



North Central London
Integrated Care Board

Use of multi-compartment compliance aids (MCA) in NCL and the cessation of the community pharmacy MCA commissioned scheme

Information for GPs, PCN pharmacists and community pharmacists in Camden and Islington

Integrated Medicines Support Steering Group NCL ICB

January 2024

Use of multi-compartment compliance aids (MCAs) in Camden and Islington and the cessation of the Community Pharmacy MCA commissioned scheme

Summary

The objectives of this guidance are to support health professionals in Camden and Islington to:

- be aware that the commissioned MCA service is stopping on the 31 March 2024.
- understand the role of each health professional in the care of patients with an MCA.
- ensure decommissioning is carried out safely and each patient to have their adherence support needs assessed by the community pharmacist.

Introduction

NHS England (NHSE) commissioned a Medicines Compliance Aid (MCA) (also known as Medicines Reminder Device or Monitored Dosage System (MDS)) Scheme for a number of years as part of a community pharmacy Local Enhanced Service. NHSE decommissioned the scheme on 31 March 2023, and NCL Integrated Care Board (ICB) agreed to fund continuation of the scheme until end March 2024 to support safe transition and implementation of this decision. Camden and Islington are two of only three London boroughs with pharmacies still commissioned to provide this type of scheme.

NCL is working in stages to mitigate risks to affected patients. The following guidance has been developed to support an interim arrangement specific to Camden and Islington boroughs to cover a transitional period until 31 March 2024.

Close working relationships between GPs, community pharmacists and care workers will be important to ensure the best outcome for patients who were on the scheme.

The Royal Pharmaceutical Society (RPS) and NICE have both said that MCAs should not be the first-choice intervention and 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.

A recent study reported that 94% of pharmacies dispensed medicines in MCAs but only 28% of pharmacies completed a needs assessment for patients before commencing an MCA.¹ It is unknown how many Camden and Islington community pharmacies undertake an initial assessment to identify the need for an MCA and how regularly a reassessment of the need for an MCA is subsequently undertaken. It is not a requirement for community pharmacists to complete a written assessment under the Equality Act 2010 (EA).

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.² 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'.²

A study in 48 community pharmacies in Scotland showed a quarter of patients were prescribed ≥10 medications and 43% had a prescription containing at least one clinically significant drug–drug interaction (DDI). half of the study group had at least one medication concurrently

dispensed outside of the MCA and 8.1% were prescribed five or more medications outside of the MCA.³

Under legislation carried forward in the Equality Act 2010 (EA), it is the community pharmacist who is 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 and they need to be satisfied that the patient is able to understand and be able to benefit from the adjustment, without introducing additional risks.² This could be an MCA in some cases, or could be a different adjustment.

GPs, pharmacists, and other healthcare professionals must make reasonable adjustments to help people take their medicines. The Equality Act 2010 requires such adjustments and MCAs may form part of these but are not a panacea. There are other ways to promote people's independence. Other reasonable adjustments to support the person to use original packs of medicines may include:

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

We would ask all GP practices to record in the patient's notes where a patient is identified to be receiving a Medicines Compliance Aid, **SNOMED code "395021002"** (=Uses monitored dosage system).

The Equality Act (EA) and provision of MCAs

Patients under the Equality Act

The pharmacy contractual framework Single Activity Fee (SAF) includes a contribution towards compliance with the EA. This sum is not distributed for any specific adjustments, but is distributed 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).

Therefore, **if the patient qualifies for an adjustment under the EA** and is assessed as requiring an MCA, then a discussion needs to take place between the GP practice and the community pharmacist about continuation of provision of an MCA or the implementation of an alternative intervention. If the best reasonable adjustment is an MCA, then the community pharmacist should provide this. See [Appendix one - Medicine compliance aid assessment tool](#), that can be used by the community pharmacists if this is seen as helpful. This is supported by [Appendix two - Managing medicines information pack](#).

Seven-day prescriptions are not usually required for these EA patients to receive an MCA, unless the GP has concerns as outlined in the following cases in points 1-4 below.

7 day prescriptions should only be issued for MCA under the EA where:

1. Clinical need for restricting the quantity of medication that a patient holds at any one time (e.g. concerns about overdose/misuse)
2. Frequent changes to the medication regime – to minimise waste.
3. The patient is undergoing a period of titration or review of treatment.
4. There is a risk to the pharmaceutical stability of the medication e.g. hygroscopic items.

(Please note points 2,3 and 4 above would not be routinely recommended to be supplied in an MCA, but if an MCA is agreed to be necessary, then a 7-day prescription should be issued).

Please note that community pharmacies are not obliged to supply weekly against a 28-day prescription. See [Decision aid for appropriate prescription length](#) on page 7.

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

The pharmacist is under no obligation to provide an MCA to a patient who does not fit the EA criteria. Ambiguity arises where patients do not fall under the EA, but require an MCA to aid adherence, either for themselves or for carers to help with their medications, and national funding does not make provision for these patients.

