
Supporting patients to manage their medication

Signposting information and guidance for medicines compliance support

Advice on the use of multi-compartment compliance aids (MCAs) in Norfolk & Waveney

Information for health and social care professionals

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1.Supporting patients to manage their medication

1.1 Introduction

This guide has been produced to support health and care professionals to provide advice and guidance to patients and/or their carers when difficulties managing medicines are identified. It is a supplementary resource listing local options and signposting and is not designed to be prescriptive. Health and care professionals should be aware of appropriate guidance and use judgement to ensure the best outcome for patients.

Identified issues should be discussed with the patient and their support networks, where necessary, to ensure that medication taking is as safe and effective as possible. Taking a patient-centred approach, utilising networks that are available to them in the community, including multi-disciplinary working has the best impact on ensuring medication use is supported.

The guide will also support the appropriate use of multi-compartment compliance aids (MCAs) following the decommissioning of the Norfolk Medicines Support Service on 31 March 2026. This service assessed patients referred due to difficulties managing their medicines and, where appropriate, considered and implemented a range of support aids to improve medication adherence.

This guidance relates to patients who are living in their own home (including sheltered accommodation) and does not specifically include residential or nursing care, although some of the principles and support tools may support residents to self-administer medication.

1.2 Compliance support

When a patient is identified as needing support to manage their medicines, there are several solutions that are available.

A multi-compartment compliance aid (MCA) is a device, often a plastic container, which is divided into separate sections to hold individual doses of medicine organised by day and time (e.g., breakfast, lunch, dinner, bedtime). They are also known by names such as **monitored dosage systems (MDS)**, **blister pack**, or **Dosette box**.

The primary goal of an MCA is to help patients, particularly those on complex medication regimens, to take the correct medication at the correct time, thereby improving adherence and supporting independent living.

The [Royal Pharmaceutical Society \(RPS\)](#) and [NICE](#) have both said that MCAs should not be the first-choice intervention as there is limited evidence they improve patient outcomes, but there may be value for some people who have been assessed as having practical problems in managing their medicines. They recommend each person's needs are assessed on an individual basis. **Specific care should be taken when there is more than one MCA used in the same household to avoid confusion between patient's medicines.**

The evidence for using MCAs to improve medication adherence is inconclusive, due to limited and low-quality data. The published evidence reports several limitations and concerns with the use of MCA, ranging from medicine instability to unnecessary medication wastage.¹ The National Reporting and Learning System (NRLS) to be replaced by NHS Learn from Patient Safety Events (LPSE) data from the first half of 2018 showed that 507 patient safety incidents involved the terms 'monitored dosage' or 'dosette box'.¹

Health and social care professionals should be aware that there is insufficient evidence to support the benefits of MCAs in improving outcomes or medicines adherence in people (whether self-administering or receiving carer support).²

More recent research has shown that educational and behaviour interventions are more successful than supporting through the utilisation of devices.³ Also that involving multiple professionals can enhance the patient's perception of care as needs are considered more holistically.

Healthcare professionals must make reasonable adjustments to help people take their medicines. The Equality Act (EA) 2010 requires such adjustments and MCAs may form part of these but are not a universal remedy. There are other ways to promote people's independence. Other examples of reasonable adjustments to support the person to use original packs of medicines may include:

- reminder charts
- winged bottle caps
- large print labels or "bump" stickers
- alarms or apps (such as notifications on mobile phones)
- tablet splitters

Advice and guidance on how to manage medicines compliance and example products that can support compliance are in [Appendix 1](#). Template documents are available for reminder and tick charts on Knowledge NoW in the Medicines Compliance Resources section. There is also guidance on Apps that may be used to support healthcare and medication compliance in [Appendix 2](#).

Under the EA, it is the medication supplier (community pharmacist or dispensing doctors) who are responsible for agreeing with the patient what reasonable adjustments are required, when needed, to allow a patient to take their medication safely and as prescribed. They need to be satisfied that the patient can understand and is able to benefit from the

adjustment, without introducing additional risks.¹ This could be an MCA in some cases or could be a different adjustment. The required adjustments may change over time.

