Community Pharmacy Thames Valley

Supporting patients with Medicines Compliance Aids (MCA) across Thames Valley

Policy Statement

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Introduction

The Equality Act 2010 expects all service providers to take 'reasonable steps' to anticipate the needs of those people identified within the Act. 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 Medicines Compliance Aids (MCAs).

It is often thought that MCA solves most administration and compliance issues, which is not true and sometimes bypasses the simpler option. For many medicines, removing doses from original packaging and placing them in a multi-compartment compliance aid (MCA) will be outside the terms of the marketing authorisation (i.e., unlicensed use). Removal from packaging, therefore, transfers responsibility for stability from the manufacturer to the prescriber and pharmacist. The community pharmacist must also weigh up the capacity of the pharmacy to dispense the MCS safely.

Anyone can request assistance / support to take their medicines. However, as referenced by the Royal Pharmaceutical Society 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 patients to the community pharmacist and could offer supporting information to help the pharmacist make their decision. There should be a multidisciplinary approach to the patient care with 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. The community pharmacist makes the final decision after completing an assessment under the Equality Act 2010. If there is a belief that the patient would benefit from an MCA but does not qualify under the Equality Act 2010, then there should be a commissioned service to pay for this MCA. Currently, the cost is being carried by the community pharmacy. This includes MCA that are being assembled for care agencies, as it is safer to dispense from original packaging using a MAR sheet.

The Thames Valley LPC understands there will be pharmacies that do not offer an MCA (those MCA outside of the Equality Act 2010) for either financial or capacity reasons.

Seven-day prescriptions should only be issued when 7-day dispensing is clinically necessary. Typically, this will be in one of two scenarios:

1. When there is a clear clinical need for restricting the quantity of medication that a patient holds at any one time e.g. concerns about overdose or misuse.
2. There are frequent changes to the medication regime - using 7-day quantities will help to minimise waste as a result of medication changes. Once stability in dose/medication choice has been achieved, moving to 28-day quantities should be considered.

Desired Outcome

The aim of the guide is:

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 in the NHS.
5. To provide clarity about when it is clinically appropriate to issue seven-day prescriptions.

Project delivery, pace of change

COVID-19 response

In response to COVID-19, community pharmacy contractors saw a massive increase in the use of pharmacy services and, in order to meet the increasing demands, undertook a rapid assessment of business continuity and resilience arrangements. This included reviewing patients receiving medicines in MCAs and moving some patients assessed as lower risk to supply of medicines in original packs. MCA supply was selected as this is not a contractual obligation or funded service. As we start thinking about winter and the biggest flu season we have ever experienced, we all need to have a solution to the MCA problem, that is acceptable to the patient and all healthcare professionals.

Current Situation

There is no co-ordinated, structured approach to the way we assess patients who require medicines support and how we then provide such support.

As part of routine NHS care, older people can be assessed and referred to receive appropriate health care e.g. nursing care, physiotherapy, podiatry services etc. depending on the needs identified. This is not the case with medicines management needs as there is currently no formal or co-ordinated way to identify, assess, refer or provide support. Despite the NICE recommendation that health care professionals should routinely assess for non-adherence whenever medicines are prescribed, dispensed or reviewed, many organisations still do not have a structured process.

The routine use of MCAs without patient adherence assessment is discouraged by the Royal Pharmaceutical Society.

Hence these services are provided in silos with individual organisations using different access criteria and working within different financial and other constraints making access to the right support inequitable.

Although many options to support medicines taking are available, MCAs are probably most widely used to support patients to take their medicines with the intention of enabling them to manage their medicines independently or be cared for in the community. This is a commonly held view shared by families, carers, and GPs etc. Provided by community pharmacies they are also popular with care homes, domiciliary care providers and local authorities as they are perceived as a "safer option" for staff involved with delivering medicines-related tasks. Although their use is increasing, there is little evidence to support this widespread approach and they can be associated with increased risks of medication-related problems and wastage. Indeed, the CQC guidance on MCAs in care homes clearly states these should not be the first decision intervention to help people manage their medicines, the default should be to supply medicines in original packaging.

