Patient Equality Act Assessment for
Medication Reasonable Adjustment

This assessment tool should be used when a patient presents with a compliance problem with their prescribed medicine, or a request is made for a patient to have the presentation of their medication adjusted (e.g., from the patient, carer, GP or other healthcare professional). Using this tool will allow a judgment to be made on how best to adjust the presentation of the patient's medication.

This assessment can be completed by trained healthcare professionals in line with the RPS recommendations. It should be signed off by the pharmacist responsible for supplying the medication, and can be used to determine what (if any) reasonable adjustment is required under the Equality Act (2010). For patients being discharged from hospital the community pharmacy team may repeat this assessment before agreeing to continue any solutions provided by the hospital.

Patient Details

Name	*If Applicable*
Address	**NHS Number**
	Hospital, Ward
	Hospital number (if known)
D.O.B	
GP Practice	**Does the patient have a long-term disability covered by the equality act?** Yes No
Tel	If **'yes'**, proceed to Step 1. If **'no'**, the patient does not meet the requirements for additional medicines compliance support. Provide appropriate advice and guidance.
Pharmacy	

Step 1 — Medicines Information

Total number of medicines taken				
	AM	**Lunch**	**PM**	**Night**
Daily doses:				
Weekly doses:				
Additional PRN medicines:				
Any medicines unsuitable to be re-packed in to Multi-compartment Compliance Aid?				

Step 2 — What can the patient manage?

			Yes	No
Physical	**Swallowing**	Swallow all their tablets/capsules?		
	Dexterity	Grip medicine bottles?		
		Open and close child-resistant lids?		
		Open and close screw lids?		
		Open and close winged lids?		
		Open medicine boxes?		
		Open blister strips?		
		Halve tablets themselves (if required)?		
	Vision	Read standard print labels?		
		Read large print labels?		
		Read braille labels (if patient blind)?		
Mental	**Understanding**	Understand each medicine dosage instruction?		
		Understand the reason for each medicine?		
		Understand how to take PRN medication?		
		Understand how to take variable doses (e.g. warfarin)?		
	Memory	Remember to take their medication regularly?		
		Remember to order their repeat medication?		

If the answer to each question is *'yes'*, it is unlikely that the patient requires additional medicines compliance support.

If the answer to any question is *'no'*, proceed to the suggested adjustments in *Step 3* on next page.

This is a list of suggested adjustments to aid compliance problems, however it is not exhaustive and others can be used if appropriate for the patient.

Step 3 — What adjustments are best for the patient?

Problem	Suggested solutions	Action plan
Swallowing	• Provide liquid formulations • Provide soluble formulations • Simplify regime to once daily/combination preps • Refer to recommendations made by Speech & Language therapy	
Dexterity	• Provide screw/winged lids • Provide large bottles/boxes • Dispense blister packed medicines into bottles • Provide halved tablets • Relative/carer administers all medication	
Vision	• Provide large print labels • Provide symbols on each box • Provide braille labels (if possible) • Relative/carer administers all medication • A Multi-compartment Compliance Aid (MCA), e.g. Dosette	
Understanding	• Provide a Medicines Reminder Sheet • Simplify medication regime • Medicines Use Review • Relative/carer administers all medication	
Memory	• Provide a Medicines Reminder Sheet or MAR chart • Simplify medication regime • Relative/carer administers all medication • Organise repeat prescription collection/delivery service • A Multi-compartment Compliance Aid (MCA), e.g. Dosette	

*If assessment concludes an MCA is the most appropriate reasonable adjustment for this patient, please complete the **MCA Checklist** before recommending one is supplied in the action plan.*

Step 4 — Summary and Assessor Details

MCA Checklist	Yes	No
Can the patient select medication from the correct compartment?		
Can the patient remove the medication from the box?		
Does the patient understand how the MCA is to be used?		
Is the patient willing to change current medication system?		
Is the pharmacy prepared to supply a pharmacy-filled MCA?		
If the answers to the questions are **yes,** a pharmacy-filled MCA should be supplied.		

Outcome of Assessment	Tick
It is my opinion that this patient **does not** have a medicines compliance problem	
It is my opinion that this patient **does** have a medicines compliance problem and would benefit from the adjustments detailed in **Step 3 Action Plan**.	

If an MCA is appropriate, give action plan for any PRN medication:	
Name	**Signature**
Date of assessment	
Patient signature (if applicable)	

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