AN INTERACTIVE GUIDE TO:

# What good looks like for assisted medicine taking

This is an **interactive PDF**. To navigate, use the arrow buttons on each page or locate a specific section using the tabs and buttons within the document.

# Introduction

The purpose of this document is to support people who are prescribed medicines. This document will refer to individuals as patients although other services may use alternative terms.

This document will address three areas where support may be required to assist medicine taking:

- Patients in their own home managing medicine independently or with support from informal carers.
- Patients living in their own home or in the community with support from a social care provider.
- Patients in care homes.

**This document sets out issues to be considered by:**

**Commissioners** – this may be a local authority or an NHS Commissioner.

**Prescribers** – GPs, hospital doctors and non-medical prescribers in all settings will need to understand their roles in supporting patients who need assistance or adjustments.

**Dispensers** – community pharmacies, acute trust pharmacies and dispensing doctors all have responsibilities in ensuring that the right support is provided to the patients.

**Care providers** – includes any social care provider who provides medicine support to patients.

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# How to use this interactive document

This interactive PDF has many features to help you quickly and easily navigate your way through the document and find all the information you need.

## Controls

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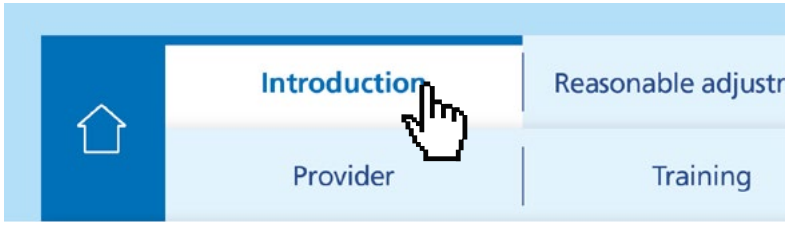
## Hyperlinks

Throughout this document there are clickable links to pages, other sections and websites for additional information and resources.

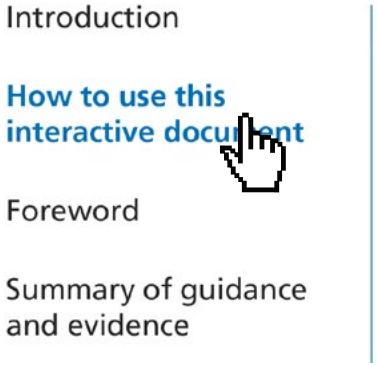
Hyperlinks are underlined and highlighted in a different colour throughout the document. Just click on them to access further information.

## Navigation tabs and menus

Use the tabs at the top of the pages to quickly go to the start of a different section.



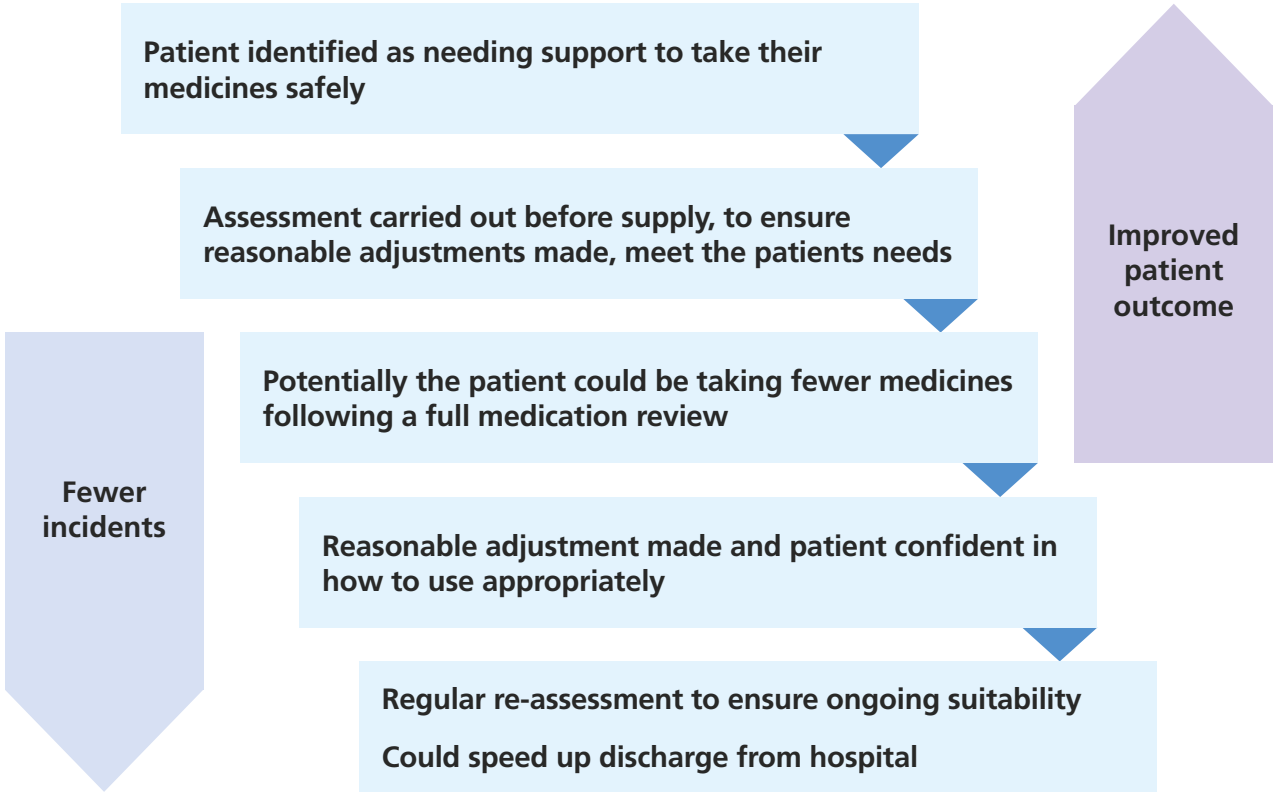

Use the sub menu on the left hand side to quickly navigate to items within the section you are in.



# Key messages

- All patients who are prescribed medicines should have a regular medication review; this is particularly required for patients who are having difficulties taking their medicines as prescribed.
- When prescribing or reviewing medicines always consider reducing the number of medicines prescribed (deprescribing) and the frequency (number of times a day) a medicine is prescribed as this could improve adherence without the need for any additional support/ intervention.
- Communication pathways are essential to ensure all parties (e.g. patient, family member, carer, dispensing pharmacy etc. where appropriate) are informed of any changes to medicines. This is especially important where medicines support is being provided by social care providers.
- The Reasonable adjustments section should be referred to when a patient requires support with their medicines.
- Please note multi-compartment compliance aid (MCCA) may be of value to help some patients to manage their medicines and maintain independent living. However, they are not the best intervention for all patients and many alternatives are available following an assessment of the patient's needs. The evidence indicates that MCCA should not automatically be the intervention of choice for all patients.
- Where an MCCA is provided to support independence or reablement a review should be undertaken as part of every transfer of care to another care setting. Do not assume there is a long term need for the use of an MCCA.
- MCCAs should only be provided to support a patient to maintain their independence. They should not be routinely used to support the needs of the care provider.

# How does appropriate assessment enhance patient care and medicines?



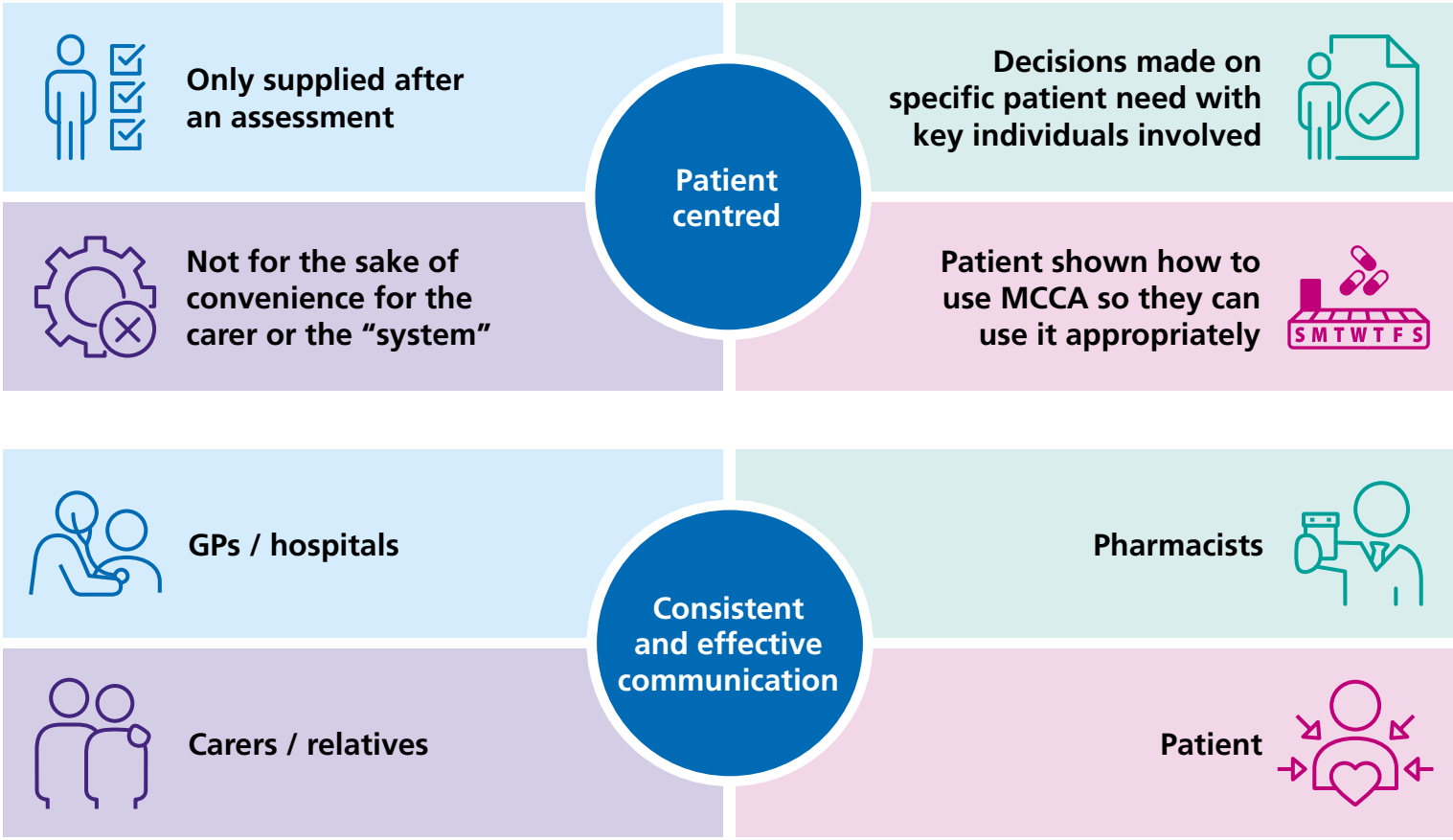
# The patient's journey

In order to describe what good looks like for assisted medicine taking we need to look at the patient's journey. Some patients will be new to the social care system whereas other will already be accessing some form of social care support.

**What would 'good' look like...** for a new patient or a patient who is already receiving social care, such as personal care?

| | |
|---|---|
| **Patient identified** | • Patient may be identified by family member or healthcare professional as needing support with medicines.<br>• Patient is identified as requiring social care support and/or their social care needs have increased.<br>• Referral made to Local Authority (and/or appropriate body) to arrange for a support needs assessment or review. |
| **Assessment of overall needs** | • Social worker (and/or appropriate assessor) meet with the patient to discuss their overall support requirements.<br>• If it is identified that the patient is struggling to manage their medicines safely, a referral should be made to the GP for a medicines review to be arranged.<br>• If the patient is not able to safely manage their medicines while the review takes place, an interim medicines support plan should be put in place (this should be removed or reduced once the patients medicines have been rationalised and reasonable adjustments made). |
| **Medicine review** | • A Health Care Professional (HCP) completes a medicines review to ascertain any compliance issues and address any polypharmacy issues.<br>• Once the medicine review has taken place the HCP should refer the patient to their chosen community pharmacy for an assessment for reasonable adjustments. |
| **Pharmacy assessment** | • The pharmacist completes the assessment and provides the patient with the agreed adjustment and arranges follow up assessments.<br>• There is a requirement to support patients in taking dispensed medicines, by making reasonable adjustments for patients with identified needs as per the Equality Act 2010. The reasonable adjustments section should be referred to when a patient requires support with their medicines.<br>• If the pharmacy's assessment determines that the patient will still struggle to manage their medicines safely (even with reasonable adjustments) the pharmacy should inform the social care and/or appropriate team.<br>• When medicines are going to be administered by a carer an MCCA is not appropriate. |
| **Referral back to social care** | • Social care and/or appropriate team reassess the patients medicines support needs and arrange for medicines support to be included as part of their package of care. |

## What good looks like for the use of Multi-compartment Compliance Aid (MCCA)



# Acknowledgements

This document has been compiled with the support of social care, care home and domiciliary care providers, Hospital Trusts, Clinical Commissioning Groups, Local Pharmaceutical Committees, NHS E & I, Health Education England.

**Special thanks to:**

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The Medicine & Pharmacy North West Steering Group has supervised the development of this document. This included representation from Clinical Commissioning Groups, NHS England, Local Pharmaceutical Committees.

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- Stephen Doherty, Associate Dean, Wider Workforce Medicines Optimisation, HEE North

**who have produced the final document.**

# Reasonable adjustments



# Reasonable adjustments

## Key messages

- All patients who are prescribed medicines should have a regular medication review; this is particularly required for patients who are having difficulties taking their medicines as prescribed.
- When prescribing or reviewing medicines always consider reducing the number of medicines prescribed (deprescribing) and the frequency (number of times a day) a medicine is prescribed as this could improve adherence without the need for any additional support/ intervention.
- Communication pathways are essential to ensure all parties (e.g. patient, family member, carer, dispensing pharmacy etc. where appropriate) are informed of any changes to medicines. This is especially important where medicines support is being provided by social care providers.
- The Reasonable adjustments section should be referred to when a patient requires support with their medicines.
- Please note multi-compartment compliance aid (MCCA) may be of value to help some patients to manage their medicines and maintain independent living. However, they are not the best intervention for all patients and many alternatives are available following an assessment of the patient's needs. The evidence indicates that MCCA should not automatically be the intervention of choice for all patients.
- Where an MCCA is provided to support independence or reablement a review should be undertaken as part of every transfer of care to another care setting. Do not assume there is a long term need for the use of an MCCA.
- MCCAs should only be provided to support a patient to maintain their independence. They should not be routinely used to support the needs of the care provider.

