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Multi-compartment compliance aids (MCAs)

This bulletin reviews the use of multi-compartment 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.

This resource has been developed to continue to support this change in practice. It summarises key points in national guidance with a focus on practical tools and highlights the importance of taking an integrated approach with suggestions on how all partners should be involved.

Recommendations

- Medicines should be supplied in the original packaging as supported by national guidance from the National Institute for Clinical Excellence (NICE) and the Royal Pharmaceutical Society (RPS). This should complement an individualised approach for each patient which supports medicines adherence and maintains patient independence as much as possible.
- 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.
- 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.
- 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).
- MCAs should not be used in patients who are intentionally non-adherent.
- MCAs should only be used where the device has been determined to address an adherence need identified through an assessment tool.
- 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.
- MCAs should be avoided where medication is likely to change frequently.
- 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.
- 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.
- Develop or review local policies on MCAs, ensuring that:
  - 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.
  - Relevant guidance and health regulator guidance is used to produce the policy.

Background

MCAs are medicine storage devices with compartments divided into days of the week and various times of each day. They are used to help people take their medicines at the correct time each day.

They are assembled by the medicines being removed from the manufacturer's original packaging and placed into the MCA by a member of the pharmacy team. There are different types of MCA including:

- Cassettes
- Daily dose reminders
- Dosette boxes
- Monitored Dosage Systems (MDS)
- Sealed systems
- Unsealed systems[1]

A 2019 North-East and North Cumbria Academic Health Science Network (AHSN) report estimated that 64 million MCAs are given out by community pharmacies in England each year. It described a telephone survey of 50 pharmacies which reported that 94% of pharmacies dispensed medications in MCAs, but only 28% of pharmacies completed a needs assessment for patients before commencing an MCA. Furthermore, only 11% of pharmacies then re-assessed the ongoing need for MCAs once a year.[2]

This is at odds with RPS guidance in Medicines, Ethics and Practice which states that MCAs are only one option following a comprehensive assessment of a patient's ability to safely manage their medicines. The decision to supply an MCA needs to be reassessed and reviewed regularly to ensure its use continues to meet the need and is in the best interest of the user.[3]

Supporting medicines adherence

There is insufficient evidence to support the benefits of MCAs in improving outcomes or medicines adherence in people (whether a person is self-administering or receiving carer support).[1]

Addressing non-adherence is challenging. A Cochrane review suggests that further well-designed trials are needed to investigate the effects of interventions for improving medication-taking ability and medication adherence in older adults prescribed multiple medications.[4]

Community pharmacies must make "reasonable adjustments" to ensure patients with disabilities can access pharmacy services. A person with a disability must not be put at a substantial disadvantage when compared to persons with no disabilities in accessing services that are provided by the pharmacy.[5] Community pharmacies often get requests for medicines to be dispensed into MCAs simply because it would be convenient, e.g. where a care worker of a housebound patient finds an MCA easier and quicker to use than individual manufacturer's original containers. In these circumstances, this is unlikely to constitute a "reasonable adjustment" for the patient.

The assessment and selection of intervention options should be person-centred and help maintain healthy independent living.[1] There are many ways in which patients can be helped to take their medicines safely. Interventions include:

- Medication review to reduce inappropriate polypharmacy and to simplify the medicines regimen.
- Patient counselling and information sheets to improve understanding of medicines use.
- The use of reminder charts or reminder alarms as memory aids.
- Aids to support patients with manual dexterity issues.
- The use of medicines administration record (MAR) charts; large print labels; or IT solutions such as phone apps and telemedicine.[1]

For an MCA to be useful, the device must address an adherence need identified following an assessment. There is no evaluated, national, multi-disciplinary tool available to identify, assess and resolve medicines adherence issues. However, tools have been developed (see page 8 'Useful resources for this integrated approach include'). Therefore, it remains a challenge to successfully implement interventions or adjustments which promote medication adherence and support patient capability, independence and re-ablement.[6]

Consider a medication review to try and simplify a patient's medicines regimen before considering an adherence aid since evidence that reducing the medication burden where possible can improve adherence.[6]

To simplify medication regimes and address adherence issues in a person-centred way, nationally commissioned services, for example, SMRs in England and the MCRS in Scotland should be utilised.

