

Medicines Optimisation Key Messages

Provision of Medicines Compliance Aids (MCAs)

KEY MESSAGE: It is the *supplier* of medication who should decide if a medication compliance aid is appropriate.

- **Medicines** (or multi-compartment) **compliance aids** are only *one option* within a range of alternatives.
- Patients should be assessed for suitability *before* supplying a compliance aid, to ensure they **can use the intended aid**, and that the required **medication is suitable** to be placed into one.
- Pharmacies and dispensing surgeries have a **legal obligation** to assess patients under the Equality Act 2010 **for appropriate interventions to aid the safe use of medicines**.

Patients who fall outside of this legal requirement, *and who meet the service's eligibility criteria*, may be referred to the **Norfolk Medicines Support Service** by their pharmacy/dispensing surgery for help with medication support.

What is a medicines compliance aid (MCA)?

- Many different types available e.g. Nomad, Dosette, blister packs, Carousel etc.
- The majority consist of seven daily compartments, further divided into sections corresponding to times of the day, e.g. morning, lunchtime, evening, night.

Benefits of medicines compliance aids

- They help to organise medication, e.g. when the patient takes a large quantity or variety of medication.
- Can reduce the anxiety of the patient or their family regarding medication.
- May reduce accidents caused by dosage problems and poor compliance.
- Can also help to minimise hospital admissions alongside good medication compliance.

Problems with medicines compliance aids

- For previously non-compliant patients, the medication should be reviewed before a MCA is started – to ensure doses are still appropriate *i.e. doses may have been increased before non-compliance was identified*.
- Not all medication is suitable for MCAs, e.g. liquids, creams, soluble tablets etc. and it *may breach product licence of other medicines*.

- Only medication taken on a regular basis should be put into the MCA – adding ‘*when required*’ medication causes problems with identifying the tablets, and also leads to wastage.
- Putting medication into MCAs may make labelling and identification of medicines more difficult.
- MCAs are *not always easier to open* than traditional packaging, particularly for arthritic fingers, or poor dexterity issues.
- The patient needs to be able to identify the days of the week and times of the day, so traditional MCAs *may not be suitable for people with memory problems*.
- Just because medication has been removed from the MCA does not mean it has been taken.
- If the patient is disinterested or *does not want to take their medication*, putting it into a compliance aid is *unlikely to make a difference*.

What other interventions can be used to improve compliance?

- Simple interventions e.g. reminder charts, tick charts, large print labels, easy open / winged tops, de-blistering of medication into bottles may help to improve compliance, *before* an MCA is considered.
- Each patient’s needs should be considered on individually. *Are all medications still clinically necessary? Can any be stopped, reduced or formulations changed? Can directions to co-inside with other timings of medications be changed?*

How does a patient obtain a compliance aid?

- Patients can purchase some MCAs which either they, or a family member etc, can fill. *Patients / carers should speak to their medication supplier as other interventions may be more appropriate.*
 - MCAs may be used by the pharmacy or dispensary when dispensing a prescription. This is not an NHS-funded service and *may therefore attract a charge*.
 - Patients *may qualify* for assistance under the Equality Act, **if they have a long-term health condition that is expected to last for 12 months or more**. If the provision of an MCA would assist the patient to use their medication, this should be supplied under the terms of the Act. **7-day prescriptions should not be requested** – payment is included in the Pharmacy Practice Payment (dispensing fees for dispensing surgeries). [See KM Bulletin – 7 day prescriptions](#)
 - Prior to supplying a MCA, the pharmacy or dispensary should undertake an assessment to ensure that the patient **understands how to use and is able to use the compliance aid**, and that **the prescribed medication is suitable** to be put into the compliance aid.
- If the patient does not qualify for assistance under the Equality Act, they may be considered for a **medication compliance assessment** by the **Norfolk Medicines Support Service (NMSS)**

What does the Medicines Support Service assessment do?

Norfolk Medicines Support Service offers an assessment to patients who:

- are **screened by their pharmacy** as being of low independence with their medication,
- are housebound (i.e. they would usually receive a GP home visit) or
- have already tried an aid and this has not worked.

Interventions offered by NMSS include:

education, reminder charts, specific aids *e.g. for eye drops*, reminder phone calls, standard or alarmed MCAs, training to *existing carers* to assist medication administration.

The NMSS does NOT provide carers for the sole purpose of medication administration.

Do domiciliary carers* need compliance aids to give medication?

- It is Norfolk County Council Policy that carers are trained to administer medication from standard packaging and should not be administering from a pharmacy filled compliance aid.
- MAR charts to record administration can be obtained from pharmacies / dispensaries and are supplied via the NMSS.
- If carers are only prompting/reminding patients to take medication, an MCA may be appropriate, but should still follow the above referral process.
- For complex medication regimens, use of an MCA **may be** justified, but this should be the exception and passed through the NMSS for authorisation.
- To enable carers to give medication, there must be **full dosage instructions** on the prescription and label. "As directed" should not appear on labelling as this is not a specific enough direction for carers to administer from. Variable doses should also be avoided if the patient cannot determine how much medication they will need to take.

*For carers working in Care Homes with residential or nursing care, different policies / recommendations apply

References

1. Royal Pharmaceutical Society (RPS) Improving patient outcomes through MCA <https://www.rpharms.com/resources/toolkits/improving-patient-outcomes-through-mca>
2. CQC Guidance for providers MCAs in adult social care: <https://www.cqc.org.uk/guidance-providers/adult-social-care/multi-compartment-compliance-aids-mcas-adult-social-care>
3. Norfolk Medicines Support Service <https://www.ardengemcsu.nhs.uk/services/clinical-support/norfolk-medicines-support-service/>

Title	Key Message Bulletin 6 – Supply of Compliance Aids
Description of policy	To inform healthcare professionals
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Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
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2.0				

