

# Medicine compliance assessment guidance



## Key points

- Seven day prescriptions for monitored dosage systems (MDS) will never be issued for patients who do not meet the criteria under the compliance aid assessment tool.
- Domiciliary care agency staff, GPs, district nurses or other health and social care colleagues cannot refer patients for MDS without completion of the assessment tool.
- The pharmacist or GP (in the case of dispensing practices) is ultimately responsible for deciding what the person, or their representative, what auxiliary aids (if any) are appropriate for people eligible under the Equality Act 2010.
- There are a number of patient safety issues associated with the use of multi-compartment compliance aids (MCAs).



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## Introduction

Medication compliance aids are devices designed to help patients to maintain independence in taking their medication. Before any patient is supplied with a compliance aid an assessment must be made using the NHS Kernow Clinical Commissioning Group (NHS Kernow) medicine compliance assessment tool to determine the most appropriate support option. All patients utilising a compliance aid should be assessed approximately annually to ensure the continued appropriateness of their compliance aid.

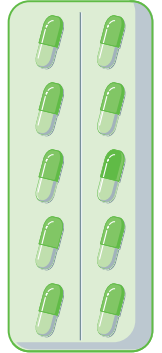
## Definitions

### Multi-compartment compliance aid (MCA)

A generic term for a device that allows medicines to be packaged in individual compartments either by patients, carers or professionally by pharmacists. These often contain more than one medication in each blister.

### Monitored dosage system (MDS) - blister packs

A process that involves the re-packaging of all patients medications. Not to be confused with a manufacturers blister packaging and usually each blister contains only one medication.



### Disability and Equality Act 2010 (DEA)

From 1 October 2010, the Equality Act replaced most of the Disability Discrimination Act (DDA). However, the Disability Equality Duty in the DDA continues to apply.

In the Act, a person has a disability if:

- They have a physical or mental impairment.
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.
- For the purposes of the Act, these words have the following meanings:
  - 'Substantial' means more than minor or trivial.
  - 'Long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions).
  - 'Normal day-to-day activities' include everyday things like eating, washing, walking and going shopping.

People who have had a disability in the past that meets this definition are also protected by the Act.

### Medicines use reviews (MUR)

A one to one review provided by an accredited pharmacist in an accredited pharmacy to discuss day to day management of medicines, to simplify a complex drug treatment regime and to increase patient's understanding of what medicines they are taking and why.

### Dispensary review of the use of medicines (DRUM)

These are provided by GP dispensing practices.

### Care Quality Commission (CQC)

Regulate, inspect and review all adult social care services in the public, private and voluntary sectors in England.



## Aims of this guidance

1. To assess the level of medicines compliance of a patient and identify what support is needed to help them to take/use medicines correctly.
2. Ensure that monitored dosage systems (MDS) or multi-compartment compliance aids (MCA) are used when clinically appropriate to support independent living.
3. Raise awareness of a much wider range of support mechanisms which can be of benefit to patients through the NHS after individual patient assessment.
4. Promote regular review of patients' medicines before commencing packaging medicines within MCAs by the GP to simplify their medicines regime and in some cases patients will only need short term support through these systems.
5. Encourage review of patients already utilising MCA systems.
6. Recommend that patients receive an MUR with their community pharmacist or DRUM with their dispensing practice in which all patients medicines can be reviewed together with the NHS Kernow compliance aid assessment tool which will highlight options for patients.
7. Highlight that domiciliary care agency staff, GPs, district nurses or other health and social care colleagues cannot refer patients for MDS without completion of the assessment tool.
8. Standardise and simplify the assessment process for compliance aids

## Disability and Equality Act

Pharmacists and dispensing practices in the community are required to make "reasonable adjustments" to enable disabled persons to use their medicines according to the Equality Act 2010. This could mean any of a range of support mechanisms such as large print labels, medication reminder charts and alarms, dexterity aids, winged or plain bottle caps or MCA. Patients outside the Equality Act 2010 may also required help to gain optimal benefit from their medication; however there is no legal obligation to provide this. The Equality Act 2010 based assessment on support needed around medicines only applies where the patients' ability to carry out day to day functions is compromised and is not intended to support carers, or nursing or residential home staff. There should be no charge for any adjustments (including any auxiliary equipment) provided to a person who is eligible under the Equality Act 2010.



### Who can assess?

Appropriate health care professionals involved in the care of the patient may complete the assessment tool and should refer to the pharmacist or GP (in the case of dispensing practices) for advice where needed. The pharmacist or GP (in the case of dispensing practices) is ultimately responsible for deciding with their person, or representative, what auxiliary aids (if any) are appropriate for people eligible under the Equality Act 2010.

Patient referrals to a pharmacist/GP should only be for an assessment not a specific compliance aid.