# North West reasonable adjustment guidance

**When a patient is identified as requiring assistance to take their medicines safely the process below is followed:**

## Healthcare provider responsibilities

The Health and Social Care Act 2012 introduced the first legal duties about health inequalities. It includes specific duties for health bodies to have due regard to reducing health inequalities between the people of England. Disabled people are being left behind in comparison with others in society.

A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.

Equality law recognises that bringing about equality for disabled people may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers. This is the 'duty to make reasonable adjustments. Equality Act 2010 s.20. The duty is 'anticipatory'. This means an organisation cannot wait until a disabled person wants to use its services, but must think in advance (and on an ongoing basis) about what disabled people with a range of impairments might reasonably need, such as people who have a visual impairment, a hearing impairment, a mobility impairment or a learning disability.

There is no definition in the Act, but organisations should consider what would be reasonable in the circumstances, considering the following (non-exhaustive) list of factors:

- The effect of the disability on the individual person with disabilities;
- Whether taking any particular steps would be effective in overcoming the substantial disadvantage that people with disabilities face in accessing the services in question;
- The extent to which it is practicable for the organisation to take the steps;
- The financial and other costs of making the adjustment;
- The extent of any disruption which taking the steps would cause;
- The extent of the organisation's financial and other resources;
- The amount of any resources already spent on making adjustments;
- The availability of financial or other assistance; and
- Health and safety matters.

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## Community pharmacy requirements

Community pharmacies are required to support patients in taking dispensed medications, by making reasonable adjustments for patients with identified needs as per the Equality Act 2010, From 2005, the funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of complying with disability legislation.

**The requirement of the community pharmacy is to ensure that an appropriate assessment is undertaken of the patient to establish their needs and ascertain what type of reasonable adjustment would be required. There is no exhaustive list of what a reasonable adjustment could be, and community pharmacies are not required to simply provide a multi-compartment compliance aid (MCCA). Examples of documents to support assessment are available in Resources.**

In 2013, the Royal Pharmaceutical Society (RPS) published *Improving Patient Outcomes – the better use of Multi-compartment compliance aids*. The report highlighted that there was a limited evidence base behind the use of MCCAs. The RPS recommendation is that the use of original packs of medicines, supported by appropriate pharmaceutical care, should be the preferred intervention for the supply of medicines in the absence of a specific need for an MCCA in all settings.

The report also recommends that a patient-centred approach to identifying the best intervention must be through a sustainable and robust individual assessment of both the level of care required by the individual, the reasons for both intentional and non-intentional non-adherence and the most suitable solution.

Community pharmacies are encouraged to work collaboratively with prescribers, other health professionals and social care to support patient needs. **However, community pharmacies are not required to dispense medications into MCCAs because it has been directed by another health professional or social care. Health professionals and social care should highlight patients who may require support with medicines to enable the community pharmacy to carry out an assessment to determine appropriate medicines support.**

RPS Toolkit; Improving patients outcomes through MCCA

RPS Report; Improving patient outcomes

# Intervention to assist patients taking their medicines

Please note: To ensure a patient centred approach their needs should be discussed with them and options to assist them with their medicine taking should be explored together.

Common issues which may affect medicines adherence include: (**NB.** This list is not exhaustive)

- Poor memory
- Poor dexterity
- Visual impairment
- Audio impairment.

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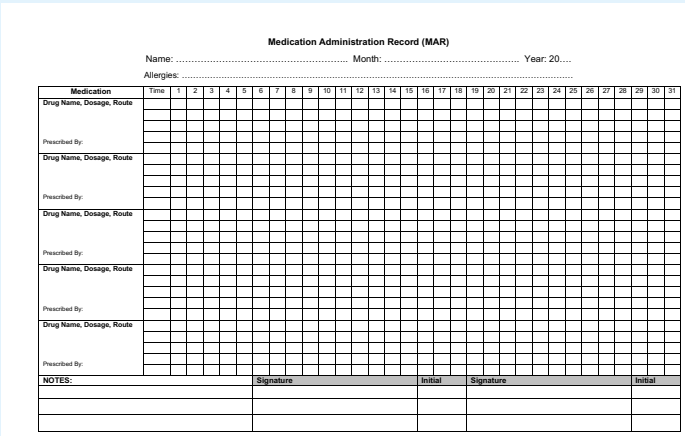
## Poor memory

- A Medication Administration Record (MAR) chart can be created and provided by pharmacists when dispensing medication. Medication is then recorded on the chart when it has been taken.
- Some people can find it helpful to mark off on a personal calendar when they have taken medication.
- Talking devices such as clocks and key chains can be programmed with several optional daily alarms to provide reminders of when to take medication.



**Medication Administration Record (MAR)**

Name: ..... Month: ..... Year: 20....

Allergies: .....

| Medication | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Drug Name, Dosage, Route<br>Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug Name, Dosage, Route<br>Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug Name, Dosage, Route<br>Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug Name, Dosage, Route<br>Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug Name, Dosage, Route<br>Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NOTES: | Signature | Initial | Signature | Initial |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

[Download an Medication Administration Record (MAR) chart]

- Some people may benefit from a remote monitoring system which can allow qualified people to observe patients taking their medications at home using an internet-enabled audio/video.
- Reminders can be set on phones or devices using built in reminder systems or a specialist medication reminder application (app)[1]. There are many available and it is advisable to use a tool which is already familiar or easily accessible on a device which is already owned.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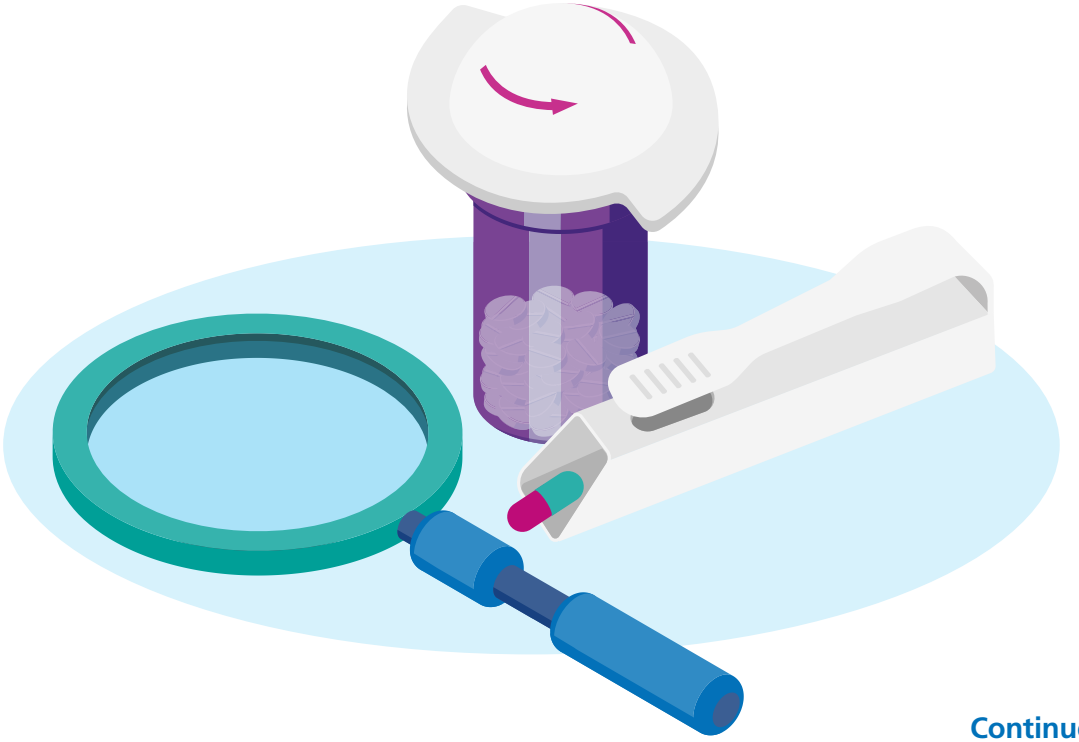
## Poor dexterity

- Easy open lids, medication can be decanted into different containers by a pharmacist if standard packaging is problematic.[2]
- A grip opener can be used for medication bottles with child proof lids.[3]
- A device can be used to remove pills from foil blister packaging, there are many different ones available.[4]

## Visual impairment

- A pharmacist can provide labels in large print and alternative fonts which can be easier to read.
- A magnifying glass can be used to increase small print on medication labels, they are widely available and with some having easy grip handles or integrated lights.



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## Audio impairment

- Audio labels can be programmed and stuck to medication packets, placing the pen on the label reads back the recorded message.[5]

## Further aids

Other aids which can support people to self-administer medication include:

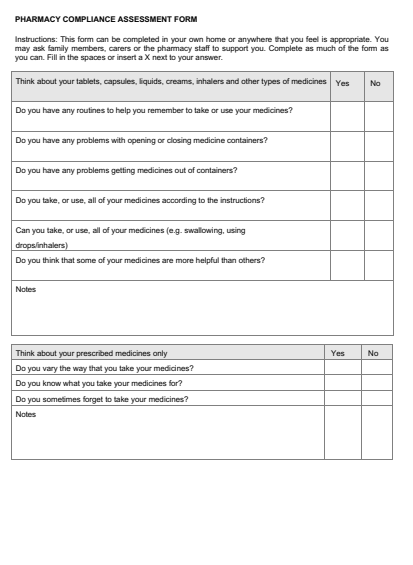
- A pill cutter/crusher can be used to break down tablets if they are too large to swallow easily. A pharmacist would be able to advise if certain medication is suitable for breaking or splitting. There are many different aids widely available.[6]
- An eye drops dispenser clips onto most eye drop bottles and features a small lip, which holds the lower eyelid open to prevent blinking when administering the drops. The aid also holds the bottle at the correct angle.[7]

## References:

1. www.livingmadeeasy.org.uk/personal%20care/medication-reminder-apps-3824-p/
2. www.nras.org.uk/useful-tips
3. www.livingmadeeasy.org.uk/personal%20care/pill-removers-p/multi_grip-opener-0026501-1309-information.htm
4. https://www.livingmadeeasy.org.uk/personal%20care/pill-removers-1309-p/
5. Visit https://shop.rnib.org.uk and search for Penfriend
6. www.livingmadeeasy.org.uk/personal%20care/pill-crushers-and-splitters-1308-p/
7. Visit https://shop.rnib.org.uk and search for eye drop dispenser

# Resources

Examples of assessment forms that can be download from www.cdreporting.co.uk



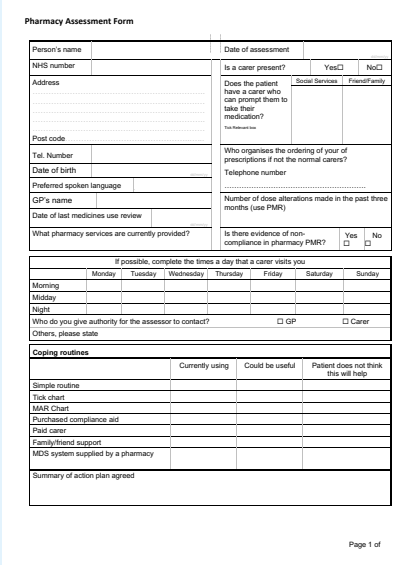
**PHARMACY COMPLIANCE ASSESSMENT FORM**

Instructions: This form can be completed in your own home or anywhere that you feel is appropriate. You may ask family members, carers or the pharmacy staff to support you. Complete as much of the form as you can. Fill in the spaces or insert a X next to your answer.

| Think about your tablets, capsules, liquids, creams, inhalers and other types of medicines | Yes | No |
|---|---|---|
| Do you have any routines to help you remember to take or use your medicines? | | |
| Do you have any problems with opening or closing medicine containers? | | |
| Do you have any problems getting medicines out of containers? | | |
| Do you take, or use, all of your medicines according to the instructions? | | |
| Can you take, or use, all of your medicines (e.g. swallowing, using drops/inhalers) | | |
| Do you think that some of your medicines are more helpful than others? | | |
| Notes | | |

| Think about your prescribed medicines only | Yes | No |
|---|---|---|
| Do you vary the way that you take your medicines? | | |
| Do you know what you take your medicines for? | | |
| Do you sometimes forget to take your medicines? | | |
| Notes | | |

[Pharmacy Compliance Assessment Form]



**Pharmacy Assessment Form**

Person's name | Date of assessment

NHS number | Is a carer present? Yes☐ No☐

Address

Does the patient have a carer who can prompt them to take their medication? (Tick Relevant box) — Social Services | Friend/Family

Post code

Tel. Number

Date of birth

Preferred spoken language

GP's name

Date of last medicines use review

What pharmacy services are currently provided?

Who organises the ordering of your of prescriptions if not the normal carers?