Decisions made about the use of MCAs in one part of the economy inevitably impacts on the other, so over the years, MCAs use has caused controversies and disputes between health care professionals and other organisations such as social care.

There is no legal requirement for an MCA to be provided to a patient, carer or care facility by a community pharmacy and it should not be presumed that a patient with a disability, who requires an auxiliary aid, must always be supplied with an MCA, as there are other possibly more appropriate and helpful ways to support people in taking medicines effectively.

Not all medications are suitable for MCAs. The decision to use an MCA must therefore include a technical assessment of suitability of each medicine. If some medicines are necessarily kept outside an MCA e.g. inhalers, drops, liquids, patches, creams, some tablets etc. this increases the complexity of the medication regimen and may result in some medicines being missed.

There exists on the market a wide range of MCAs which also has led to confusion amongst healthcare professionals, patients and carers in their use.

Where the best adherence aid for an individual is suggested to be an MCA, it is clear the patient and their carers must be educated and trained in the use of the aid along with adequate remuneration in providing adherence assessment, aids and the ongoing sustainability of this method of medicine presentation, including regular reviews of appropriateness. Currently there is a concern that use of these systems deskills carers. Moreover, some believe it is detrimental to patient engagement in that medicines taking becomes a "robotic" task requiring little understanding of what each medicine is for and leading to loss of knowledge and patient autonomy.

There are many other alternatives to supporting patients in taking their medicines before looking at the use of an MCA, these include:

- Structured medication reviews to avoid unnecessary polypharmacy
- Simplifying medication regimens (including consolidating frequency of dosing)
- Effective patient counselling and education
- Reminder charts
- Medicines administration record charts
- Labels with large print or pictograms
- Information sheets
- Reminder alarms
- IT solutions, such as phone apps and telemedicine
- Wing-capped bottles
- Blister popping devices or pill presses

The Case for Change

- What are the consequences of doing nothing?
- What are the clinical and financial risks associated with the current situation?
- What will happen in the next few years if things continue as they are?
- What are the implications for capacity to continue to deliver services safely and effectively with the increasing demands of providing MCAs, the impact of individual budgets and personalisation?
- Increased hospital admissions, re-admissions, or delayed discharge due to medicines problems.
- The missed opportunity to effectively contribute to managing long term conditions and enabling patients to be more independent and live at home.
- How do we combine these points to pool our resources to fund a new safer approach?

Evaluation

The Equality Act of 2010 and 28-day prescribing

Many of the queries that PSNC receives about support for patients who have a disability concern requests from prescribers, carers and relatives to dispense weekly into compliance aids. The NHS Terms of Service do not impose a requirement to dispense into compliance aids or to dispense in instalments (other than instalment prescriptions for the treatment of substance misusers). Therefore, a prescription ordering treatment for 28 days should be dispensed on one occasion. It is for the pharmacy contractor to decide whether it is appropriate to dispense into a compliance aid.

If a prescription for 28 days' treatment is issued for a patient who satisfies the Equality Act 2010 criteria, and the pharmacy contractor decides that the adjustment required is a compliance aid, then 4 x 7-day compliance aids or 1 x 28-day compliance aid should be prepared on one occasion.

There is no obligation under the Terms of Service or within the Equality Act 2010 for the pharmacy to amend what has already been dispensed, mid-way through a course of treatment. Therefore, alterations to treatment should be authorised by the production and dispensing of another prescription, with the previously dispensed items discarded.

If a patient's medicines are dispensed in compliance aids because of an established need under the Equality Act 2010, and an additional medicine is prescribed during the time that the compliance aid

is in use, this should result in a completely new compliance aid being prepared. Dispensing a separate container of the 'new' medicine to be used in conjunction with the previously supplied compliance aid would cause confusion and could result in the medicines not being taken appropriately.

As stated above, the pharmacy contractors should not make amendments to the MCA that has already been dispensed, so the prescriber would be obliged to make an Equality Act of 2010 adjustment, by issuing a prescription for all the current medicines, so that they can all be dispensed into a new compliance aid. For this reason, prescribers could be advised to issue 7-day prescriptions, if the patient frequently has changes made to prescribed medicines.

