NHS
Kent and Medway

Position Statement for the supply of Multicompartmental Aids (MCAs)/ Dosette boxes

Introduction:

Community pharmacies nationally are reviewing their provision of Multicompartmental Aids (MCAs)/Dosette Boxes. Community pharmacies are under no contractual obligation to supply MCAs/Dosette boxes to patients, and evidence from The Royal Pharmaceutical Society (RPS) suggests that MCAs/Dosette boxes are a valuable way of providing adherence support, but different people may need help in various ways and alternative approaches may be preferable and more appropriate [7,9]. However, under the Equality Act 2010 'reasonable adjustments' can be made to support patients' individual needs; and this may include an MCA/Dosette box. A multi-disciplinary approach should be considered to meet the individual patient's needs, with the interventions being put in place to support concordance being agreed upon collaboratively.

An assessment should be carried out by a community pharmacist [9] to assess the need for an MCA/ Dosette box, once that decision has been made it is important to then consider which medication should be dispensed within an MCA/Dosette box.

GP Practices, Community Services, and Hospitals should collaborate with the Community Pharmacy, to identify alternative medicines support options for existing patients. Under the Equality Act 2010, pharmacists cannot charge for the supply of MCAs/Dosette boxes, however they can choose to provide an MCA/Dosette box to patients that do not fit under the Equality Act 2010. In this situation, there may be a charge for this service. This is at the community pharmacy's discretion.

Whilst MCAs/Dosette boxes are options, there are alternative options that can be put in place to support patients to take their medication, these should be considered when undertaking the assessment. There are several patient factors (cognitive, physical, environmental, and sensory), that should be taken into consideration when deciding if an MCA/Dosette box is suitable for the patient.

Re-packaging of medication from the manufacturer's original packaging may render it unlicensed.

Aims of this Guidance:

- To give guidance on 'reasonable adjustments' when clinically appropriate to support independent living for the patient. (See Appendix 2)
- To increase awareness amongst health and social care staff, as well as patients and carers, on the wide range of support mechanisms that are available to support patient compliance with prescribed therapy. (See Appendix 2)
- To provide guidance on tools in assessing the level of medicines compliance of a patient and identifying what support is needed/available to help them to take/use medicines correctly.
- To provide clarity about when it is clinically appropriate to issue seven-day prescriptions.

Key evidence

The Care Home Use of Medicines Study (CHUMS) highlighted that the use of MCAs/Dosette boxes did not reduce the likelihood of medicines administration errors [6]. Not only is there a high error rate associated with MCAs/Dosette, but they do not always improve compliance.

Errors can happen when dispensing, labelling, filling, and administering medication from a Dosette box. There were also errors when identifying tablet differences due to the similarity of appearances [6].

In a report on medicines adherence, Nunes et al [4] noted that many individuals develop their own strategies to assist them with their medicine taking and that the evidence showing that MCAs/Dosette boxes improve adherence was not strong enough to make recommendations for widespread use.

A Cochrane Review published in 2011[5], reported that no significant difference was noted when adherence was measured in self-medicating people using MCAs/Dosette boxes and not using one.

- It is estimated that patients (both in care homes and receiving support in their own homes) cannot take 40% of their medication that is in their MCA/Dosette boxes. [6]
- Besides the risk of medication errors, the stability of medication is not guaranteed within Dosette boxes, which means the medication used in this way is **classed as unlicensed** [5]**.**
- Not all medication can be supplied in MCAs/Dosette boxes (e.g., soluble medication, inhalers, eye drops, etc) [5].

Other evidence suggesting that MCAs/Dosette boxes have limited benefits:

- MCAs/Dosette boxes may not always be child-resistant, tamper-evident [4]
- MCAs/Dosette boxes can increase medicines waste, many Dossette boxes/MCAs will be single-use plastics or cardboard which will contribute to waste and has an impact on the environment which is a key target which is outlined within the NHS long-term plan [7]
- The use of MCAs/Dosette boxes leads to a loss of skills and knowledge on why, when, and how medications are administered [6]
- Where multiple medicines are repackaged within a single MCA/Dosette box compartment, this can lead to the medicines interacting [5]
- The process of dispensing medicines in MCAs/Dosette boxes will take considerably longer than dispensing in the original packaging which has implications for increased work pressures and lower staffing levels of pharmacy professionals [8]

This guidance has been written to outline the options for understanding best practices with respect to improving access to medicine.

