

Paid Carer Support to Patients and Multi-compartment Compliance Aids (MCAs)¹

LPCs are driven by the needs of their contractors. It is recognised that MCAs are an issue for many community pharmacies and in response to contractor requests CPWY has produced this document to assist pharmacies with dealing with requests for MCAs from paid carers.

What is the MCA issue?

The demand for MCAs has increased over the past decade. The factors in this are complex but include: a system reliance on MCA to support care (home care and hospitals often demand MCA supply), a belief by many (including patients, carers and medics) that MCA improves compliance (without evidence that this is the case), a belief that MCA supply from pharmacy is nationally funded / contracted and some pharmacies historically promoted MCA to patients to secure prescription flow into the pharmacy. Many pharmacies feel pressured into supplying MCA by others in the system.

As nationally outlined by the [RPS](#), the use of Multi-compartment Compliance Aids (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 MCAs may be of value to some, they are not always the best intervention for all patients and many alternative interventions are available. As well as patient factors, there are also a number of considerations to be taken into account in deciding if a medicine is suitable for inclusion in an MCA and it should be acknowledged that re-packaging of medication from the manufacturer's original packaging may render it unlicensed. It will also involve risks and responsibility for the professional making those decisions.

Historically community pharmacy has done increasing numbers of MCAs, but with the current underfunding of the pharmacy contract, and without additional payments to fund provision of MCAs, many pharmacies are unable to sustain their current level of MCA supply. As a consequence, many pharmacies have no choice but to reduce their offer of medicines supplied in an MCA to those patients who meet the Equality Act requirements and where an MCA is considered to be a reasonable adjustment.

Paid Carer Support to Patients and MCAs

Patients in care homes or those who have care workers do not routinely require an MCA. MCAs should only be considered for individual patients who manage their own medicines and who have a genuine, clinical need. MCAs are intended for people to use themselves to assist self-administration and to help them retain their independence. If there is a paid carer whose role it is to assist in the administration of medication, then it is unlikely to be reasonable for the pharmacy to have to provide an MCA under the Equality Act for the patient concerned.

If care homes or care agencies (as part of their internal policies) or relatives/carers want patients' medicines to be supplied in MCAs, as a matter of convenience, then this will be outside the scope of

¹ 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.

Equality Act provisions and it is not paid for by the NHS. As there is no funding available within the NHS to support the provision of MCA to this group of patients, the cost may have to be negotiated between the patient/carer/care home/care agency and the community pharmacist/dispenser. The community pharmacy is under no obligation under the Equality Act to supply patients with an MCA who have paid carers that administer their medicines.

Although many care provider organisations insist that medicines should be dispensed in MCAs in order for staff to provide medicines support, neither the Medicines Act 1968 nor the Care Quality Commission (CQC) stipulate this as a pre-requisite. CQC outcome 9 (regulation 13) management of medicines and outcome 13 (regulation 22) staffing, require that provider organisations providing the care worker must make sure they have sufficient staff with the right knowledge, experience, qualifications and skills to support the people that they are caring for.

There are three different levels of support that care workers are required to provide patients in domiciliary care:

- Level 1: The person takes responsibility for their own medication. The person takes the initiative for taking their medicines but can be prompted occasionally or assisted physically. The care worker provides support e.g. helping the patient select the right tablet.
- Level 2: It is considered that the person cannot take responsibility for their medicines and that care staff will need to do this. At this level, the care staff takes the initiative, makes the decision as to whether the patient needs the medicines or not and it may include assisting to physically administer the medication.
- Level 3: Exceptional circumstances where medication needs to be given by specialised techniques e.g. administering insulin, oxygen. The care worker requires extra training to carry out this level of support.

If the care plan for the patient requires the care worker to 'assist' the patient, then the care worker should have the necessary skills to open containers, and hand the medicines to the patient (whether they are in MCA or original containers). If, however, the care worker is expected to administer medicines then the care worker should have the qualifications and skills to be able to interpret instructions on the medicines container and should not require an MCA.

The employer of the care worker should specify the boundaries as to whether the care worker will assist with or administer medicines and it is the obligation of the employer to ensure that the care worker has the requisite skills and qualifications to undertake the roles. Carer organisations may benefit from seeking the assistance of a pharmacist to provide relevant training to care workers on interpreting dispensing labels. Carer organisations should not simply rely on community pharmacists to provide medicines in MCA as a matter of routine to lower the skills required of care workers.

