

<u>Guidance on Multi-Compartment Compliance Aids (MCAs) and Seven Day Prescriptions for dispensing practice.</u>

Dispensing doctors are required to meet the same requirements of the Equality Act as pharmacies. Where a patient satisfies the Equality Act 2010 criteria and the doctor decides that the adjustment required is a compliance aid, then either a:

- 7 day prescription should be issued if there is a clinical need to provide a weekly compliance aid
   OR
- 28 day prescription should be issued if the compliance aid is being provided once a month.

This is in line with the PSNC guidance and supported by guidance issued by the Dispensing Doctors Association 2016 guidance which states:

"For workload related issues, the dispensary may decide to supply four weeks' supply at a time, but in four separate cassettes. In this instance, only one prescription should be issued to cover the month's supply. This is a matter of probity based on the principle that the dispensing fee relates to the physical act of dispensing the quantity of medication detailed on the prescription."

#### Reference:

DDA dispensing guidance 2016, Edition Number 7, Quality in Practice, page 34.

<a href="https://www.dispensingdoctor.org/wp-content/uploads/2015/10/DDAGuidanceCover\_2016-COMPLETE-HR.pdf">https://www.dispensingdoctor.org/wp-content/uploads/2015/10/DDAGuidanceCover\_2016-COMPLETE-HR.pdf</a>

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**Approved on behalf of:** East Kent Prescribing Group (Representing Ashford CCG, Canterbury and Coastal CCG

South Kent Coast CCG and Thanet CCG)

Date: June 2018

Address: c/o Canterbury and Coastal CCG, Council Offices, Military Road, Canterbury, CT1 1YW



EKPG has formally adopted the Kent LPC position statement on Multi-Compartment Compliance Aids and 7 day prescriptions.

# Kent LPC Position Statement on Multi-Compartment Compliance Aids (MCAs) and Seven Day Prescriptions for pharmacies

Patient dosing systems are known by many terms (PDS, MCA, MDS) and for the purposes of this document, we shall be referring to them as MCAs.

The provision of medicines to patients in the community and in care homes, in MCAs has long been a part of the pharmacy dispensing service. By itself, this is not an NHS Service and is not funded by the NHS.

### Summary

- In line with the recommendations from the Royal Pharmaceutical Society, we recognise that Multi-Compartment Compliance Aids may be of value to help some patients with problems managing their medicines and maintaining independent healthy living, however, they are not the best intervention for all patients and many alternative interventions are available.
- Although many care provider organisations insist that medicines should be dispensed in MCAs
  for staff to provide medicines support, neither the Medicines Act 1968 nor the Care Quality
  Commission (CQC) stipulate this as a pre-requisite. CQC outcomes 9 (management of
  medicines) and 13 (staffing) require that provider organisations providing the care worker
  must make sure they have sufficient staff with the right knowledge, experience,
  qualifications and skills to support the people that they are caring for.
- The provision of 7-day prescriptions is a clinical decision by the prescriber and is used to facilitate the most appropriate care for a patient. Where patients need a seven-day supply of a medicines, or a weekly supply of an MCA, the prescription should be written accordingly
- A clinician or patient may ask for dispensing in an MCA. An MCA container only covers one week
  of medication and so four lots have to be made up per 28 days' supply. If a weekly supply is
  needed, then the prescription written should reflect that. If not and the MCA is a request unrelated to or outside of the Disability Discrimination Act (DDA) then the pharmacist can charge
  for the facility.

#### **Supply of Multi-Compartment Compliance Aids (MCA)**

The provision of a "reasonable adjustment" to support the patient with their medication is based on the clinical judgement of the assessing pharmacist and it may include the provision of

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an MCA or another aid. Before making a supply in an MCA, it is essential that the pharmacist satisfies themselves that the patient will be able to use the MCA safely.

The decision to supply an MCA should consider any concerns from health care professionals of the patient's ability to take their medication and should be undertaken following an assessment by the pharmacist or prescriber with reference to the disability legislation.

Where a prescription for 28 days treatment is issued for a patient who satisfies the disability criteria and it is decided by the assessor/ agreed with the prescriber that the adjustment required is an MCA, then 4 x 7-day MCA containers or 1 x 28 day MCA container should be prepared and supplied to the patient at the same time. Where 7-day prescriptions are issued, the patient must receive medication weekly.

MCAs should only be provided to meet the <u>clinical needs</u>, or another reasonable need identified by the assessor, of the patient, not just the needs of a care home or care agency. Support for care homes or other care agencies should not be funded by (prescription) dispensing fees. It is possible that requests for MCAs will be made from a wider group of patients, and their carers / relatives, to meet a nursing or residential homes policy or individual patient needs and that may be for the convenience that MCAs bring. As there is no funding available within the NHS to support the provision of MCA to this group of patients, the cost may have to be borne by the patient.