Position Statement on MCAs/Dosette boxes:

- If a patient is assessed by the community pharmacist as needing MCAs/Dosette boxes under the Equality Act 2010 with no other clinical or pharmaceutical issues, MCAs/Dosette boxes should be provided by the community pharmacist (free of charge to the patient) via 28-day scripts. This applies to patients living in the community, those receiving social care support and self-medicating patients living in residential homes.
- The community pharmacist will make an assessment of the patient to determine the eligibility for an MCA/Dosette box (See Appendix 1 for Assessment Tool). They are responsible for assessing the patient's eligibility by assessing the patient's individual needs and outlining what 'reasonable adjustments need to be made under the Equality Act 2010 (See Appendix

2). The interventions must be tailored to the patient's specific requirements. This could mean any of a range of support mechanisms such as large print labels, medication reminder charts & alarms, dexterity aids, winged or plain bottle caps, or MDS.

- If an MCA/Dosette box is deemed appropriate under the Equality Act 2010, there should be no charge made by the community pharmacy.

- For patients who fall outside of the Equality Act 2010 assessment criteria, or for situations where patients/carers/relatives request the medications in MCAs/Dosette boxes, this would be classed as a private agreement, and pharmacies are entitled to charge for this non-NHS contracted service (see Appendix 5)

- Across the Kent and Medway system we recommend that 28-day prescriptions should be issued for patients with stable medication unless there is a clinical reason for limiting supply to 7 days (established after an assessment). Practices should not supply 7-day prescriptions for the sole purpose of funding/supporting MCA/Dosette box supply.
  (See Appendix 3 for 7-day prescriptions guidance).

- GPs, Community pharmacists, and other healthcare professionals are reminded that they too have a duty to make reasonable adjustments to support patients to manage their medicines under the Equality Act 2010; in the first instance, this should include rationalisation of the medication and administration times.

- If a patient or their carer (including provider carers) need or want an MCA/Dosette box, but the patient does not meet the Equality Act 2010 requirements, then this will be outside the scope of the NHS and will need to be negotiated between the patient, their GP, and the community pharmacist. There may be a charge incurred.

- If Care Homes want their patients' medicines to be supplied in MCAs/Dosette boxes as part of their internal policies, then this will be outside the scope of the NHS and will be negotiated between the nursing home and the community pharmacist (see Appendix 5).

Dosette Boxes/MCAs in Social Care:

- MCA/Dosette box enables the patient to safely self-medicate, without social care needing to provide this additional support. This social care need is to be taken into consideration when the assessment is being completed.
- If care homes or care agencies (as part of their internal policies) or relatives/carers want patients' medicines to be supplied in MCA/Dosette box, as a matter of convenience, then this will be outside the scope of Equality Act 2010 provisions and this will not be paid for by the NHS.
- There is no funding available within the NHS to support the provision of MCA/Dosette box to the group of patients outlined above, the cost may need to be negotiated between the patient/carer/care home/care agency and the community pharmacist/dispenser.
- Although many care provider organisations insist that medicines should be dispensed in MCA/Dosette boxes for staff to provide medicines support, neither the Medicines Act 1968 nor the Care Quality Commission (CQC) stipulate this as a pre-requisite. CQC outcome 9 (regulation 13) management of medicines and outcome 13 (regulation 22) staffing require that provider organisations providing the care worker must make sure they have sufficient staff with the right knowledge, experience, qualifications, and skills to support the people that they are caring for.

- There are three different levels of support that care workers are required to provide patients in domiciliary care:
    - **Level 0:** The person takes full responsibility and is not prompted by the care worker for taking their medication
    - **Level 1:** The person takes responsibility for their own medication. The person takes the initiative for taking their medicines but can be prompted occasionally or assisted physically. The care worker provides support e.g., helping the patient select the right tablet.
    - **Level 2:** It is considered that the person cannot take responsibility for their medicines and that care staff will need to do this. At this level, the care staff takes the initiative and makes the decision as to whether the patient needs the medicines or not and it may include assisting to physically administer the medication.
    - **Level 3:** Exceptional circumstances where medication needs to be given by specialised techniques e.g., administering insulin, or oxygen. The care worker requires extra training to carry out this level of support or support from community teams.