Telephone number

Number of dose alterations made in the past three months (use PMR)

Is there evidence of non-compliance in pharmacy PMR? Yes ☐ No ☐

If possible, complete the times a day that a carer visits you

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| Morning | | | | | | | |
| Midday | | | | | | | |
| Night | | | | | | | |

Who do you give authority for the assessor to contact? ☐ GP ☐ Carer

Others, please state

**Coping routines**

| | Currently using | Could be useful | Patient does not think this will help |
|---|---|---|---|
| Simple routine | | | |
| Tick chart | | | |
| MAR Chart | | | |
| Purchased compliance aid | | | |
| Paid carer | | | |
| Family/friend support | | | |
| MDS system supplied by a pharmacy | | | |

Summary of action plan agreed

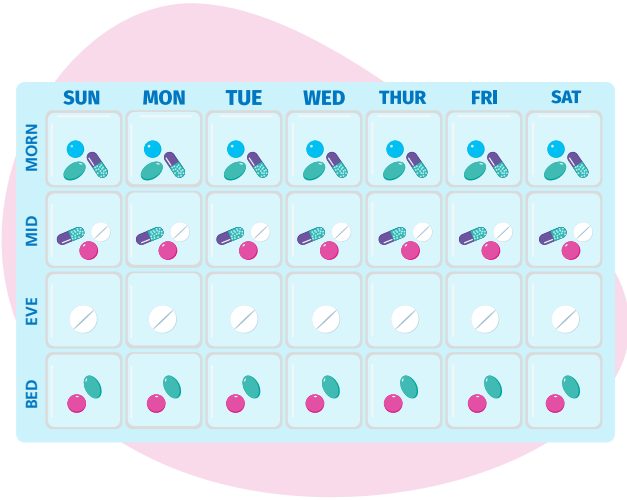
Page 1 of

[Pharmacy Assessment Form]

# Summary of guidance and evidence for use of multi-compartment compliance aids

## Key points:

- There are different types of compliance or adherence aids available. Multi-compartment compliance aids (MCCAs) are one specific type of compliance aid.
- There is no legal requirement for an MCCA to be provided to a patient, carer or care facility and it should not be presumed that a patient with a disability, who requires an adherence aid, must always be supplied with an MCCA, as there are other possibly more appropriate and helpful ways to support people in taking medicines effectively.
- Routine use MCCAs without patient adherence assessment is discouraged by the Royal Pharmaceutical Society.
- There is a lack of high-quality published research investigating the use, appropriateness, safety and concerns of MCCAs in all UK settings.
- The impact of MCCAs on medication adherence is unknown.
- The evidence comparing the safety of MCCAs against original pack dispensing is limited and comparisons to other adherence aids lacking.
- The published evidence reviewed strongly suggests that patients with medication adherence issues undergo an assessment to jointly identify the best adherence aid for them.

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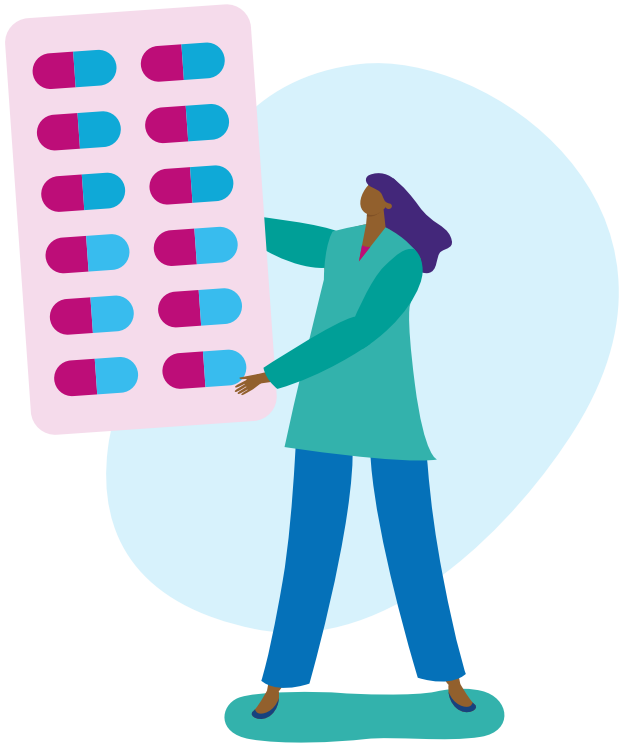
- The preference for patients with adherence issues is to supply medication in original packaging with appropriate adherence aids.
- Patients using MCCAs should be assessed for adherence and concerns after a few weeks of starting the aid. The patient should be re-assessed after any changes in their needs, e.g. after hospital discharge, and at regular intervals, e.g. minimum of every 12 months.
- The lack of reported incidents around the use of MCCAs does not imply that these aids are without negative impact on patient safety.
- Where the best adherence aid for an individual is suggested to be an MCCA, then the patient and carers, if carers supporting such as prompting or assisting with medicines must be educated and trained in the use of the aid.
- Not all medications are suitable for MCCAs. The decision to use an MCCA must therefore include a technical assessment of suitability of each medicine. If some medicines are necessarily kept outside an MCCA, this increases the complexity of the medication regimen and may result in some medicines being missed.
- There is no consensus on the type or features of the MCCAs to supply and this has led to confusion amongst healthcare professionals, patients and carers. This is considered most likely when patients are transferred between settings.
- There are concerns regarding adequate training and funding in providing adherence assessment, aids and sustaining these.

Taken from:

Summary of Guidance and Evidence for use of Multi-Compartment Compliance Aids (MCCAs) – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice



# Evidence-base

This document defines a multi-compartment compliance aid (MCCA) as a repackaging system for solid dosage form medicines, such as tablets and capsules, where the medicines are removed from manufacturers' original packaging and repackaged into the MCCA. Some new MCCA systems are now marketed as being able to accommodate liquid dosage forms. MCCA exist as both sealed or unsealed systems, and cassette (where several medicines can be in one compartment) or blister (where there is only one dose of a medication in each compartment).

The World Health Organization (WHO) estimates that half of patients in developed countries do not take medications as prescribed for chronic conditions. The implications are obvious – patients are likely to do less well and diseases may progress, with accelerated health decline. MCCAs are known by various names, including pill organisers, monitored dosage systems, medication organisation devices, dosette boxes and medication compliance aids.

Administering medicines via an MCCA is one potential solution to the issue of poor medicines adherence that has become increasingly popular. It is estimated that in England, approximately 64 million of these compliance aids are given out by community pharmacies each year.

Supplying medicine via an MCCA is one of several 'reasonable adjustments' available to pharmacists, who are required to make sure a vulnerable person can access their medicines. Other reasonable adjustments include large-print labels, medication reminder charts and alarms, dexterity aids, winged or plain bottle caps, tablet splitters and 'poppa' devices.

The widespread use of MCCAs is undoubtedly motivated by good intentions, but there is surprisingly little evidence to support their use. A Royal Pharmaceutical Society report did not find enough evidence that MCCAs helped patients to take their medicines, and no evidence that they improved patient outcomes. MCCAs do not always simplify how people take their medicines and should not be the first choice of intervention for people in care homes to manage their medicines. NICE guidance on managing medicines for adults receiving social care in the community (NG67) states that a monitored dosage system should only be considered when an assessment by a health professional such as a pharmacist has identified a specific need, as outlined in the Equality Act.

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The evidence-base indicates that MCCA should not automatically be the intervention of choice for all patients. Not all medicines are suitable for inclusion in MCCA. Furthermore, it should be recognised that the re-packaging of medication from the manufacturer's original packaging may often be unlicensed and involves risks and responsibility for the decisions made.

With the limited evidence base currently indicating a lack of patient benefit outcomes with the use of MCCA, the Royal Pharmaceutical Society (RPS) recommends that the use of original packs of medicines, supported by appropriate pharmaceutical care, should be the preferred intervention for the supply of medicines in the absence of a specific need for an MCCA in all settings.

A patient-centred approach to identifying the best intervention must be through a sustainable and robust individual assessment of both the level of care required by the individual, the reasons for both intentional and non-intentional non-adherence and the most suitable solution. The RPS recognises that patient-facing pharmacists cannot fully implement the recommendations within this document on their own and that an integrated approach between health and social care, between commissioners and service providers, and amongst pharmacy bodies is required on the continuing journey to improve patient outcomes.

# Dispensers

- Dispensers
- Best practice for the dispenser
- Guidance on assessment of patient needs
- How the dispenser can support patients with reasonable adjustments
- Guidance for the dispenser on the appropriate use of MCCAs

# Dispensers

## Key messages

- All patients who are prescribed medicines should have a regular medication review; this is particularly required for patients who are having difficulties taking their medicines as prescribed.
- When prescribing or reviewing medicines always consider reducing the number of medicines prescribed (deprescribing) and the frequency (number of times a day) a medicine is prescribed as this could improve adherence without the need for any additional support/ intervention.
- Communication pathways are essential to ensure all parties (e.g. patient, family member, carer, dispensing pharmacy etc. where appropriate) are informed of any changes to medicines. This is especially important where medicines support is being provided by social care providers.
- The Reasonable adjustments section should be referred to when a patient requires support with their medicines.
- Please note multi-compartment compliance aid (MCCA) may be of value to help some patients to manage their medicines and maintain independent living. However, they are not the best intervention for all patients and many alternatives are available following an assessment of the patient's needs. The evidence indicates that MCCA should not automatically be the intervention of choice for all patients.
- Where an MCCA is provided to support independence or reablement a review should be undertaken as part of every transfer of care to another care setting. Do not assume there is a long term need for the use of an MCCA.
- MCCAs should only be provided to support a patient to maintain their independence. They should not be routinely used to support the needs of the care provider.

# Best practice for the dispenser

## Definition of dispenser

The dispenser can be a community pharmacy, a hospital pharmacy or a dispensing doctor.

**To dispense is to count, label, and disburse multiple doses of medications to a patient.**

### Role and responsibility of dispensers with respect to support for medicines taking

The Equality Act 2010 itself mandates that a dispensing pharmacist or dispensing doctor is required to make a reasonable adjustment for patients who qualify under the Equality Act (2010). However, the purpose is to make adjustments that support patients to take and utilise medicines safely it is not to be applied to support care home or social care providers. It is to meet a patient need and not the provider convenience.

A patient is regarded as being disabled, if they have a physical or mental impairment, which has a substantial adverse effect on that person's ability to carry out day to day activities. Additionally, the impairment must be either long term (that is, has lasted more than 12 months) or is likely to last more than 12 months or for the rest of the person's life (for example multiple sclerosis). For patients who do qualify, a reasonable adjustment should be made to ensure they are able to utilise their medication correctly and safely.


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There may be a variation in what each pharmacy can offer in terms of reasonable adjustment however any adjustment offered must be appropriate to satisfy the needs of the individual. Any adjustment offered should consider the home and support environment in which the patient routinely manages their medication.

Adjustments are only considered reasonable when they support the patient to manage their medication without physical support from another person. For example, a patient may require prompting to take their medication but, if they are able to manage the original packs, this is would be considered the safest solution and an MCCA is not required.

Community pharmacies are required (as part of their NHS terms of service) to dispense, where possible, medication in original packaging. If a pharmacist wishes to re-package a patient's medicines into a compliance aid, then they must have a good reason for doing so, as taking a medicine out of its original packing means it becomes unlicensed, and a recognised needs assessment must have been completed and be held on file in the pharmacy.

# Guidance on assessment of patient needs

## Community pharmacy

In order to support any decision regarding how to support an individual patient to manage their medicines, the pharmacist should undertake an assessment to determine the most appropriate support for the patient.

This assessment will firstly establish if the patient is considered disabled under the definition of the Equality Act 2010 as described above. Should the patient not meet the criteria as described in the Equality Act this does not preclude the pharmacist supporting the patient in their medicines taking. For individuals who fall outside of the Equality Act provision, adjustments can be provided by a pharmacy as part of a locally commissioned service or privately funded provision.

Various versions of assessments are available from professional bodies.

The Royal Pharmaceutical Society patient assessment tools

**The assessment for the patient should include the following:**

- ✔ Conduct an assessment to identify any issues that the patient is currently experiencing.
- ✔ Establish the current medication routine and determine what medication is currently being taken.
- ✔ Identify any characteristics of the medication that would preclude specific adjustments e.g. some medication must be retained in original packaging for stability reasons and as such an alteration to the closure or transfer into another packaging would not be suitable.
- ✔ Identify risks associated with specific medication e.g., if medication is missed, medication is not taken, or identification of the risks associated with an overdose to support medicines safety and management of long-term conditions.
- ✔ Identification of the most appropriate support to be provided to the patient by the pharmacy.

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- ✔ Establish the current living arrangements of the patient including any care or support package that they routinely access which may also support management of their current medication.
- ✔ Support patients being as autonomous and self-supporting as possible whilst maintaining the safety of the individual using the medication.
- ✔ Consideration of support and/or personalised care plans.
- ✔ Provide support and information to ensure patients understand their medicines and how to take them correctly to enable them to take medication safely whether or not they have a support package.

This last point is essential in order to allow patients to self-manage where possible even in scenarios where they may be receiving support from carers for other aspects of their daily living.

See Resources for examples of assessments.

**The presence of a carer, a care package or when a patient is living in a care home does not automatically mean the patient is receiving support from carers to take their medications. Equally, the presence of a support / care package should not result in a request for an MCCA, they should only be considered following an assessment of the individual's needs. The purpose of an MCCA is to support patients to take their medicines independently if self-administering, it is not to support care home staff or social care staff to administer medicines.**

Assessments should be undertaken initially to assess for any need for support and after any adjustment has been provided. This is to ensure that any adjustments made remain appropriate. It should also be considered that following discharge or transfer to another care setting, a patient's ability to manage their medicines may change.

Community pharmacies must make Reasonable adjustments to ensure persons with disabilities can access pharmacy services. It is good practice for community pharmacies to have a documented record to show the assessment they have completed with the patient, and the adjustment/s made. We would recommend that these records include an annual review date, to ensure the intervention made is still appropriate for the patient at the review point.

If a pharmacy has identified a capacity limit to provide this service, it is recommended that all patients on multi-compartment compliance aid (MCCAs) are reviewed to ensure that only patients that require an MCCA are receiving them to allow capacity to support others who require the service. If a community pharmacy is still unable to support a patient it would be reasonable for them to signpost the patient to another appropriate pharmacy(ies), ensuring they provide contact details to the patient.

Patients covered by the Equality Act should have a regular review.

Patients who are not covered by the Equality Act, a separate service may need to be commissioned.

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## NHS Hospital Trusts

Hospital pharmacies are often asked to provide medicines in an MCCA; this guidance applies in that situation as much as a community setting.