For patients falling under this category the patient's GP and community pharmacy should discuss if an adjustment is required and what is best to meet the patient's needs. In some circumstances, some patients' most suitable option is an MCA and they do not fall under the EA. If the following apply to the patient an MCA could be supplied and a request for 7-day prescription can be sent to the GP to be approved:

- Patient has been assessed by the community pharmacist¹ and MCA is the best or only option.
- Community Pharmacist has checked the [Medicines Compliance Aid Stability Tool](#) [NHS login may be required] to confirm physicochemical stability and characteristics of the medicine and its formulation.
- Community Pharmacist has considered any medications that cannot go in the compliance aid and weighed up the risks and benefits overall
- Community Pharmacist is satisfied the patient does not have a paid carer or family member that could safely prompt the medication administration.

See [Appendix four: Community pharmacist request for 7-day prescriptions to facilitate use of Medicines Compliance Aids \(MCAs\)](#)

See [Decision aid for appropriate prescription length](#) on page 7.

[*The above guidance supports a transitional arrangement for a period until 31 March 2024 and is applicable to Camden and Islington boroughs only]

The community pharmacist will check in with the patient or carer regularly and let the GP know if anything changes to the above or after six months, whichever is sooner.

It is good practice for all parties to record, for future reference and in their respective patient records, if a Medicines Administration Record (MAR) or MCA is supplied, 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 undergo a GP practice Structured Medication Review (SMR) and periodic assessment of the need for the MCA by the community pharmacist.

If the patient is on an MCA and 28-day prescriptions are issued, if medication is changed, a replacement prescription is required for all the items prescribed.

Where an MCA is assessed as not a required adjustment and where the patient or carers still wish for an MCA to be supplied but do not fall under the EA, the community pharmacy will likely charge for this service going forward.

It remains the community pharmacist's decision about whether to continue to provide free MCA or to charge the patient (where the EA not applicable) for this service.

¹ In NCL this also includes an assessment by the Camden and Islington Rapid Response and Virtual Ward team.
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Paid carer support to patients

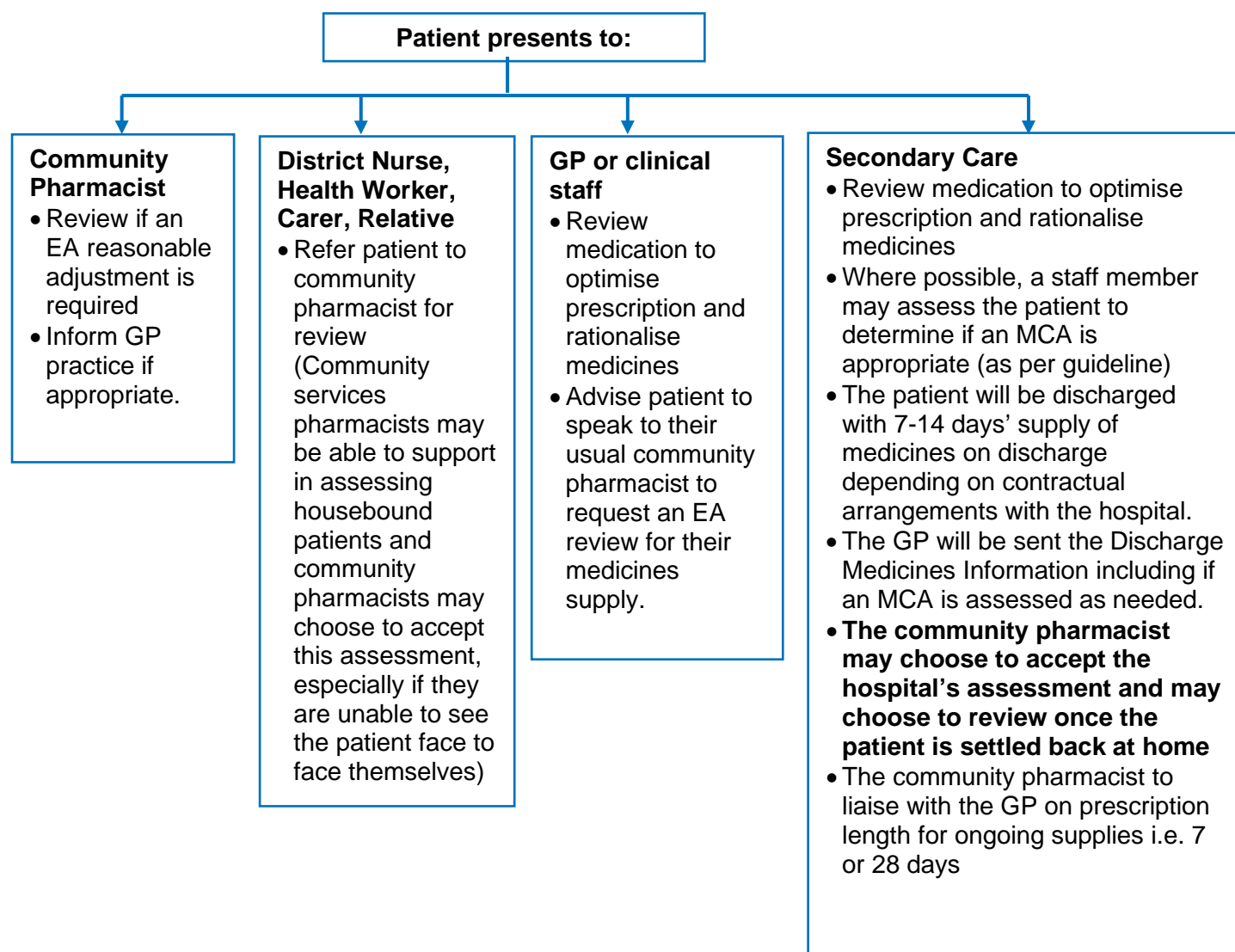
Patients in care homes or those who have care workers may not routinely require an MCA. The exception to this may be for individual patients who manage their own medicines and have a genuine need under the EA. If there is a care worker whose role is to assist in the administration, then it is unlikely to be reasonable for the community pharmacy to have to provide an MCA.

