

## Guidance for Optimising Medicines Support for Patients Seven Day Prescribing and Multi-compartment Compliance Aids (MCA) Best Practice Updated Dec 2020 New Patients implementation from 1<sup>st</sup> Jan 2021

### Introduction

As outlined within the [NHS Long Term Plan](#) and within our own local [Hertfordshire and West Essex STP plan](#) it is recognised that people are now living far longer and are more likely to live with multiple long-term conditions and extending independence as people age requires a targeted and personalised approach.

As nationally outlined by the [RPS](#) the use of Multi-compartment Compliance Aids (MCAs) is sometimes regarded by the public and health and social care providers as the only 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.

Although MCAs may be of value to some, they are not always the best intervention for all patients and many alternative interventions are available. As well as patient factors, there are also a number of considerations to be taken into account in deciding if a medicine is suitable for inclusion in an MCA and it should be acknowledged that re-packaging of medication from the manufacturer's original packaging may render it unlicensed. It will also involve risks and responsibility for the professional making those decisions.

This guidance has been written to outline the options for understanding best practice with respect to improving access to medicines.

It is recognised that it will be more difficult to change current support to existing patients as all those involved in their care may agree it would not be appropriate to disrupt their patients' existing routine if they are complying well with their medicines regime. This guidance applies to all new requests for MCA support for patients from 1<sup>st</sup> July 2020. Existing patients should be reviewed on a case by case basis from 1<sup>st</sup> Jan 2021. GP practices, as an independent contractor, are encouraged not to blanket stop seven day prescribing to avoid impacting on patients' adherence to medicines. GP practices should work collaboratively with the community pharmacy to identify alternative medicines support options for existing patients.

### Aims of this Guide

1. To ensure that reasonable adjustments are used when clinically appropriate to support independent living and that these are right for the patient.
2. To increase awareness amongst health and social care staff, as well as patients and carers, on the wide range of support mechanisms that are available to support patient compliance with prescribed therapy.
3. To provide a best practice framework and tools in assessing the level of medicines compliance of a patient and identifying what support is needed/available to help them to take/use medicines correctly.
4. To provide consistent messages to the local health and care economy on resources that are available for professionals and patients on the NHS.
5. To provide clarity about when it is clinically appropriate to issue seven day prescriptions.

### Options for Medicines Support

Anyone can request assistance/support to take their medicines. However, as referenced by [RPS](#) it is the community pharmacists' responsibility to make a professional judgement of what is an appropriate adjustment or intervention including an MCA.

Doctors, nurses, carers or practice staff, other pharmacists in other settings (including hospitals) should refer clients to the community pharmacist but could offer supporting information to help the pharmacist make their decision.

There should be a multidisciplinary approach to the **patient** factors to be considered before an appropriate adjustment or intervention is agreed. However, it is important for all stakeholders to respect the professional input from the community pharmacy team with regard to the medication support option suggested.

If a health professional feels a patient may need assistance in taking medication, a full clinical medication review should be undertaken. The implications of previous non-adherence must be taken into consideration including the effects of the patient suddenly taking medication, having not been doing so.

The Equality Act 2010 expects all service providers to take 'reasonable steps' to anticipate the needs of those people identified within the Act, not just to react as they arise. The definition of what is reasonable takes into account a number of key issues including the size of the organisation and the cost and practicality of measure. In many cases, providers of primary care services can be compared to small businesses as they have limited resources.

The community pharmacist must make a 'reasonable adjustment' to how medicines are supplied. This reasonable adjustment may take the form of non-child resistant tops, large print labels, medicines administration record (MAR) charts and MCAs. Often it is thought that MCA always solves most administration and compliance issues which is not true and sometimes bypass the simpler option. Pharmacists can choose to provide an MCA to patients that do not fit under the Equality Act 2010 but will often charge a fee. **Re-packaging of medication from the manufacturer's original packaging may render it unlicensed which could impact on all professionals ([See Frequently Asked Questions number 10](#)).**

There are a number of options for medicines support that can be made as a reasonable adjustment and these are outlined within the [Managing Medication Information Pack](#).

## Assessing Patients

The Equality Act 2010 does not require a provider to carry out an assessment as to whether a person has a "disability", but it does require that the provider makes a "reasonable adjustment" if this is what is needed, in order to allow the person to access the service. What is considered a "reasonable adjustment" is subject to the individual situation of the provider. (PSNC, 2016 <https://psnc.org.uk/wp-content/uploads/2016/01/PSNC-Briefing-001.16-Equality-Act-2010.pdf>)

A [template medicines compliance assessment tool](#) has been developed and is available that may support professionals in assessing patients where needed.

## Paid Carer Support to Patients

Patients in care homes or those who have care workers do not routinely require an MCA. MCAs should only be considered for individual patients who manage their own medicines and who have a genuine, clinical need. MCAs are intended for people to use themselves to assist self-administration and to help them retain their independence. If there is a paid carer whose role it is to assist in the administration of medication, then it is unlikely to be reasonable for the pharmacy to have to provide an MCA for the patient concerned.

If care homes or care agencies (as part of their internal policies) or relatives/carers want patients' medicines to be supplied in MCAs, as a matter of convenience, then this will be outside the scope of Equality Act provisions and it is not paid for by the NHS. As there is no funding available within the NHS to support the provision of MCA to this group of patients, the cost may have to be negotiated between the patient/carer/care home/care agency and the community pharmacist/dispenser. The community pharmacy is under no obligation under the Equality Act to supply patients with an MCA who have paid carers that administer the medicines.

