# Appendix 1

**Assessment of suitability for pharmacy supplied compliance aid**

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| **Details** | |
| Patient name |  |
| Patient CHI/DOB |  |
| Patient address |  |
| Reason for assessment (including details of referrer) |  |
| Patients representative details (when diminished capacity) | *Name & relationship to patient required* |

|  |  |
| --- | --- |
| **Reasons for assessment** | |
| Forgetting to order or collect prescriptions | Yes / No |
| Forgetting to take medication (or forgetting medication has been taken and taking again) | Yes / No |
| Not wanting / refusing to take medication | Yes / No |
| Unable to open medication packaging (bottles / tablet blisters) | Yes / No |
| Unable to read and/or understand medication labels and patient information leaflets (PIL) | Yes / No |
| Request from formal care worker of care provider | Yes / No |
| Other (please provide details) | Yes / No |
| Comments | |

|  |  |
| --- | --- |
| **Support already in place (or that has been trailed)** | |
| Ordering prescriptions | Yes / No |
| Collecting prescriptions | Yes / No |
| MCR prescription | Yes / No |
| Delivering medications | Yes / No |
| Administering medication | Yes / No |
| Medication chart | Yes / No |
| Compliance aid filled by informal carer/family | Yes / No |
| Formal carer support | Yes / No |
| Other (please provide details) | Yes / No |
| Comments | |

|  |  |
| --- | --- |
| **Potential solutions.**  Please highlight anything already in use or anything which has been tried previously. | |
| Simplifying medications / regimen | In use / No benefit / Not tried |
| Counselling and/or advice | In use / No benefit / Not tried |
| MAR chart | In use / No benefit / Not tried |
| Large print labels | In use / No benefit / Not tried |
| Ordering medication on patients behalf | In use / No benefit / Not tried |
| MCR prescription | In use / No benefit / Not tried |
| Delivering medications | In use / No benefit / Not tried |
| Referral for more general needs assessment (i.e. not just medication) | In use / No benefit / Not tried |
| Comments | |

|  |  |
| --- | --- |
| **Suitability of patient and medication for compliance aid** |  |
| Medication is suitable for dispensing into a compliance aid (please check [SPS website](https://www.sps.nhs.uk/?s=&order=DESC&cat%5B%5D=3253)) | Yes / No |
| Medication regimen is stable | Yes / No |
| Patient/informal carer is able to manage compliance aid including:   * Understanding how the compliance aid works and where doses should come from * Understand where to locate the compliance aid and the times of day medication should be taken * Can push medication from blisters in compliance aid * Dealing with any medication which cannot be included in compliance aid including ‘when required’ medication and short courses of medication | Yes / No  Yes / No  Yes / No  Yes / No |

|  |  |
| --- | --- |
| **Outcome of assessment** |  |
| Patient suitable for a compliance aid? | Yes / No |
| Patient suitable for other medication support tools e.g. MAR, large print labels etc? (please provide details) | Yes / No |

|  |  |
| --- | --- |
| Pharmacy name |  |
| Assessor name |  |
| Assessor role |  |
| Date |  |

*This assessment should be retained in the pharmacy (in either paper or electronic form) and be supplied to NHS Grampian upon request.*