Further information on the Equality Act and making reasonable adjustments is given below.

1.3 What are some of the problems of using MCA?

When used appropriately, MCAs can support medication compliance. However, there are risks with devices that medication suppliers should be aware of:

- Most devices do not remind patients to take their medicines – this can be better supported using alarms or reminders.
- Removal of medication from the original packaging may render it unlicensed.
- Repackaging medicines carries increased risk of dispensing errors.
- Devices can be used incorrectly – selecting the wrong day / time etc.
- Patients become detached from their medicines and what they are being used for.
- Separating medicines that need taking before / after food becomes difficult, as they may be difficult to identify.
- Patients accessing incorrect medicines when there is more than one MCA in the household.

An additional document with fuller explanation on the advantages and disadvantages of MCAs can be found in [Appendix 3](#).

The assessment and selection of intervention options are person-centred and help to maintain health independent living. A validated tool from the UEA – Medication Adherence Support Decision Aid (MASDA) is available in [Appendix 4](#).

1.4 Structured Medication Review

It is strongly advocated that prior to discussions about additional compliance support, a Structured Medication Review (SMR) is completed to ascertain if there are opportunities for deprescribing or simplifying the regimen. Reducing the daily pill burden i.e. the number of tablets taken daily - can improve overall compliance. Consideration should be given as to whether medication could be contributing to confusion or other symptoms. Guidance on conducting an SMR can be found here: [SMR-toolkit-July-2025.pdf](#), or by searching “SMR” on Knowledge NoW.

The ‘Network Contract Direct Enhanced Service: structured medication review (SMR) and medicines optimisation guidance’ (March 2021) states that Primary Care Networks (PCNs) should have, or develop, processes for identifying patients who reactively need to be referred for a SMR. The reactive triggers for an SMR include requests for the addition of a MCA as an aid to manage multiple medicines.⁴ Even when patients on an MCA have not been newly initiated, they are a priority for review as they may not have been assessed for a number of years, and therefore a recommendation would be for PCN practice pharmacists to support review of these patients.

Patients within this user group will be eligible under the requirements of the Norfolk and Waveney Prescribing Quality Scheme 2025/26 for SMR.

It may be beneficial for GP practices to record in the patient's notes where a patient is identified to be receiving an MCA - **SNOMED code "395021002"** (=Uses monitored dosage system) can be used to identify patients who may be vulnerable or require additional support outside of using their medicines.

NICE guidance on medicines adherence (CG76) emphasises that involving patients in decision making process about medicines use is the main way to improve medicines taking. This includes understanding the patient's perspective on treatment outcomes, their healthcare aims, and the associated risks and benefits.

2. The Equality Act (EA) and provision of MCAs

2.1 What is the Equality Act and when does it apply?

The Equality Act 2010 (EA) is UK legislation that protects people from discrimination and requires organisations – including pharmacies and GP practices - to make reasonable adjustments for individuals with disabilities so they are not placed at a substantial disadvantage when accessing services.

This duty applies to employers, the NHS, public services, and organisations providing goods or services.

2.2 What is a reasonable adjustment?

A reasonable adjustment is a change that an organisation must make to remove or reduce a disadvantage a disabled person faces because of their disability. It is about making things fair and accessible so that disabled people can use services, do their job, or take their medicines safely - just like anyone else.

Examples of reasonable adjustments could include ramped access to buildings, access to a British Sign Language interpreter, hearing aid loop devices, and adjustments to how medicines are supplied.

Reasonable adjustments are not a “one size fits all” approach, and individual discussions should be held with patients to ascertain their needs and how to meet them. A record of this discussion should be documented in the patient’s record and reviewed at regular intervals. Documentation to support these discussions can be found at [Appendix 5](#). It is important to note that reasonable adjustments are made for the benefit of the patient, and not their carers. An assessment tool can help decision making but will not cover all eventualities.