Social Care Medicines Policy

Local Authorities publish a Social Care Medication Policy for their area. Links to these policies are on the CPWY website here: <http://www.cpw.org/pharmacy-contracts-services/essential-services/dispensing.shtml#MDS>

The Local Authority Medicine Policies in West Yorkshire do not state that Social care workers must have medicines supplied within an MCA to enable them to provide medication support to patients.

Dealing with requests for MCAs from Social Care / Paid Care workers

It is for each pharmacy to determine how they deal with requests for MCAs from social care / paid care workers. The pharmacy is responsible for any adjustment provided (or not).

CPWY advise that contractors consider:

- Is the request for an MCA a reasonable adjustment for the individual under the requirements of the Equality Act? If an MCA is a reasonable adjustment then the MCA must be provided to the patient free of charge. Note that other adjustments should be considered, and a patient-focussed decision made.
- While making an assessment is not an obligation, an assessment of the patients' needs to support them in taking their medication is recommended to support the decision in relation to the Equality Act and making a reasonable adjustment.
- MCAs should only be considered for individual patients who manage their own medicines and who have a genuine, clinical need.
- Where an MCA is supplied that a check is made as to the suitability and stability of the medicine within an MCA. See <https://www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/> for further information on stability
- Pharmacies are not obliged to dispense free MCA for patient, carer or prescriber convenience or to help improve compliance for patients who do not otherwise qualify under the Equality Act.
- Although many care provider organisations (social services or private carers) may insist that medicines should be dispensed in MCA 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.
- It is recommended that the pharmacy records the rationale for making an adjustment (or not) and the adjustment made within the PMR.
- Inform the patient (or carer of the decision).
- If the pharmacy has assessed that the patient does not qualify for a reasonable adjustment under the Equality Act and the patient / carer wishes for an MCA to be supplied the pharmacy can consider offering an MCA to the patient / carer at a reasonable cost.
- Use the evidence / key national information (see below) alongside the Local Authority Medicines Policy to respond to any demands from Social Care / Paid Care workers that the pharmacy must supply medicines within an MCA.

Information to support this statement

Resource title	Link	Key quotes
CQC statement on MCA in C19	https://www.cqc.org.uk/guidance-providers/adult-social-care/covid-19-medicines-information-adult-social-care-providers	<ul style="list-style-type: none"> • 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.
SPS What products or interventions are available to aid medication adherence? April 2020	https://www.sps.nhs.uk/wp-content/uploads/2020/05/SPS_ProductsInterventionsToAidMedicationAdherence_May20_FINAL.pdf	<ul style="list-style-type: none"> • 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 webpage’s. Unless there is clear, explicit rationale for the use of MCCAs, the default should be to supply medicines in their original packaging.
SPS Summary of Guidance and Evidence for use of MultiCompartment Compliance Aids (MCCAs). February 2019 London Medicines Information Service	https://www.sps.nhs.uk/wp-content/uploads/2019/05/SPS_MCCA_briefing_May2019_final.pdf	<ul style="list-style-type: none"> • There is no legal requirement for an MCCA to be provided to a patient, carer or care facility and it should not be presumed that a patient with a disability, who requires an auxiliary aid, must always be supplied with an MCCA, as there are other possibly more appropriate and helpful ways to support people in taking medicines effectively. • There is a lack of high-quality published research investigating the use, appropriateness, safety and concerns of MCCAs in all UK settings. • The impact of MCCAs on medication adherence is unknown. • The evidence comparing the safety of MCCAs against original pack dispensing is limited and comparisons to other adherence aids lacking. • The published evidence reviewed strongly suggests that patients with medication adherence issues undergo an assessment to jointly identify the best adherence aid for them. • The preference for patients with adherence issues is to supply medication in original packaging with appropriate adherence aids. • Patients and carers using MCCAs should be assessed for adherence and concerns after a few weeks of starting the aid. The patient should be re-assessed after any changes in their needs, e.g. after hospital discharge, and regularly at 6-12 months. • The lack of reported incidents around the use of MCCAs does not imply that these aids are without negative impact on patient safety. • Where the best adherence aid for an individual is suggested to be a MCCA, then the patient and their carers must be educated and trained in the use of the aid. • Not all medications are suitable for MCCA’s. The decision to use an MCCA must therefore include a technical assessment of suitability of each medicine. • If some medicines are necessarily kept Ffund an MCCA, this increases the complexity of the medication regimen and may result in some medicines being missed.
RPS Guidance Improving	https://www.rpharms.com/Port	<ul style="list-style-type: none"> • Although MCA may be of value to help some patients with problems managing their medicines and maintaining independent healthy living,

