

COMPLIANCE NEEDS ASSESSMENT BACKGROUND NOTES

The Compliance Needs Assessment is a tool to assess the pharmaceutical needs of patients having difficulty complying with or managing their prescribed medication. It is targeted at those who are likely to benefit from the service. An assessment of compliance needs is carried out by the community pharmacist who normally provides the patients prescribed medication.

The initiative applies to patients living in their own home and DOES NOT extend to patients in nursing/residential homes

Patients may be referred to a community pharmacist for assessment by nurses, hospital clinicians on discharge, social workers, carers (either formal or informal), the patient, GP or the community pharmacist.

The pharmacist will assess compliance issues and provide a monitored dosage system (MDS) only if compliance cannot be addressed by other methods. The pharmacist will check that the patient can use the MDS

Referrers should be made aware that the assessing pharmacist may conclude that provision of prescribed medications in a MDS is inappropriate for the patient and may offer alternative advice as to how the patient's compliance may best be addressed

All patients assessed and requiring additional support or an MDS must be followed up at one or two months for additional support and at one week and at one month if a MDS is supplied.

It will be the responsibility of the assessing community pharmacist to notify the referring party and the patient's GP of the result of the assessment.

The community pharmacist must adhere to standards for dispensing into compliance aids according to Medicines Ethics and Practice RPSGB

The community pharmacist must ensure that there is a robust medication record system in place

The community pharmacist is responsible for considering the stability of medication in the device. Certain medications should not be placed in monitored dosage systems. These include significantly hygroscopic preparations and solid dose cytotoxic preparations.

The community pharmacist is responsible for supplying Patient Information Leaflets in accordance with EEC Directive on the labelling of medicinal products for human use and on package leaflet (31/3/1992(2001/83) and SI 1992/3274 The Medicine (Leaflet) Amendment Regs 1994 number 3274

Patients who are currently receiving their medications prior to October 1, 2002 in a MDS should continue to do so. These patients may be included in the scheme for assessment by their community pharmacist ONLY where the patient or their carer so requests or where there is evidence available to the pharmacist that the patient is not coping with the existing monitored dosage system. The result of the assessment in such case may be e.g. transfer to a MDS to be supplied as per the local agreements, discontinuation of a MDS, and /or referral for a medication review.

The general practitioner should be advised to liaise with the pharmacist when medication is added, changed or stopped.

For many patients medication review leading to a reduction in the number of medicines can be a useful aid to improving compliance.

The compliance assessment will remain valid unless a change in circumstances arises which warrants a reassessment

PROVISION OF A MONITORED DOSAGE SYSTEM SHOULD ONLY BE CONSIDERED AFTER OTHER SOLUTIONS HAVE BEEN EXPLORED

Examples of problems which may affect compliance and solutions

The following solutions should be considered before a decision is made to supply a MDS

Compliance problem	Solutions/actions
Poor eye sight	Dosage instructions in larger print
Cannot understand English	Different language PILS available from Drug manufacturers
Dexterity problems	Supply plain tops/ winged tops/transfer to bottle from blister pack/ larger bottles
Cannot measure liquids	Oral syringe/ measuring cup, transfer to smaller bottles
Cannot use inhaler/eye drops	Refer to GP/Nurse for different inhaler/ Aids to assist use of eye drop may be useful
Cannot swallow medication	Change of dosage form / refer to GP
Poor ordering system or lack of synchronisation in repeat cycle	Pharmacist requests/deliver prescriptions/ prescriptions synchronised Arrange with GP
Lack of understanding of indication/ timing of dose	Advice and education may be sufficient. This should be reviewed at follow up
Frequency or timing of dose	Clearer directions/Simplify regimen/ Recommendations to GP to action
Forgetfulness	Provide Medication Chart. Weekly dispensing into ordinary containers/ consider.
Intentional non-compliance	Discuss issues/ refer to GP
Other	Specify in report

After assessment when any of these solutions have been adopted to help compliance they should be followed up one to two months later.

When a MDS has been demonstrated and provided it should be followed up one week and one month later.

EXPLANATION OF COMPLIANCE NEEDS ASSESSMENT DOCUMENTATION

Multi-agency Referral Form

Health or social service professionals will complete the relevant details and send to the pharmacist assessor. Section headed “**relevant medical history**” should include any recent illness or health events. The pharmacist assessor can complete the section “current medication”.

The patient (or if appropriate carer) should sign the consent section. The patient or carer should be given a copy of “Compliance Needs Assessment Patient Information” explaining the assessment before signing the form.