There are training sessions available on supporting the needs of patients, these are listed in the [Training](#) section of this document and may be used for additional learning.

2.3 What funding exists for reasonable adjustments under Equality Act?

The community pharmacy contractual framework Single Activity Fee (SAF) includes a contribution towards compliance aids under the EA as listed within the Drug Tariff Part IIIA – Professional Fees. This sum is not distributed for any specific adjustments, but is on a flat rate basis, towards any adjustments that the pharmacy makes (e.g. access ramp, hearing loops, easy opening tops, reminder charts, large print/braille labels).

If the best reasonable adjustment is an MCA, then the supplier of medication should provide this without additional charge. **It is of vital importance to ensure that EA does not apply prior to charging a fee to the patient.**

2.4 Seven-day prescriptions

If a patient is assessed as requiring support under the EA, a seven-day prescription should only be issued if there is a clinical or safety need to receive prescriptions at weekly intervals and in agreement with the medication supplier that they are able to accommodate this.

Other reasons for issuing seven-day prescriptions may include:

- Frequent changes to the medication regime – to minimise waste. Prescriptions can increase back to 28 or 56 days once stabilised
- The patient is undergoing a period of titration or review of treatment
- There is a risk to the pharmaceutical stability of the medication e.g. hygroscopic items

There is no obligation to supply weekly against a 28- day prescription.

Further information can be found in: Key Message - Ensure appropriate use of 7-day prescriptions. *NB This document is currently under review and will be uploaded shortly.*

2.5 Patients who do not qualify for an adjustment under the EA

The medication supplier is under no obligation to provide an MCA to a patient who does not require a reasonable adjustment under the EA. Ambiguity arises where patients do not fall under the EA but require an MCA to aid adherence, and national funding does not make provision for these patients.

2.6 Who decides what support is appropriate?

It is the medication supplier's decision as to what type of support is suitable – if this requires input e.g. to repackage medication or make adjustments to the dispensing and supply process. Prescribers and other health and care professionals should advise patients to seek appropriate support from their pharmacy rather than suggesting they specifically approach for an MCA.

It would be appropriate for medical, non-medical, and social prescribers to be aware of other compliance aids or advice that are available and signpost appropriately. [Appendix 1](#) gives a directory of products and services.

Prior to the supply of any MCA, the medication supplier should be assured that:

- A discussion has taken place with the patient and their carer, where appropriate, that the device is understood and can be used appropriately, i.e. relevant sections opened and medication removed
- The patient wants to use a device and has not been inappropriately told to use one
- No other options would support the safe use of medicines – including support from family or carers

- Supplier of medication has checked the SPS [Medicines Compliance Aid Stability Tool](#) [NHS login required] to confirm physicochemical stability and characteristics of the medicine and its formulation
- Supplier of medication has considered any medications that cannot go in the compliance aid and weighed up the risks and benefits overall

If an MCA is supplied, for future reference it is good practice for all parties to record in their respective patient records, the reasons behind the request and what agreements were made with regards to prescription cycles (7/28 day or other), review periods, and who will be responsible for reviewing what aspect of the agreement.

It is strongly advocated that all patients on MCAs should receive a Structured Medication Review (SMR) from their GP surgery and the ongoing need for the MCA is periodically reassessed by the supplier of medication.

Where there is a change to medication, the patient uses an MCA, and 28-day prescriptions have been issued, a new prescription is required for **all** the items prescribed.

Where an MCA is assessed as not a required adjustment under the EA but the patient or carer still wishes for an MCA to be supplied, the medication supplier may choose to charge for this service going forward. It should be noted that dispensing practices are not able to provide a private service for provision of MCA.

It remains the medication supplier's decision about whether to continue to provide free MCAs or to charge the patient (where the EA not applicable) for this service. Suppliers should also be aware of this recent guidance from the GPhC:

<https://www.pharmacyregulation.org/about-us/news-and-updates/regulate/monitored-dosage-systems>

The flow chart below shows outline steps of conducting an Equality Act Assessment

Understanding your patient's medicine needs:

Patient Equality Act Assessment for Medication Reasonable Adjustment

If a patient has long term disabilities and has issues taking their medications as prescribed, there are lots of options to support them take their medicines safely. Follow these steps to better understand your patient's medication needs.