In England, the NHS Long Term Plan (2019) contains a commitment for Primary Care Networks (PCNs) to roll out Enhanced Health in Care Homes and SMRs.[7] All PCNs are required to identify patients who would benefit from a SMR, including those in care homes and those with complex and problematic polypharmacy, specifically those on ten or more medications.[8] In Scotland, the Polypharmacy: Manage Medicines website provides information, which supports the management of multiple medicines by providing information and tools to support healthcare professionals, patients and carers in making decisions about taking multiple medicines.

Community pharmacy can also support patients with adherence. Examples include:

- In England, the DMS became an essential service within the Community Pharmacy Contractual Framework in February 2021; and the advanced New Medicines Service (NMS) is an ideal forum for assessing compliance. https://psnc.org.uk/national-pharmacy-services/
- In Wales, the advanced Discharge Medicines Review Service supports a patient's journey from one care setting to another. https://cpwales.org.uk/clinical-services-2/discharge-medicines-review-dmr/
- In Scotland, the MCRS replaces the Chronic Medication Service and provides pharmaceutical care and support for those taking medication for long-term conditions. https://www.cps.scot/core

Problems with MCAs and why their use is discouraged

Patients and the social care sector tend to drive requests for medication to be supplied in an MCA. The social care sector may view MCAs as a tool to achieve an efficient medicines service. Patients and informal carers may be unaware of the many options available to them to support medicines adherence.[2] General disadvantages of MCA provision are described below.

- **Lack of assessment** - For an MCA to be useful, the device must address an adherence need identified following an assessment, for example an MCA suitability assessment.[1] If an assessment is not carried out initially, then any intentional non-compliance or unnecessary polypharmacy will not be addressed. If a re-assessment is not undertaken, e.g. following medication changes, there is no indication of how the patient is using the MCA or whether it is still appropriate (e.g. new medicines added which are unsuitable for inclusion in an MCA).
- **Safety** - Some MCA devices are not child resistant or tamper resistant.[1]
- **Medication knowledge** - MCAs reduces a person's knowledge, skills and understanding of medicines and their use, including how, why and when they should be administered.[1]
- **Medication identification** - It can be difficult to identify individual medicines in each compartment of the MCA even when there is a label on the device that describes the contents.
- **Pharmacy time** - The pharmacy time taken to prepare MCAs is significant, including the time taken to determine whether a medicine is likely to be stable when repackaged.

- **Medication repackaging** - Repackaging medicines into an MCA reduces the medicine's stability, and may introduce contamination and errors during the dispensing process.[1] Removal and repackaging medicines in an MCA is an activity which wouldn't be covered within the marketing authorisation and hence affects the level of responsibility for risk and liability.[1] Section 6.4 Special Precautions for Storage of the relevant summary of product characteristics (SPC) should be checked for any special precautions for storage and handling for each medicine. This includes the individual generic manufacturers as advice does vary between different manufacturers. The RPS pharmacy guide on multi-compartment compliance aids provides guidance on how to assess a medicines suitability for inclusion in an MCA and sets out categories where medicines would be unsuitable for inclusion in an MCA.[1] In addition, the Specialist Pharmacy Service (SPS) (https://www.sps.nhs.uk/home/tools/medicines-in-compliance-aids-stability-tool/) also provides information on medicine compliance aid stability for a number of medicines. An Australian systematic review on the stability implications of repacked medications in dose administration aids commented that the SPS database is the most comprehensive source of information on the stability of repackaged medicines they found. However, they identified several discrepancies between this dataset and reported stability information they found when looking at 29 articles which met their inclusion criteria. They also commented on the significant shortage of stability data of medications repackaged in MCAs.[9]
- **Medication suitability** - Not all preparations are suitable for inclusion in an MCA, e.g. liquids, fridge lines, medication with frequent dose changes, e.g. warfarin, or when required medication. This means that several administration systems may be needed which has the potential to cause confusion and error.[1,10]
- **Medication waste** - Increased medicines wastage and the use of more health/social care time occurs if patients using an MCA are subject to frequent changes in medication and require a new MCA to be prepared again.
- **Useful guidance available to community pharmacists** in England from the Pharmaceutical Services Negotiating Committee (PSNC) states:
  - » 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 four seven-day compliance aids or one 28-day compliance aid should be prepared on one occasion.
  - » 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 (if that medicine is also included in the compliance aid).
  - » There is no obligation on pharmacy contractors to amend what has already been dispensed, so the prescriber would be obliged to make an Equality Act 2010 adjustment, by issuing a prescription for all the current medicines, so that they can all be dispensed into a new compliance aid.[11]
- **GP practice time** - The GP practice time to manage prescriptions for MCA supply is also significant, e.g. to generate new prescriptions for all medication in an MCA if there are medication changes; or to potentially generate prescriptions that supply seven days of medication at a time. However, these seven-day prescriptions should only be generated if there is a clinical need. Examples of a clinical need for a seven-day supply include:
  - » Safety concerns about supplying more than one week at a time.
  - » Unstable patients whose medication regimen may be susceptible to change. A shorter prescription length may help to reduce waste in these patients. However, they are unlikely to be suitable for an MCA in the first place since changes to medication lead to drug wastage and extra staff time to prepare the MCA.