Community pharmacy services support patients with the management of medications

- Collection and Delivery of Repeat Prescriptions (where this service is available. Pharmacies are not obligated to deliver medicines to patients so there may be a charge for this service)
- Electronic Repeat Dispensing- facility for patients upon stable medicines via community pharmacies please ask a GP practice or community pharmacy
- New Medicines Service (NMS) – a community pharmacy service for patients who are started on certain categories of medicines where the community pharmacist will support patients for the first month to promote day-to-day management.
- DRUM - Drugs Review of the Use of Medicines in the case of a dispensing practice.
- Raise awareness of all support options available which can benefit patients
- Discharge Medicines Service (DMS) - Medicines reconciled with existing prescriptions from GP, new prescriptions checked against the discharge summary, and counselling patients about any changes or updates.

Definitions:

- **Multi-Compartment Compliance Aids (MCA)** This document uses the RPS definition of an MCA that they define this as a multi-compartment compliance aid as a repackaging system for solid dosage form medicines, such as tablets and capsules, where the medicines are removed from the manufacturer's original packaging and repackaged into the MCA. This definition of an MCA would include repackaging systems such as monitored dosage systems (MDS) and daily dose reminders. Some new MCA systems are now marketed as being able to accommodate liquid dosage forms. MCAs exist as both sealed and 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) systems.

- **Equality Act:** The Equality Act 2010 (the Equality Act) provides that a person must not be treated in a discriminatory way because of a "protected characteristic" by service providers (including providers of goods, services, and facilities) when that person requires their service. A disability would constitute a "protected characteristic" identified in the Equality Act. The

first matter to consider is whether the patient has a disability. A person 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. The adverse effect must be "substantial" i.e., not minor, or trivial. The Equality Act does not create a spectrum, or sliding scale, running from those matters which are clearly of substantial effect to those matters which are clearly trivial, but rather unless a matter can be classified as 'trivial' or 'minor', it must be treated as substantial.

- **Royal Pharmaceutical Society (RPS):** The Royal Pharmaceutical Society (RPS) is the professional membership body for pharmacists and pharmacy.

Appendix 1: MCA/Dosette box ASSESSMENT TOOL

MCA - Dosette box Assessment Form.pdf

Appendix 2: Reasonable adjustments/ options for supporting patients in the day-to-day management of their medicines.

Please discuss these options with the community pharmacist or GP dispensing practice for advice in the first instance. Ongoing conversations with community pharmacy and patient to confirm and reassess if the reasonable adjustments have worked or not.

NHS Choices – self-care guides.	**Click on a symptom to get health and medical advice.**	**Consult www.nhs.uk or Community pharmacy**
Oral Medicines	**Description**	**Example Availability/ Source of advice**
Medication Reminder Charts	Paper-based chart to summarise medicines and timings of administration	Discuss with your Community pharmacist/ dispensing practices
Medication Tick Charts	As above	As above
Large print labels	These are printed on to labels when the medicines are dispensed	As above
Written down instructions	Minimum Arial Font 16/18 classed as "large print."	As above
Larger containers	These have a larger lid to improve grip in opening containers where appropriate.	As above
Alarm devices	Talking medication reminder keychain. Up to 5 -8, alarms can be set. Supplied	Talking watch shop (Verbalise Ltd) Tabtime Ltd