Does the patient have a long-term disability covered by the Equality Act (2010)?

- Yes
- No

The patient does not meet the requirements for additional medicines compliance support. Provide appropriate advice and guidance.

Step 1

How many medicines does the patient take and how frequently do they take them?



Step 2

What can the patient manage? Ask them about their physical abilities. Can they **swallow**? How **dexterous** are they? Do they have good **vision**? Assess their **mental capacity**. Do they understand which medicines they should take and when? Do they always remember to take their medicines?



Step 4

Explain your assessment and recommendations to the patient in language that's suitable for their needs. Make sure they understand how they are going to receive their medicines and how to take them. Pay special attention to PRN medications.



Step 3

What adjustments might be appropriate for this patient given what they've told you about their physical and mental capacity?



To support having this conversation with the patient and recording your action plan, download a Patient Equality Act Assessment form for Reasonable Adjustments.



If the patient or carer has asked for their medicines to be dispensed in an MCA, or a Health Care Professional has recommended one, but your assessment indicates alternative reasonable adjustments are more appropriate, this short video can help explain to the patient or carer why MCAs aren't always the best solution.

Credit: West of England Academic Health Science Network.

2.7 Reviewing of arrangements

Following the supply of an MCA or any other device to support medicines use, reviews should be periodically undertaken to ensure that these are still appropriate.

Where an MCA is implemented, care should be taken with high-risk medicines, and those with a narrow therapeutic index, as if compliance rates increase this could cause adverse effects from the medication. Be aware of any reported changes to physical or mental health condition following changes to medicines supply.

2.8 Signposting to other providers

Various online or distance selling pharmacies will provide MCAs and deliver prescriptions. Patients or their carers may be signposted to these providers to set up this service. Medication suppliers should ensure that the EA does not apply prior to signposting. A resource that may be supplied to patients can be found in [Appendix 6](#).

2.9 Paid carer support to patients

Patients who have paid care support do not routinely require an MCA. The exception to this may be for individual patients who continue to manage their own medicines and have a genuine need under the EA.

If there is a care worker whose role is to administer the medication, then this should be supplied in original containers and may be accompanied by a Medication Administration Record (MAR) – see section below.

If care providers (as part of their internal policies) request patients' medicines to be supplied in MCAs, this will be outside the scope of the Equality Act provisions; it is not funded by the NHS. As there is no funding available within the NHS to support the provision of MCAs to this group of patients, the cost may have to be negotiated between the patient / care worker / care agency and the medication supplier. 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. For patients within this category, the care worker, patient's GP, and community pharmacist should discuss the need for an MCA before making any changes.