If care homes or care agencies (as part of their internal policies) request patients' medicines to be supplied in MCAs, as a matter of convenience, then this will be outside the scope of the Equality Act provisions and it is not funded 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/care worker/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. For patients falling under this category, the care worker, patient's GP, and community pharmacist should discuss the need for an MCA before making any changes.

See [Appendix three – template letter for paid care workers/social care agencies](#)

Managing request for multicompartment compliance aids or other compliance aids – a summary

Patient presents having difficulty managing their medicines:

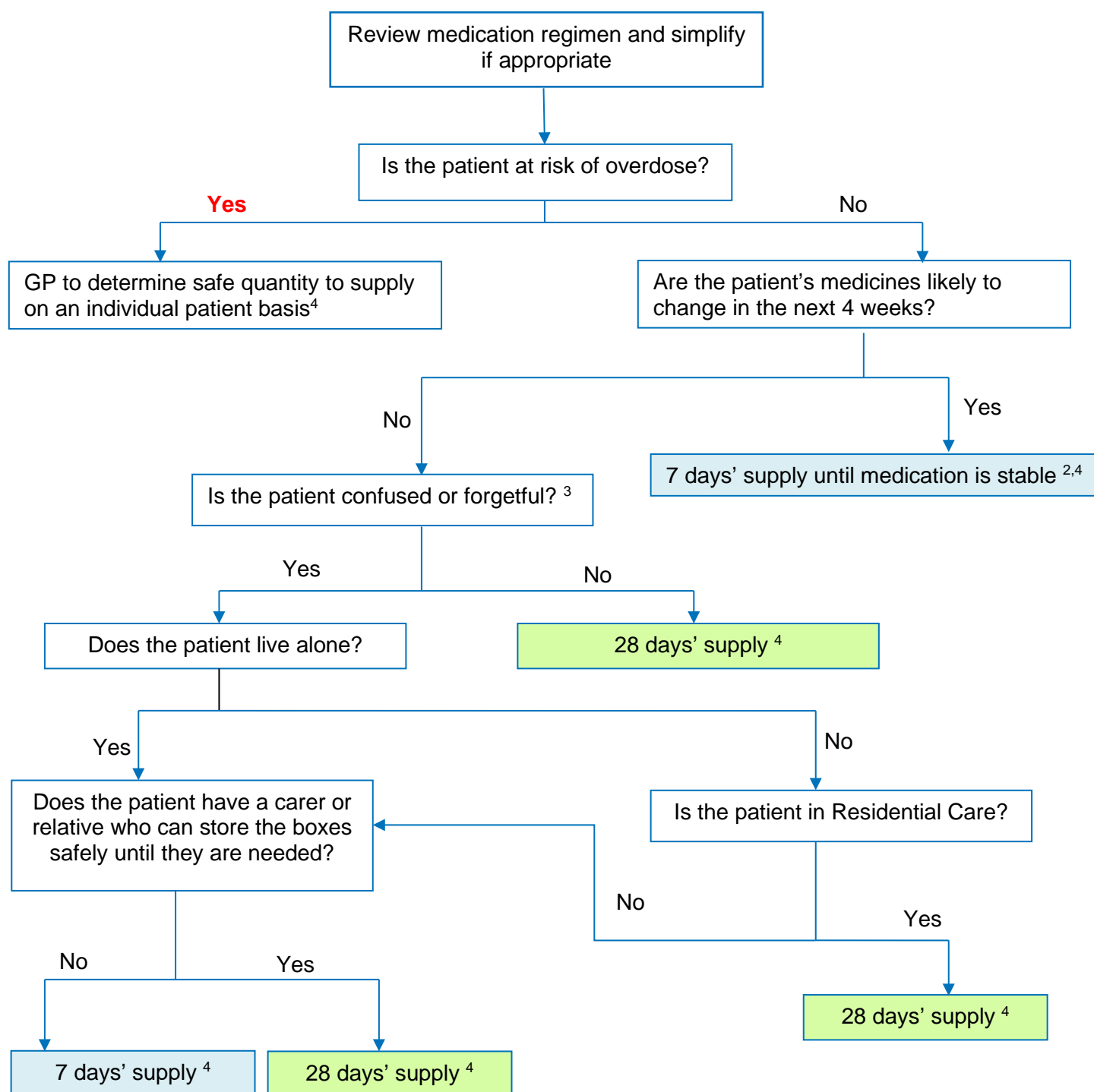


It is the dispensing pharmacist's responsibility to determine if the patient qualifies for an EA reasonable adjustment. The dispensing pharmacy may choose to accept an assessment undertaken by secondary care or community services pharmacists e.g. for housebound patients or may wish to undertake their own review.

It is the GPs 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.

Decision aid to decide appropriate prescription length:



Key:

1. This flowchart is not exhaustive and is not intended to replace clinical and personal knowledge of the patient's circumstances.
2. 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.
3. 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.
4. The length of supply prescribed will determine how much medicine is dispensed and how often. 7 days should result in a weekly supply. 28 days will likely result in a supply every 4 weeks (either 4 boxes of 7 days or 1 box of 28 days)
5. **See further information on page 4 around special cases and community requests for 7-day supply.**

Next steps

NHSE decommissioned the MCA scheme, following review, on 31 March 2023. Interim ICB funding is in place to support safe transition of this decommissioning decision of the scheme until 31 March 2024.

NCL is working in stages to mitigate risks to affected patients. The guidance developed to support an interim arrangement specific to cover a transitional period to end March 24. Close working relationships between GPs, community pharmacists and care workers will be important to ensure the best outcome for patients who were on the scheme.

Community pharmacists can continue to supply MCAs under the NCL ICB scheme until 31 March 2024 and must ensure all PharmOutcomes® submissions under the scheme are submitted by Friday 19 April 2024.

It is envisaged that, ideally, each patient undergoes a GP practice structured medication review (SMR) and a community pharmacist assessment and evaluation of the need for an MCA. If the patient requires a greater level of support and a more intensive assessment then a referral can be made to the Camden and Islington Rapid Response and Virtual Ward team.