When are MCAs appropriate?

National guidance from NICE and the RPS focuses on medicine taking/administration from original packs, with an individualised approach for each patient to support medicines adherence.[1,12] The default should be to supply medicines in original packaging with appropriate adherence aids and targeted support provided where needed, with the aim of maintaining patient independence as much as possible.[6]

However, following an adherence need identified during an assessment, an MCA could be considered when a person is struggling to manage a complex medicine regimen that cannot be simplified and primarily consists of regularly scheduled, solid oral dose forms that are suitable to be repackaged in an MCA. Ideally the medication regimen should be stable and unlikely to change frequently. MCAs are most effective in people who are motivated and willing to take their medications. They should possess adequate vision, cognition and dexterity to use the device.

An example would be an older person with mild cognitive impairment who has a complex but stable medication regimen (which is suitable for use in an MCA) with limited support from family and friends and no carer. As long as they want to take their medicines, and have a stable medication regimen, patients in this type of scenario may benefit from an MCA filled by a pharmacy.[6]

Patients using MCAs should be assessed for adherence and any changes or concerns on a regular basis. Frequency of review may depend on the individual needs of the person. For example, review the need for an MCA:[1]

- Alongside medicine reviews.
- When starting/stopping/changing a medicine.
- If recently admitted/discharged from a different care setting.
- At the request of the patient/carer/prescriber.
- Where side effects/adverse drug reactions/poor adherence/medicine related issues are raised, or failure to respond to treatment.

The social care sector

The social care sector is likely to make requests to health care professionals for medication to be supplied in an MCA so that care staff do not have to supervise or manage medicine taking. However, using MCAs does not offer an individualised approach that supports choice and independence for patients. There is a lack of high-quality evidence showing that MCAs improve outcomes for patients.[10]

The health regulator is responsible for monitoring and inspecting to ensure standards are being met. The health regulator in each country is:

- England: The Care Quality Commission (CQC).
  Medicines information for adult social care services is available.
- Wales: Care Inspectorate Wales.
  Information on providing a care service is available.
- Scotland: The Care Inspectorate.
  Medicines management guidance is available.
- Northern Ireland: Regulation and Quality Improvement Authority (RQIA).
  Medicines management guidance is available.

Utilising health regulator guidance is key when involving the social care sector. For example, the CQC webpage on 'Multi-compartment compliance aids (MCAs) in adult social care' offers well-balanced information on MCAs to the adult social care sector.[13] Key points from this information include that:

- The best system for supplying medicines is one that meets the person's health and care needs. Interventions should aim to maintain the person's independence wherever possible.
- When people need additional medicines support to continue to be independent, it may be necessary to have a medication review to simplify their medicines regimen.
- The RPS and NICE have both said that MCAs should not be the first-choice intervention to help people manage their medicines. They recommend that the use of original packs of medicines should be the preferred choice for the supply of medicines in the absence of a specific need for an MCA in all settings.
- The Care Home Use of Medicines Study (CHUMS) reported that use of MCAs did not reduce the likelihood of medicines administration errors. This study highlighted errors associated with MCAs including labelling and filling issues. There were also errors when identifying white tablets.[14]
- Care staff must be able to identify the individual medicines before they administer them. It can be hard to identify a specific tablet from an MCA compartment that contains many different medicines.
- Only trained and competent care staff should support people to take their medicines. This includes administration from MCAs and original packs.