### NHS Trust dispensers should:

- Understand that some patients in a care home will manage their own medicines. It should not be assumed that the fact a patient resides in a care home automatically means that carers will be administering their medicines.
- Not provide reasonable adjustments (including MCCAs) on request from service providers without assessing that patient's needs.
- Ensure that, if a request for a reasonable adjustment (including MCCA) on discharge comes from within the hospital, for example from Occupational Therapy, an appropriate and robust assessment has been carried out.


- Where an MCCA or other adjustment is considered appropriate for discharge, ensure that a community pharmacy (preferably the patient's chosen pharmacy) is identified and aware that the patient will need an assessment following discharge. Including the original assessment in the communication is key to the effective discharge. The Discharge Medicines Service, an essential service in the community pharmacy contract, should be used by the Trusts to transfer discharge information to a community pharmacy of the patient's choice. If there is a need for a change in the patient's currently nominated pharmacy upon discharge into a care home, the current pharmacy should liaise with them to support transfer of care. The patient's pharmacy should not be automatically changed to meet a care home provider preference.
- Ensure accurate information is provided as part of transfer of care for all patients. It is particularly important when a patient is discharged into a care home setting or intermediary care setting for reablement.
- Ensure discharge information includes details of how patients took medications before admission, e.g. original pack dispensing or MCCA, etc. Commissioners may need to add this as a mandatory field on the discharge letter.

# How the dispenser can support patients with reasonable adjustments

## Supporting patients to manage their medicines

Examples of methods to support patients in taking their medications include:

- The use of large print labels
- Providing a patient with non-click lock caps
- Providing devices to make inhalers and dropper bottles easier to use
- Medication reminder charts
- Support for ordering medication
- Simplifying medication regimens
- Effective patient counselling and education
- Medicines administration record charts
- Labels with large print or pictograms
- Information sheets
- Reminder alarms
- IT solutions, such as phone apps and telemedicine
- Blister popping devices or pill presses
- Multi-compartment compliance aid (MCCA)
- Prompts from carers
- Medication administration by carers

Not all dispensers (pharmacies or dispensing doctors) will be able to provide all options, but should work with the patient and other services to identify the best option available for that patient.

**If an MCCA is used as compliance aid to support a patient need, it is best practice to include a description of the medicines contained in the MCCA. This is essential to aid the identification of medicines by the patient or anybody supporting the patient to take their medicines safely.**

# Guidance for the dispenser on the appropriate use of MCCAs

## Multi-compartment compliance aid (MCCA)

Multi-compartment compliance aids are one of the most common adjustments. Although there may be a role for MCCA in some patients, it is associated with many risks, see list that follows, and should only be used where an assessment has been conducted by a registered pharmacy professional and it is determined that this is the most appropriate support for the patient to manage their medicines.

It has been shown that in practice, many MCCAs are initiated without proper assessments mainly to meet the needs of carers or professionals and some patients have difficulty in using them. NICE guidance CG76 identified that the evidence to support the effectiveness of MCCAs as an adherence tool to be inconclusive. The guidance recommends to only use interventions to overcome practical problems associated with non-adherence if a specific need is identified.

### Disadvantages, problems and risks:

- Only solid oral tablets can be dispensed in MCCA. In addition, some medicines should not be dispensed in MCCAs to ensure their therapeutic effectiveness and safety:
  - Medicines that are unstable in MCCAs or require special storage conditions e.g. photosensitive, temperature sensitive and moisture sensitive medicines.
  - Medicines that have special administration instructions and must be identified individually in-order to do this safely e.g. alendronate, medicines to be taken with or after food such as aspirin.
  - Medicines to be taken ‘when required’ (PRN) e.g. analgesics or have variable doses e.g. warfarin, prednisolone.

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- In addition to medicines in an MCCA, often older people will have one or more medicines that cannot be dispensed in the MCCA so they would be operating two medicines management "systems" which could lead to confusion or some medicines being forgotten or not being taken e.g. liquids, creams, inhalers. This is an issue when care workers are not permitted to administer medicines except from an MCCA. Where MCCA are used, medication administration errors occur more frequently with medicines that cannot be packaged in MCCA.
- Patients can become disassociated from what is being taken and knowledge about their medicines may be poor as a result, with a loss of autonomy and choice.
- Difficulties occur when there are changes to drug therapy that require medicines to be added to or removed from the MCCA. Good practice is for all the medicines to be returned to the pharmacy and a new script written. This will lead to wastage of medicines.
- Restricts patient's choice to take a particular medicine or not, as individual medicines cannot be easily identified in the MCCA.
- Not useful for certain patients particularly:
  - Those significantly affected by memory loss and/or confusion e.g. some dementia patients are not oriented in time.
  - Those that are poorly motivated.
  - Those that lack the capacity to take medication due to significant physical or mental disability.
  - Older people who do not have the manual dexterity to open MCCAs.
- Often patients are not offered a choice of devices to reflect their needs and are limited to what is on offer in the community pharmacy or hospital. This could be a problem where the MCCA supplied on discharge is not the same brand as what the patient is used to.
- In some hospitals, patients are discharged with 7-days' supply in the MCCA and 7-days' supply in standard containers with the expectation that the community pharmacist or district nurse will re-dispense into the MCCA. Both situations can lead to confusion, duplication and running out of medication and the secondary dispensing carries a higher risk of errors.

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- For MCCAs that are unsealed, medicines can migrate from one compartment into another or fall out while the older person is trying to open the device.
- There is the risk of contamination with re-usable MCCAs.
- MCCAs don't have child resistant closures.
- Difficulty for dispensers to comply with legislation for labelling medicines when using MCCAs where there is not enough space for the labels to be affixed. This can constitute an offence for community pharmacists.
- Medicines dispensed in MCCAs cannot be used on admission to hospital as they are not easily identifiable. This leads to waste and an increased risk of errors.
- The process of repeat prescribing and dispensing MCCAs takes longer and is fraught with difficulties, particularly when the patient's medicines change or when they transfer between care settings.
- In hospitals this can lead to delayed discharge and increased workload for pharmacy staff.
- Increased workload for community pharmacists and GP staff.
- The CHUMs study identified that in care homes, where medicines were dispensed in MCCAs, there were more dispensing errors compared to those with standard containers and some types of MCCAs were associated with more errors.
- MCCA is not funded on the NHS except where a patient is eligible under the Equality Act.
- Not being able to reconcile accurately what is in the MCCA with the person's current prescription list or what the person is taking, especially when care is transferred from one setting to another or there is a handover of care e.g. hospital admission, care home.

# Commissioners

- Commissioners
- Best practice for commissioners
- Use of technology

# Commissioners

## Key messages

- All patients who are prescribed medicines should have a regular medication review; this is particularly required for patients who are having difficulties taking their medicines as prescribed.
- When prescribing or reviewing medicines always consider reducing the number of medicines prescribed (deprescribing) and the frequency (number of times a day) a medicine is prescribed as this could improve adherence without the need for any additional support/ intervention.
- Communication pathways are essential to ensure all parties (e.g. patient, family member, carer, dispensing pharmacy etc. where appropriate) are informed of any changes to medicines. This is especially important where medicines support is being provided by social care providers.
- The Reasonable adjustments section should be referred to when a patient requires support with their medicines.
- Please note multi-compartment compliance aid (MCCA) may be of value to help some patients to manage their medicines and maintain independent living. However, they are not the best intervention for all patients and many alternatives are available following an assessment of the patient's needs. The evidence indicates that MCCA should not automatically be the intervention of choice for all patients.
- Where an MCCA is provided to support independence or reablement a review should be undertaken as part of every transfer of care to another care setting. Do not assume there is a long term need for the use of an MCCA.
- MCCAs should only be provided to support a patient to maintain their independence. They should not be routinely used to support the needs of the care provider.

# Best practice for commissioners (Local Authority / ICS / NHS)

Commissioning is the continual process of planning, agreeing funding and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.

The role of the commissioner is to create the environment where patients in their own home or care homes can receive support through appropriate measures, which may include, but are not limited to, multi-dose compartment aids (MCCA). New technologies are available that may replace other means of support.

The services being commissioned to provide assisted medicines support include care homes, home care services and community pharmacies.

**Commissioners for all these services should:**

### Responsibilities

- Clearly set out the respective responsibilities and limits of the prescriber, the dispenser and the care provider.
- Recognise that more than one provider may be involved in the care of an individual patient and ensure the respective responsibilities are clear.

### Systems / communications

- Establish communication pathways between prescribers, dispensers and care providers, including:
  - The dispenser informing general practice when appropriate adjustments have been applied.
  - The GP including the appropriate code on the clinical record so that patients who need support can be identified.
  - The care provider knowing how to access support to ensure that medicines are taken safely.

Most care providers have an NHS.net account. A commissioned service should ensure that this is in place and in use, to support the contact between all parties.

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## Best practice

- Identify best practice in supporting medicines use and include this in the service specifications for commissioned services.
- Understand and support the needs of the service provider in delivering a safe and effective service.
- Seek and understand feedback from patients to ensure that they are supported in taking their medicines safely and effectively.
- Ensure that, where adjustments available to the dispenser do not meet the patient's needs, there is a mechanism for the dispenser to refer to social or health care teams for further support.
- Include in service specifications and KPIs measures to ensure that service providers are using a range of supporting tools and adjustments that are right for the individual patient. This includes support for patients to self-administer medicines, requirements for self-storage and risk assessments.
- Ensure that care provider staff are appropriately trained to give medicines dispensed in original packaging, and in the use of MCCA and other supporting tools as appropriate. NICE guidance (NG67) sets out the expectations for staff competencies.
- Work with stakeholders to secure access to the Summary Care Record for dispensers and care providers.

## Technical / MCCA related

- Understand the barriers to taking medicines safely and how different adjustments and measures can support this. Training or signposting to resources available for those involved in making the adjustments is required and addressed in the Training section.
- Provide clarity to prescribers and care providers on the patient benefits and risks of various adjustments that support patients to take their medicines safely in order to avoid an expectation of particular, and possibly inappropriate, measures being created.

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- Include requirement to utilise original pack dispensing with additional supportive measures as the routine standard as part of service level agreements.
- Recognise that, where original pack dispensing is being promoted or mandated in service specifications, this may result in an increased demand on care provider capacity and this should be quantified and reviewed regularly, and funded appropriately.
- Recognise that not all patients, including those who reside in a care home, would require assistance and adjustments. Pharmacies / dispensers should provide some sort of assisted medicines support to patients who require it, and this support should be agreed with service providers.
- Recognise that the usual adjustments may not meet the needs of all patients and should consider measures such as remote supervision or other technology. There are various models to provide this.
- Work with the pharmacy (and dispensing doctor) and care providers to establish simple, standardised assessment to increase the use of appropriate adjustments. Dispensers should regularly review the adjustments made.
- Consider funding to provide a wide range of measures for people who would otherwise be at risk and support implementation of innovative solutions / technology.

Not all patients who would benefit from assistance and adjustments are covered by the Equality Act 2010. Many pharmacies will provide some sort of support to these patients, but commissioners should consider funding to provide a wide range of measures for people who would otherwise be at risk.

# Use of technology

Increasingly new technological developments are replacing traditional means of support. Remote supervision may be an effective and cost-effective tool, particularly where:

- Carers attend the patient one or more times a day solely for medication administration.
- Medication needs to be taken according to specific schedules that cannot be accommodated by care services (before or after food).

Commissioners should compare the cost of technology support against the cost of care visits and consider commissioning a technological solution at scale, where appropriate.

# Prescribers of medicines



# Prescribers of medicines

## Key messages

- All patients who are prescribed medicines should have a regular medication review; this is particularly required for patients who are having difficulties taking their medicines as prescribed.
- When prescribing or reviewing medicines always consider reducing the number of medicines prescribed (deprescribing) and the frequency (number of times a day) a medicine is prescribed as this could improve adherence without the need for any additional support/ intervention.
- Communication pathways are essential to ensure all parties (e.g. patient, family member, carer, dispensing pharmacy etc. where appropriate) are informed of any changes to medicines. This is especially important where medicines support is being provided by social care providers.
- The Reasonable adjustments section should be referred to when a patient requires support with their medicines.
- Please note multi-compartment compliance aid (MCCA) may be of value to help some patients to manage their medicines and maintain independent living. However, they are not the best intervention for all patients and many alternatives are available following an assessment of the patient's needs. The evidence indicates that MCCA should not automatically be the intervention of choice for all patients.
- Where an MCCA is provided to support independence or reablement a review should be undertaken as part of every transfer of care to another care setting. Do not assume there is a long term need for the use of an MCCA.
- MCCAs should only be provided to support a patient to maintain their independence. They should not be routinely used to support the needs of the care provider.

# Best practice for prescribers

Prescribers should be aware that non-adherence falls into two main categories – intentional non-adherence and unintentional non-adherence. By exploring the reason for non-adherence, patients can be provided with the most appropriate form of adherence support.

## Intentional non-adherence

Occurs when a patient decides not to take their medicines as prescribed and this can be due to a number of factors including concerns about medicines, whether they believe they need them, expectation of treatment outcomes and practical factors which may influence the patient's ability to adhere to their prescribed medicines.

When prescribing medicines, prescribers can encourage adherence by involving patients in decisions about their medicines and review their knowledge, understanding and concerns about the need for their medicines so that the decision to take a medicine is an informed choice.

The type and amount of information needed will vary therefore provision of information should be individualised but may include:

- What the medicine is
- How the medicine is likely to affect the patient's condition and its benefits
- Likely or significant adverse effects and what to do if they experience them
- How to use the medicine
- What to do if a dose is missed
- What the consequences of not taking the medicine may be
- Whether further courses of the medicine will be needed after the first prescription (likely duration of treatment)
- How to get further supplies of medicines
- Arrangements for monitoring, follow up and review.