Where prescribers order in 28-day (or longer) periods, but recommend that the medicines are dispensed weekly, or in compliance aids (for patients not entitled to this support under the Equality Act), this should be facilitated by a locally commissioned service.

Prescribers, pharmacists and other stakeholders must understand the potential liability issues when requesting or supplying a medicine in an MCA. Removing a medicine from the manufacturers packaging, which has been designed to provide the required protection and repackaging the medicine in an MCA is an activity which would not to be covered within the marketing authorisation. The consequences of this are that such removal would result in responsibility for the stability of the repackaged medicines transferring from the manufacturer to the prescriber, pharmacist and other stakeholders, with the relative liability depending on the individual circumstances. When making a professional judgment it is important that pharmacists ensure that the best interests of the patient, the available evidence and an integrated assessment and care plan are at the heart of the decision-making process. The decision-making process relating to this should be documented with the appropriate signed agreement and consent.

Summary

In summary,

- The decision about the length of the prescription should be made by the **prescriber**
- The decision about whether to use an MCA or any other reasonable adjustment should be made by the **community pharmacist**.

- 7-day prescriptions should only be provided when there is a clear clinical need to restrict supply of medication to a patient. These prescriptions should be dispensed and supplied weekly.
- All other MCS supplies should be supplied against a 28-day prescription. These prescriptions should be dispensed and supplied on a 4-weekly basis.
- Patients that do not qualify for an MCA under the Equality Act are not to be funded via a 7-day prescription.
- Where a 7-day prescription are not agreed as necessary for patient safety, then it is a commercial decision within the pharmacy to continue providing MCA.

Assessment Tool

An assessment tool can help in decision making but will not cover all eventualities in relation to disability, medicines management needs or interventions to support patients. It is the community pharmacist that must decide how to make the assessment. Different assessment tools are available and different contractors may have access to different adjustment methods. Example of an assessment tool is found on the Thames Valley LPC website.

Whenever a pharmacist dispenses a drug, they must take responsibility to ensure that they comply with legislation and best practice. This includes dispensing in MCAs. The Drug Tariff states that they shall supply in a suitable container any drug which they are required to supply under Part II of Schedule 2 to the Regulations. Usually this means capsules, tablets, pills, etc should be supplied in airtight containers of glass, aluminium or rigid plastics; card containers may be used only for foil/strip packed tablets etc. Therefore, an assessment should be carried out on all new MCA patients to assess their suitability against the Equality Act 2010. If a patient is deemed to require an MCA under the Equality Act 2010, then community pharmacies are required to provide an MCA as part of our NHS Contract. If there is a request for an MCA and the patient fails to quality for an MCA, then this should be funded.

Funded Service

To ensure that there is consistency, there should be a joint policy and pathway across the whole of Thames Valley that enables patients with medicines adherence needs to be identified, assessed and referred to the most appropriate service / practitioner in health or social care. This would provide a clear route and consistent decisions and offer for patients. Where requests are made over and above current funded or contractual obligations these must not be funded by community pharmacy

(as is the current situation) but by either Social care or the local CCG. Funding is to cover the costs of assembling the MCA, the production of a MAR sheets and delivery to the patient (if required).

References

- **"The Equity Act 2010"**
  https://www.legislation.gov.uk/ukpga/2010/15/contents
- **PSNC**
  https://psnc.org.uk/wp-content/uploads/2016/01/PSNC-Briefing-001.16-Equality-Act-2010.pdf
- **What is an MCA?**
  https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/faqs-on-mcas-nhs-lambeth.pdf
- **Improving patient outcomes through MCA**
  https://www.rpharms.com/resources/toolkits/improving-patient-outcomes-through-mca
- **The safe use of MCA**
  https://westessexccg.nhs.uk/your-health/medicines-optimisation-and-pharmacy/general-prescribing-guidance/169-the-safe-use-of-medicines-compliance-aids/file
- **Managing Compliance Aids in Primary Care**
  https://psnc.org.uk/avon-lpc/wp-content/uploads/sites/23/2018/08/BNSSG-Managing-Compliance-Aid-Requests-2018-final.pdf
- **Nice Guidance - Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence**
  https://www.nice.org.uk/guidance/cg76
- **Sample assessment tool.**
  - **Appendix 1**