Community Pharmacy South Yorkshire

Supporting Pharmacies. Building Healthier Communities.

Multi-compartment Compliance Aids (MCAs)

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Introduction

Multi-compartment Compliance Aids (MCAs) also known as MCCAs, monitored dosage systems (MDS), multiple dosage systems, dosette boxes, blister packs and trays are medicine storage devices with compartments divided into days of the week and various times of each day.

Historically some pharmacies may have been willing to provide MCAs for any patient, which has created a system expectation that pharmacies can and will continue to provide MCAs and has in part contributed to an increasing demand over the last 20 years. Despite the poor evidence for the patient benefits of MCA's[1] [2], MCAs are often viewed by families, carers and GPs as a solution to patient compliance and adherence issues.

Pharmacy closures, increased demand for services and rises in prescription numbers mean pressures on pharmacy teams are at an all-time high. This, against a backdrop of a continued funding squeeze on community pharmacy means that many community pharmacy contractors are now assessing the unlimited provision of MCAs to patients.

In addition, many GP practices and PCNs are reviewing the provision of 7-day prescriptions, which have historically been provided to pharmacies where MCA's have been requested for a patient. The CPSY MDS Contractor Guide summarises the key points regarding MCAs and addresses the common queries relating to MCAs. MDS Contractor Guide.

[1] PJ 31st May 22 **An outbreak of blisters: exploring the increased promotion of monitored dosage systems for older people** https://pharmaceutical-journal.com/article/opinion/an-outbreak-of-blisters-exploring-the-increased-promotion-of-monitored-dosage-systems-for-older-people

[2] PJ 8th Feb 19 **Are we dispensing too many multicompartment compliance aids?** https://pharmaceutical-journal.com/article/feature/are-we-dispensing-too-many-multicompartment-compliance-aids

CPSY is often asked to answer questions from contractors:

- *Do I have to provide an MCA if a GP or carer requests one?*
- *Am I required to undertake an assessment for MCAs?*
- *Can I stop offering MCAs?*
- *Paid carers state that unless the medicine is in an MCA then they cannot administer the medicine for the patient. Do I have to provide medicine in an MCA if a GP, nurse, practice pharmacist or carer requests one?*

And frequently asked to advise and comment of the provision of 7-day scripts for MCA patients.

- *What can I do if my GP practice changes all 7-days to 28-days?*
- *Can I request 7-days for all MCAs?*

The purpose of this briefing is to bring together information and resources available through the CPSY and Community Pharmacy England (CPE) websites, to support contractors in making decisions about the supply of MCA and to respond to requests from GPs, patients and carers.

Responding to Requests to Provide MCAs

Do I have to provide an MCA if a GP or carer requests one?

Community pharmacies are not funded for MCA supply and the decision to supply MCA is that of the pharmacy, not the prescriber, patient or carer. Furthermore, the evidence-base indicates that MCA should not automatically be the intervention of choice for all patients.

The South Yorkshire Integrated Care System (ICS) recently published a position statement on the appropriate use of monitored dosage systems.. This highlights that supplying medicines in their original packaging is always the first option considered and that repacking some medicines into another system may affect their effectiveness and safety.

Contractors should be mindful that patients who have a disability that falls under the Equality Act 2010 may qualify for a "reasonable adjustment" to the way their medication is supplied. This may include free MCA dispensing but it could also be any other reasonable adjustment such as large print labels, MAR charts, tablets popped into bottles or winged bottle tops. The supply of medicines in MCA for any other reason than under the Equality Act reasonable adjustment constitutes a private service, the cost of which may be **charged to the patient**.

CPSY recommends that contractors read the CPE Equality Act Briefing but this summary (MDS Contractor Guide) has been produced as a quick reminder of the key points to consider. It must be noted that the pharmacy is responsible and accountable for decisions made in relation to providing an adjustment, or not, and so each member of the pharmacy team involved with dispensing must ensure they are familiar with the Equality Act and associated guidance.

Visit CPE's website for more information on the Equality Act 2010:https://cpe.org.uk/quality-and-regulations/pharmacy-regulation/equality-act/ including a quick reference guide.

If you do decide to provide a patient with an MCA, CPSY recommends informing the GP practice. Use of a form is optional, but it can be used to inform GP practices that an MCA has been started. The notification form can also be used to request 7-day prescriptions including the rationale for this request. Contractors should ensure there is a rationale for the request of 7-day scripts.