Utilising other relevant sources of national guidance is also important when engaging with the social care sector. For example, guidance from NICE includes:

- Managing medicines in care homes [SC1] appendix D (see the full guideline) includes a comparison of MDS to original pack dispensing for the administration of medicines. In summary, there were no disadvantages identified from using original packs, but there were several disadvantages from using MDS, which included;
  - » Over-reliance on MDS that may de-skill care home staff
  - » Possible failure of care home staff to look at the label and description of the medicine
  - » The use of two systems, i.e. MDS and original pack dispensing.[15]
- Managing medicines for adults receiving social care in the community [NG67] which states: Consider using an MDS only when an assessment by a health professional (for example, a pharmacist) has been carried out, in line with the Equality Act 2010, and a specific need has been identified to support medicines adherence. Take account of the person's needs and preferences and involve the person and/or their family members or carers and the social care provider in decision-making.[12]

Medicines administration is an area that social care finds difficult to manage and this has been reflected in reports from the regulatory bodies. For example, in England the CQC report 'Medicines in health and social care' describes the common areas of risk when using medicines across health and social care in England.

An accompanying special edition newsletter for adult social care providers is a useful tool when engaging with the social care sector and states for example:

- Administering an incorrect dose of medication was the most commonly reported error in statutory notifications from adult social care services. This happened for a variety of reasons ranging from record keeping, to ongoing pressures on staff.
- Consider having an attached or named pharmacist to support staff with medicines management issues.
- NICE guidance states that staff should have an annual review of their skills and competency. We found some providers were not carrying out competency assessments or regular competency checks. Some staff reported to us that they had not received any formal medicines training.

As part of the move away from the inappropriate use of MCAs, the social care sector should be supported to ensure that its workforce is competent to manage medication from original packs. CQC information on Training and competence for medicines optimisation in adult social care provides general

guidance and states that NICE guidance suggests using an 'accredited learning' provider. Skills for Care provides a list of endorsed learning providers (such as PrescQIPP – see below for training resources).

In addition, Health Education England (HEE) has developed free medicines management and administration e-learning modules aimed at the non-registered medicines workforce.

Commissioners of social care services are a key player to gaining access to social care forums, amending contracts to require appropriate staff competencies and training, and in supporting the sector to move safely towards administering medicines from original packs.

Costs and savings

Although not quantifiable, savings may be achieved by:

- More appropriate use of MCAs leading to a potential reduction in medicines wastage when MCAs need to be destroyed due to changes in medication; and a reduction in seven-day prescriptions where there is no clinical need and hence in dispensing fees (e.g. the single activity fee in England, or the professional fee in Wales).
- 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.
- Indirect savings in GP practice and community pharmacy time.
- Reducing errors arising from repackaging medicines into an MCA.
- A potential environmental benefit particularly due to a reduction in the use of single use plastic trays.

Summary of actions to consider

In order to continue to address the inappropriate use of MCAs, it is important to take an integrated approach involving all parties and to consider how medicines adherence can be supported, with MCAs being just one option. This should follow an assessment which includes medication review to try to simplify a patient's medication, reasons for non-compliance, and joint consideration of the best adherence aid in order to maintain patient independence.

Actions for GP practices

- Prescribers should keep medication regimens as simple as possible.[10]
- For new requests for an MCA, a medication review should be undertaken as a first step with the aim of simplifying the medication regime and identifying the best intervention to meet the patient's needs and to support independence.
- Offer an annual medication review to all patients whose medications are dispensed in an MCA.[16]
- Where seven-day prescriptions have been issued to support MCA provision, these patients should be reviewed to see if seven-day prescriptions are clinically necessary.
- MCAs are often prepared in advance therefore ensure any changes in the medication regimen are clearly communicated to the pharmacist preparing the MCA.[16]

Actions for community pharmacists

- Fully engage with the relevant national services, for example, the DMS and the NMS in England.
- Take an individualised patient-approach to support medicines adherence, with the default position being 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.[1,6]
- New requests to supply medication in an MCA should involve an assessment under the Equality Act 2010, and then a regular re-assessment.[1]
- Pharmacies should not take a decision to stop providing MCAs to patients in isolation of the rest of the local health system.

