medicines waste.
- Identification of medicines becomes more difficult for patients, carers and pharmacy staff.
- Separate supplies of liquids, fridge lines, CDs and can lead to confusion and stockpiling.
- MCAs can cause clinical concerns, such as packaging interacting medicines in the same blisters.

Patients should be supported in understanding their medication and knowing how to use it safely. Those who can self-administer from original packs should be encouraged to do so.

- Patients with medication compliance issues should undergo a thorough Structured Medication Review (SMR) to ensure their prescriptions are optimised and rationalised.
- Frequent visits to assist with medication pose a significant burden on health and social care services.
- Four-times-a-day medication regimens should be avoided if patients require social care support.
- Social care does not provide visits solely for medication prompts.
- Any changes resulting from a clinical medication review must be communicated to all relevant health and social care professionals, including the community pharmacy team.

Community Pharmacists

Community pharmacists are required make reasonable adjustments to support patients with long term disabilities, covered by the Equality Act 2010, access their medication. This may include potentially dispensing medicines in an MCA, at the pharmacist's discretion and possibly with input from other healthcare professionals.

If a patient does not qualify under the Equality Act, the pharmacist may still offer an MCA and charge a fee.

The West of England 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.

All the options below must be considered, with the supply of an MCA being the last resort.

The options include:

- review and rationalisation of medication regimen with GP, for example, formulation change (solid-dose to liquid or soluble formulations, use of modified release preparations, etc);
- clarification of medication regimen, for example, post hospital discharge.
- patient/carers counselling - verbal and written explanation.
- labelling modifications, for example, larger type if software/printer allows this, or additional labelling.
- container modification, for example, blisters transferred to bottles, plain caps.

- more informal involvement of relatives/friends.
- medicines reminder chart.
- advice for carers (informal, or social services) on how to improve patient compliance; and/or provision of MCAs.

SPS has a useful stability tool [Medicines in Compliance Aids Stability Tool – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

MCAs are not suitable for everyone

A few groups of patients may benefit from MCAs:

- Patients who are motivated to take their medicines but struggle to manage a complex regimen.
- Patients unable to use original packaging, and who do not have carers to support them.
- Patients who sometimes forget whether they have taken their medicines and need a visual clue.
- Patients with cognitive impairment or memory problems who have carers to support them.
- Patients with learning disabilities or difficulties.
- Patients who have difficulty reading or following instructions on original packs.

Appropriate prescription length

The duration of a prescription, such as 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.**
- **Decision around dispensing in a compliance aid is a decision for the pharmacist.**

Pharmacies are not obliged to amend an MCA mid cycle once it has been dispensed. Once an MCA leaves the pharmacy, a new prescription is needed for any changes, as the original one would have been claimed from the NHSBSA. Once an MCA has left a pharmacy, the pharmacist cannot guarantee the stability or safety of the medicines, and subsequent adjustments to MCA contents are difficult, posing unacceptable clinical risks. Dispensing additional medicine alongside an MCA risks confusion and misuse.

Social Care Carers

Some care provider organisations may insist that medicines should be dispensed in MCAs for staff to provide support, however, **neither the Medicines Act 1968 nor the Care Quality Commission (CQC) mandate this as a requirement.**

[CQC- multi-compartment compliance aids \(MCAs\) in adult social care](#)

Assessing patients to manage their own medication aligns with the principles of the Equality Act. However, if a carer/family member/friend becomes involved with medication administration, the patient is no longer independently handling their medication. In such cases, the pharmacy would be advised to refuse to provide an MCA.

If patients are not eligible under the Equality Act, community pharmacists can offer to dispense medicines in an MCA for a fee, which can be paid by the patient or a care agency. Patients can also purchase their own MCA and fill it themselves. The duration of the prescription (7 days or 28 days) is unrelated to the fees charged by the pharmacy.

Adult social care commissioners should not impose requirements on domiciliary care providers regarding patient care packages, as they are not responsible for determining reasonable adjustments. Those involved in commissioning and delivering social care services must ensure that care providers are well-trained and uphold high standards for medication administration support.

In summary:

- The decision about the length of the prescription should be made by the prescriber.
- The dispensing Pharmacist is solely responsible for assessing and identifying appropriate adjustments to support improved patient compliance, including determining whether to supply Medication Compliance Aids (MCAs).
- 7-day prescriptions should only be provided when there is a clear clinical need to restrict supply of medications to a patient. These prescriptions should be dispensed and supplied on a weekly basis.
- All other MCA supplies should be supplied against 28-day prescriptions. These prescriptions should be dispensed and supplied on a four-weekly basis.
- Community Pharmacists are only required to provide this free of charge under their NHS contract for patients who are eligible under the Equality Act

Any issues should be escalated to BSW ICB at bswicb.prescribing@nhs.net.