There is no NHS contractual requirement on community pharmacists or GPs to deliver medications to patients' homes although some pharmacies / dispensing practices may choose to do so.

Community Pharmacy and General Practice teams need to work closely in order to provide the best possible care for patients. Effective collaborative working is helped by GP and pharmacy teams understanding how their colleagues work on a day to day basis

### **Payment for Patient Dosing Systems**

Within the new NHS Pharmacy Contract there is only funding to provide patients needing individual dosing systems if the patient is disabled within the meaning of the Disability Discrimination Act, and that is an appropriate adjustment. That funding has been cut and funding within the NHSE contract is negligible. For other patients a Locally Commissioned Service is required or patients can self-fund.

#### **Duration of issue**

The NHS dispensing service requires the pharmacist to dispense a prescription only on one occasion (other than instalments for drug misusers or for repeat dispensing prescriptions).

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Prescriptions for 7 days should only be issued for circumstances of clinical need described below:

Medication is usually only stable for between 6 to 8 weeks in an MCA. CCG commissioned services will arrange for a 28 days prescription. Outside of CCG commissioned services, where a pharmacist has decided a MCA is an option due to DDA criteria, prior to agreeing to supply, the pharmacist should contact the practice to discuss frequency of issue.

### The Disability Discrimination Act (DDA)

- Under the Equality Act 2010 all providers of services, including pharmacists and GP's, must ensure that they make reasonable adjustments to their service to support disabled persons with their medication. This adjustment is about meeting the requirements of the Disability Discrimination Act (DDA) not patient dosing systems.
- MCAs are only one of several aids that can be provided to patients. It could be typing in large font, the use of a reminder sheet or using a non-click-lock medicines closure.
- In all cases, supply of an MCA (or any other aid) under disability legislation requirements would be on the basis that the Community Pharmacist considers it to be a reasonable adjustment.
- Community Pharmacists who decide not to provide MCAs (or other aids), as they either feel
  the patient does not meet the disability legislation criteria or that provision of an MCA is not
  a reasonable adjustment, should keep records clearly showing the rationale for the decision.

Under current regulations, where the pharmacist determines under the DDA1995 & 2005 that a person has a physical or mental *impairment* which has a substantial *long term adverse effect on his ability to carry out normal day-to-day activities* (such as severe arthritis) then they may decide that medicines be provided in a dosing system, where necessary, to help the patient to overcome the aspect of their disability that prevents them using their dispensed medicines. Having a disability does not equate with an entitlement to dosing systems – the nature of the disability must be such as to prevent the patient from being able to use their medicines, if not supplied in a dosing system. Because it is the supplier (i.e. the pharmacist) who carries the liability under the Acts, no other person such as patient, carer, GP, nurse, social services or the CCG can make the decision as to whether to supply in a dosing system. Where the patient doesn't fall under the DDA and for reasons of convenience a dosing system is helpful, this should be funded by the patient, since there is no requirement in the Terms of Service for the pharmacist to supply these products.

As practitioners, General Practitioners and Pharmacists are required to ensure that we do not discriminate against a disabled person and not to have any practice or policy that makes it

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unreasonably difficult for a disabled patient to take their medicines correctly. This is clearly aimed at patients who are evidently disabled, and it is the disability itself that means that the patient cannot take their prescribed medicines, and in practice this means dosing systems would not be required for the majority of patients.

#### **7-day Prescriptions**

The appropriate duration of a prescription should be decided by the prescriber, in conjunction with the patient, considering the medicine being prescribed, it's monitoring requirements, the condition being treated and the individual patient's needs. Therefore 7-day prescriptions should be issued by a prescriber when a patient has a <u>clinical need</u> or other practical reason for their medication to be dispensed or supplied on a weekly basis.

### **Appropriate use of 7-day prescriptions:**

- Unstable patients whose medication regimen may be susceptible to frequent change.
- Patients who are considered to be at risk of medication overuse and it is not safe to provide longer than a 7-day supply.
- There may be occasions when in the professional judgement of the pharmacist, a
  medication noted as unstable in an MDS is included in an MDS. In the event the monitored
  dosage system has to be made up and collected each week

Please note under the East Kent funded MDS schemes, all prescriptions will be issued for a 28 day period. If supply is required at shorter intervals due to stability issues this will be at the discretion of the pharmacist but requests for 7 day prescriptions will not be supported for items funded under this scheme.

### **Inappropriate use of 7 day prescriptions:**

- Where no clinical assessment has taken place by the prescriber.
- Where there is no clinical reason or other reason recognised by the patient, home or clinician and agreed by the prescriber, for the patient to only receive a one-week supply at a time.

MK/January2018 Written by Local Pharmaceutical Council. Updated by EK CCG in collaboration with LPC.

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