**Multi-compartment Compartment Aids (MCA’s)**

**Updated Guidance on Best Practice for Community Pharmacy**

The information in this pack is designed to give all health and social care personnel a better understanding and a fuller awareness of the wide range of support mechanisms available that could be of benefit to those patients and their carers experiencing difficulties in managing their medication.

First introduced as part of a Model Scheme for the Frail Elderly in 2002, there has been a steady rise in the demand for MCA’s despite a serious shortage of evidence surrounding their use and the benefit, if any, to patient care. Their use is associated with an above average level of dispensing errors and critical incidents involving medicines. It is also recognised that an MCA can deskill a patient’s understanding of the need and use of their medication reducing their ability to self manage.

MCA’s have been promoted as a safe system of medicine administration but it is merely a convenient form of repackaging for a limited group of medicines. Safe practice is not guaranteed by use of such a system. The Care Commission recommends that staff training in the administration of all medicines from pharmacy labelled original packs would be a more appropriate course of action for the care provider.

Identifying why a patient has problems with their medication should be the first step to considering the most appropriate solution and the application of the pharmacy team’s extensive knowledge and expertise in the formulation and packaging of medicines may provide an alternative more suitable option.

Multi-compartment Compliance Aids[[1]](#footnote-1) (also referred to as MDS, trays, Dosette Boxes or Compliance Aids) are widely used across the Health Board area as an aid to helping patients resident in their own homes to manage their medication. Increasing use of these aids has resulted in some work being carried out to align processes across community pharmacies to aid in the management of these devices.

The following Best Practice guide contains recommendations and references to other resources to help support the use of MCA’s in practice. It should be read in conjunction with the template Standard Operating Procedures (SOP) and “Managing Medication Guidance”.

1. **Assessment of Patients**

**1.1 Initial assessment**.

The pharmacist should assess the suitability of a patient for an MCA using an approved format and record that information on the patient’s file.

Discuss the various options available with the patient or carer (see “Managing Medication Guidance” document for further information).

A variety of assessment tools are available with a preference to utilise a simplified version so that the process can be completed without creating significant additional workload and an unnecessary administration burden. Examples of appropriate assessment tools can be downloaded from this site. The Health Board does not endorse any particular version but that any structured assessment tool be used to indicate that the decision has been based on clinical need and not solely on convenience.

**1.2 Re-assessment collective**

This should be carried out by appropriate health or social care professional in line with the Board’s recommendations. Communication of the outcome from this process should be shared with GP and community pharmacist to highlight any ongoing care needs.

1. **Recording**

Community pharmacists should retain an active record on file of patients attending their pharmacy who receive medication in an MCA

**2.1 Patient Record**

A patient registration record should be completed for each individual MCA patient with a copy of their consent to share information with relevant health and social care professionals/carer retained on file. The record should contain the following information as a minimum (see Appendix 1):

* Patient Details – including name, CHI number, date of birth, address and contact telephone number;
* General Practitioners Details – name, address and contact telephone number. It may also be worth noting any key contact at the surgery for example the prescribing support pharmacist or receptionist who deals with repeat prescription requests or practice or district nurse who may be involved in care giving;
* Carer Details – including name, address, contact telephone number and relationship with the patient along with copy of signed consent form. Advisable to record 2 carers where possible i.e. a family member and social carer;
* Agreed date of medication uplift;
* Collection or delivery details and by whom including agreed action to take if the patient is not at home;
* List of current medication;
* List of medication changes (also recommend inclusion of date of change, who notified/communicated the change and date in which it was actioned) (see Appendix 2);
* Any relevant care issues (may be linked to Pharmacy Care Record (PCR) if patient is registered for the MCR service);
* Any hospital admission or discharge information;
* Any other relevant communication and include date received and date auctioned.

Patient’s PMR entry should be annotated to flag that medication is dispensed into an MCA.

**2.2 Other information to be recorded**

Patients should be provided with a copy of an approved Patient Information Leaflet (PIL) describing how to benefit from the use of such a device.

Shared consent should be obtained from the patient where possible to allow discussion of changes to medicines, concerns with compliance and any other issues in the patient’s interest with the relevant health and social care professionals and designated carers.

It may be of benefit to the pharmacy to record any other relevant information e.g. patient partially sighted, deaf – does not always hear door, daughter/son is main carer etc.

All patient registration, recording and consent forms should be stored securely and kept in a safe place, ideally in a patient individual file, which can house other information for the patient and only accessible to authorised staff within the pharmacy

1. **Communication**

The pharmacist should ensure that prompt and appropriate communication links are established and maintained between GP, carer and other HSCP personnel involved in the patient’s care.