MDS Notification Form - Updated 2024

Am I required to undertake an assessment for Multi-compartment Compliance Aids (MCAs)?

Community pharmacies are not required to undertake an assessment when an MCA is requested, but it can be helpful and good practice to demonstrate that you have assessed and determined what level of adjustment is reasonable and the rationale for any decision to supply or not supply medication in MDS.

The University of East Anglia (UEA) has made available a Medication Adherence Support Decision Aid which is available here. Other examples of compliance aid assessment tools can be viewed here and here.

Professional liability for inappropriate, inaccurate or unsafe MCA dispensing lies with the pharmacy even if the initiation request for an MCA was made by a prescriber. The pharmacy must assess if the provision of an MCA is safe and appropriate for the patient and check medicines integrity.

Specialist Pharmacy Service (SPS) offer information on the stability of solid dosage forms being transferred out of their original packaging through their MCA Stability Tool. This can be found here. This can help support you when deciding if an MDS is appropriate for a patient and whether 7-day scripts are required due to stability issues.

Can I stop offering MCAs?

Contractors should be mindful that if changing your MCA offer this needs to be managed appropriately with all stakeholders. It is less contentious to introduce a policy for new patients rather than amending supply for existing patients. If reviewing existing MCA provision, ensure that you record the rationale for the change, ideally via an updated assessment, and discuss the proposed change with the patient.

Contractors should not simply say no to a request to provide an MCA. The decision should be based on each individual patient to identify if they fall under the Equality Act 2010 and to make 'reasonable adjustments' where necessary as to how medication is dispensed.

If GPs have changed from 7-day to 28-day, contractors can choose to explain to the patient that the change has triggered an assessment for supply in an MCA, make assessment and then explain outcome of this to the patient. If reviewing existing MCA provision, ensure that you record the rationale for the change and discuss the proposed change with the patient.

CPSY also recommends a conversation with the GP practice regards the implication of a wholesale change to 28-day scripts -the 7-day guide may help guide this conversation and includes the statement below:

Important: Changes to existing patients' prescription length should only be implemented after a careful risk and impact assessment and communication between the prescriber and community pharmacist. This will help prevent unintended changes to patients' care such as the withdrawal of the supply of medicines in a multiple-compartment compliance aid (MCA).
A collaborative approach, with open communication, between professionals is recommended.

Paid carers state that unless the medicine is in an MCA then they cannot administer the medicine for the patient. Do I have to provide medicine in an MCA if a GP, nurse, practice pharmacist or carer requests one?

As nationally outlined by the RPS, the use of MCAs is sometimes regarded by the public and health and social care providers as the only remedy to support adherence to medicines. There is confusion about when MCAs are appropriate to recommend. MCAs are often integrated into practice and service policy without giving due consideration to alternatives.

Although many care provider organisations (social services or private carers) may insist that medicines should be dispensed in MCAs in order for their staff to provide medicines support, neither the Medicines Act 1968 nor the Care Quality Commission (CQC) stipulate this as a prerequisite. Instead, the obligation is with the care organisation to train their staff accordingly to administrate medicines from standard

bottles and cartons. Contractors should note that it is not CQC requirement that medicines to be administered by a carer must be supplied in an MCA. Many carer organisations include this provision in their company policies, but pharmacists are not obliged to provide an MCA to comply with their company policy.

Responding to Changes in GP Provision of 7-day Prescriptions

What can I do if my GP practice changes all 7-days to 28-days?

The provision of 7-day prescriptions remains at the discretion of the prescriber. However, as is the case for pharmacies, GPs are required to make reasonable adjustments to respond to the individual care needs of a patient. The consensus is that 7-day prescriptions are appropriate when

- *Supply is required on a weekly basis e.g. for confused patients.*
- *Clinical need (e.g. risk of overdosing) to restrict the quantity.*
- *Integrity of medication in compromised when dispensed monthly into an MCA.*
- *To reduce waste where a patient has frequent medication changes.*

Contractors are advised to prepare in advance of contacting the GP to discuss changes from 7-day to 28-day prescriptions:

1. *Before speaking to the GP, ensure you understand the consensus view on MCAs.*
2. *Seek to understand the GP's rationale for making the change.*
3. *Highlight the potential impact(s) of the change.*
4. *What are your objectives? If the GP intends to go ahead suggest that existing patients remain on their current script duration but the new approach will be adopted for new patients.*

Consider the following in your preparation:

- Many GPs think that a move from 7-day scripts to 28-days saves NHS funding as they don't understand the global sum is fixed.
- Pharmacies should remind prescribers that once medicines have been supplied to a patient then no further changes to what has been supplied should be made. If changes are made to medication during the month, then new scripts will be required from the prescriber for ALL items to prepare new MCAs.
- Pharmacies are not obliged to supply/deliver once a week on a 28-day prescription i.e. Four weekly MCAs will be supplied to the patient for the month. This may not be appropriate or safe for patients who may potentially become confused and struggle to manage their medicines safely. Where 7-day prescriptions are issued (including eRD scripts), the patient should receive their medication weekly. NB delivery is not an NHS service, so frequency of delivery is a separate issue to consider.