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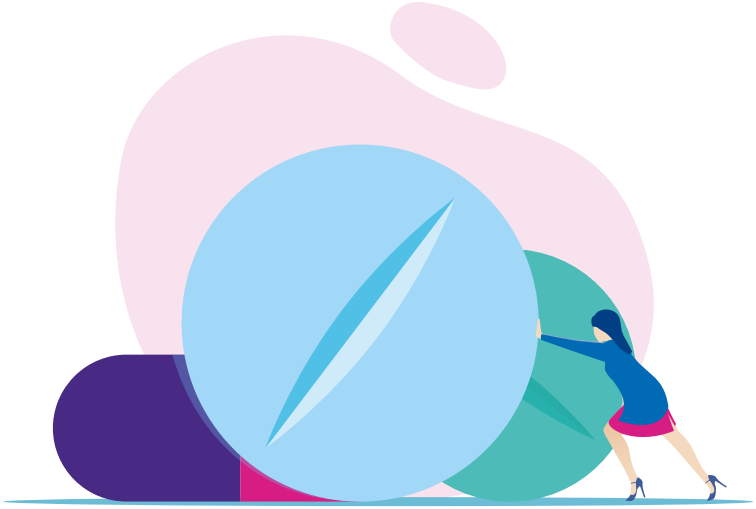
Further information on the principles of encouraging adherence to medicines by supporting and involving patients in decisions about their prescribed medicines can be found here:

- Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence.
- Patient experience in adult NHS services: improving the experience of care for people using adult NHS services.
- Medicines Optimisation Quality Standard (QS120).



## Unintentional non-adherence

Occurs when the patient wants to follow the agreed treatment but is prevented from doing so by barriers that are beyond their control. Examples include poor memory and recall, difficulties in understanding the instructions, problems with using the treatment, difficulties in opening medicines containers, inability to pay for the treatment, or simply forgetting to take it.

Prescribers should be aware of the reasons for unintentional non-adherence which may include:

- Dexterity issues
- Memory impairment
- Visual Impairment
- Hearing impairment
- Literacy problems
- Language problems
- Learning disability.

Patients presenting with unintentional non-adherence may benefit from adjustments or compliance support which address the reason(s) they find it difficult to adhere to their medicine regime. However, before referring a patient for consideration of a reasonable adjustment to assist with taking medicines, the prescriber should undertake a structured medication review.

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## Structured medication review (SMR)

SMRs are a clinical intervention that help patients who have complex or problematic polypharmacy. They are designed to be a comprehensive and clinical review of a patient's medicines and should be carried out regularly to improve medicines use, improve patient outcomes and reduce medicines waste. In addition, there is evidence that reducing the pill burden can improve adherence.

Primary Care Network (PCN) and GP practice pharmacists are ideally placed to undertake structured medication reviews as part of the Primary Care Network Direct Enhanced Service (PCN DES) arrangements. A request for a monitored dosage system/multi-dose compliance aid by a patient, carer or healthcare professional as an aid to managing multiple medicines is considered to be an appropriate trigger for a referral for SMR. Similarly, patients who are resident within care homes are considered a priority for SMR.

Further information on structured medication review can be found here:

Structured medication reviews and medicines optimisation: guidance

**As part of a structured medication review, prescribers should consider:**

- Simplifying the medication regime – can the dosage frequency be rationalised to support optimal usage?
- Stopping medication where appropriate – are all medicines still indicated? Could re-instating medicines which have not been taken for some time cause harm? (E.g. restarting BP medications all in one go in a patient who has been non-adherent for some time could increase the risk of falls).
- Are the directions on the label clear – would changing the wording from one tablet twice daily to one tablet with breakfast and one tablet with tea act as a prompt to improve adherence?
- Is the quantity prescribed appropriate to help the patient cope with the number of tablets or changing regimen - would a weekly supply be more appropriate?
- Would an alternative formulation improve adherence? – Pharmacists may be able to support and advise on this.
- The support of immediate household or family members – in addition to the reminder systems which patients may have already developed themselves, consider if family or friends are in a position to support patients with their medicines.
- Patients who need further examination or assessment of compliance should be reviewed by an appropriate health professional. This may include consideration of the patient's mental capacity.

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A number of tools are available to support prescribers and healthcare professionals when reviewing polypharmacy as part of a structured medication review. Examples include:

- The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. This guideline is aimed at healthcare professionals to help improve the safety of prescribing medications for older adults.
- STOPP START Screening Tool to support Medication Review. A STOPP – Screening Tool of Older Persons Prescriptions and START – Screening Tool to Alert Doctors to Right, i.e. appropriate, indicated Treatments.
- Royal Pharmaceutical Society - Polypharmacy: Getting our medicines right.
- Further guidance on the responsibility of prescribers to consider adherence when prescribing and reviewing medicines is available within the following documents:
  - General Medical Council - Good Practice in prescribing and managing medicines and devices.
  - Royal Pharmaceutical Society - Prescribing competency framework.

# Referral for compliance support

When considering a referral to a community pharmacy for a reasonable adjustment to support compliance with medicines, prescribers should be aware that:

- There is no legal requirement for multi compartment complicate aids (MCCAs) to be routinely provided to patients, carers or care facilities, nor is there any evidence that using MCCAs improves adherence or any other patient outcomes.
- The default should be to supply medicines in original packaging with appropriate adherence aids with targeted support provided where needed in order to maintain patient independence as much as possible.
- Although community pharmacists are required to make "reasonable adjustments" to enable disabled persons to use their medicines according to the Disability Discrimination Act and under legislation carried forward in the Equality Act 2010, this does not mean routinely supplying them with an MCCA. See Reasonable adjustments.
- There are many options available to the dispenser when making an adjustment to meet the patient's needs. These are described in How the dispenser can support patients with reasonable adjustments. Prescribers should not raise the expectation of patients that they will receive a particular adjustment.
- Under the Equality Act 2010, the dispensing contractor is responsible for assessing the need for appropriate adjustment and must be satisfied that the patient is able to understand and be able to benefit from the adjustment, without introducing additional risks. Therefore ultimately, it is the pharmacist's decision as to what is the appropriate "reasonable" adjustment/s for the individual patient, not a care worker or other healthcare professional.
- All stakeholders should recognise that the re-packaging of medication from the manufacturers original packaging may often be unlicensed and involves risks and responsibility for the decisions made.

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- Not all medicines are suitable for inclusion in MCCA (and having multiple formulations and 'when required' (PRN) medicines can be confusing for the patients). These include:
  - Effervescent or dispersible tablets
  - Buccal and sublingual tablets
  - Cytotoxic medicines
  - Liquids
  - Creams and topical preparations
  - Hygroscopic formulations, such as aspirin
  - Inhalers
  - Refrigerator items
  - Dosage forms too large for MCCA compartment
  - Medicines taken at varying doses (e.g. warfarin) or when required
  - Medicines taken in a specific manner (e.g. before or after food)
  - Injections.
- The stability of medicines dispensed in MCCAs is reduced (maximum eight weeks - arbitrary for sealed devices, this is less for unsealed MCCAs) and longer prescriptions should not be issued.
- Where medicines are dispensed in an MCCA, 28 day prescriptions are regarded as best practice, unless there is a safety risk or the regime is likely to change within the next month e.g. waiting for bloods or a hospital appointment), in which case a shorter prescription should be issued.
- Where medicines are dispensed within MCCA, there is no obligation on pharmacy contractors to amend what has already been dispensed, so if changes are made to a patient's medicines part way through the period of treatment, the prescriber would be obliged to make their own Equality Act adjustment, by issuing a new prescription for all the current medicines, so that they can all be dispensed into a new MCCA. Where frequent changes to prescribed medicines are likely within a cycle of 28-day prescription, prescribers should consider if 7-day prescriptions are more appropriate.

In some areas, support from a commissioned medicine management service may be available to support individuals who fall outside of the Equality Act, but the capacity and service model will vary.

# Communication

Prescribers should ensure any changes to medicines are communicated to patients or their advocates which ever setting they are in to ensure that patients receive their medications as intended.

There should be effective communication pathways in place to support the transfer of care between any parties involved with medication which may include the patient, prescriber, hospital, supplying pharmacy, family member or social care provider (e.g. domiciliary care provider or care home).

Where patients are discharged from hospital into a care home, the prescriber would need to be informed as part of the discharge pathway. A medication review could be arranged between secondary care and the patient's GP practice as part of an MDT review or arranged shortly after the patient is discharged. Good practice would be for the patient to receive a review to rationalise medications prior to discharge, this could be undertaken via a geriatrician or hospital pharmacist with experience in that field.

Where patients are in receipt of compliance support from a community pharmacy or dispensing doctor, such as having their medicines dispensed within an MCCA, any changes must be clearly communicated to the dispensing contractor to ensure these are actioned within a timely manner. If the patient is receiving domiciliary care support, the care provider should also be informed.

Prescribers should be aware that once medicines have been dispensed within an MCCA, they cannot be returned to the dispensing contractor for amendments. Any changes made mid-cycle must be communicated to the supplying pharmacy and will require a new MCCA to be issued which will in turn require a new 28-day prescription to be issued for all the items in the prescription.

The pharmacy (or dispensing doctor) should inform the general practice when appropriate adjustments have been applied, and the prescriber should then include the appropriate code on the clinical record so that patients who are in receipt of support can be identified for example: ***Needs domiciliary care worker to administer medication - Concept code: 294471000000100t***.

Similarly, where patients transfer into a care home, this should be recorded on the GP clinical system to ensure changes to medication can be communicated effectively.

# Care provider

- Care provider
- Best practice for providers
- Definition of care home resident
- Definition of domiciliary care

# Care provider

## Key messages

- All patients who are prescribed medicines should have a regular medication review; this is particularly required for patients who are having difficulties taking their medicines as prescribed.
- When prescribing or reviewing medicines always consider reducing the number of medicines prescribed (deprescribing) and the frequency (number of times a day) a medicine is prescribed as this could improve adherence without the need for any additional support/ intervention.
- Communication pathways are essential to ensure all parties (e.g. patient, family member, carer, dispensing pharmacy etc. where appropriate) are informed of any changes to medicines. This is especially important where medicines support is being provided by social care providers.
- The Reasonable adjustments section should be referred to when a patient requires support with their medicines.
- Please note multi-compartment compliance aid (MCCA) may be of value to help some patients to manage their medicines and maintain independent living. However, they are not the best intervention for all patients and many alternatives are available following an assessment of the patient's needs. The evidence indicates that MCCA should not automatically be the intervention of choice for all patients.
- Where an MCCA is provided to support independence or reablement a review should be undertaken as part of every transfer of care to another care setting. Do not assume there is a long term need for the use of an MCCA.
- MCCAs should only be provided to support a patient to maintain their independence. They should not be routinely used to support the needs of the care provider.

# Best practice for providers

A care provider is responsible for undertaking the service they have been commissioned to do so by the commissioner.

## Overriding principles

- The routine use of multi-compartment compliance aid (MCCAs) in care homes, for domiciliary care providers or for patients who self-administer medicines is not recommended, unless an assessment by a pharmacist has determined this as the most appropriate support for the patient to independently take their medicines.
- Whilst MCCAs can be a useful tool in supporting independence, the use of them in a blanket approach is not an appropriate way to manage administration of medicines. The CQC recommends that a person-centred approach is taken to assess a patient's needs prior to using an MCCA and that interventions should support patients to take their own medicines as appropriate.
- Every effort should be made to simplify the medicines regimen for patients requiring additional support to safely administer medicines. Medication reviews can be undertaken by a doctor, pharmacist, nurse or a healthcare professional who is trained and competent to carry them out.

In this section we will cover '**what good looks like for**':

- Care home providers
- Domiciliary care providers
- Patients with no commissioned support, e.g. medicines are administered by the patient themselves, or informal carers).

# Definition of care home resident

**In this section residents will be referred to as patients**

A care home is an **ORGANISATION SITE**. A care home is a place where personal care and accommodation are provided together. Patients may live in a care home for short or long periods. For many patients, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. A care home may provide patients with residential and / or nursing care.

## What good looks like for care home providers

With respect to medicines, the role of the care home provider is to ensure the service and staff support patients to safely and efficiently receive prescribed medicines.

The requirement to support patients with taking medicines and making reasonable adjustments falls under the Equality Act 2010. However, the purpose is to make adjustments that support patients to take and utilise medicines, not to support care home providers. It is to meet a patient need and not a provider need.

The NICE guideline SC1 outlines the care home providers' key responsibilities in supporting patients in taking medicines. The clear recommendation is that care home providers need to determine the most suitable approach and systems for each patient based upon their health and social care needs. Systems should be put into place to maintain the patient's independence as much as possible.

Whilst MCCAs can be a useful tool in supporting this, the use of them in a blanket approach is not an appropriate way to manage administration of medicines. The CQC recommends that a person-centered approach is taken to assess a patient's needs prior to using an MCCA and that interventions should support patients to take their own medicines as appropriate.

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The use of MCCAs in care homes carries a number of risks and the **care home provider needs to understand**:

- Repacking medications into MCCAs falls outside the manufacturers' authorisation licence thus rendering the use of medications in this manner unlicensed. The legal responsibility for stability of the medication transfers from the manufacturer to both the pharmacist and the prescriber.
- When removed from original packaging, medicines can become unstable.
- The CHUMs study identified that in care homes, where medicines were dispensed in MCCAs, there were more dispensing errors.
- Only solid oral tablets can be dispensed in commonly used MCCAs. In addition, some medicines should not be dispensed in MCCAs to ensure their therapeutic effectiveness and safety.
    - Medicines that are unstable in MCCAs or require special storage conditions e.g. photosensitive (sensitive to light), temperature sensitive and moisture sensitive medicines.
    - Medicines that have special administration instructions and must be identified individually in-order to do this safely e.g. alendronate, medicines to be taken with or after food such as aspirin.
    - Medicines to be taken 'when required' (PRN) e.g. analgesics (painkillers) or have variable doses e.g. warfarin, prednisolone.
- Care providers need to consider how people and care staff manage different systems of administration. For example, patients often have original packs of medicines as well as those in their MCCA for the medicines. Where these medicines are kept and how people manage them.
- What happens if new medicines are prescribed part way through a cycle (e.g. antibiotics) or there are changes to medications which need to be considered.
- Staff must be able to identify the individual medicines they administer. MCCAs can contain many different medicines in one compartment. This makes it more difficult to identify and remove a specific tablet. This can be necessary if the patient no longer wants or needs to take it.
- There is a risk to be highlighted when patients are moving between different dispensers. There may be a difference in the type of MCCA for the patient which could cause confusion and additional support may be required.