	with carabiner, lanyard, and extra battery.	Living made easy Pivotell Malem Medical ltd Available to purchase
Programmable voice reminder	Mem-X reminder. Designed for people with some memory loss. Up to 90x10-second messages can be stored. At the alarm time, the mem-X will sound the alarm and the user pushes the blue button to play a pre-recorded message	Alzproducts ltd. Available to purchase
Easy open tops	Non-child-resistant tops can be requested by the patient and agreed upon with the pharmacist	Some medicines can be supplied in containers with easy open tops - discuss when obtaining medicines.
Winged caps	A simple device to place on the top of a medication bottle.	Discuss with the pharmacist/ dispenser
The Pill Press®	A device that enables medicines to be pushed out of blister packs.	www.pillpress.co.uk Available to purchase
Pill Poppa®	A device that enables medicines to be pushed out of blister packs.	Example www.livingmadeeasy.co.uk Available to purchase
Pill splitters and crushers	Only suitable for certain medicines – consult pharmacist/dispenser. Standard pill splitter and magnifying pill splitter enable patients with poor eyesight to split medicines into two.	Discuss with the pharmacist/ dispenser suitability of medicine to be crushed and safety issues associated with splitting tablets. Available to purchase
Oral syringes	To measure liquid medicines accurately from medicines bottles	Some are obtainable from dispensers/ pharmacists when dispensing prescriptions.
Measuring spoon	Discuss when obtaining medicines supply.	Discuss when obtaining medicines supply.
Eye drops		
Eye Drop Dispensers	Some are available on prescription e.g., Opticare, Opticare Arthro 5, Opticare Arthro 10.	Discuss with the dispenser/ pharmacist. Xal-ease product for Xalatan and Xalacom eye drops available from Pfizer company representative. Travatan Eyot – for use with Travatan eye drops available from an Alcon representative. Available to purchase

Topical Creams/ointments			
Medication Tube Squeezers	Helps squeeze out tubes and reduces waste.	Consult pharmacist/ dispenser or e.g., try www.medicinesresources.nhs.uk	To purchase
Lotion applicators	Designed to help apply creams etc on hard-to-reach places.	Consult pharmacist/dispense or e.g., try www.medicinesresources.nhs.uk	To purchase
Inhalers			
Turbohaler Grip	Turbohalers are small and need to be twisted to activate.	Ask the dispenser/ pharmacist to discuss with manufacturer. Available to purchase	
Spacers	Easier to coordinate inhaler use- discuss with the prescriber.	Discuss with prescriber	

Appendix 3: ***GUIDANCE: 7-DAY PRESCRIPTIONS: PRACTICES SHOULD NOT SUPPLY 7-DAY PRESCRIPTIONS FOR THE SOLE PURPOSE OF FUNDING/SUPPORTING MCA/DOSETTE BOX SUPPLY.***

The duration of a prescription is a clinical decision for the prescriber who may consider advice from other healthcare professionals when making this decision.

Prescription ordering duration less than 28 days (e.g., seven days) may be appropriate in circumstances when based on clinical need.

Appropriate use of short-duration (e.g., seven days) prescriptions includes:

- *where a longer duration of supply of medication could lead to confusion.*
- *where a person may use their medicines to self-harm.*
- *where a person is known to overuse their medicines; or*
- *Where there are likely to be changed to the medication e.g., the trial of new medicine/s, frequent hospital admissions, palliative care.*
- *the pharmaceutical stability of the medicines is compromised.*

Inappropriate use of short-duration (e.g., seven days) prescriptions includes:

- *where no clinical assessment has taken place by the prescriber.*
- *where there is no clinical reason for the patient to receive a short duration of supply.*
- *for patients in a care home setting; or*
- *For the supply/support of MCAs/Dosette Boxes*

Appendix 4:

NOTIFICATION FORM FOR STARTING AN MCA/DOSETTE BOX PRESCRIPTIONS

Please send this completed form to the patient's GP/Community Pharmacy

Name of patient……Date of Birth ……

Name of GP……

Address of patient

……

……

I have assessed the above patient for an MCA/Dosette Box as per the Equality Act 2010. Following this assessment, I feel that this patient, on stable medication is suitable for an MCA/Dosette box.

I have decided to provide an MCA/Dosette box and would request 28-day prescriptions

Consequently, this request could be facilitated by a batch prescription from the GP under 'Repeat Dispensing' (if the GP practice is participating in this scheme) as per the guidance of overleaf.