## Stability and licensing issue

Many manufacturers state that their drug(s) are not licensed for inclusion in a compliance aid based on the absence of any stability studies and that this will affect their liability. Any medicines packaged in a MDS should be considered unlicensed and therefore the prescriber and dispensing pharmacist will share legal responsibility for provision. Patients should be informed of this.

## Specials

Where alternative forms of medication are suggested consideration should be given to NHS Kernow joint formulary status, Plymouth joint formulary status, availability, licensing and costs of products.

## Seven-day prescriptions for MCAs

Should only be issued in the following circumstances:

- The patient's medicine needs are unstable and liable to changes.
- There may be risk to the patient or others from having too much medicine in the home.
- Pharmaceutical stability.

Seven-day prescriptions for MDS will never be issued for patients who do not meet the criteria under the NHS Kernow compliance aid assessment tool.

## Nursing homes and residential homes

The Care Quality Commission (CQC) state that MDS systems should not be used in care homes to compensate for poor training of staff in medications. NHS Kernow only advocates the use of MDS after individual patient assessment to support independent living. Where a care home wishes to have MDS for administration they should negotiate this for each individual person with their provider pharmacy. Seven day prescriptions will not be issued for these patients.

## Prescribing for compliance

For many compliance aids it is important for the dispensing pharmacist/carer to know what time of day each medicine should be administered. Medications should be prescribed specifically e.g. one tablet in the morning. Where carers are required to alter the dosage form for administration e.g. Opening capsules, dissolving tablets in water it is important that this appears on the dispensing label to give the carer the authority to do this. Prescriptions therefore need to be descriptive.

## Social care

All paid carers employed by Cornwall Council are trained to support people with their medications if they have been assessed as requiring this as part of their social care needs assessment. They are also trained to administer medications and therefore should not specifically require MDS to facilitate administration.

Trained staff will support people through a variety of methods appropriate to the need of the individual, with MDS systems being used as a last resort. There are certain conditions that may warrant this e.g. confusion/dementia/lack of capacity but this will be determined through the use of the assessment tool. Many alternative support systems should be considered to aid the person's independence with medication e.g. assistive technology aids.

The CQC does not specify that people should have their medication managed by an MDS.

Non council paid carers i.e. domiciliary care agency workers will have their own policies to adhere to and access to appropriate training.

It is important to recognise that increasingly people may choose to employ their own personal assistants to meet their social care needs. It will be the responsibility of the person employing their personal assistant to address any issues regarding their medication support.

## Compliance aids

Medication reminder charts	Large containers
Medication tick charts/medication administration records (MAR)	Easy open tops
Large print labels	Deblistering device
Medication tube squeezers	Talking labels
Written down instructions (Arial font minimum 16/18 point)	Pill splitters and crushers
Symbol chart	Oral syringes
Symbol stickers	Eye drop dispensers
Lotion applicators	Haleraid/Turbohaler grip
Monitored dosage system (MDS)	Dosette/Medidos box
Watch alarms*	Pivotell system*
Telehealth devices (Telehealth team assessment)	

\*Social care assessment required for this device.



### Useful websites

- [www.asksara.org.uk](http://www.asksara.org.uk)  
Useful advice on products to make daily living easier.
- [www.rx-info.co.uk](http://www.rx-info.co.uk)  
Useful information for pharmacists in primary and secondary care
- [www.translabel.co.uk](http://www.translabel.co.uk)  
Translates directions into 14 different languages.

## Medication review

Wherever a compliance issue exists a medication review should be performed in parallel with the Cornwall health community medicines compliance tool; GP, MUR or DRUM. Wherever possible the amount of medicines should be minimized and the regime should be made once daily or twice daily.

## Communication

It is essential all parties are communicated with including GP, community pharmacist/dispensing practice, patient or anyone else suitable.

## Equality Impact Assessment

As part of its development, this strategy and its impact on equality have been assessed. The assessment is to minimise and if possible remove any disproportionate impact on employees on the grounds of race

# Appendix one: Medicines compliance tool

Please complete and send a copy to the community pharmacist and patient's GP.

Patient details		GP details	
Name:		GP name:	
Hospital number:		Telephone number:	
Address:		Community pharmacy/dispensing practice details	
		Name:	
NHS number:		Telephone number:	
Step one: What can the patient manage?			
		Yes	No
Mental	Understanding	Understand each medicine dosage instructions?	
		Understand the importance of each medicine?	
		Understand how to take PRN (when required) medication?	
		Understand how to take variable doses (e.g. Warfarin?)	
	Memory	Remember to take their medication regularly and at the appropriate time?	
		Remember to order their repeat medication?	
Physical	Swallowing	Swallow all their tablets/capsules?	
	Dexterity	Open medicines boxes?	
		Open blister strips?	
		Open and close child-resistant lids?	
		Open and close winged lids?	
		Grip medicine bottles?	
		Halve tablets themselves (if required)	
	Sensory	Read standard print labels?	
		Read large print labels (16/18 point Arial)?	
		Read Braille labels (if patient blind)?	
Can the patient hear an alarm?			