**3.1 New patients**

This will initially be to alert these parties that the patient has commenced on a MCA system.

Identifying these patients and where they have their medicines dispensed is important to the

practice so that they can communicate any future changes to prescribing and/or changed

circumstances pertaining to the patient to the pharmacy.

The need for an MCA should be established between CP, GP and Home Care and include discussion on the suitability of alternative options

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**3.2 Existing patients**

Pharmacists are advised to complete an initial list of existing patients and contact surgeries to allow them to record MCA patients on their GP clinical system if not already done so or has not been done for some time. Identifying these patients and where they have their medicines dispensed is crucial to the practice so that they can communicate any changes to prescribing and/or changed circumstances relating to the patient to the pharmacy. This would also be of benefit when a patient is admitted or discharged from hospital, or in respite care or for any other change in circumstance.

To assist the practices identify these patients, it is suggested that pharmacy staff annotate repeat request slips with “MCA” at the time they are sent to the practice.

**3.3 Communication to patients/ carers**

Provide information to patient on:

 how to use an MCA,

 contact details for the pharmacy,

 re-ordering of prescriptions,

 delivery/ collection day of pack,

 short course medications, and

 changes to medicines

Pharmacy and patient specific information should be communicated in a reliable and reproducible manner which includes all relevant information e.g. Produce a PIL.

1. **Prescription Management**

**4.1 Ordering of prescriptions**

Benefits identified from various trials and previous Locally Enhanced Service agreements, GP practices and surgeries are encouraged to liaise with their local community pharmacies to confirm which patients receive their dispensed medicines in an MCA. To assist the practices identify these patients, it is suggested that pharmacy staff annotate repeat request slips with “MCA” at the time they are sent to the practice.

It is recommended that 28 day prescriptions are used and annotated with a request to 'dispense weekly'.

Pharmacies should adhere to their repeat prescription ordering (or prescription collection) protocol as described in the Standard Operating Procedure (SOP). Only those medicines required for the next cycle are ordered in line with the patient’s request with particular note given to “prn/ when required” medication (see section 6 of this document).

**4.2 Receipt of prescriptions**

Pharmacist should complete a clinical check on the new prescription to ensure that the medication has not changed since last dispensing, any medicines unsuitable for packing in an MCA are identified, any interaction or contraindication is assessed, any supply problem is identified so that the prescription is accurate before dispensing.

**4.3 Prescription Maintenance**

Maintain all prescriptions in the pharmacy until the final instalment dispensed and supplied. Ensure that both the paper and electronic versions of the script are endorsed correctly with the same message before despatch to PSD for payment. Endorsements should accurately reflect any activity undertaken by pharmacy staff to eliminate any potential for misunderstanding or misinterpretation that could affect reimbursement, e.g. the total quantity supplied; number of instalments; broken bulk; ullage claim etc. Prescriptions are subject to routine NHS payment verification checks and an inaccurate/incomplete endorsement may

lead to discrepancies in payment and subsequent adjustments or late settlement.

**4.4 Management of medication changes**

Ensure that the SOP in place for changes to medication accurately describes the actual process and is being adhered to. Changes should be recorded on a change of medication form and communicated to all relevant healthcare professionals/carers with a record of the action taken retained in the patient record (see Appendix 2).

 Any changes to medication must have a clear, traceable flow of who has requested the

change, what the change is and when the request was made.

 A change may involve an addition, deletion or replacement of a medication and it is vitally

important that this is clearly identified.

 Any changes requested over the phone must be followed up with the prescription, except discontinuation of a medicine. The pharmacist must ultimately make the decision as to when the compliance aid is changed and would be influenced by how quickly the change has to be actioned and how long the particular cycle has to run. Ideally any change is best implemented at the start of a new cycle so that supplies are synchronised, the risk of medication errors arising from selecting the wrong ‘small round white tablet’ from an MCA in use is minimised and the significant workload required associated with a change mid cycle is avoided

 Addition and deletion of medicines in a compliance aid must go hand-in-hand with addition and deletion of the corresponding labels or MAR sheet on the aid. In many cases this may require an entire new sheet of contents to be printed off. As per guidelines, the description of the medication should also be added.

 The patient’s MCA may need to be retrieved depending on the nature and urgency of the

change. All prepared MCA’s in the pharmacy must also be corrected.

**4.5 Management of change in patient circumstances**

The pharmacy should ensure that the correct processes are in place to record, communicate and monitor any change to patient’s circumstances e.g. hospital admission/discharge or death, to prevent the generation of any pharmaceutical waste and the unnecessary additional workload that is not required. Changes should also be recorded on the record form and communicated with GP or other HCSP personnel involved in the patient’s care.