Name of the Pharmacist/GP **Date:** ……

……

Address of Pharmacy/GP

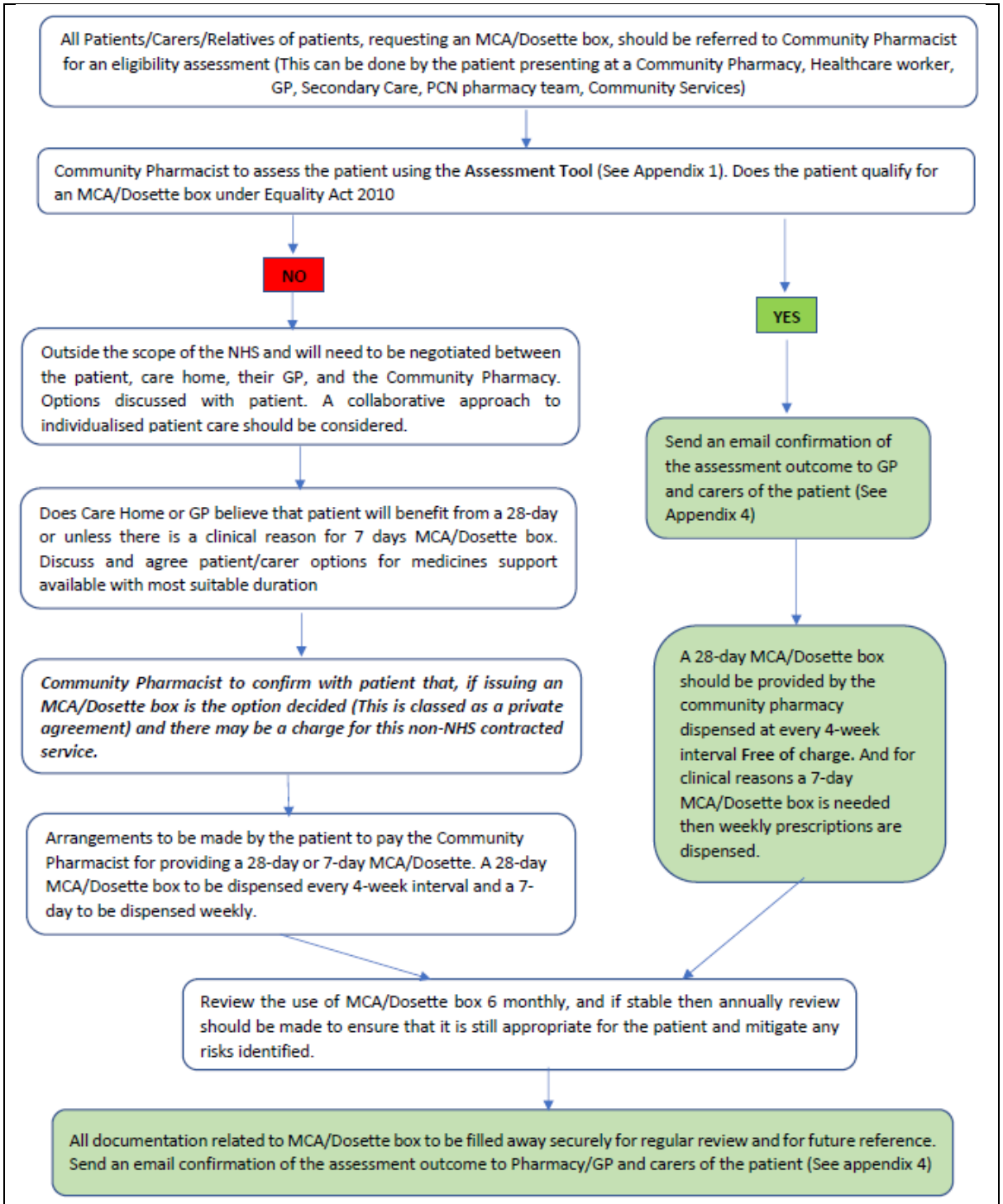
……

……

Requests to GPs for weekly prescriptions, by pharmacists, should only be made if there is a risk with giving the patient a full month's supply of medication

Please send this completed form to the patient's GP/Community Pharmacy

Appendix 5: Flowchart



Appendix 6:
Compliance issues: ***Please seek advice in the first instance from the community Pharmacy/GP to manage day-to-day medications issues concerning compliance***

South East Regional guidance to all community pharmacies included.