The CPSY website provides a range of MCA and 7-day guide resources that may assist in conversations with GP practices:

- MDS Contractor Guide - summarises the key points regarding MDS and addresses the common queries that CPWY receive relating to MDS.
- MDS Notification Form - used to inform prescribers that MCA is in use and to highlight rational for 7-day provision
- 7-Day Prescription Guide - to assist you in deciding which of your patients may require 7-day prescriptions and will help you in your discussions with GPs and includes the statement below:

Important: Changes to existing patients' prescription length should only be implemented after a careful risk and impact assessment and communication between the prescriber and community pharmacist. This will help prevent unintended changes to patients' care such as the withdrawal of the supply of medicines in a multiple-compartment compliance aid (MCA).
A collaborative approach, with open communication, between professionals is recommended.

Can I request 7-days for all MCAs?

Pharmacies should not routinely request 7-day scripts for MCA patients and should ensure there is a rationale for the request. Use the 7-Day Prescription Guide to assist you in deciding which of your patients may require 7-day prescriptions and will help you in your discussions with GPs.

7-day prescriptions are appropriate for patients who:

- *Frequently require a change in medication, to reduce the risk of waste.*
- *Are undergoing a period of titration or review of treatment.*
- *Are considered to be at risk of medication overuse (e.g. due to self-harm or confusion) and it is not safe to provide them with longer than 7-days' supply.*
- *Are prescribed medications with stability issues when supplied in an MCA.*
- *Have a need as determined by the prescriber.*

The MDS Notification Form can be used to inform prescribers that MCA is in use and to highlight rationale and request 7-day provision.

Recorded events discussing MCAs

MCAs and the approach taken have previously been covered by our neighbouring LPC, CPWY Connect Events, which are available to watch again via the following link(s):

April 2022 – CPWY Connect Event: Workload

This event was a conversation between the CPWY Officers about some of the recurrent topics and queries that CPWY know pharmacy teams across West Yorkshire are facing. We discuss what community pharmacy can be expected to provide and cover some misconceptions about what we are obliged to provide.

Workload Event – Recording

September 2021 - CPWY Connect: Reset, Reform, Recover Event

During this event our discussions included approaches taken to MCAs, prescription delivery, dealing with prescription orders and queries and income and efficiency.

CPWY Connect: Reset, Reform, Recover Event – Presentation (September 2021)
CPWY Connect: Reset, Reform, Recover Event – Recording

References and key quotes

CQC statement on MCA in C19

- Community pharmacies are not required to provide MCAs under the pharmacy contract.
- Care organisations will need to consider what to do if the supply changes from MCAs to original packs. They must review and update risk assessments, policies and procedures, staff training and competency assessments.
- GPs 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. This means that MCAs should be still available to support people to self-administer.

Specialist Pharmacy Services (SPS)

- The default should be to supply medicines in original packaging with appropriate adherence aids and targeted support provided where needed in order to maintain patient independence as much as possible.
- There is no legal requirement for MCCAs to be routinely provided to patients, carers or care facilities, nor is there any evidence that using MCCAs improves adherence or any other patient outcomes.
- Although community pharmacists are required to make "reasonable adjustments" to enable disabled persons to use their medicines according to the Disability Discrimination Act and under legislation carried forward in the Equality Act 2010, this does not mean routinely supplying them with an MCCA.

- Health and social care professionals have a duty to supply medicines in the safest way and to carefully consider the risks as well as potential benefits in each case. The default should be to supply medicines in original packaging with appropriate adherence aids and targeted support provided where needed in order to maintain patient independence as much as possible.
- Compliance aids filled by pharmacists should NOT be used routinely as explained in the background of this document and on the RPS webpages. Unless there is clear, explicit rationale for the use of MCCAs, the default should be to supply medicines in their original packaging.

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