Compliance Needs Assessment Form

To be completed by the pharmacist assessing the patient for compliance

- | | |
|--------|--|
| Part 1 | Pharmacy details |
| Part 2 | Patient and Referral Details – must include patient’s name .address and telephone number and other details if known |
| Part 3 | Ability to Manage Medicines

Questions 1-3 Use comments box to indicate who is responsible for requesting and obtaining a supply of their medication and ascertain if they are managing this. Check dispensing dates on the labels or the PMR to see if they are synchronised
Questions 4 –5 Confirms whether they know why they are taking their medicines and whether they are taking them appropriately. If unclear on one or more, state no and detail. Patient understanding can be reviewed during follow up.
Question 6 Identifies the level of unintentional non-compliance. If patient never forgets, no solution is required. If patient sometimes forgets offer guidance on what to do if a dose is missed and explore any reasons. If patient frequently forgets a solution needs to be found
Question 7 Identifies if the patient is intentionally non-compliant. The reasons may include the person’s beliefs about medication, side effects or misunderstanding.
Question 8 Identifies any current systems the patient has in place to help them
Question 9-14 Identifies any physical problems the patient may be having with getting access to their medication. Ask the patient to demonstrate any devices they use. |
| Part 4 | Medication Details |
| Part 5 | Compliance Assessment
State the compliance issues found by the assessor |
| Part 6 | Ability to manage dosage system
Complete if a MDS is considered to be appropriate
Demonstrate the system and ask the patient to demonstrate the system. |
| Part 7 | Pharmacist recommendation |

Follow up dates

Patient should be followed up one week and one month after a MDS has been supplied or at one month or two months when an assessed patient has not been given a MDS

Compliance Needs Assessment Report Form

Note the conclusions from the assessment. Document action taken by the assessor and specify any action required by the GP. Ask the GP to complete and return the form to the community pharmacy

If no solution is found/ agreed inform GP and source of referral.

**COMPLIANCE ASSESSMENT
MULTI – AGENCY REFERRAL FORM**

**For referral of patients who are having difficulty managing their prescribed medication.
Complete form and forward it to patient's community pharmacist**

Patient name: Address: Telephone: Lives alone- Yes/No circle)	DOB: CHI Number House bound- Yes/No (circle)
Informal Carer input (if applicable): Relationship to patient: Contact address (if different from above)	
Telephone:	
Community pharmacist: Address: Telephone: FAX number:	
Social Care/professional carer input (if applicable): Address: Telephone: Visit frequency : daily or times per week _____	
Designation	
General practitioner: Address: Telephone number: FAX number:	
Referral details Patient referred by Contact number Date	

Relevant Medical History

Reason for referral for compliance assessment Is patient taking medication as prescribed? Does the patient understand reason for medication? Does patient have difficulty opening bottles/foil packs? Has patient difficulty ordering repeat medications? Can patient read labels/information leaflets? Is patient confused/ forgetful?	Circle as appropriate Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
Comments	

Current Medication:

If available please attach GP repeat medication slip/ computer print/medication chart or complete table below including non-prescription medicines.

Name of medication	Form	Dose	Times of administration

The Pharmacist assessor will contact patient / carer to arrange an appointment and will inform you of the result of the assessment.

PATIENT/ CARER CONSENT**A. To be completed before the assessment**

I understand the purpose of this assessment and I agree to participate.

I consent to the sharing of information amongst agencies

Print Name _____

Signed

Date

B To be completed after the assessment

I agree with the outcome of the assessment

Print Name _____

Signed

Date

Follow up date (1 week) :
Follow up date (1 month):

Part 1 - Pharmacy Details

Pharmacy name:	Assessor's name:	Location of assessment:
Tel:		

Part 2 – Patient and Referral Details

Patient name:	Referred by:
Address:	Referrer address:
Tel:	
CHI No / DOB	Referrer designation:
Previously using medication compliance aid:	YES* NO* (*circle as appropriate)
If YES Reason for re-assessment.	
GP:	GP Tel:

Part 3 - Ability to Manage Medicines

(*circle as appropriate)

1. Who orders repeat prescriptions?	(state who)
2. Who collects repeat prescriptions?	(state who)
3. Does any of the medication ever run out?	YES or NO* (if yes state which)
4. Does the patient know what the medication is for?	YES or NO*
5. Does the patient know when to take their medicine?	YES or NO*
6. Does the patient ever forget to take their medicine?	Never* Sometimes* Frequently*
7. Does the patient ever choose not to take their medicine?	Never* Sometimes* Frequently*
8. Does the patient have anyone/thing to remind them to take their medicine?	YES or NO* (if YES state who)
9. Can the patient open child resistant tops?	YES or NO*
10. Can the patient open foil blisters?	YES or NO*
11. Can the patient read the labels/patient information leaflets?	YES or NO*
12. Can the patient measure liquids? (if appropriate)	YES or NO*
13. Can the patient use inhalers/eye drops? (if appropriate)	YES or NO*
14. Can the patient swallow all of their medication	YES or NO* (if NO state which)