<p>patient outcomes through MCA July 2013</p>	<p>als/0/RPS%20document%20library/Open%20access/Support/toolkit/rps-mca-july-2013.pdf</p>	<p>they are not the best intervention for all patients and many alternative interventions are available. The evidence-base indicates that MCA should not automatically be the intervention of choice for all patients.</p> <ul style="list-style-type: none"> • Not all medicines are suitable for inclusion in MCA. Furthermore, all stakeholders should recognise that the re-packaging of medication from the manufacturer’s original packaging may often be unlicensed and involves risks and responsibility for the decisions made. • With the limited evidence base currently indicating a lack of patient benefit outcomes with the use of MCA, it is a recommendation of the RPS that the use of original packs of medicines, supported by appropriate pharmaceutical care, should be the preferred intervention for the supply of medicines in the absence of a specific need for an MCA in all settings. • The RPS recognises that patient-facing pharmacists cannot fully implement the recommendations within this document on their own and that an integrated approach between health and social care, between commissioners and service providers, and amongst pharmacy bodies is required on the continuing journey to improve patient outcomes. • The choice of an MCA must be considered within the range of alternative intervention options, and must not be regarded as the only solution.
<p>SPS RMOC Project Proposal: Achieving a “gold standard” approach to MCCAs in England Feb 2019</p>	<p>https://www.sps.nhs.uk/wp-content/uploads/2019/02/Agenda-Item-7c.3-RMOC-Scoping-document-MCCAs-1.pdf</p>	<p>The focus should be on enabling people and trained carers to deliver outcome focussed, person-centred support with their medicines designed to support capability, independence and re-ablement as opposed to care which is designed around dependence</p> <p>Key points include:</p> <ul style="list-style-type: none"> · Routine use of MCCAs without patient adherence assessment is discouraged. · The preference for people with adherence issues is to supply medication in original packaging with an assessment to identify whether support is needed in using these with appropriate adherence aids provided if required. · MCCAs should only be used in an appropriate manner following such assessment to enhance patient safety and outcome. · If the best adherence aid for an individual is suggested to be a MCCA, then people and their carers must be trained in the use of the aid. · People and carers using MCCAs should be assessed for adherence and concerns after a few weeks of starting the aid, re-assessed after any changes in their needs and then regularly at 6-12 months
<p>PrescQIPP Bulletin 174: Care homes - Use of monitored dosage systems</p>	<p>https://www.prescipp.info/media/1235/b174-care-homes-use-of-monitored-dosage-systems-20.pdf</p>	<ul style="list-style-type: none"> • The use of multidose or single dose compliance aids are no longer considered the best method of managing medicines in care homes; instead the use of original packs is being endorsed as the preferred option for carer administration and this resource has been developed to support changes in practice.
<p>NICE Supporting people receiving social care in the community to</p>	<p>https://www.nice.org.uk/guidance/ng67</p>	<p>The NICE guideline: managing medicines in care homes lists only advantages associated with the use of original packs when considering administration, and no disadvantages, but identified several disadvantages for administration when using MCA including: over-reliance on MCCAs that may de-skill care home staff; possible failure of care home staff to look at the label and description of medicine; and the use of two systems - MCA and original pack dispensing.</p>

take their medicines		
CQC Administering medicines in home care agencies	https://www.cqc.org.uk/guidance-providers/adult-social-care/administering-medicines-home-care-agencies	Medicines support is any support that enables a person to manage their medicines. In practical terms, this covers: <ul style="list-style-type: none"> • prompting or reminding people to take their medicines • helping people remove medicines from packaging • administering some or all of a person’s medicines
Social Care Medicines Policy	http://www.cpy.org/pharmacy-contracts-services/essential-services/dispensing.shtml#MDS	The Local Authority Medicine Policies in West Yorkshire do not state that Social care workers must have medicines supplied within an MCA to enable them to provide medication support to patients.