The Network Contract Direct Enhanced Service structured medication review (SMR) 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 an MCA as a means to manage multiple medicines.⁴ even though patients on the MCA scheme have not newly been initiated on an MCA, 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. New patients being initiated on MCA should receive a GP practice based structured medication review.

References

1. Yeung A. Medicines Adherence Support Project. Academic Health Science Network: North East and North Cumbria 2019.
2. Summary of Guidance and Evidence for use of Multi- Compartment Compliance Aids (MCCAs); February 2019; London Medicines Information Service.
3. Counter D, Stewart D, MacLeod J et al. Multicompartment compliance aids in the community: The prevalence of potentially inappropriate medications. British Journal of Clinical Pharmacology 2016; 83:1515-1520.
4. 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-21-22.pdf>

Appendices

- [Appendix one: Concise EA assessment form & medicines assessment form](#)
- [Appendix two: Managing medication information pack](#)
- [Appendix three: Template letter for social care agencies](#)
- [Appendix four: Community pharmacist request for 7-day prescriptions to facilitate use of medicines compliance aids \(MCAs\)](#)
- [Appendix five: Patient information leaflet on supply of multi-compartment compliance aids \(MCAs\)](#)

Appendix one with acknowledgment to Sheffield Teaching Hospitals NHS Foundation Trust

Appendices two, three and four with acknowledgements to Medicines Optimisation City and Hackney, Bristol & North Somerset, Hertfordshire and Stoke-on-Trent; Royal Pharmaceutical Society, Specialist Pharmacist Services.

Appendix five with acknowledgment to East and North Herts and Herts Valleys CCG

Appendix one: Concise Equality Act (EA) assessment form & medicines assessment form

With acknowledgment to Sheffield Teaching Hospitals NHS Foundation Trust for use of this form

Any support provided to patients to aid treatment adherence should include a prior assessment of their needs. This form is intended to help make an informed decision, enabling the provision of the most appropriate support for the patient. Patients who live alone with little or no family contact and who rely on others to access their medication and other basic needs may be particularly vulnerable to medication provision breakdown or misuse of their medication. Any concerns should be shared with the appropriate health or social care professional.

The form can be used within a number of care settings, in primary care, secondary care or by social services. It can also be used by pharmacists to determine if a reasonable adjustment is required under the Equality Act 2010.