If the answer to each question is 'yes' it is unlikely that the patient requires additional compliance support. Proceed to step four. If the answer to any of the questions is 'no' proceed to the suggested adjustments listed in step two.

Step two: Which simple adjustments might be appropriate?		
Problem	Suggested solutions	Action plan (refer to other health professionals where appropriate)
Understanding	<ul style="list-style-type: none"> <li>• Provide a medication reminder sheet</li> <li>• Simplify medication regime</li> <li>• Medicines Use Review</li> <li>• Relative/carer prompts to take medication</li> <li>• Relative/carer prepares medications and prompts to take</li> </ul>	
Memory	<ul style="list-style-type: none"> <li>• Provide a medicines reminder sheet</li> <li>• Simplify medication regime</li> <li>• Relative/carer prompts to take medication.</li> <li>• Relative/carer prepares medications and prompts to take.</li> <li>• Organise repeat prescription collection/delivery service</li> <li>• Assistive technology e.g. Lifeline calling up to 4 times a day,</li> </ul>	
Swallowing	<ul style="list-style-type: none"> <li>• Provide alternative formulations where appropriate</li> <li>• Simplify regime to once daily/combination products</li> <li>• Refer to recommendations made by Speech and Language therapy.</li> </ul>	
Dexterity	<ul style="list-style-type: none"> <li>• Provide screw/winged lids</li> <li>• Provide large bottles/boxes</li> <li>• Dispense blister packed medicines into bottles</li> <li>• Provide halved tablets</li> <li>• Relative/carer prompts to take medication</li> <li>• Relative/carer prepares medications and prompts to take</li> <li>• Jar openers</li> </ul>	
Sensory	<ul style="list-style-type: none"> <li>• Provide large print labels</li> <li>• Provide symbols on each box</li> <li>• Provide Braille labels</li> <li>• Provide talking labels</li> <li>• Relative/carer prompts to take medication</li> <li>• Relative/carer prepares medications and prompts to take</li> </ul>	

If a suitable adjustment can be made proceed to step four. If none of the suggested adjustments are suitable for the patient, proceed to step three.



Step three: Is a monitored dosage system blister pack appropriate?		
	Yes	No
Can the patient's medication regime be included in a compliance aid blister? Contact pharmacist/dispensary.		
Can the patient select medication from correct compartment?		
Can patient remove medication from the blister pack?		
Is patient willing to change current medication system?		

If the answer to any of the above questions is 'no' an MDS system may not be appropriate. Refer back to section two. If the answer to each question is 'yes' a 28 day MDS might be a suitable adjustment.

	Yes	No
Can the patient be prescribed a month's supply of medication?		
Is the patient's medication regime stable?		
Is there a risk to patient's or others from having too much medication at home?		

Seven days may be considered, collected by or delivered to the patient.

Step four: Assessor details			
Name:		Profession:	
Signature:		Date:	
Contact details:		Review date:	
Outcome of assessment:			
It is my opinion that this patient does not have a medicines compliance problem.		<input type="checkbox"/>	
It is my opinion that this patients does have a medicines compliance problem and would benefit from adjustments.		<input type="checkbox"/>	
Adjustments:			
Comments/considerations:			

Step five: Patient consent					
This assessment is correct at the time of completion, any changes in circumstances or medication may require further assessment.					
I agree to the information contained on this assessment being shared with other Health Professionals involved in my care. I understand that my Pharmacist or Dispensing Doctor may need to make further amendments dependant on my medication regime.					
Name:		Signature:		Date:	

