National guidance in regard to the appropriate use of monitored dosage system to improve patient outcomes has been published by the Royal Pharmaceutical Society (RPS)\(^i\)

The key points noted within this document are reflective of the recommendations in the RPS report.

Simple adjustments such as use of reminder charts or apps can also prompt patients to take their medication and can be provided as a reasonable adjustment by a community pharmacy\(^{ii}\)

A consistent health economy wide approach to when a multi- compartment compliance aid is considered appropriate, to support an individual patient to maintain independence in taking their medicines, is recommended.

To facilitate this all health care professionals in both community and acute settings within Cambridgeshire and Peterborough are advised to use the same standardised checklist when making the decision in conjunction with a patient to initiating MDS (appendix 1).

Not all medicines are appropriate for inclusion within a MCA system, as the medication can deteriorate or interact with medicines in the same dosage compartment or box. Prescribers are advised to liaise with the dispensing pharmacy to ensure medication is appropriate for inclusion. If the originally prescribed medication is not appropriate for inclusion within a MCA system this will require a discussion between the pharmacist and prescriber about potential alternatives.
Further information on which medicines are not to be included within an MDS has been published by UKMi. Please also read the UKMi explanatory information.

The decision on the duration of treatment, to be supplied to a patient, whether this is dispensed using MCA or individually labelled packaging, lies with the prescriber. Usually this will be the standard duration of repeat prescriptions as detailed in the practice’s repeat prescribing policy. The dispensing pharmacy will supply the full duration of treatment in MCA at the same time.

If there are concerns about the potential safety implications of having access to a full month’s supply of medication or if treatment is being changed frequently a shorter duration of treatment should be provided on an individual patient basis. It is not appropriate for 7 day prescriptions to be requested by community pharmacies or dispensing practices to fund the time necessary to dispense into MCA for patients.

The ongoing appropriateness of using an MCA should be reviewed at regular intervals – such as following a hospital admission, the start of a care package or changes in treatment regime. It is advised that a review is undertaken at least annually, such as at a clinical medication review or at a medicines use review (MUR), with clear communication of changes or concerns between the prescriber and dispenser essential. For example, this could be achieved by a referral to the patients’ usual pharmacy for a MUR prior to a clinical medication review to evaluate how the patient is taking their medication to inform discussion at the clinical medication review.

Where care agency staff members are administrating medicines to individuals it is recommended that individual labelled packaging is used in conjunction with a Medication Administration Record (MAR). This approach is supported by Cambridgeshire County Council who have adopted the Medicines Management in the Domiciliary Setting (Adults) policy (originally developed by Cambridgeshire Community Services but transferred to within the remit of CPFT community services) within their contracts.
Appendix 1 Compliance aid assessment review

for………………………………………………………………………/NHS No…………………………

Patient’s GP …………………………………………………………………………

Summary of risk areas

<table>
<thead>
<tr>
<th>Assessed risk level</th>
<th>‘Practical solution’, sign-posting or aid provided to support compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
</tbody>
</table>

Coping routine

Getting medicines out of containers

Swallowing or using medicines

Following instructions

Intentional non-compliance

Confusion

Sensory problems (e.g. sight)

Physical problems (e.g. tremor)

Carer’s activity

The following MDS has been supplied………………………………………………………………………………………………………………………

Outline of intervention required

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Completed by</th>
<th>Date dd/mm/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Action plan agreed with patient

Carer informed (if applicable)

GP informed, no intervention required

GP informed, an intervention is required

Referred for

Name of Pharmacists or Pharmacy technician*(delete as appropriate)

(IN CAPITALS)………………………………………………………………………………………………………………………………………………………………

GPhC Registration number……………………………………………………………………………………………………………………………………………………………….....

Signature…………………………………………………………………………………………………………………………………………………………………………..

Date …… dd/…… mm /…… yy

Pharmacy stamp
With acknowledgement to the LPC, Acute Trusts and Cambridge Council organisations that contributed to this document

Date: February 2017
Review: February 2019