1. **Dispensing of MCA’s**

**5.1 Equipment**

Only systems previously endorsed by the Royal Pharmaceutical Society (RPS) can be used with the Venalink and Omnicell systems approved for use within NHS GGC. Filling of trays should be carried out by appropriately trained personnel using correct and appropriate equipment in a clean and tidy environment

**5.2 Dispensing process**

Not all medicines are suitable for dispensing into an MCA due to stability, formulation or when the medication is prescribed e.g.” to be taken when required”. Ensure the prescription has been clinically checked before dispensing and the suitability of medicines to be placed in an MCA has been carried out. No more than 4 weeks medication should be dispensed in an MCA at any one time since the efficacy of the product could be materially affected beyond this time frame

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**5.3 Checking of an MCA**

It is recommended to check the prescription dispensed in the original pack first. This helps to

familiarise the checking pharmacist with the patient’s medicines and ensure the correct medicines are being dispensed into the MCA. This checking process should be done in accordance with the pharmacy’s Prescription Checking SOP.

**5.3 Excluded drugs**

Medicines on the exclusion list contained in Appendix 3 should not be dispensed into an MCA. This includes CDs, medicines subject to frequent changes e.g. Warfarin; medicines that are hygroscopic attracting moisture from the atmosphere e.g. Bisphosphonates; and those sensitive to light e.g. phenytoin. The list is not exhaustive and pharmacists should not be persuaded to include items on the exclusion list to an MCA for the sake of convenience that would compromise the clinical care of that patient.

**5.4 Delivery/ collection**

For those patients who receive a delivery service, MCA systems must not be posted through a letter box, unless, by exception, specifically requested to do so confirmed in writing by the patient or carer. Processes should be in place to ensure that deliveries are not maintained if a patient is admitted to hospital. All delivered medications should be accompanied with a signed receipt note (see Appendix 4).

If a patient or carer collects the medication from the pharmacy, and fails to collect on the required day, a process should be in place to ascertain why their medication has not been collected e.g. whether the patient has been admitted to hospital or for any other reason and the GP or other key worker alerted to such episode. Each collection or delivery should be accompanied with a check that the patient has not had any changes to their medication since the last supply or admitted to hospital during that period.

**6. Management of “when required” medicines**

Ordering of “when required/PRN/acute” medication or items, should be the responsibility of the patient and/or carer and should not be included in the routine ordering of items for an MCA. These should be dispensed as a normal prescription item. PRN medicines could be added to the labelling sheet as a prompt or reminder to the patient/ carer and annotated as “not in box/ blister”.

**7. Maintenance and Review of Standards**

Pharmacists are advised to regularly review processes associated with supply of MDS equipment.

 Update patient list on an ongoing basis

 Ensure arrangements are in place to access this information remotely[[2]](#footnote-2)

 Review incidents/near misses

 Review procedures list every 6 months

**Community Pharmacy MCA Patient Registration Form APPENDIX 1**

|  |  |
| --- | --- |
| **Patient’s name** |  |
| **Address**  **Telephone number** |  |
| **Date of birth** |  |
| **CHI Number** |  |
| **Key worker/ Carer**   * **Name** * **Address** * **Telephone number** * **Relationship to patient** |  |
| **Link person (to contact if medicines not collected) – if different to key worker above**   * **Name** * **Address** * **Telephone number** * **Relationship to patient** |  |
| **Medication collection details**   * **Day** * **Frequency** * **Delivery required?** * **If yes – any special delivery instructions** |  |
| **GP/ Surgery details**   * **Name** * **Address** * **Telephone Number** * **Key contact at the surgery** |  |
| **Current prescription (date & source of this information)**  **\*Please indicate subsequent changes on the following page(s)** |  |
| **Relevant details of compliance difficulties** |  |
| **Details of pharmaceutical care needs** |  |
| **Care Plan** |  |
| **Date commenced** |  |

I consent to any necessary and relevant dispensing and clinical data about my care being shared between my community pharmacy, GP practice and nominated carer whilst I continue to be provided with a compliance aid device

Signed Date

1. Multi-compartment Compliance Aid (MCA) is used in this context as a generic term to describe all medication aid devices [↑](#footnote-ref-1)
2. Details of how to access this information remotely should be incorporated in the pharmacy’s Business Continuity Plan should entry to the premises be prohibited, e.g. a fire, flood, unsafe building, public unrest, location designated as a crime scene are actual incidents that have occurred in Glasgow in recent years resulting in personnel prevented from entering the premises. The ability to access this type of information remotely would allow some activity to be maintained for the duration of the closure. [↑](#footnote-ref-2)