**Position Statement for Medicines Compliance Aids**

The decision to supply multiple-compartment aids (MCAs) should take into account any concerns from health care professionals of the patient’s ability to take their medication and should be undertaken following an assessment by the dispensing pharmacist / dispenser with reference to the Equality Act 2010. The Royal Pharmaceutical Society (July 2013) has stated that re-packaging medication from the manufacturer’s original packaging may often be unlicensed and involves risks and responsibility for the decisions made. MCAs should only be provided to meet the clinical needs of the patient, not primarily the needs of a care home or care agency. Support for care homes or other care agencies should not be funded by (prescription) dispensing fees. **There is no NHS contractual requirement on community pharmacists or GPs to deliver medications to patients’ homes although some pharmacies / dispensing practices may offer to do this as a business decision**.

**Practical ways to support patients**

Please note that prescribers and pharmacists may choose from a variety of aids to assist patients or carers who have difficulty managing medications by using South East London Integrated Care System (SEL ICS) approved assessment form in the MCA Assessment Toolkit (*attached*)

These include but not limited to:

* Large print medicine labels
* Special easy opening medication containers
* A reminder chart showing the particular times to take the appropriate medicines

**Position Statement on the Supply of 7-day prescription**

The appropriate duration of a prescription should be decided by the prescriber, in conjunction with the patient, taking into account the medicine being prescribed, its monitoring requirements, the condition being treated and the individual patient’s needs. 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 multiple-compartment compliance aid (MCA).

**When is it appropriate to issue 7-day prescriptions?**

* Unstable patients whose medication regimen may be susceptible to frequent change.
* Patients who are considered to be at risk of medication overuse and it is not safe to provide longer than a 7-day supply.
* When a patient is having a MCA and it contains medication that is very unstable and therefore means that the MCA has to be made up and collected each week.

The funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of complying with disability legislation (Equality Act 2010, replacing Disability Discrimination Act 1995). This sum is not distributed specifically for any adjustments made, but is distributed on a flat rate basis, towards any adjustments that the pharmacy makes e.g., easy open containers, large print labels, reminder charts, MCA etc.

**Frequently encountered scenarios with recommended actions:**

1. If a patient is assessed by the community pharmacist as needing MCA under the disability legislation criteria with no other clinical or pharmaceutical issues, MCA should be provided by the pharmacist (free of charge to the patient) via 28-day prescriptions. Four weeks supply of MCA should be dispensed at each interval in 4 x 7-day MCA containers or 1 x 28-day MCA container. This applies to patients living in the community, those receiving Social Services support, and self-medicating patients living in residential homes. Where 7-day prescriptions have been issued to support MCA without any clinical reason, these patients should be subsequently reviewed to see if 7-day prescriptions are clinically necessary. Should the prescription length change following a review, then the patient and their dispenser should be informed in advance so that alternative arrangements for dispensing may be organised if patients need to continue on MCA.
2. If a patient is assessed by the community pharmacist as needing MCA under the disability legislation criteria but there is a clinical or pharmaceutical issue involved requiring weekly dispensing (e.g. the medicines are only suitable for weekly dispensing; the patient is at risk of overdose or medicines regime changing frequently), MCA should be provided by the pharmacist (free of charge to the patient) via 7 day prescriptions. One week of MCA will be dispensed and received by patient at weekly interval. This applies to patients living in the community, those receiving Social Services support, and self-medicating patients living in residential homes.
3. If a patient does not meet the disability legislation criteria on assessment by the community pharmacist, however GP believes that patient would benefit from reasonable and proportionate adjustments/measures to enable them to take their medicines safely, then GP would need to communicate this to community pharmacist to enable them to support patient. Support does not need to be a dosette box/MCA but could be a range of support mechanisms such as large print labels, medication reminder charts & alarms, dexterity aids, winged or plain bottle caps. Alternatively, arrangements could be made for the patient to pay the pharmacist for providing an MCA service.
4. GPs and other healthcare professionals are reminded that they also have a duty to make reasonable adjustments to the management of patients’ medicines under the Equality Act 2010; this may include the prescribing of weekly prescriptions. Weekly prescriptions should only be provided where the pharmacist will be issuing one week’s supply of medicines at weekly intervals and that they will immediately notify the GP / prescriber should this situation change.

1. If a patient or their carer (including Social Services carers) need or want a MCA but the patient does not meet the disability legislation criteria, then this will be outside the scope of the NHS and will be negotiated between the patient and the community pharmacist.
2. If Care Homes want patients’ medicines to be supplied in MCA as part of their internal policies, then this will be outside the scope of the NHS and will be negotiated between the nursing home and the community pharmacist.

**This position statement is endorsed by Greenwich Local Pharmaceutical Committee, Local Medical Committee and SEL Integrated Care Board (Greenwich) Medicines and Pathway Implementation Group.**

**Chair of LMC (Greenwich):** Tuan Tran

**Chair of LPC (SEL):** Raj Matharu

**Chair of MPIG (Greenwich):** Yann Lefeuvre