2.10 MAR Charts

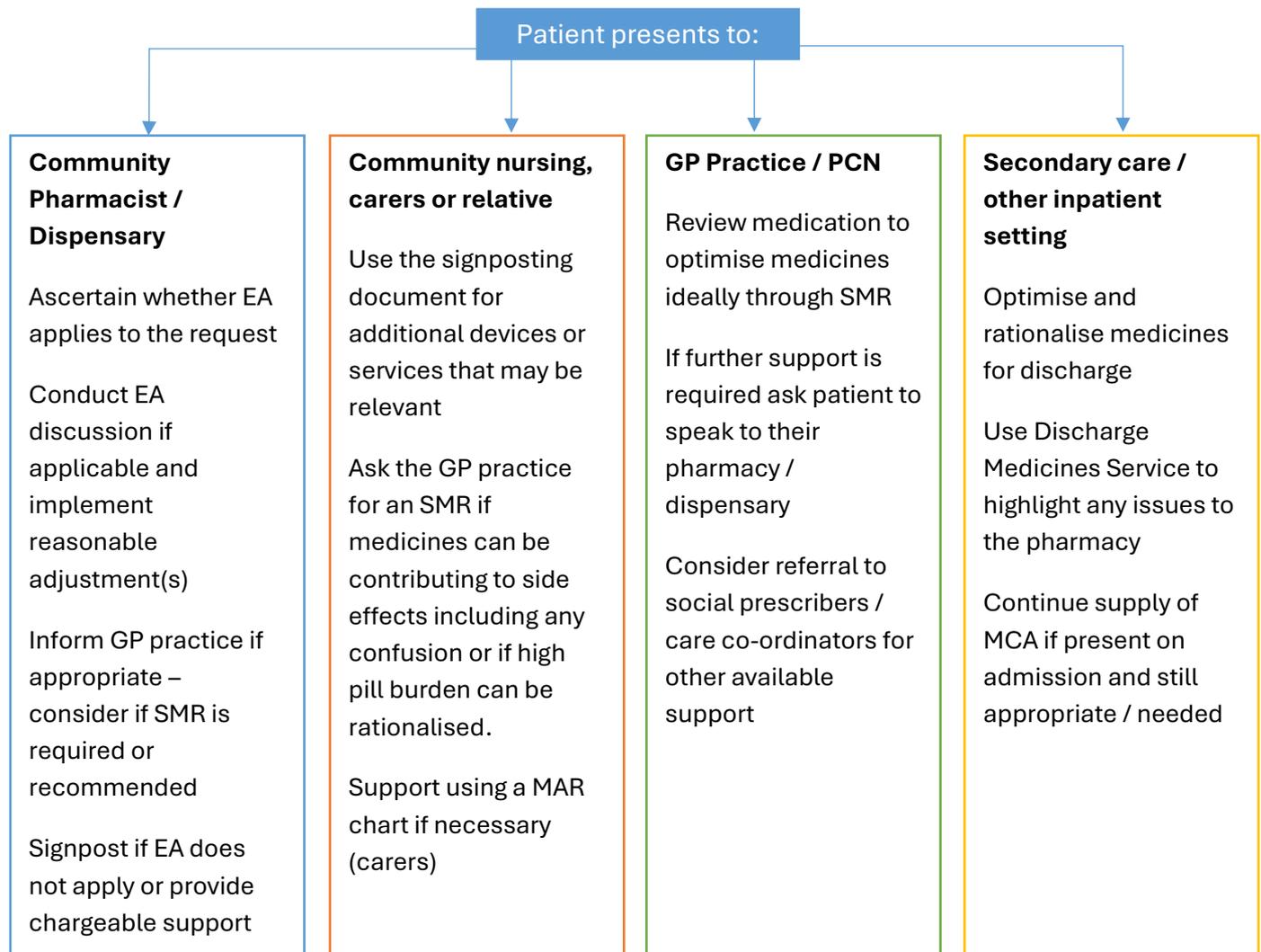
MAR charts are used by the care worker to document medication given to the patient. These will be provided by the care agency. There is an increasing use of e-MAR systems.

Most Patient Medication Record (PMR) systems can print MAR charts using the information from the PMR and the medication supplier may wish to discuss this with the care provider.

A template letter is available to support medication suppliers with requests for MAR charts and MCAs. [Appendix 7](#).

3. Managing requests for multicompartment compliance aids or other devices – a summary

Patient presents as requiring additional support to manage their medicines:



4. Training and Further Resources

e-learning for Health - (www.e-lfh.org.uk and search for the course name)

- Accessible Information Standard course
- e-learning for Health: Disability Matters for Health and Social Care
- e-learning for Health: Enabling People to Live Well with Dementia

Sensory Support 4 Medicines - <https://www.sensorysupport4medicines.uk/>

Gives advice and guidance on supporting people to take their medicines with a sensory (reading / hearing) impairment. Several useful short videos on their “How To” page.

FutureLearn – www.futurelearn.com

Online learning to support the safe and effective use of medicines by older people with sensory impairment. Free to access for four weeks.