Part 4 – Medication Details	
Number of regular medications each day <input type="checkbox"/> <input type="checkbox"/>	Number of as required medications <input type="checkbox"/> <input type="checkbox"/>
Number of times per day medication is to be taken <input type="checkbox"/> <input type="checkbox"/>	
Are ALL drugs suitable for inclusion in MDS YES* NO* (*circle as appropriate)	
Is regimen stable (no dose titration) YES* NO* (*circle as appropriate)	
Part 5 – Compliance Assessment	
(Provision of a compliance aid should be considered after all other solutions to difficulties experienced with copliance have been explored)	
Part 6 – Ability to manage monitored dosage system (MDS) (if appropriate)	
Following a demonstration of the aid the patient: (*circle as appropriate)	
Finds it easier to take tablets from an MDS system than the packet used presently?	YES or NO*
Understands how the system works and where the next dose should come from?	YES or NO*
Understands how to take medication that is not included in the aid?	YES or NO*
Part 7 – Pharmacist recommendation	
A compliance assessment has been carried out in conjunction with the patient/carers and the following recommendation(s) are made: (tick boxes appropriate)	
The patient's requires a MDS medication aid (specify type supplied)	
The patient does NOT require an MDS medication aid	
The patient requires additional medication counseling (state date counselling given)	
The patient requires a medication sheet	
The patient requires large labels	
The patient require other medication aids (specify which)	
Other/Comments	
Signed (pharmacist) Date of assessment	Duration of assessment:

Follow up dates

1. _____ (one week)
2. _____ (one month)

Reviewed by _____
Reviewed by _____

Compliance Needs Assessment Report

Patient name:	Community pharmacy
Address:	Address:
CHI No / DOB:	Assessor
Tel:	Tel:

Dear Doctor _____

A. I have identified that the above patient referred to me for compliance assessment has the following compliance issues. **Please indicate if you agree to the proposed action and return this form to the pharmacy.**

or

B. I have been **unable** to identify/resolve the patient's problems for the following reasons.

DELETE WHICH IS INAPPROPRIATE

Compliance Issue	Action taken / proposed	GP agreed Y /N

Please return form to community pharmacy



ASSESSMENT FOR PATIENTS EXPERIENCING DIFFICULTY WITH MEDICATION

INFORMATION FOR REFERRAL OF PATIENT TO COMMUNITY PHARMACIST

The ability to take medication as prescribed is one of the key tasks that must be supported if a person is to remain well and independent in their own home

Patients who live on their own may be referred to a community pharmacist of their choice for review of compliance issues and possible supply of a monitored dosage system (MDS).

Patients who are having difficulties in taking their prescribed medication may be referred for assessment by nurses, hospital clinicians on discharge, social workers, carers (either formal or informal), the patient, their GP or the community pharmacist.

The pharmacist will assess compliance issues and decide what steps can be taken to help patients take medication as prescribed. A monitored dosage system (MDS) will only be provided if compliance cannot be addressed by other methods. The pharmacist will review the patient at one week and one month and check that the patient is able to use the MDS.

Patients provided with a MDS must be motivated to take their medicines and should be able to use the device

MDS are **NOT** helpful/necessary where patients are:

- Confused
- Poorly motivated
- Have frequent changes to their medication regimen
- Take medicine 'as required'
- Formal Carers are administering medicines.
(Formal carers often "prompt" the client to take their medication and a MDS is not essential to this process)

The following groups of patients may benefit from a MDS

- Patients with compliance problems
- Patients with learning disabilities
- Blind or partially sighted patients
- Patients on "polypharmacy" (nominally > 4 drugs)
- Patients who have difficulty handling original containers e.g. bottles or foil packs

When a pharmacist fills a MDS it is dispensed and labelled according to professional standards. The pharmacist will advise on the stability of medication in the device as certain medications should not be placed in monitored dosage systems.



ASSESSMENT FOR PATIENTS EXPERIENCING DIFFICULTY WITH MEDICATION

INFORMATION FOR PATIENT/ PATIENT'S CARER

As you have difficulty taking or managing your prescribed medication you can be referred to a community pharmacist of your choice for further advice

You will be asked to sign a form to consent that you agree to the assessment.

What will the community pharmacist do?

The community pharmacist will contact you and may ask to see all medicines you take, including

- medicines supplied on prescription currently required
- medicines supplied on prescription no longer required
- all non-prescription medicines which you have bought

The community pharmacist will discuss with you any improvements which can be made to help you comply with your medication including

- help you to understand why you are taking the medicine
- help you to take the medicine in the right way

The community pharmacist will advise on how you can manage your medicines better.

Your pharmacist will report the outcome of your assessment to yourself, the person who referred you and your GP

If you are given a device which helps you with your medication your pharmacist will check at one week and at one month that you do not have any difficulties using this

If the pharmacist cannot resolve my problems what happens?

Your pharmacist will inform your GP if you are still having difficulty taking your medicines.