1. Confusion about when to take medicines:

- Structured Medicine Reviews and /or counselling by the community pharmacist.
- Rationalisation of medication by GP (review continued need for all medication and reduce the number of different administration times).
- Amend administration times to ensure carers are present e.g., coincide with social care or neighbours' visits, once weekly drugs at weekends when the family can assist.
- Medicine Chart listing which drugs need to be taken and when. This could also state what drugs are prescribed for and when to take "prn" drugs.
- Tick charts - useful if patients cannot remember whether they have taken their medicines or not.
- Storing tablets in different places in the home, e.g., morning doses by the kettle, teatime doses on the table, and bedtime doses by the bed, to act as visual prompts.
- Private carers/ social care staff to prompt from original containers – community pharmacies may provide MAR sheets for carers to sign.
- Provide compliance aids for patient/family to fill (N.B. private carers/ social care cannot administer from these as they are not labelled by a pharmacy or sealed, and drugs should be checked to ensure suitability to remove from original containers).

2. Forgetting to take medication:

- Placing medication where it will be seen e.g., next to the kettle, near the hairbrush, toothbrush, etc.
- Alarm clocks for each administration time – commercial watches/devices are available.
- Telephone calls from friends/relatives to prompt doses.
- Private carer/ social care to administer (will only be provided if the care team is already providing other services e.g., dressing, washing, and meal preparation). This may require a review of administration times to coincide with care visits.

3. Difficulty with supplies:

- Community pharmacy to take responsibility for ordering repeat prescriptions from GP.
- Home delivery of medicines to patients by the community pharmacist.
- Private carer/ social care can often liaise with GP/community pharmacy when prescriptions for "prn" medicines such as creams, inhalers, analgesics, etc. need re-ordering.
- Synchronisation of prescriptions to ensure that all the medicines run out at the same time (with help from the GP surgery to set up initially).

4. Difficulty getting medication out of the packaging:

- Remove tablets from blisters into bottles (check suitability before removing from original packaging).
- Plain tops on bottles (request from community pharmacist).
- Winged tops on bottles (request from community pharmacist).
- Using large bottles for those with poor grip (request from community pharmacist).
- 'Poppa' device may be useful if the patient only has the use of one hand.
- Tablet splitters (purchased from community pharmacies).
- Haleraid to change the action needed to deliver a puff from a metered dose inhaler.
- Use of Autodropper, Opticare, and Opticare Arthro devices to aid (self) administration of eye drops

5. Sight difficulties:

- Large print labels
- Colour coding

Appendix 7: FAQs on the use of MCAs/Dossette boxes for all service users in the community

Q1. Who decides when to use an MCA?
A. This should be based on a robust individual patient assessment, usually by the community pharmacist, to ascertain the most appropriate method of dispensing. MCAs may not always be the best solution; there are many other tools that can support patients with medicines use. It would be beneficial for pharmacists and prescribers to discuss this decision. It is useful for the prescriber to carry out a clinical medication review as part of the assessment, to see if therapy can be rationalised.

Q2. Can a prescriber request that a patient has their medicines dispensed in an MCA?
A. If a prescriber thinks a patient might benefit from an MCA, they should refer the patient to their community pharmacist for a robust assessment of their needs. Prescribers and pharmacists should understand the potential liability issues when requesting or supplying medicine in an MCA. Removing a medicine from the manufacturer's packaging means that it is no longer licensed, and responsibility for the stability of the repackaged medicines transfers from the manufacturer to the prescriber and pharmacist.

Q3. Do prescribers have to issue 7-day prescriptions for patients with blister packs?
A. Seven-day prescriptions are only needed if a joint decision has been made by the prescriber and pharmacist, on clinical grounds, that medication should be issued to the patient on a weekly basis. This would be appropriate for patients who are managing their medicines themselves and for whom receiving more than one MCA at a time may be confusing or dangerous. It is important to be aware that if a 28-day prescription is issued, where weekly MCAs are filled, all 4 will be issued at once. This is a legal requirement under the pharmacy's terms of service.