[Supporting Medicine Use by Older People with Visual and/or Hearing Impairment](#)

SPS – Problematic polypharmacy podcasts

Five short 10-15 minute podcasts discussing different aspects of problematic polypharmacy in the community setting. Supports spotting problems and engaging patients in discussions

- Returned medicines
- Significant changes
- Repeat dispensing and supply
- Persistent non-adherence
- Frailty: when less is more

All of these can be found here: <https://www.sps.nhs.uk/articles/five-moments-to-tackle-problematic-polypharmacy-podcasts/>

5. Professional resources

CQC Guidance for Carers - <https://www.cqc.org.uk/guidance-providers/adult-social-care/multi-compartment-compliance-aids-mcas-adult-social-care>

GPhC: Monitored Dosage Systems - <https://www.pharmacyregulation.org/about-us/news-and-updates/regulate/monitored-dosage-systems>

Health Innovation West of England: Helping patients take their medicines safely: reasonable adjustments - <https://www.healthinnowest.net/our-work/transforming-services-and-systems/medicines-optimisation/medicines-compliance-aids-mcas/#Resources-to-support-healthcare-professionals>

NICE: Medicines Adherence CG76 - <https://www.nice.org.uk/guidance/cg76>

PrescQIPP: 321 Multi-compartment compliance aids (MCAs):

<https://www.prescqipp.info/media/d5fjgbwt/321-multi-compartment-compliance-aids-2-0.pdf>

RPS: Multi-compartment compliance aids (MCAs) Pharmacy Guide - <https://www.rpharms.com/resources/pharmacy-guides/mca> [RPS Membership required]

RPS: Medication review and adherence - <https://www.rpharms.com/resources/pharmacy-guides/medication-review-and-adherence>

SPS MCA Stability Tool - <https://www.sps.nhs.uk/home/tools/medicines-in-compliance-aids-stability-tool/>

SPS Defining and understanding medication adherence - <https://www.sps.nhs.uk/articles/defining-and-understanding-medication-adherence/>

6. Glossary

Equality Act 2010	UK law that protects people from discrimination by requiring fair and equal treatment regardless of factors such as age, disability, race, sex, religion or belief, and other protected characteristics. It also places a duty on organisations and service providers to make <i>reasonable adjustments</i> so that people can access services safely and without disadvantage.
Medication Administration Record (MAR) Charts	Paperwork that is used to document medication administered to a patient by a care or support worker.
Medicines Compliance Aid (MCA)	A device which is divided into individual compartments that organise medicines by day and time of administration. Commonly also known as Monitored Dosage Systems (MDS) "Dossett" boxes or blister packs.
Medication Supplier	A patient's usual community pharmacy or dispensing practice.
PMR	Patient Medication Record – recording systems used by medication suppliers.
Structured Medication Review (SMR)	A person-centred, clinically focused discussion in which a trained professional works with an individual to optimise the safety, effectiveness and appropriateness of their medicines.

7. Appendices

All appendices are available separately via Knowledge NoW

1. [Supporting medicines compliance - Advice and Guidance](#)
2. [Apps- Health and Medication](#)
3. [Advantages and Disadvantages of MCAs](#)
4. [MASDA Tool](#)
5. [Template Assessment Form](#)
6. [Online Pharmacies Information](#)
7. [Template letter for home care providers](#)

8. References

1. Summary of Guidance and Evidence for use of Multi- Compartment Compliance Aids (MCCAs); February 2019; London Medicines Information Service.
2. PrescQIPP. Multi-compartment compliance aids (MCAs) – Bulletin 321; April 2023.
3. Scotti, S. et al. Enhancing Medication Adherence in Older Adults: A systematic review of evidence-based strategies. Journal of the American Geriatrics Society 2025; 0:1-9.
4. NHS England. Structured medication reviews and medicines optimisation: guidance 31 March 2021; <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0431-network-contract-des-smr-and-mo-guidance>

Document Control Sheet

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