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 \(weahsn.net\)](https://weahsn.net/helping-patients-take-their-medicines-safely-reasonable-adjustments)

Specialist Pharmacy Services. Complex medication regimens: supporting adherence
A resource to help health and social care organisations to work together to optimise patient care
<https://www.sps.nhs.uk/articles/complex-medication-regimens-supporting-adherence/>

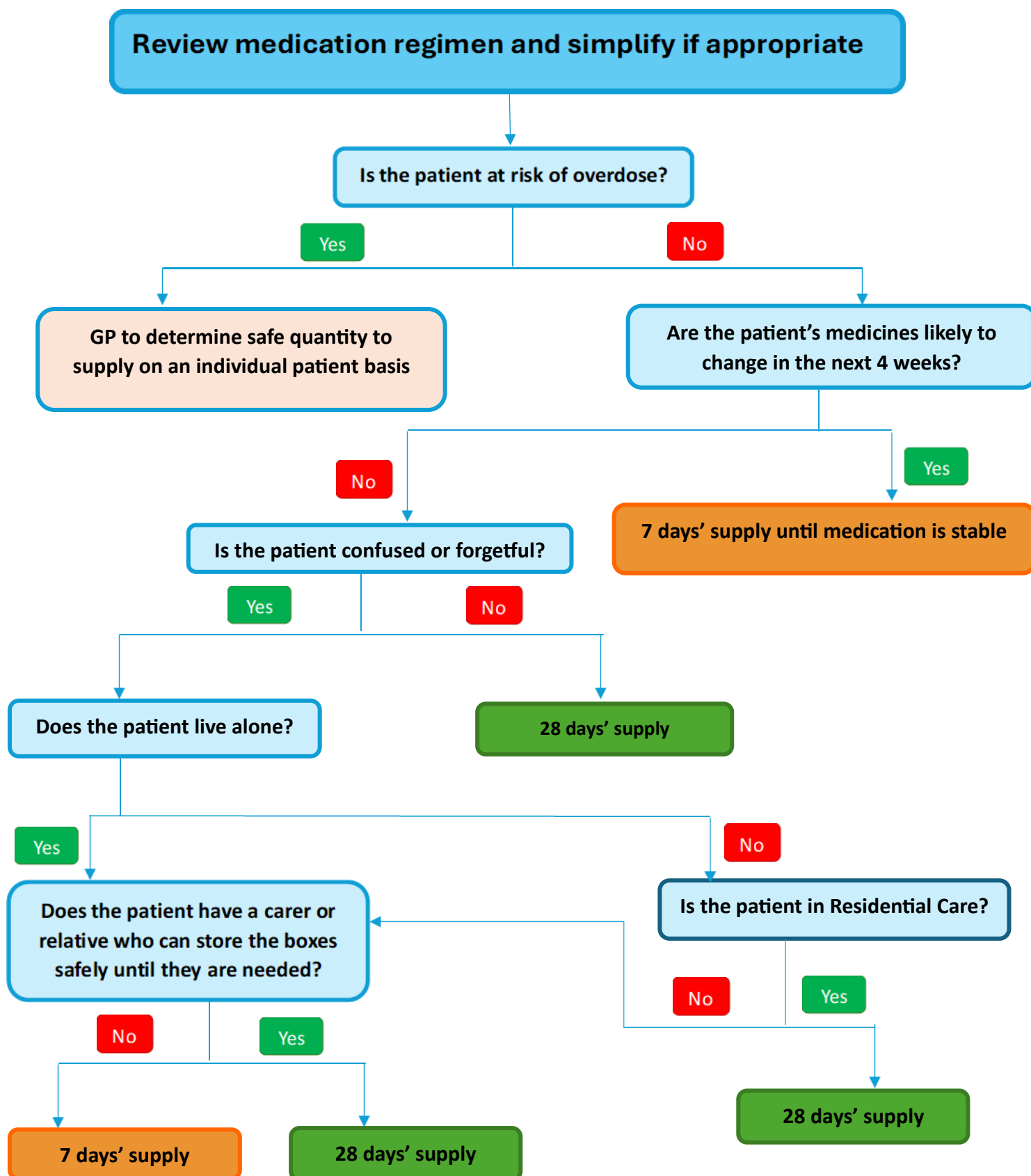
Royal Pharmaceutical Society - Multi-compartment compliance aids (MCAs)
[Royal Pharmaceutical Society Guide to MCAs](#)

