

# Multi-compartment compliance aids (MCAs)

This briefing reviews the use of multidose compliance aids (MCAs). Medicines optimisation workstreams continue to reduce the unnecessary use of MCAs and to ensure that adherence support is more patient-focused, with the supply of medication from original packs.

## Key recommendations

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| <ul style="list-style-type: none"> <li>• Medicines should be supplied in the original packaging as supported by national guidance from the Royal Pharmaceutical Society and the National Institute for Clinical Excellence. This should complement an individualised approach for each patient which supports medicines adherence and maintains patient independence as much as possible.</li> <li>• Consider a medication review to try and simplify a patient’s medicines regimen before considering an adherence aid as evidence suggests that reducing the medication burden where possible can improve adherence.</li> <li>• Health and social care professionals should utilise opportunistic or planned medicine optimisation initiatives to improve patient adherence, e.g. Medicines, Care and Review Service (MCRS), the Discharge Medicines Service (DMS) or Structured Medication Reviews (SMRs) to make every contact count.</li> <li>• 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).</li> <li>• MCAs should not be used in patients who are intentionally non-adherent.</li> <li>• MCAs should only be used where the device has been determined to address an adherence need identified through an assessment tool.</li> </ul> | <ul style="list-style-type: none"> <li>• Health and social care professionals should be aware of the range of interventions and aids available to support medicines adherence to enable patients to maintain their independence in medicine taking. Information and training should be available to support this.</li> <li>• MCAs should be avoided where medication is likely to change frequently.</li> <li>• If an MCA is deemed necessary, then prescriptions issued to supply seven days of medication at a time should only be provided when it is clinically necessary for a supply of medication to be made to a patient once a week.</li> <li>• The blanket use of MCAs across a care sector should be avoided as this does not offer the recommended individualised approach that supports choice and independence for patients.</li> <li>• Develop or review local policies on MCAs, ensuring that:             <ul style="list-style-type: none"> <li>» All key stakeholders are included in the review, e.g. commissioners of social care services, clinicians (e.g. GPs, pharmacists), social care (e.g. care home and domiciliary care managers; service commissioning leads), Integrated Care Boards (ICBs) or Health Boards (HBs), patients and informal carers.</li> <li>» Relevant guidance and health regulator guidance is used to produce the policy.</li> </ul> </li> </ul> |
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## Savings available

Although not quantifiable, savings may be achieved by:

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| <ul style="list-style-type: none"> <li>• Direct savings from reduced wastage when medicines are changed and MCAs are destroyed.</li> <li>• A reduction in polypharmacy through patient-targeted medicines adherence review processes utilising existing national services such as SMRs in England and the MCRS in Scotland.</li> </ul> | <ul style="list-style-type: none"> <li>• Indirect savings in GP practice and community pharmacy time.</li> <li>• Reducing errors arising from repackaging medicines into an MCA.</li> <li>• Reduced use of single use plastic trays (environmental benefit).</li> </ul> |
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## Background

Medicines should be supplied in original packaging with appropriate adherence aids and targeted support provided where needed, with the aim of maintaining patient independence as much as possible.<sup>1</sup> The many disadvantages and risks of MCA provision are well-documented.<sup>2</sup>

For an MCA to be useful, it must address an adherence need identified following, e.g. MCA suitability assessment.<sup>2</sup> However, patients and the social care sector tend to drive requests for medication to be supplied in an MCA, without assessment to determine if this is the correct course of action.<sup>3</sup>

## References

1. Specialist Pharmacy Service. What products or interventions are available to aid medication adherence? Published 22/05/20. <https://www.sps.nhs.uk/articles/what-products-or-interventions-are-available-to-aid-medication-adherence/>
2. Royal Pharmaceutical Society. Multi-compartment compliance aids. Pharmacy guide. Published September 2022. <https://www.rpharms.com/resources/pharmacy-guides/mca>
3. Yeung A. Medicines Adherence Support Project. Academic Health Science Network: North-East and North Cumbria. January 2019. <http://www.ahsn-nenc.org.uk/medicines-adherence-support-project/>

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| Additional resources available | Bulletin | <a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-321-multi-compartment-compliance-aids/">https://www.prescqipp.info/our-resources/bulletins/bulletin-321-multi-compartment-compliance-aids/</a> |
|                                | Tools    |   |

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