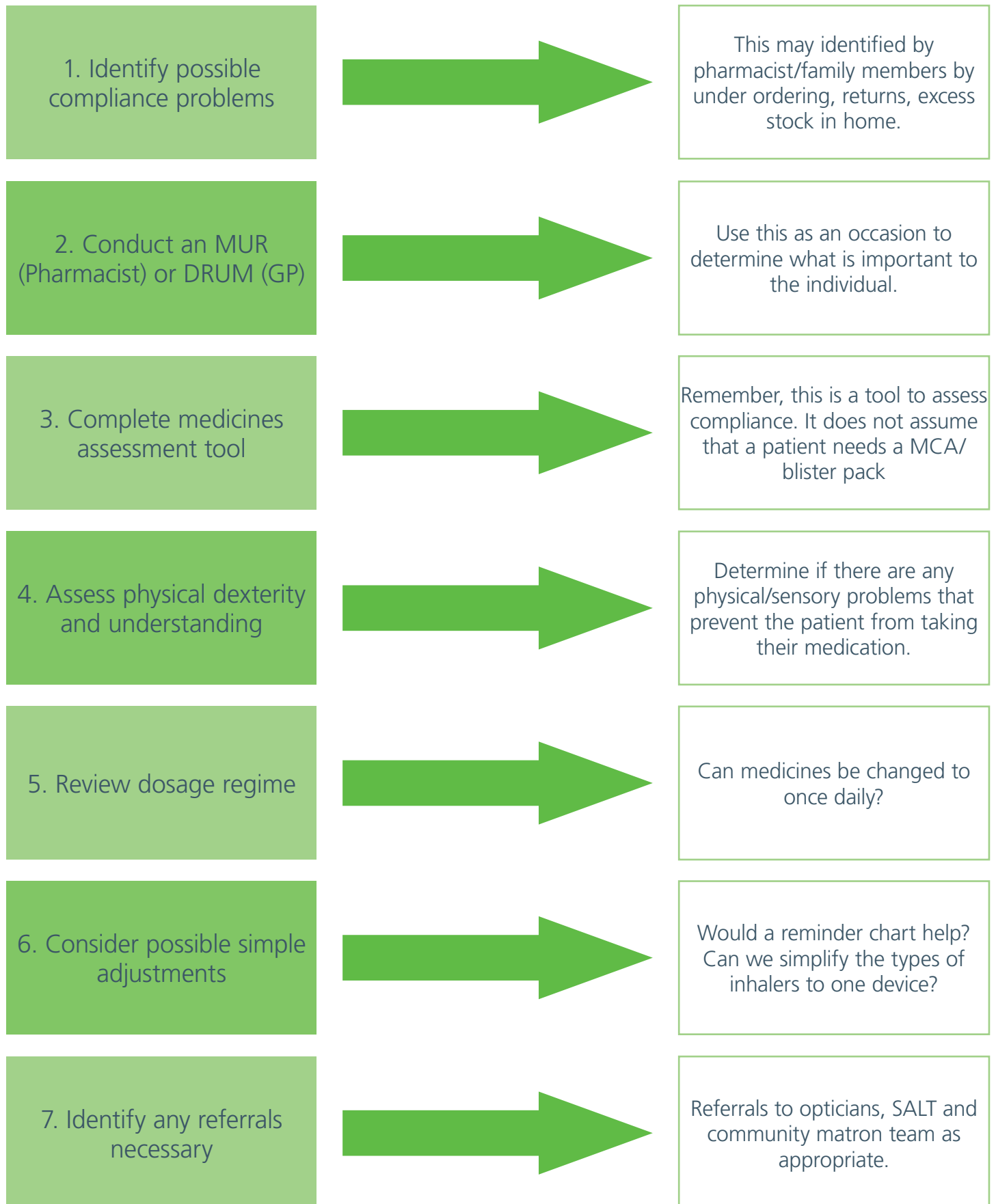
Copy to (attach current medication regime) GP, community pharmacist, patient (if requested) and other healthcare professional as appropriate e.g. community matron.

## Appendix two: Resource pack - alternative to MDS

Note: Some may take a day to two to arrange.

Device	Description	Approx cost	Example of supplier if known
Pill splitter/pill crusher	Splits/crushes pills	Available over the counter for £4.00 - £5.00	Valley Northern 01785 250123
Self-fill multi-compartment aid boxes	Usually daily. To be filled by patient	£10 .00 £15.00	Valley Northern 01785 250123
Large print labels	For partially sighted	Free	Pharmacy system supplier
Symbol chart and stickers	For partially sighted		<a href="http://worldhealthpictograms.com">worldhealthpictograms.com</a>
Talking labels	For partially sighted	£5.00 per label	<a href="http://www.talkingproducts.co.uk">www.talkingproducts.co.uk</a>
Watch alarms	To remind the person the time to take their medication	£10 - £50.00	Tremorvah Industries
Large containers	For easier handling and to accommodate larger labels	Free	
Easy open tops	For those having difficulty opening containers.	Minimal cost	Valley Northern 01785 250123
Oral syringes	For measuring smaller volumes of liquid doses	Free with some dispensed liquid medicines	All pharmacies will carry oral syringes
Eye drop dispensers	To aid application of eye drops (brand specific)	Free from some pharma companies	May be available from Pharmacy or prescriber/consultant
Haleraid/turbohaler grip	Alternative to spacer	Haleraid approx £2	Spacers available on prescription
Braille labels	For partially sighted	Free to patient. Time delay.	<a href="http://www.selfadhesivelabels.com/braille_labels">www.selfadhesivelabels.com/braille_labels</a>
Telehealth/care	Funding may be available from social care	Limited period after assessment	Social care after assessment

## Appendix three: Flow chart for the assessment of medicines compliance



This document has been produced and designed by NHS Kernow.

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