Through Step 1 and Step 2 this tool attempts to capture relevant details of the patient's abilities. This form does NOT constitute a clinical assessment, nor does it involve detailed testing of the patient; the information can be gathered simply through conversation with them or their family. Having recorded the patient's needs Step 3 offers a number of possible solutions or coping strategies. Finally, in Step 4, the assessor can record any recommendations they feel would be appropriate. Depending on the circumstances of the patient it may be appropriate to review any support annually.

Date of assessment: ____/____/____

Service users' details	
Name	NHS number:
Address	Post Code:
GP & GP Practice	Telephone No:
Service user's Pharmacy	Telephone No:

Details of current care package if applicable:

Does the service user already have a care package in place which includes medication support? [Y/N]

If possible, complete the times a day that a carer visits you							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Lunch							
Evening							
Night							
Who do you give authority for the assessor to contact? <input type="checkbox"/> GP <input type="checkbox"/> Carer							
Others, please state							

Does the service user have any regular visitors (e.g. carer, family, or nurse) who may offer support at home?				
Visitor name	Contact no.	Type of visitor e.g. family, district nurse	Frequency of visits/times	Does visitor provide medication support? Y/N

Step 1

Measure of complexity:

Total number of medicines (tabs, liquids etc.) taken:

	a.m.	lunch	p.m.	night	Other (e.g. Parkinsons)
Number of medicines taken during the day					

Step 2

Assessment of need:

Please tick all that apply, as appropriate

Problems / difficulties with taking medication			Yes	No
Physical	Eyesight	Registered blind/partially sighted		
		Able to read labels?		
		Able to distinguish between medicines by sight?		
	Manual dexterity and co-ordination	Can manage blister strips?		
		Can open or close child resistant packaging?		
		*Swallowing or other usage problems		
Mental	Understanding	Can speak/understand English?		
		Can understand medication instructions?		
		Knows which medicines are regular or PRN?		
		Knows what each medicine is for?		
		Understands when to take the medicine?		
	Complexity	Taking medication with variable doses (e.g. warfarin)?		
		Complex regime/ dose directions/multiple doses during the day?		
	Remembering to order	Is continuity of supply a problem?		
		Forget to order?		
	Remembering to take	Forget to take medication frequently?		
	Informed decision NOT to take meds			

*Recent onset dysphagia, refer to GP/speech and language services

Taking medicines according to the instructions			
	Problem area		Additional information
	Yes	No	
Reading instructions			
Understanding instructions			
Understanding symbol chart			
Generally forgetful			
The number of prescribed items			
The number of PRN prescribed items			
The number of complementary and alternative medicines			
Medicines similar in appearance			
Medicines varying in appearance from one prescription supply to another			
Lack of understanding of the reason for taking medicine			
Summary of action plan agreed			

Step 3

Coping strategies provided:

The following table identifies a number of coping strategies that may be provided. Please tick those that the assessor feels may assist the service user.

Identified problem	Possible solution	Tick	Source
Eyesight	Enhance labelled instructions <ul style="list-style-type: none"> • Increase font size • Provide symbol-based label • Braille labels • Colour/Highlighting 		<ul style="list-style-type: none"> • PMR/Hospital IT systems have a facility to increase the font size. • The National Pharmacy Association has a number of aids available https://www.npa.co.uk/ • Highlighter pens
Manual dexterity and co-ordination	Assist with dexterity issues <ul style="list-style-type: none"> • Provide screw caps/ wing lids • Dispense blister packed tablets into bottles • Provide larger bottles and lids • Provide oral syringe or measure • Alternative formulation of same medicine • Haleraid® (for inhalers) or eye dropper clamp • Tablet cutter 		<ul style="list-style-type: none"> • Please contact your bottle supplier • Click on the Living Made Easy link of the Disabled Living Foundation website for information on useful aids that may assist service users https://livingmadeeasy.org.uk/ • Alternatively, contact the NPA for information https://www.npa.co.uk/
Understanding	Enhance understanding <ul style="list-style-type: none"> • New Medicines Service • Provide written information • Rationalise medicines regime • Is there an appropriate alternative? • Use of clearer directions on label 		
Complexity	Simplify medicines regime <ul style="list-style-type: none"> • Medication review • MAR chart • Simple domestic routine 		Community Pharmacies may supply completed MAR charts with medication when requested
Remembering to order	Assist with ordering medicines <ul style="list-style-type: none"> • Prescription collection service • Repeat dispensing • Reminder on calendar • 'Standalone Telecare Solutions' 		
Remembering to take	Assist with taking medicines <ul style="list-style-type: none"> • Rationalise medicines regime • Reminder charts • MAR chart • Patient filled dosette (provided suitable support to fill dosette is available) • Pharmacy filled MDS 		

4a: Equality Act assessment

It is my opinion that this person **DOES*** / **DOES NOT*** have difficulties with taking their medicines.