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/>

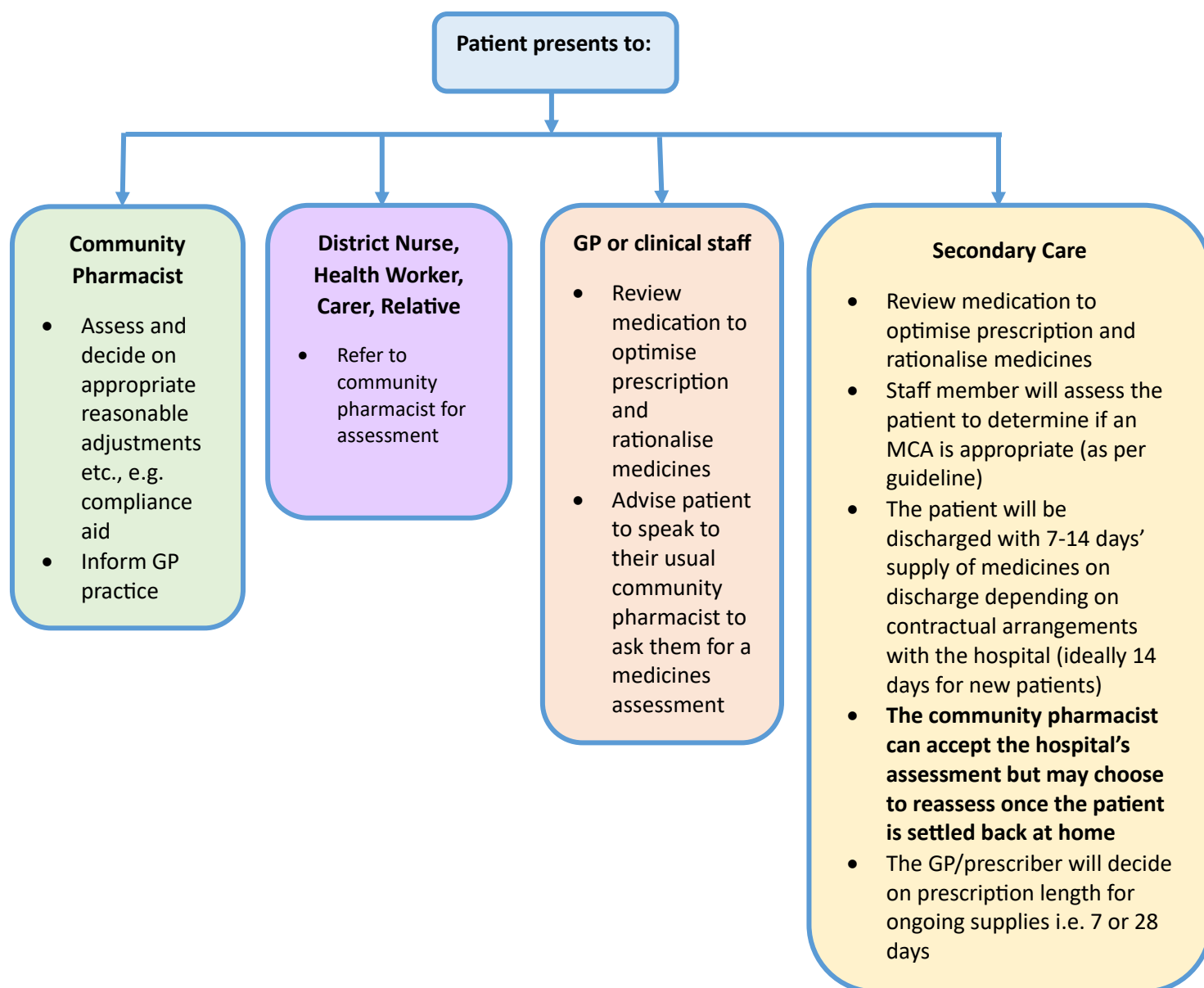
[BNSSG Managing Compliance Aid Requests March 23 Final v2 LP comments \(003\).doc](#)



- This flowchart is not exhaustive and is not intended to replace clinical and personal knowledge of the patient's circumstances.
- 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.
- 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.
- 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)

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 another system partner e.g. for housebound patients, or may wish to undertake their own assessment.

It is the GP/prescriber's 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.