Actions for primary care pharmacists

- Fully engage with the relevant national services, for example SMRs in England.
- Review the use of MCAs in care homes to ensure all use is based on individual residents' needs with the aim of supporting self-administration and adherence.

Actions for social care commissioners and providers

- Consider a medicines standard as part of commissioning arrangements to support patient choice and independence with medicines taking. This should include standards for staff competency and training requirements.

Actions for ICBs/HBs

- Encourage a multidisciplinary approach and establish a standardised process for community pharmacies or other providers to review requests for new MCAs. New MCAs should only be provided where this supports patient independence to take their own medicines.
- Support all health and social care professionals to be aware of the alternatives to MCAs and the reasons why their routine use is not supported.[6]
- Encourage a review process for all patients using an MCA with accompanying communications to the social care sector, patients and informal carers.
- When approaching the social care sector, find out what is driving the use of MCAs. For example, a belief that the use of an MCA will reduce medication errors and improve the accuracy of medicines administration; to save time during a domiciliary care visit; or an established practice in a care home for carers to administer medication from MCAs.
- Encourage a review of the use of MCAs in care homes by the social care sector to ensure all use is based on individual patient need with the aim of supporting self-administration and adherence.
- Making the change to original packs needs careful planning to ensure a smooth transition. The social care sector in particular will require support to implement this change safely.
- Good communication across all parties is key. Think carefully about how this workstream will be communicated to social care and patients. Listen to, and address their concerns, and ensure they feel supported with any changes. For example to ensure that carers are competent to administer medicines from original packs, or to ensure that patients and informal carers are aware of the range of alternative adherence aids that are available.

Useful resources for this integrated approach include:

- The accompanying PrescQIPP resources described, on page 9. PrescQIPP resources with this bulletin also include advice on how to involve and influence all relevant stakeholders.
- The RPS pharmacy guide on multi-compartment compliance aids provides detailed guidance on an MCA suitability assessment.[1]
- The SPS resource 'What products or interventions are available to aid medication adherence?' includes comprehensive guidance on sources of appropriate adherence aids and solutions to develop bespoke support for each person.[6]
- When working with care homes consider a recent systematic review which investigated the prevalence and nature of medication errors involving adult patients in UK care homes. The review included 17 studies published between January 2008 and February 2021 and found that overall, medication errors occurred widely, with prescribing and administration errors emerging as the most common. It concluded that more research is needed to confirm whether MDS can offer a safety advantage in care homes.[17] This is a very useful review to consider the broader implications of pharmaceutical support to care homes, areas in which care home staff need particular support, and what types of intervention have been shown to work.

- Tools to support medicines adherence include a Medication Adherence Support Decision Aid (MASDA) which aims to ensure that MCAs are given only to those patients who will benefit from them;[18] regional tools in England, for example the NHS England North-West interactive guide What good looks like for assisted medicines taking and the West of England AHSN resource Helping patients take their medicines safely: reasonable adjustments and the 7 steps to appropriate polypharmacy guidance in Scotland.
- For GP practices: A Drugs and Therapeutics Bulletin (DTB) article,[10] and an article in the British Medical Journal (BMJ)[16] about the evidence for MCAs and tips on their use; and the RPS and Royal College of General Practitioners (RCGP) guidance Top tips for managing medicines for adults receiving social care in the community provide a good overview.
- For the social care sector: PrescQIPP resources with this bulletin includes a table outlining the advantages and disadvantages of MCAs for the social care sector, and a template presentation; CQC information offers well-balanced guidance;[13] and the RPS resource Working in Care Homes – a guide contains practical support and signposting to support pharmacists working in/with care homes.

Accompanying PrescQIPP resources

To support this medicines optimisation workstream, PrescQIPP has published a number of resources. Key resources pertaining to MCAs include:

Hot Topics bulletin

Changing MDS to original packs in care homes: Written in April 2020, this Hot Topics bulletin provided care homes with reassurance on the safety and benefits of using original packs for residents during the coronavirus (COVID-19) pandemic when capacity issues meant that community pharmacies began to dispense resident medicines in their original packs rather than MDS.