(The patient may have difficulties taking their medicines as a result of a disability or simply they have a complex medication regime)

Notes re EA:

EA adjustments by the pharmacy itself will probably be minimal or EA will **not** apply if the patient has:

- support from carers (formal or informal) to take their medications (the carer is the reasonable adjustment) or
- simply has a complex medication regime or
- a condition that lasts < 1 year.

Does EA apply: **YES */ NO *** (if **NO** then no requirement to by the pharmacy to make any reasonable adjustment under the EA regulations)

If EA does NOT apply, does the patient require support with compliance? If so, complete the compliance assessment below:

4b: Compliance Assessment

Summary of risk areas	Assessed risk level			'Practical solution' signpost or aid provided to support compliance
	High	Medium	Low	
Coping routine				
Getting medicines out of containers				
Swallowing or using medicines				
Following instructions				
Intentional non-compliance				
Confusion				
Sensory problems (e.g. sight)				
Physical problems (e.g. tremor)				
Carers activity				
The following MCA has been supplied:				
Outline of intervention required:				

	Yes	No	Completed by	Date
Suggested action plan agreed with patient				
Carer informed				
GP informed, no intervention required				
GP informed, an intervention is required, Template letter sent to GP				

Pharmacist name (IN CAPITALS)		Pharmacy stamp	
GPhC registration number			
Pharmacist signature			
Date	Date of next review		

Appendix two: Managing medication information pack

With acknowledgements to Medicines Optimisation City and Hackney, Bristol & North Somerset, Hertfordshire, and Stoke-on-Trent; Royal Pharmaceutical Society, Specialist Pharmacist Services.

The information in this pack is for all healthcare professionals to raise awareness of the wide range of support mechanisms available from community pharmacists that can be of benefit to patients and family or social care workers looking for solutions to managing their medication. Healthcare Professionals should be mindful of “reasonable adjustments” covered by the Equality Act 2010 or when it would be appropriate for the patient to be charged.

Identifying why a patient has problems with their medication should be the first step to considering the most appropriate solution.

Consider the following:

1. Medication review
2. Dexterity
3. Memory
4. Visual impairment
5. Hearing impairment
6. Literacy problems
7. Language problems
8. Learning disability

Below is a list of some options that are available as solutions to the lack of compliance with medication regimes.

Medication review

Refer patient to GP practice.

Dexterity




Large containers	These have a larger lid to improve grip in opening containers where appropriate.
Dossett boxes cups	These are cups that the patient can push over the relevant dose, and it falls into the cup
Easy open tops	Non child resistant tops can be requested by the patient and agreed with the pharmacist.
Winged caps	Non child resistant tops with a wing attachment.
Pill press/Pill poppet (available to purchase)	Devices that enable medicines to be pushed out of blister packs.
Eye drop dispensers	Available on prescription to aid with administration of eye drops.
Inhaler aids	Aids to help patients grip, actuate or twist their inhaler device (available free directly from manufacturers e.g. Allen & Hanburys, Astra).

Memory	
Medication reminder chart	<p>A paper-based chart to summarise medicines, what they are for and when to take them.</p> <p>RPS Good Practice guidance for the production of MAR charts should be adopted for the medication reminder chart. <i>The reminder chart is constructed on the basis of the current prescription together with information about repeat prescriptions for PRN medicines.</i></p>
Reminder alarms	Electronic devices are available to assist This includes phone apps and telemedicine.
Medication tick charts Useful for people who may forget they have taken their medication or need help with a more complex regime.	<p>A paper-based chart as above but the patient records that they have taken their medication. These charts are available on pharmacy computer systems.</p> <p>Copies of the patient's medication labels can be stuck onto the blank template. CQC has advised this should be overlaid with sticky tape to avoid tampering.</p> <p>Explain to the patient/ care worker how to use the chart and advise them initially to bring it back the next month to discuss if they had any problems.</p>
Simplify regime and counsel patient to improve understanding	Work with GP practice to simplify the process e.g. change to once-a-day dose, alter strength.

Visual impairment	
Colour coding	Coloured dots can be stuck on medication to indicate what it is for. A colour coded key must be placed on a separate sheet of paper for them to refer to.
Large print labels	<p>Dependent on dispensary labelling computer.</p> <p>Font size 16/18 is classed as large. RNIB suggest Ariel font no smaller than 14.</p> <p>It may be easier to print clearly on a large piece of paper in large font the regime for taking the medication.</p>
Tactile identifiers	Attach something to the box/foil strip e.g. elastic band, staples, tear in the lid of the box, in agreement with the patient.
Larger diagrams/pictures	Draw/attach pictures onto the box to signify when a medicine is to be taken e.g. sun for the morning or moon for at night.
Magnifying glass	Suitable magnifying glasses recommended by RNIB.
Braille	Do not stick dispensing labels over Braille information on medicines.