Although many 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 the Care Quality Commission (CQC) stipulate this as a pre-requisite. CQC outcome 9 (regulation 13) management of medicines and outcome 13 (regulation 22) staffing, require that provider organisations providing the care worker must make sure they have sufficient staff with the right knowledge, experience, qualifications and skills to support the people that they are caring for.

There are three different levels of support that care workers are required to provide patients in domiciliary care:

- **Level 1:** The person takes responsibility for their own medication. The person takes the initiative for taking their medicines but can be prompted occasionally or assisted physically. The care worker provides support e.g. helping the patient select the right tablet.
- **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 takes the initiative, makes the decision as to whether the patient needs the medicines or not 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. The care worker requires extra training to carry out this level of support.

If the care plan for the patient requires the care worker to 'assist' the patient, then the care worker should have the necessary skills to open containers, and hand the medicines to the patient (whether they are in MCA or original containers). If, however, the care worker is expected to administer medicines then the care worker should have the qualifications and skills to be able to interpret instructions on the medicines container and not require an MCA.

The employer of the care worker should specify the boundaries as to whether the care worker will assist with or administer medicines and it is the obligation of the employer to ensure that the care worker has the requisite skills and qualifications to undertake the roles. Carer organisations may benefit from seeking the assistance of a pharmacist to provide relevant training to care workers on interpreting dispensing labels. Carer organisations should not simply rely on pharmacists to provide medicines in MCA as a matter of routine to lower the skills required of care workers.

If GP practices and community pharmacies experience paid carers not following the above guidance then examples should be emailed to [acscommissioning.support@hertfordshire.gov.uk](mailto:acscommissioning.support@hertfordshire.gov.uk). A [template letter](#) is available that can be sent to social care agencies to remind them of the local and national position relating to MCAs.

[Hertfordshire County Council's medication policy](#) was published in January 2019 and outlines the roles, responsibilities and procedures for assisting people living in their own homes in receipt of regulated and non-regulated homecare and community support with prescribed medication as part of their care and support plan.

## Prescription Quantities

The duration of a prescription is a clinical decision for the prescriber who may consider advice from other healthcare professionals when making this decision.

Prescriptions ordering duration less than 28 or 56 days (e.g. seven days) may be appropriate in circumstances when based on clinical need or patient safety.

Appropriate use of short duration (e.g. seven day) prescriptions include:

- where a longer duration of supply of medication could lead to confusion;
- where a person may use their medicines to self-harm;
- where a person is known to over use their medicines; or
- Where there is likely to be changes to the medication e.g. trial of new medicine/s, frequent hospital admissions, palliative care.

A shorter duration of prescriptions may also be appropriate if the pharmaceutical stability of the medicines is compromised.

Inappropriate use of short duration (e.g. seven day) prescriptions include:

- where no clinical assessment has taken place by the prescriber;
- where there is no clinical reason for the patient to receive a short duration of supply; or
- to support the need for an MCA.

Please refer to [FAQs](#) for further information and advice.

## References

- "Managing Medication Guidance: to assist healthcare professional to assess patients experiencing medication compliance problems" September 2012, NHS Greater Glasgow and Clyde (<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/managing-medication-guidance.pdf>, accessed 8 August 2019).
- "The Equality Act 2010" PSNC (<https://psnc.org.uk/contract-it/pharmacy-regulation/dda/>, accessed 8 August 2019).
- "The Safe Use of Multi-compartment Compliance Aids" June 2017, West Essex CCG (<https://westessexccg.nhs.uk/your-health/medicines-optimisation-and-pharmacy/general-prescribing-guidance/169-the-safe-use-of-medicines-compliance-aids/file>, accessed 8 August 2019).
- "Improving patient outcomes through MCA" RPS- (<https://www.rpharms.com/resources/toolkits/improving-patient-outcomes-through-mca>, accessed 8 August 2019).
- "Multi-Compartment Compliance Aids Including Monitored Dosage Systems (MDS), Dosette boxes" May 2018, Cambridge and Peterborough CCG (<https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13673&type=0&servicetype=1>, accessed 8 August 2019).

- “Managing Compliance Aids in Primary Care Guidance for GP Practices & Prescription Clerks” July 2018, Bristol, North Somerset and South Gloucester CCG (<https://psnc.org.uk/avon-lpc/wp-content/uploads/sites/23/2018/08/BNSSG-Managing-Compliance-Aid-Requests-2018-final.pdf>, accessed 9 August 2019).
- Equality Act 2010 (<https://www.legislation.gov.uk/ukpga/2010/15/contents>, accessed 9 August 2019).
- “Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence Clinical Guideline (CG76)” January 2009, National Institute for Health and Care Excellence (NICE) (<https://www.nice.org.uk/Guidance/CG76>, accessed 9 August 2019).
- “Managing medicines for adults receiving social care in the community (NG67)” March 2017, NICE (<https://www.nice.org.uk/guidance/ng67>, accessed 9 August 2019).
- “Summary of Guidance and Evidence for use of Multi-Compartment Compliance Aids (MCCAs)” February 2019, Specialist Pharmacy Service (SPS), ([https://psnc.org.uk/wp-content/uploads/2019/06/SPS\\_MCCA\\_briefing\\_May2019\\_final.pdf](https://psnc.org.uk/wp-content/uploads/2019/06/SPS_MCCA_briefing_May2019_final.pdf), accessed 9 August 2019)
- Learning Disabilities, Centre for Pharmacy Postgraduate Education (CPPE), (<https://www.cppe.ac.uk/gateway/learndis>, accessed 9 August 2019).