

Position Statement for the Prescribing for Multi-compartment Compliance Aid (MCA) and 7 Day Prescriptions.

The Royal Pharmaceutical Society (RPS) recommends the use of original packs of medicines, supported by appropriate pharmaceutical care as the preferred intervention for the supply of medicines in the absence of a specific need for a multi-compartment compliance aids (MCA).

In general there is insufficient evidence to support the benefits of MCAs in improving medicines adherence in patients, and the available evidence does not support recommendations for the use of MCA as an answer in health or social care policy. Care should be provided in a way that supports patient independence and re-ablement; MCAs can inadvertently perpetuate dependence and disempowerment.

Patients covered by the Disability Discrimination Act (DDA)

Where a patient receives a MCA to support care at home, pharmacists are required to assess patients who may fall under the DDA and to provide reasonable adjustments for their medications. These may include using easy opening tops, large print labels, reminder charts or MCA.

Where a patient falls under the DDA, funding is already available. Seven day scripts are not required for these patients to receive an MCA, unless the GP has concerns as below.

7 day prescriptions should only be issued where:

- 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/misuse)
- There are frequent changes to the medication regime- to minimise waste. Once stable dose/medication choice – it is recommended to move back to 28 day scripts.
- When a patient is having a MCA and it contains medication that is very unstable and therefore means that the monitored dosage system has to be made up and collected each week.

Seven days prescriptions should not be issued where no clinical assessment has taken place by the prescriber. In addition, it should not be considered when a direct request for 7 day prescriptions is made by community pharmacists to support the provision of an MDS and where there is no clinical reason for the patient not to receive a 28 day supply.

Ambiguity arises where patients do not fall under the DDA, but require MDS to aid compliance, either for themselves or for carers to help with their medications, and national funding has not been incorporated to include these patients. In this situation-

- Provision of 7 day prescriptions is at the discretion of the prescriber.
- Where 7 day scripts are not agreed/necessary for patient concordance the pharmacy should decide as whether to continue providing MDS for free, or to charge the patient for this service. Consideration as to the patient's concordance should be given by both parties. However this could have wider implications if patients develop failed medication regimes and greater hospital admissions.

References:

General Practitioners Committee (GPC), Prescribing in General Practice, May 2013

http://www.psnc.org.uk/data/files/Regulation/DDA/Disability_Discrimination_and_MDS_briefing_October_2011.pdf

Royal Pharmaceutical Society: Improving patient outcomes: The better use of multi-compartment compliance aids

Royal Pharmaceutical Society (Scotland): Improving Pharmaceutical Care in Care Homes