Visual impairment	
Braille products	<p>Braille labeller - based on a DYMO® gun, prints letters and numbers as Braille characters on to a self-adhesive tape which can then be affixed to a carton or bottle.</p> <p>There are many professional Braille machines available to purchase and range in cost.</p>
Plastic labels	Basic tie-on labels provided as a strip of plastic that can be attached to a container. Can be Brailled or used in conjunction with other labels or a felt pen. Historically, pre-printed Braille versions have also been available from the pharmaceutical industry. These are colour coded with the dosage instructions Brailled on the label which is then tied on to the container.
Plastic sheets	Available as sheets of self-adhesive plastic that can be embossed using a Braille machine.

The following pages list some of the medication aids to support patients with their medication. The list is designed to give an indication of what forms of support are available to patients. The NPA provides a comprehensive list of suppliers. Inclusion in this list does not imply endorsement by the Integrated Care Board, the LPC or the LMC.

Examples of medication aids	
	<p>PillPunch®</p> <p>Handy tablet removal device which comes in 4 sizes. Designed by a pharmacist to aid removal of most tablets and capsules from blister strips. Helpful for anyone who has difficulty in removing pills from blisters.</p>
	<p>PillPress</p> <p>Is a unique and innovative product that solves the frustrating problem some people experience when removing pills from blister packaging as the enclosed 'well' captures the pill when pushed through the foil pack by hand.</p>
	<p>Grip-it bottle opener</p> <p>Internal grip fits the bottle top while the outer surface fits comfortably in your hand. Great for removing most bottle tops.</p>
	Plain bottle tops/winged bottle tops

Examples of medication aids

	<p>PillMate® cutter Small, portable plastic pill cutter cuts tablets neatly and simply if they are too large or are just too difficult to swallow whole.</p>
	<p>PillMate® pill cut & crush Suitable for those who are unable to or have difficulty swallowing pills.</p>
	<p>Opticare® Arthro 5 & 10 Perfect for users that suffer from arthritis or limited hand and shoulder mobility. Simply place your eye drop bottle into the dispenser and guide the drops into your eye accurately. Opticare® Arthro 5 is compatible with most round and oval shaped bottles (2.5ml and 5ml) and is blue in colour. Opticare® Arthro 10 is compatible with most round and oval shaped bottles (10ml and 15ml) and is cream in colour. Please note - this product is not compatible with Xalacom® or Travatan® eye drops.</p>
	<p>Opticare® eye drop dispenser Each dispenser is now supplied with a simple adaptor making it compatible with many non-standard bottles. Can clip on to most round eye-drop bottles from 5-15ml, commonly used by people with glaucoma. Ideal for people who have arthritic hands or anyone who finds it difficult to dispense eye drops. Please note - this product is compatible with Xalacom® or Travatan® eye drop bottles, as the dispenser is now supplied with an adaptor.</p>
	<p>The Talking Label voice recorder Offers a simple and effective solution if you take multiple medications, as it provides audible guidance when you need to identify and take any medication.</p>
	<p>Aid for administering eye drops Eyepiece attaches to dropper bottle ensures correct positioning over eye. Simply squeeze bottle to administer drops.</p>

Appendix three: Template letter for social care agencies

With acknowledgements to Medicines Optimisation City and Hackney, Bristol & North Somerset, Hertfordshire, and Stoke-on-Trent; Royal Pharmaceutical Society, Specialist Pharmacist Services.

Dear Care worker,

Re: Use of multi-compartment compliance aids (MCAs) (dosette boxes or blister packs)

Over time there has been a move towards using more MCA packs filled by the community pharmacists and their teams to support patients. These may have some advantages, but they can have some problems too.

Dispensing of medicines into an MCA is only funded by the NHS in very limited circumstances, when patients are managing their own medicines without any support from a professional care worker, where the medicines are stable outside the manufacturers' packaging and when they have a specific, assessed need that can only be met by use of an MCA.

There is no NHS funding for MCAs where medicines are prompted or administered by a paid care worker, and there are no governance arrangements in place to support this.

Guidance from the National Institute for Health and Care Excellence (NICE) says that care workers must be trained to administer medicines, and that medicines must be supplied with clear and simple instructions on the label that can easily be understood.

We will be following this guidance and supplying medicines in the most suitable packaging according to relevant legislation and the community pharmacist's professional opinion.

Please feel free to share this with your employer who can contact the relevant borough Medicines Management Team if there are any queries.

Appendix four: Community pharmacist request for 7-day prescriptions to facilitate use of medicines compliance aids (MCAs)

With acknowledgements to Medicines Optimisation City and Hackney, Bristol & North Somerset, Hertfordshire, and Stoke-on-Trent; Royal Pharmaceutical Society, Specialist Pharmacist Services.