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The safest way to administer medicines is via the use of original packs and use of aids to support as outlined in the Dispensers section, where appropriate:

- Time requirements to administer medicines from original packs and increased time for tasks.
- Training requirements and confidence to administer from original packs.

There are key considerations if a care home provider is looking to move from MCCAs to original pack dispensed medicines:

- New processes and procedures will need to be developed to support medicines administration.
- Consider staff training required to support the development and delivery of new processes and number of staff trained to administer medicines.
- Storage facilities for original packs of medicines, particularly consideration to safe storage of medicines in patients rooms where this is in place.
- Risk assessments would be required to establish safety of medicines being stored in patients' rooms, suitability for patients to self-administer and assurance around taking medicines as prescribed.
- Establishing new processes to support error reporting and empowering care home staff with confidence to report errors for learning purposes and improving service delivery.

It is important to expel the myth that reporting **zero errors is a positive outcome**; errors will occur and should be reported to learn lessons. As outlined in a 2015 NHS England patient safety newsletter. 'A 'low' reporting rate from an organisation should not be interpreted as a 'safe' organisation and may represent under-reporting. Subsequently, a 'high' reporting rate should not be interpreted as an 'unsafe' organisation and may actually represent a culture of greater openness.'

It is important to liaise with current community pharmacy providers, who will be able to agree a timeline and process when switching from MCCAs into an original pack system. The pharmacy may also be able to support with use of innovative systems, technology and training.

The local primary care network pharmacists, care home pharmacists and technicians and local medicines optimisation teams may also be able to support. Support can include development and updating policies, identifying training needs, establishing new reporting / monitoring systems and medication review.

# Definition of domiciliary care

Domiciliary care is **care that is provided in the patient's own home**. Sometimes called 'care at home' or 'home care', domiciliary care is when a carer either visits 'the patient in their own home or lives in their home in order to be close at hand to provide support'.

## What good looks like for the Patient's Journey who requires domiciliary care

It should be noted that each patient's journey may be different, for example a patient may be newly identified as requiring support with their medicines, or their needs may have increased. When this happens, a referral is made to the local authority, or other appropriate body, to arrange fa needs assessment or review to be undertaken.

## What good looks like for a social worker

A social worker, or appropriate assessor, meet with the patient to discuss their overall requirements. If it is identified that the patient is struggling to manage their medicines safely, a referral should be made to the general practice for a medication review.

## What good looks like for the prescriber

An appropriate health care professional (e.g. pharmacist, nurse or GP), completes a medication review to address polypharmacy and compliance issues. Where possible the medicines regime is simplified.

The patient is then referred to their chosen community pharmacy or dispensing doctor for an assessment for reasonable adjustments. It is the responsibility of the community pharmacy or dispensing doctor to assess the patient and make any reasonable adjustments necessary as required under the Equality Act 2010. The referrer should not create an expectation with the patient or carers that the community pharmacy or dispensing doctor will choose a particular form of adjustment or support. It is also important to note that the referrer is not referring the patient to a community pharmacy or dispensing doctor for an multi-compartment compliance aid (MCCA) (MCCAs).

## What good looks like for social worker:

Many people want to actively participate in their own care. Enabling and supporting people to manage their medicines is an essential part of this, with help from family members or carers if needed. NG67 1.2.

Ensure that people assessing a person's medicines support needs (for example, social workers) have the necessary knowledge, skills and experience. NG67 1.2.3.

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## What good looks like for the dispenser (pharmacist or dispensing doctor)

The registered pharmacy professional carries out the assessment and provides the patient with the agreed adjustment and arranges a follow up assessment to ensure the adjustments are appropriate. If the patient is not covered by the Equality Act 2010 or locally commissioned arrangements, self-funding options should be discussed.

The registered pharmacy professional carries out a follow up assessment to ensure the adjustments are appropriate for the patient. If the assessment determines that the patient will struggle to manage their medication safely, with adjustments in place, the pharmacy should inform the local authority social care team.

## What good looks like for the social care team

If necessary, the social care team will reassess the patient's needs and arrange for medicines support to be included as part of the package of care. The domiciliary care provider will provide the agreed support to the patient.

## Best practice for domiciliary care providers

Patients supported in their own homes by the service provider will normally be responsible for their own medicines both prescribed and non-prescribed. Some are able to fully administer their own medicines; others will require varying levels of support. In some cases, the level of support required for administration of medication will be substantial.

Support workers may administer prescribed medication (including controlled drugs) to a patient with consent, so long as this is in accordance with the prescriber's directions and the patient's care plan. When administering medication, appropriate records should be maintained.

Care providers who are commissioned to support medication administration should ensure that staff are trained to support all aspects of medication use including original pack dispensing and use of patches, creams, liquids and inhalers, and supporting aids such as MCCAs.

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- Support for medicines administration should not be reliant on the use of MCCA as the carer cannot be assured that the correct medicines are being administered once they are removed from the original pack. This is a requirement of the 6Rs (Right person, Right Drug, Right Dose, Right Route, Right Time, Right to decline). MCCAs and other reasonable adjustments are for the benefit of patients not routinely given to support providers.
- Medicines training should be to a standard and content agreed with the commissioner.
- Following training, providers should ensure that their staff are assessed as competent, not just trained.
- Care providers should understand, and document, what support is expected for each patient. This information should be available to all staff who support the patient, defined in language that is clear, understandable and jargon fee.
- Care providers should arrange visits to meet the needs of the patient, including consideration of the medicines schedule This may include timing and relation to food. The length of visit should reflect the requirements of medication administration, particularly if most are being given once daily. Some providers have medication co-ordinators to manage specific patients and move the system / staff around accordingly.
- Carers should be empowered to raise problems with the community pharmacy or dispensing doctor and trigger a medicines review.
- Carers should not be expected to support families to fill their own / relatives MCCAs or administer medication made up by a relative.
- Care providers should not be expected to support administration of all 'when required' (PRN) medicines.
- Carers must carry out tasks as specified on the Support Plan e.g. only administer medication listed – no other medication to be given.

Carers should not offer advice about over-the counter medication or complementary treatments without seeking support from a healthcare professional.

Access to Over The Counter (OTC) medicines to self-care is an issue of equality and providers should have policies in place to support people who wish to access OTC products in a timely manner. Over the counter medicines and homely remedies | Care Quality Commission (cqc.org.uk)

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## Definition for patients in their own homes who manage medicines

Patients who are prescribed medicines and manage their medicines in their own homes with or without support from family, friends or informal carers. They do not receive commissioned domiciliary care but may require reasonable adjustments to take their medicines safely.

## What good looks like for the patient's journey who manage their own medicines

It should be noted that for the patient's journey who manage their own medicines they will not have contact with external providers and their care is focused in their own home. However, there may be a requirement to link with social care and knowledge of how these referrals can be made should be known by the patient and their family members / carer(s).

## What good looks like for a patient who self-cares for their medicines.

A patient would be able to administer their medicines without the support of a commissioned service. If the patient is struggling to manage their medicines safely, a referral should be made to the general practice for a medication review; or community pharmacy or dispensing doctor to assess as to whether a reasonable adjustment is required.

## What good looks like for the prescriber

An appropriate health care professional (e.g. pharmacist, nurse or GP) completes a medication review to address polypharmacy and compliance issues. Where possible the medicines regime is simplified. The patient is then referred to their chosen community pharmacy or dispensing doctor for an assessment for reasonable adjustments. It is the responsibility of the community pharmacy or dispensing doctor to assess the patient and make any reasonable adjustments necessary as required under the Equality Act 2010. The referrer should not create an expectation with the patient or their carer(s) that the community pharmacy or dispensing doctor will choose a particular form of adjustment or support. It is also important to note that the referrer is not referring the patient to a community pharmacy or dispensing doctor for an MCCA.

## What good looks like for the pharmacist or dispensing doctor

The registered pharmacy professional carries out the assessment and provides the patient with the agreed adjustment and arranges a follow up assessment to ensure the adjustments are appropriate. If the patient is not covered by the Equality Act 2010 or locally commissioned arrangements, self-funding options should be discussed.

The registered pharmacy professional carries out a follow up assessment to ensure the adjustments are appropriate for the patient. If the assessment determines that the patient will struggle to manage their medication safely, with adjustments in place, the pharmacy should inform the local authority social care team.

# Training

- Training
- Introduction
- Free training and resources
- Legislation and guidance
- Medicines management and administration training
- Meeting requirements and best practice guidance
- Quality Assurance Checklists
- Checklist for Medicines Training

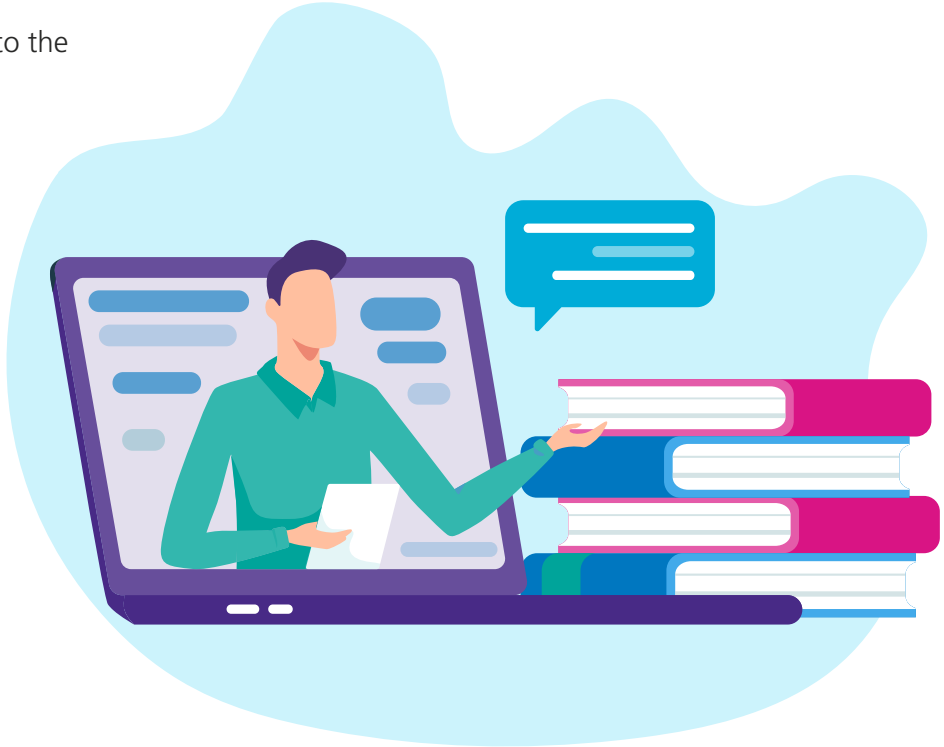
# Training

## Key messages for training

- When commissioning a service that includes the management and/or administration of medicines, commissioners have a responsibility to assure themselves that processes are in place, including appropriate education, which will support the safe and effective management and administration of medicines.
- Care providers have a responsibility to support their staff to be able to safely manage and administer medicines (without the reliance on multi-compartment compliance aids (MCCAs)).
- Individual staff have a responsibility to undertake training offered to them, complete any required documentation, and only undertake tasks they are suitably trained, deemed competent and feel confident to do.
- People assessing a patient's medicines support needs (for example, social workers) need to have the necessary knowledge, skills, and experience.
- Healthcare professionals and other registrants working in adult social care services must maintain their professional standards as laid out by their regulator.
- Healthcare professionals working in, or providing services to, care homes should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for residents living in care homes.
- Dispensers have a responsibility to make appropriate training available for all staff, including those involved in supporting social care providers.

# Introduction

- The purpose of this section is to describe what good looks like in relation to training, this is to support safe and effective management and administration of medicines. These should be considered by: commissioners, care providers, individual care staff, dispensers, and other professionals.
- It is vital that organisations have a culture that values learning and ensures that staff have a thorough understanding of the importance of medication to the health, safety and wellbeing of patients.
- Training should be provided to support the confidence and competence of all staff. The quality and content of training is important as this will directly impact the way staff handle medicines. Failure to adequately train staff will increase the likelihood of medication errors which can have severe consequences for the patient, staff member(s) and organisation.



# Free training and resources

## Training

- Care homes in the north west have free access to the PrescQIPP Medicines use in care homes course 1, 2 and 3 (Information on how to register). Nationally, domiciliary style services have free access to the PrescQIPP Managing medicines for adults receiving social care in the community: course 1 and 2. (Information and top tips on how to register.)
- North west commissioners can signpost care providers to the PrescQIPP courses at their discretion. However, it remains the responsibility of the commissioner and/or the care provider to check this training meets their needs.
- Commissioners and care providers who already have robust medicines training in place do not need to use the PrescQIPP training instead of and/or in addition to their own training.
- Additional training may be available free of charge via:
  - Health Education England (HEE)
  - HEE Medicines course for Adult Social Care is on our Training for the non-registered workforce
  - E-Learning modules
  - eLfE
- Principles of safe medicine administration in care homes – an interactive
- Pharmacy professionals can access a range of learning from CPPE - Centre for Pharmacy Postgraduate Education.

## Checklists

Checklists have been developed which aim to support the review of training provision.

The checklists are available to view and download, they can be found within this section.