E-learning

PrescQIPP offers three e-learning courses covering medicines use in care homes.

Course 1 covers administration of different medicine formulations, including videos demonstrating the necessary techniques. Course 2 covers areas such as covert administration, controlled drugs, refused and omitted doses, home remedies and waste reduction. Course 3 covers medicines and falls risks, use of antipsychotics in people with dementia, medicines for Parkinson's disease, cytotoxics and anticoagulants.

PrescQIPP also offers two e-learning courses covering medicines administration in domiciliary care settings. These two courses are available free of charge to domiciliary care providers within subscriber areas.

These courses carry NICE endorsement statements and PrescQIPP is a Skills for Care endorsed provider of e-learning.

Bulletins

Care homes/domiciliary care - Pharmacy Technician medication review and process reviews: This bulletin includes tools to enable technicians to support care homes and domiciliary care providers with medication reviews.

Enhanced health in care homes - medicines optimisation: This bulletin supports the implementation of the Framework for Enhanced Health in Care Homes, specifically in relation to medicines optimisation and prescribing.

Care homes - Domiciliary care: This bulletin supports the implementation of NICE guidance [NG67] on managing medicines for adults receiving social care in the community. Included in the resource are recommendations on supporting people to take their medicines, and on training and competence of care staff in giving medicines.

Webkits

The PrescQIPP care homes webkit includes the key resources described above, and links to shared good practice projects. In addition, the PrescQIPP Care Homes Virtual Professional Group meets regularly virtually and allows subscribers to share experiences on care homes topics.

The PrescQIPP adherence and waste webkit includes medication review good practice projects and a project planning tool which can be adapted when planning to reduce the unnecessary use of MDS.

Summary

- National guidance now focuses on medicine taking/administration from original packs, with an individualised approach for each patient to support medicines adherence. The default should be to supply medicines in original packaging with appropriate adherence aids and targeted support provided where needed, with the aim of maintaining patient independence as much as possible.[6]
- A medication review should be undertaken to try and simplify a patient's medicines regimen before considering an adherence aid since there is evidence that reducing the medication burden where possible can improve adherence.[6]
- Utilise the many opportunistic and planned medicines optimisation opportunities to improve patient adherence. In England this includes SMRs and the DMS.
- There is insufficient evidence to support the benefits of MCA in improving outcomes or medicines adherence in people (whether self-administering or receiving carer support).[1]
- An MCA is one of many adherence aids for patients who are unintentionally non-adherent with their prescribed medication.[1] MCAs are not the answer where a patient is intentionally non-adherent.
- MCAs should only be used where the device has been determined to address an adherence need identified through an assessment tool.
- Health and social care professionals need to have a greater awareness of the range of interventions and aids available and should be supported to select the most appropriate intervention in a way that can help patients to maintain independence when taking their medicines.[6]
- Changes in medications that are included in an MCA leads to drug wastage and an increased workload for all concerned, since a whole new prescription should be issued to cover the provision of a new MCA by the pharmacy.
- Seven-day prescriptions should only be provided when it is clinical necessary for a supply to be made to a patient once a week. For example, if there are safety concerns about the amount of medication in a patient's place of residence, or if a patient frequently has changes made to prescribed medicines. However, patients with frequent medication changes are unlikely to be suitable for an MCA in the first place.
- The social care sector is likely to drive requests to health care professionals for medication to be supplied in an MCA, however using MCAs across a care sector does not offer the recommended individualised approach that supports choice and independence for patients.
- Involving commissioners of social care services and utilising health regulator guidance is key when involving the social care sector.
- Reviewing the use of MCAs and promoting an individualised approach to support medicines adherence requires a multi-disciplinary approach involving clinicians (e.g. GPs, pharmacists), social care (e.g. care home and domiciliary care mangers; service commissioning leads), patients and informal carers. Integrated care systems now support this required multi-disciplinary approach. For example, all NHS Scotland HBs work closely with Integrated Joint Boards, and in England the integration agenda is driven by ICBs and PCNs. Numerous sets of practical guidance have been developed to support this.

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Additional PrescQIPP resources

Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-321-multi-compartment-compliance-aids/
Implementation tools	

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