Repeat prescription duration

The duration of repeat prescriptions should consider the clinical appropriateness, patient convenience, cost-effectiveness, any necessary monitoring, and patient safety. A 28-day repeat prescribing interval is usually recommended to synchronise medication repeat prescriptions, and reduce errors when medicines are stopped or changed.

Seven-day prescriptions are usually issued in the following scenarios:

- Clinical need for restricting the quantity of medication that a patient holds at any one time (e.g. concerns about overdose/misuse)
- Frequent changes to the medication regime – to minimise waste.
- The patient is undergoing a period of titration or review of treatment.

Where the dispensing pharmacist has discussed with a patient or their representative the reasonable adjustments required for the patient to safely use their medication as prescribed and has determined that a 7-day prescription is required to facilitate this, the form below may be used to communicate this request to the GP practice.

Name of Community Pharmacy		
Community Pharmacy ODS Code		
Name of Pharmacist completing form		
GP Practice		
Name of Patient		
NHS Number (or DoB)		
Does this patient require an adjustment under the Equality Act 2010 ? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <i>Under the EA 2010, community pharmacists are responsible for assessing patients who may require support with their medications, and they have a duty to provide 'reasonable adjustments' for patients with disabilities to overcome any obstacles to using the pharmacy service.</i> </div>		
Where the patient does not qualify for an adjustment under the Equality Act 2010, but meets <u>all</u> the criteria below, the Community Pharmacist must indicate below the reason for requesting 7-day prescriptions.		
Patient has been assessed and MCA is the best or only option.	YES <input type="checkbox"/>	NO → consider other options of support e.g. MAR chart
Community Pharmacist has checked the Usage of Medicines in Compliance Aids to confirm physicochemical stability and characteristics of each medicine and its formulation.	YES <input type="checkbox"/>	NO → Pharmacist must check stability of each medicine before removing from original packaging
Pharmacist has considered any medications that cannot go in the compliance aid considers the overall risks of non-compliance are outweighed by the benefits of an MCA	YES <input type="checkbox"/>	NO → consider other options of support e.g. MAR chart

Pharmacist is satisfied the patient does not have a paid carer or family member that could safely prompt the medication administration.	YES <input type="checkbox"/>	NO → consider other options of support e.g. MAR chart or providing sufficient information to carer or family member to enable them to safely support patient
Please provide any additional relevant information for the GP practice:		

Action for GP practice:

If you agree to the above request, please record in the patient's notes using **SNOMED code "395021002"** (=Uses monitored dosage system) to enable future audit if required. Set up repeat prescriptions as 7 days supply and send as required to the Community Pharmacist. Please contact the Community Pharmacist for any further information required or you do not agree with the request.

Appendix five: Patient information leaflet on supply of multi-compartment compliance aids (MCAs)

See separate attached file overleaf.

For Camden and Islington boroughs only

Information leaflet on supply of Multi-compartment Compliance Aids (MCA)

From 1st April 2024, Community Pharmacies in Camden and Islington boroughs will only be able to supply MCAs free of charge to patients who have been assessed to be eligible.

What are multi-compartment compliance aids?

Multi-compartment compliance aids, commonly known as blister packs or dosette boxes are containers that are filled by your community pharmacy. They are designed to help people manage their medicines. An example is shown here.



Why has the use of multi-compartment compliance aids been reviewed?

Multi-compartment compliance aids are one way to help manage your medicine, but they aren't always the best solution. They should only be used for people who will gain the most benefit from them.

Some medicines shouldn't be put in these packs as the medicines 'go off' when stored in this way.

If your prescription changes and you haven't finished your box, it is difficult to make changes to it. Some people may get confused and take the wrong medicines.

What if I feel that I need support to help manage my medicines?

If you, or your carer, think that you may have a problem managing your medicines, then you should speak to staff at your local community pharmacy who can discuss what support is available to support you.

What other options are available to help me with my medicines?

There are many options that might be helpful for you if you need help with your medicines. Please ask your community pharmacy about these.

Some examples that may be available from your local pharmacy include:

- Large print labels if you have difficulty reading labels.
- Charts that list your medicines so you can record when you take them.
- Easy open' caps if you have difficulty opening child-resistant medicine caps.

Will I be charged if I am offered support with my medicines?

Multi-compartment compliance aids may not be provided free of charge to all patients. If you have a disability and a multi-compartment compliance aid is suitable for you it will be free.

If you would like a multi-compartment compliance aid, you may still be able to obtain one through your local community pharmacy. Your community pharmacy will discuss options with you but there may be an extra charge for the aid.

Will these changes affect my prescriptions?

In most cases you will not notice a change to your prescriptions. Some people may notice that their prescription duration changes depending on their personal circumstances. Shorter duration (e.g. seven day) prescriptions will be issued by your doctor if they think that there is a risk to you if a prescription for a larger supply is given.

Where can I get further information on this?

Further information can be obtained from your local community pharmacy.