# Legislation and guidance

CQC have guidance based on the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 12(2)f and g, that says:

- 12(2)(f) Where equipment or medicines are supplied by the service provider, there are sufficient quantities of these to ensure the safety of service users and to meet their needs;
  - People's medicines must be available in necessary quantities at all times to prevent the risks associated with medicines that are not administered as prescribed. This includes those who manage their own medicines.
  - Sufficient medication should available in case of emergencies.
  - Sufficient equipment and/or medical devices that are necessary to meet people's needs should be available at all times and kept in full working order. They should be available when needed and within a reasonable time without posing a risk.
  - The equipment, medicines and/or medical devices that are necessary to meet people's needs should be available when they are transferred between services or providers.
- 12(2)(g) the proper and safe management of medicines;
  - Staff responsible for the management and administration of medication must be suitably trained and competent and this should be kept under review.
  - Staff must follow policies and procedures about managing medicines, including those related to infection control.
  - These policies and procedures should be in line with current legislation and guidance.

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**In addition, Regulation 18 states that:**

- Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part.
- Persons employed by the service provider in the provision of a regulated activity must:

  **a.** Receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform;

  **b.** Be enabled where appropriate to obtain further qualifications appropriate to the work they perform; and

  **c.** Where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

CQC have medicines information for adult social care which is listed by type of care setting. For more information go to: CQC: Medicines information for adult social care services.

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**Training must conform to legislation and follow best practice guidance. Such as:**

- Care Act 2014
- Medicines Act 1968
- Misuse of Drugs Act 1971
- Health and Safety at Work etc. Act 1974
- The Mental Capacity Act 2005
- Management of Health and Safety at Work Regulations 1999
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 2018 and General Data Protection Regulation (GDPR)
- Care Quality Commission Regulations 2009
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Royal Pharmaceutical Society (RPS) of Great Britain Handling of Medicines in Social Care 2007. **Please note:** This guide has been archived, but a copy can be requested by contacting: support@rpharms.com
- Care Quality Commission (inc. CQC Medicines information for adult social care services)
- NICE guideline: Managing Medicines in Care Homes March 2014 (SC1)
- NICE guideline: Managing medicines for adults receiving social care in the community (NG67)
- Medicines and Healthcare products Regulatory Agency (MHRA).

**The RPS's; The Handling of Medicines in Social Care 2007* identified eight core principles relating to the safe and appropriate handing of medicines. These apply to every social care setting.**

1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
2. Care staff know which medicines each person has, and the social care service keeps a complete account of medicines.
3. Care staff who help people with their medicines are competent.
4. Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.
5. Medicines are available when the individual needs them, and the care provider makes sure that unwanted medicines are disposed of safely.
6. Medicines are stored safely.
7. The social care service has access to advice from a pharmacist.
8. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

***Please note:** This guide has been archived, but a copy can be requested by contacting: support@rpharms.com

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National Institute for Health and Care Excellence (NICE) have a number of guidelines available. These are evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders.

### Some that relate to the adult social care setting are:

The NICE guidance on Managing Medicines in Care Homes (SC1) provides recommendations for good practice on the systems and processes for managing medicines. The guidance is for people and organisations involved with managing medicines in care homes. It is anticipated that health and social care providers will need to work together to ensure that care home service users benefit from the good practice recommendations in this guideline. Areas covered are prescribing, handling and administering medicines and the provision of care or services relating to medicines in care homes.

### NICE - Medicines optimisation:

The safe and effective use of medicines to enable the best possible outcomes (NG5) covers safe and effective use of medicines in health and social care for people taking 1 or more medicines. It aims to ensure that medicines provide the greatest possible benefit to people by encouraging medicines reconciliation, medication review, and the use of patient decision aids.

The NICE guidance on Managing Medicines for adults receiving social care in the community (NG67) covers medicines support for adults (aged 18 and over) who are receiving social care in the community. It aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home. It gives advice on assessing if people need help with managing their medicines, who should provide medicines support and how health and social care staff should work together.

# Medicines management and administration training
## – What good looks like?



### Best practice for commissioners

When commissioning a service that includes management and/or administration of medicines, commissioners have a responsibility to assure themselves that processes are in place, including appropriate education, which will support the safe and effective management and administration of medicines.

**Commissioners should:**

- Include explicit expectations around safe management and administration of medicines within their commissioning arrangements.
- Include expectations for all staff to have appropriate education (suggest commissioners use a Quality Assurance Checklist for Medicine Management Training Processes as a quality indicator).
- Include expectations for the quality and content of training (suggest commissioners use the Checklist for Medicine Management Training in Adult Social Care as a quality indicator).
- Seek evidence that staff are trained and competent (This could be easily facilitated using an electronic competency passport).
- Monitor medication related incidents and ensure, when appropriate, that supportive training is being put in place.

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## Best practice for care service providers

Care service providers have a responsibility to support their staff to be able to safely manage and administer medicines

### Care service providers should:

- Ensure their medicine management training processes are robust (suggest using a Quality Assurance Checklist for Medicine Management Training Processes).
- Ensure that any training delivered (online or in person) is high quality and covers all required elements in sufficient detail (suggest that training should meet all elements of the Checklist for Medicine Management Training in Adult Social Care).
- Have a robust induction process for staff that will be administering medicines.
- Provide training that addresses the specific requirements of the staff members role(s). Making training relevant to the type of care setting staff are working in and the tasks undertaken.
- Ensure training is accessible, and staff are supported to take part.
- Provide education that allows care staff to support patients to maintain their independence with regard to their medicines.
- Train staff to administer medicines without the reliance on multi-compartment compliance aid (MCCAs).
- Recognise prior experience using robust methods (this could supported by using a standardised electronic competency tool).
- Maintain a record of staff competency assessments (this could be supported by using an electronic competency tool).
- Ensure that training provision is reviewed regularly to make sure it is up to date and supports learning from any medicines related incidents.
- Review staff knowledge, skills and competency annually and use this to help determine future support and training requirements.
- Empower staff to identify and escalate their learning needs with regard to medicines management and administration.
- Provide training on competency assessment for any staff responsible for assessing the competency of other staff.
- Provide training on risk assessment and reviewing medication incidents for staff in management roles.
- Ensure all relevant staff undertake medicines training which involves theoretical knowledge-based training but also involves practical training and competency assessment in the place of work.

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## Best practice for care staff

Individual staff have a responsibility to undertake training offered to them, complete any required documentation and only undertake tasks they are suitable trained, deemed competent and feel confident to do

### Care staff should:

- Complete medicines related training offered by their employer.
- Identify any specific learning needs they have and share with their employer.
- Share any existing records of previous competency assessment.
- Maintain records of their competence.
- Be confident to speak up if a medication error occurs and learn from errors.
- Only administer medicines if they are trained and competent to do so.

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## Best practice for dispensers

It is best practice for dispensers to make appropriate training available for all staff, including those involved in supporting social care providers.

### When a dispenser is involved in providing services for social care providers they should:

- Ensure training is available on assessing patient needs and making reasonable adjustments under the Equality Act 2010.
- Provide training for any additional services offered e.g. MAR chart production, medicines management audits, etc.

**Please note:** Health professionals working in, or providing services to, care homes should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for residents living in care homes (NICE SC1 1.17.6).

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## Best practice for other professionals

Healthcare professionals and other registrants working in adult social care services must maintain their professional standards as laid out by their regulator. This will include maintaining up to date knowledge and meeting revalidation requirements.

Health professionals working in, or providing services to, care homes should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for residents living in care homes.

People assessing a patient's medicines support needs (for example, social workers) need to have the necessary knowledge, skills and experience.

# Meeting requirements and best practice guidance

Care providers must ensure their staff are skilled and competent in all areas including those defined by the Skills for Care: Care Certificate Standards.

The table below sets out other guidelines that care providers and commissioners may need to consider when reviewing Medicines Management Training programme for quality assurance purposes.

| Guidance | Considerations |
|---|---|
| **NICE SC1 1.17.2** | Care home providers should set up an internal and/or external learning and development programme so that care home staff can gain the necessary skills for managing and administering medicines. The programme should meet the requirements of the regulators, the residents and the training needs of care home staff'. |
| **NICE NG67 1.11** | 'Appropriate training, support and competency assessment for managing medicines is essential to ensure the safety, quality and consistency of care.<br>When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they:<br>• Receive appropriate training and support<br>• Have the necessary knowledge and skills<br>• Are assessed as competent to give the medicines support being asked of them, including assessment through direct observation<br>• Have an annual review of their knowledge, skills and competencies'. |

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| Guidance | Considerations |
|---|---|
| **The Royal Pharmaceutical Society*** | In support of independence and re-ablement, patients who can safely self-administer their medicines should be encouraged to do so and where they are unable to do so, there must be appropriate training for carers so that they are able to administer medicines from original packaging. |
| **The Royal Pharmaceutical Society** | Care workers must be appropriately trained in the handling and use of medication, and have their competence assessed. The service provider's policy should state how frequently this should happen and when it will be reviewed and updated. All staff training should be documented for each care worker.<br>As a minimum training should cover:<br>• The supply, storage and disposal of medicines<br>• Safe administration of medicines<br>• Quality assurance and record-keeping<br>• Accountability, responsibility and confidentiality.<br>Basic training in safe handling of medicines: There are many varied providers of medicine training. The basic elements that a care worker needs to know before giving medicines include giving medicines:<br>• Into the mouth (tablets, capsules, liquids)<br>• Ear, nose and eye drops<br>• Inhalers<br>• Medicines applied to the skin.<br>This level of training will not cover giving medicines that use 'invasive' techniques such as giving suppositories, enemas, and injections. |

*The Royal Pharmaceutical Society 'The Handling of Medicines in Social Care' 2007.
**Please note:** This guide has been archived, but a copy can be requested by contacting: support@rpharms.com

# Quality Assurance Checklists for Medicines Training Processes in Adult Social Care

## Introduction and background

These checklists have been developed to support the quality assurance of processes relating to medicines management training in adult social care settings.

As training processes will vary between some care settings, we have developed two checklists. One for care home settings and one for domiciliary settings.

These Quality Assurance Checklists were developed based on guidance from:

- NICE – 'Managing medicines in care homes Social care guideline' [SC1] March 2014.
- NICE – 'Managing medicines for adults receiving social care in the community guideline' [NG67] March 2017.
- CQC Medicines information for adult social care services.
- Gravells, A. (2013). The Award in Education and Training. Revised Edition 2014.

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## Purpose

The purpose of the checklist is to:

- ✔ Raise awareness of the NICE and CQC guidance.
- ✔ Encourage the quality assurance of current training processes.
- ✔ Encourage the consideration of how the needs of staff/learners are met.
- ✔ Encourage review of current training programme(s) in order to improve standards.

Using these checklists may help care providers to work towards meeting the CQC key lines of enquiry (KLOEs) for example:

- E2 How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
- E2.1 Do people have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience?
- E2.2 Are staff supported to keep their professional practice and knowledge updated in line with best practice?
- E2.3 Do staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training?

### Who may find the Quality Assurance tools useful?

- Care providers
- Commissioners.

Download: Quality Assurance Checklist for Medicines Training Processes in Care Homes.

Download: Quality Assurance Checklist for Medicines Training Processes in Domiciliary Care Settings.

# Checklist for Medicines Management Training in Adult Social Care

## Introduction and background

This checklist has been developed to support quality assurance checks of medicines management training. The checklist provides a detailed framework against which educational material should be assessed.

This checklist was developed based on guidance from:

- NICE – 'Managing medicines in care homes Social care guideline' [SC1] March 2014.
- NICE – 'Managing medicines for adults receiving social care in the community guideline' [NG67] March 2017.
- CQC Medicines information for adult social care services.
- The Royal Pharmaceutical Society 'Improving patient outcomes - The better use of multi-compartment compliance aids' July 2013.
- The Royal Pharmaceutical Society 'The Handling of Medicines in Social Care' 2007*.

***Please note:** This guide has been archived, but a copy can be requested by contacting: support@rpharms.com

## Purpose of the checklist:

Care providers are welcome to use this tool as a guide when checking the quality and content of their medicines management training. This could support internal quality assurance processes and/or provide assure to commissioners.

The checklist may also be useful for training providers to check the training they offer covers all required elements in sufficient detail.

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## How should the tool be used?

The person using the tool should consider what checks will be required, and what resources are needed to complete the assessment , for example they may need to:

- Observe training sessions
- View course contents
- Cross check content with the 'Checklist for Medicines Management Training in Adult Social Care'
- Access relevant legislation
- Talk to learners
- Sample learner's work.

***This list is not exhaustive.***

## Who may find the Quality Assurance tools useful?

- Care providers
- Commissioners
- Training providers.

