NPCNAP

National Pharmacist Compliance Needs Assessment Package

(Modified July 2020 to incorporate changes to terminology now in use)

September 2002

## PATIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DOB: \_\_\_\_\_\_\_\_\_\_

## ASSESSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHARMACY ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date of Assessment\_\_\_\_\_\_\_\_**

**Date of Review\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Review\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Review\_\_\_\_\_\_\_\_\_\_\_\_**

#### NPCNAP Assessor Notes

##### What is the National Pharmacist Compliance Assessment Package (NPCNAP)? It is a tool to assess the pharmaceutical care needs of people having difficulty complying with or managing their prescribed medication. It does not have all the answers but acts as a prompt to allow the assessor to ask questions that will help them to identify and resolve problems.

# Who should use it and when? It is designed for use by pharmacists who wish to assess the compliance needs of people, primarily living at home. It maps to other multi-disciplinary assessments including the Single Shared Assessment.

**Contents**

# Section

1.Multi-agency referral form and patient consent form

2.Compliance Needs Assessment

3. Notes and review

4. Confirmation of Suitability of a Multi-compartment Compliance Aid

5. Report

**Multi-agency referral form**

Health or social care 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”. **Patient or, if appropriate, carer consent** should be noted for the assessment and the outcome. ‘Agencies’ noted on the consent form refer to health and social care services.

**Compliance Needs Assessment**

This section assesses the need for help or more help. To aid the assessment ask the patient to bring all of their current medication with them.

**Section 1** **Visit details** should be completed.

**Section 2** **Confirmation of current medication and ability to manage medication**

**Questions 1-3** Use comments box to indicate who is responsible for requesting and obtaining a supply of medication and ascertain whether 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, tick ‘no’ and detail in notes section. Patient understanding can be reviewed during follow up.

**Questions 6-**Identifies the level of unintentional non-compliance. If they **never** forget, no solution is required. If they **sometimes** forget, offer guidance on what to do if a dose is missed and explore any reasons. If they **frequently** forget 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.

**Questions 8** Identifies any current systems the patient has in place to help them.

**Questions 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.

**Notes** This allows the assessor to write notes during the assessment and the review. The purpose of the review is to check that the actions identified have been carried out and any solutions implemented have helped the patients. If a CA or MDS is supplied to the patient must be reviewed in one week in all other cases in one to two months depending on the prescription cycle.

**Types of Problems and Solutions include:**

|  |  |
| --- | --- |
| Compliance problem | **Solutions/actions**  |
| 1. Poor ordering system or lack of synchronisation in repeat cycle
 | Pharmacist requests and/or delivers prescriptions/ prescriptions synchronised Arrange with GP  |
| 1. Poor understanding of indication/ timing of dose
 | Advice and education given during assessment and reviewed at follow up |
| 1. Frequency or timing of dose
 | Clearer directions/Simplify regimen/ Rationalise/ Recommendations to GP to action |
| 1. Forgetfulness
 | Medication Chart/ link timing to daily routine/ Weekly dispensing into ordinary containers/ consider an MCA\* if committed |
| 1. Intentional non-compliance
 | Discuss issues/ refer to GP  |
| 1. Poor eye sight
 | Large print labels/ dosage instructions/ MCA |
| 1. Cannot understand English
 | Different language PILS available from Drug manufacturers |
| 1. Dexterity problems
 | Supply plain tops/ winged tops/transfer to bottle from blister pack/ larger bottles/MCA |
| 1. Cannot measure liquids
 | Oral syringe/ measuring cup, transfer in to smaller bottles |
| 1. Cannot use inhaler/eye drops
 | Refer to GP/Nurse for different inhaler/ Aids to assist use of eye drops or inhalers sold/contact social services |
| 1. Cannot swallow medication
 | Change of dosage form refer to GP or supply tablet splitters/ crushers |
| 1. Other
 | Specify in report and notes section |

**\* A Compliance aids (CA)** describe any device or system that can be used to aid the patient to comply with their prescribed therapy filled or used by the client, relative or carer or pharmacists**.** Previously referred to as **Monitored Dosage Systems (MDS), Multi-compartment Compliance Aids** are types of compliance aids that are filled at the point of dispensing in a pharmacy. Most of the aids mentioned are not available on the Drug Tariff please refer to local arrangements

Confirmation of Suitability of a Multi-compartment Compliance Aid

To be used in conjunction with the inclusion criteria document. If the patient/informal carer and pharmacist agree that a Multi-compartment Compliance Aid is suitable and all other options have been considered complete this form.

**Report**

Note the conclusions from the assessment. Document action taken by the assessor and if appropriate specify any action required from the patients’ GP or others. **If no solution is found/ agreed inform source of referral.**