Download: Checklist for Medicines Management Training in Adult Social Care

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# Supporting information

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## Key messages

- All patients who are prescribed medicines should have a regular medication review; this is particularly required for patients who are having difficulties taking their medicines as prescribed.
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- The Reasonable adjustments section should be referred to when a patient requires support with their medicines.
- Please note multi-compartment compliance aid (MCCA) may be of value to help some patients to manage their medicines and maintain independent living. However, they are not the best intervention for all patients and many alternatives are available following an assessment of the patient's needs. The evidence indicates that MCCA should not automatically be the intervention of choice for all patients.
- Where an MCCA is provided to support independence or reablement a review should be undertaken as part of every transfer of care to another care setting. Do not assume there is a long term need for the use of an MCCA.
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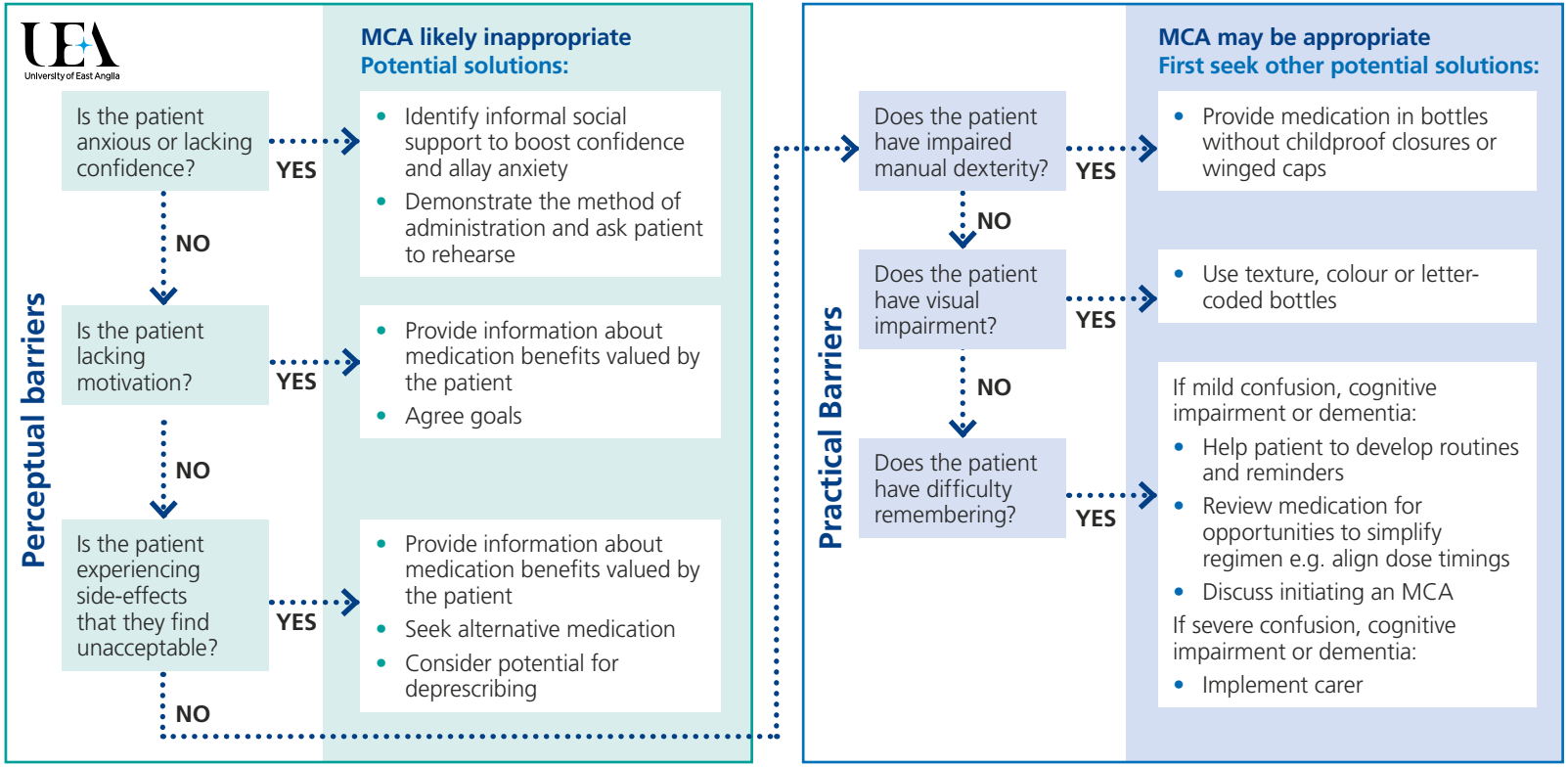
## Supporting information

In this section there is information to support the decision whether an adherence aid is required and where this is indicated, if an MCCA is or is not the most appropriate form of intervention for the patient.

# How to decide whether a support aid is required and which support aid would be appropriate?

### Adherence support decision aid



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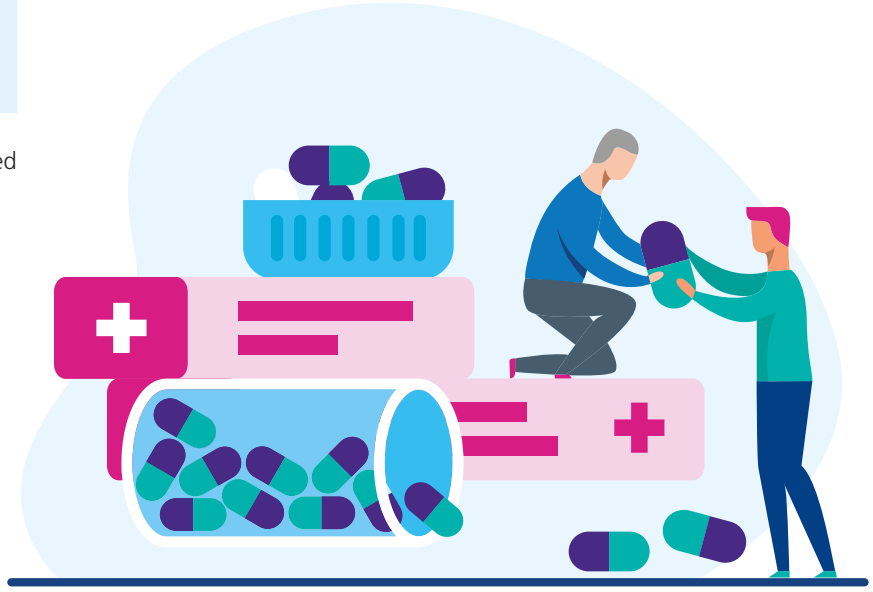
## Supporting information

### Prior to initiating an MCCA:

1. Establish cause(s) of non-adherence; implement appropriate strategies in collaboration with patient and/or carer.
2. Consider whether there is the potential to deprescribe any medicines.
3. Consider whether a sudden increase in adherence could cause harm to the patient:
    - Review medication to identify any that are commonly associated with dose related adverse effects such as hypoglycaemia, hypotension and medicines with a narrow therapeutic index.
        - Implement precautionary dose reductions prior to any adherence solution(s).





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## Supporting information

# Multi-compartment compliance aids (MCCAs):

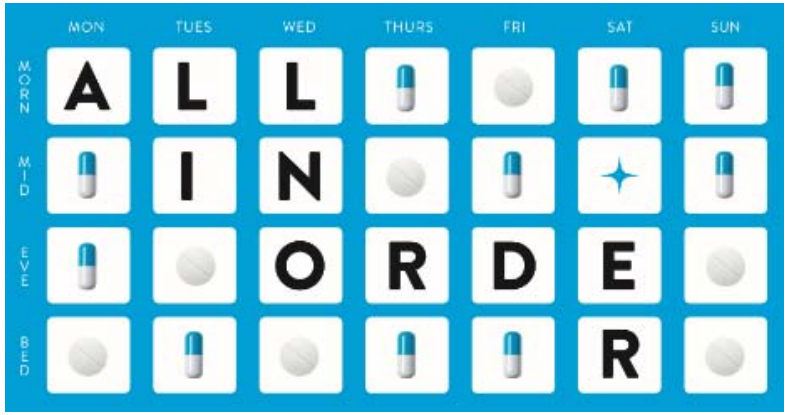
## A decision tool for practitioners

### Background

- MCCAs organise a person's medication into the days of the week and times to be taken. They are intended to support people to adhere to their prescribed medication regimen.
- Intentional non-adherence arises from an individual's perceptual barriers to taking their medication as prescribed.
- Unintentional non-adherence arises from an individual's practical barriers to taking their medication as prescribed.
- This guidance offers a range of adherence solutions for consideration in addition to MCCAs, together with situations when these solutions may be appropriate.
- The guidance is not exhaustive and adherence solutions should always be selected in partnership with the patient or if appropriate, the carer.[1,2] Decisions should be reviewed at least annually for ongoing appropriateness.

### Guidance

- Non-adherence is often an amalgam of perceptual and practical barriers. Determine whether non-adherence is dominated by perceptual or practical barriers using an appropriate tool.*[3]
- MCCAs are inappropriate when perceptual barriers dominate. In these circumstances MCCAs may cause harm.[4]
- MCCAs may be useful when practical barriers dominate.

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2. Nunes V, et al., Clinical Guidelines and Evidence Review for Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence. 2009, National Collaborating Centre for Primary Care and Royal College of General Practitioners: London, UK.
3. Brown T.J, Taylor, N, Easthall, C.E, Twigg, M.J, Bhattacharya, D. Final Report for the IMAB-Q Study: Validation and Feasibility Testing of a Novel Questionnaire to Identify Barriers to Medication Adherence. [Accessed 2016 22.11.2018]. Available from: www.uea.ac.uk/pharmacy/research/imab-q
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University of East Anglia

# Case studies



# Case studies

## Key messages

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- Please note multi-compartment compliance aid (MCCA) may be of value to help some patients to manage their medicines and maintain independent living. However, they are not the best intervention for all patients and many alternatives are available following an assessment of the patient's needs. The evidence indicates that MCCA should not automatically be the intervention of choice for all patients.
- Where an MCCA is provided to support independence or reablement a review should be undertaken as part of every transfer of care to another care setting. Do not assume there is a long term need for the use of an MCCA.
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# Case study 1:

## Case study to move from multi-compartment compliance aid (MCCA) to original packs

Some patients may be receiving their medicines in an MCCA following an initial assessment by a pharmacy, however, since the initial assessment the patients support needs might have increased. This could result in a change to their care requirements and the medication might be being administered by a formal carer from the MCCA. The use of an MCCA in this instance is no longer appropriate. RPS Improving patient outcomes - The better use of Multi-compartment Compliance Aids July 2013 states:

***'In support of independence and reablement, patients who can safely self-administer their medicines should be encouraged to do so and where they are unable to do so, there must be appropriate training for carers so that they are able to administer medicines from original packaging'.***

Identifying patients who are provided with MCCA, but their medicines are administered by a formal carer would enable those patients to be re-assessed and, if appropriate, the medicines would be supplied in the original packs from then on.

Moving a patient back to original packs can be challenging and there a number of factors and potential issues that would need to be considered, such as:

- Administering medicines using original packs will probably take carers longer, especially to start with, as they will need to get used to checking every single detail on the label against the MAR sheet for each medicine. However, like most things, the process should speed up as care staff get used to doing it. There are no short cuts.

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This issue would also need to be addressed by the commissioner as call times may need to be reviewed/extended e.g. 15-minute call becoming a 30-minute call, etc.

**Please note:** If MCCA packs were fully checked every time the medicine is administered it is likely that this would take a similar amount of time when comparing to administering from original packs. Unfortunately care staff often get into the habit of simply selecting the medicine from the appropriate section of the MCCA when administering without fully reading all the important details.

- Moving back to original packs should allow the medicines to be administered in accordance to their additional warnings such as 'take on an empty stomach'. Unfortunately, patients may have been receiving medicines contrary to the warnings for a long period of time (due to them being supplied in an MCCA). Changing the administration may affect the absorption rate and the patients therapeutic drug levels e.g. levothyroxine. Any changes to the administration should be done in a person-centred way and with clinical supervision to ensure there are no adverse effects and, where appropriate, additional monitoring can be arranged.
- Dementia patients may not recognise their medicines when they are provided in an original pack (when they have been familiar with the MCCA pack). This could result in confusion and subsequent refusal to take their medicines.
- Domiciliary providers and care staff may feel under trained and lack confidence to administer medicines from original packs. However, staff might not realise, but they will probably already be administering from original packs as not all medicines are suitable for MCCA. See Training section.

Case studies

Case study 1

Case study 2

# Case study 2:

## Wigan CCG: Switching from multi-compartment compliance aid (MCCA) to original pack dispensing in care homes

Wigan Borough CCG employed two pharmacy technicians to provide support to care homes with safe medication practices and ensure overall medicines management processes met NICE guidance and Care Quality Commission (CQC) requirements. Although national guidance encourages the use of original packaging for medication, the majority of care homes were used to administering medication from MCCA, as this was considered to offer ease of administration for staff and reduce the length of the medication round.

Working with care home staff, the technicians supported the transition from MCCA to original packs. Initially, the team focused on switching 'when required' (PRN) medication to original packs as evidence suggests that 'when required' medication (PRN) should only be issued in original packs to allow for checking expiry dates. Support was provided by attending staff meetings, observing medication rounds and encouraging the good practice of checking the information on the label and packaging against the medication administration record.

The technicians also liaised with community pharmacy staff to arrange for 'when required' (PRN) medication to be dispensed in original packs for subsequent medication cycles. This reduced waste in the care homes and reduced the workload for the pharmacy and GP practice staff as stocks of 'when required' (PRN) medication could be carried forward to the next cycle, preventing the need for new prescriptions to be issued and dispensed each month. Documentation to support stock control and audit was also introduced.

Once the care homes were used to having 'when required' (PRN) medication in original packs, homes were supported to switch all medication to original packs as evidence suggests that care homes having more than one system in place to administer medication can contribute to administration errors.

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Some care homes had concerns about changes to medication trolleys to facilitate the storage of original packs and the potential for an increase in medication errors. Initially, medication rounds took longer due to staff taking more care of what they were administering to residents as they got used to dispensing all medication from original packs. Staff were reassured throughout the changeover and the benefits of original packs such as reduced waste, more accurate stock control and being easier to book in after a delivery were explained. Staff were encouraged to complete audits and to report any errors to ensure that any newly introduced systems were safe, and learning could be shared.

Currently, 37 out of 53 care homes in the Wigan Borough administer medication from original packaging with a plan to roll out further. As staff have got used to the new system, the time to complete a medication round has reduced and the feedback from staff has been that they like the system as they believe it is more person centred. Due to medication being carried over at the end of the medication cycle, less waste is generated at the end of each month and it is easier to amend medication following changes, for example, dose changes or if the medicine is stopped mid-cycle.

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1. July 2013, Improving patient outcomes – The better use of multi-compartmental aids, Royal Pharmaceutical Society.
2. 2009, Care Homes Use of Medicines Study (CHUMS), Alldred et al and Barber et al, School of Healthcare University of Leeds.
3. 28 January 2009, Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence Clinical guideline [CG76], NICE.
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### Further reading


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### Royal Pharmaceutical Society documents

Handling of Medicines in Social Care

Medicines Adherence Quick Reference Sheet for Pharmacists

Principles of Safe and Appropriate Production of Medicines Administration Charts

Professional Judgement Quick Reference Guide

### General Pharmaceutical Council documents

Inspectors Checklist - Monitoring and Inspection Visits

### Guidance on Equality Act 2010

Government Equalities Office - Equality Act 2010

Government Equalities Office - Equality Act 2010: What do I need to know?

### Commissioning resources

What products or interventions are available to aid medication adherence?

Summary of Guidance and Evidence for use of Multi-Compartment Compliance

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