Q4. Should prescribers' issue 7-day prescriptions for care homes?
A. Patients in care homes should not be issued with 7-day scripts. This should only be considered for individual patients who manage their own medicines, as in Q3 above. The cultural reliance on medicines supplied in monitored dosage systems (MDS) within care homes and care-at-home services should be challenged.

Q5. Are there any medicines that should not be put in an MCA?
A. The removal of a medicine from the manufacturer's original packaging and its repackaging into an MCA can affect its stability.
It is difficult to produce a comprehensive list, but solid dosage forms not suitable for packing into MCAs include

- Soluble, effervescent, and Oro dispersible tablets e.g., risperidone Oro dispersible
- Chewable and buccal tablets e.g., Adcal D3, Buccastem
- Moisture-sensitive preparations e.g., nicorandil, Madopar, dabigatran, and many others
- Medicines whose dose may vary frequently depending on test results, e.g., unstable INR with warfarin
- Medicines that may be harmful when handled, e.g., methotrexate
- Medicines that are stored in the fridge e.g., fludrocortisone
- Medicines intended for "as required" use e.g., analgesics, laxatives
- Medicines that have special administration instructions and must be identified individually to do this safely e.g., alendronate.

Q6. How should medicines that cannot be packaged in MCAs be managed?
A. Medicines such as inhalers, eye drops, creams, and ointments, etc required in addition to MCAs add further complexity. Care providers and patients will have to deal with using several different medicines administration systems which may raise questions about the appropriate use of the MCA and increase the risks of the patient not receiving their medication correctly.

Q7. What happens if changes are made to a patient's medication if using an MCA?
A. Depending on the urgency of the changes, it may be more practical to implement them at the end of a supply cycle. If this is not possible, the prescriber should liaise with the pharmacist and patient/ carer to ensure changes are made safely and promptly. Prescribers should be aware that if there is a change mid-cycle, a new prescription needs to be issued for all medicines, and that the pharmacist should ensure that the contents of previously issued MCAs are discarded

Q8. How can medicines in an MCA be identified?
A. MCAs are labelled to include descriptions of each medicine it contains. However, many tablets look similar and when present in the same compartment they can be difficult to distinguish. This can lead to the disempowerment of patients and carers e.g., if they are choosing not to take a medicine at a specific time for lifestyle reasons, such as a diuretic.

Q9. How can admin time be reduced while ensuring patients who need weekly supplies get them weekly, rather than monthly?
A. Use the repeat dispensing (batch prescribing) service, where the GP needs to sign only one form (the RA), and these can be done in batches of 4-8 weeks at a time. For further information, speak to your community pharmacist.

Q10. Can Controlled Drugs be placed into MCA systems?

A. Medicines containing controlled drugs should be assessed in the same way as other medicines before deciding whether or not to repackage within an MCA. In situations where the controlled drug requires safe custody and has already been repackaged within the MCA with other medicines, the whole MCA must be stored in a controlled drug cabinet prior to collection. If an entry in the controlled drug register is necessary, this should be made at the time of supply. The addition of a controlled drug to an MCA is unlikely to be appropriate in situations where the dose and strength of the preparation may need to change rapidly to accommodate the patient's condition, e.g., palliative care.

Appendix 8:

EXPLORE THE RISKS ASSOCIATED WITH DISCONTINUING DOSETTE BOX/MCA

CHECKLIST	CONSIDERATIONS

Who requested the MCA? **State the reason**	• *Patient, carer, family, GP, nurse? Was an objective assessment done? Did they ask the patient? Requesting an MCA doesn't mean it is needed, it is more likely an indication that the patient needs some support with their medicines vs. specifically an MCA*
Does the person receive medical support from a paid carer?	• *Paid carers should be trained to give medicines in standard containers. It is not against the law and should be covered by their employer's indemnity* • *Consider rationalising medicines dosing frequency to fit in with 'care calls. This should be done in conjunction with social services to ensure care packages are not affected* • *However, recognize that times of reduced staffing capacity may not be the best time to make changes unless the patient's immediate safety is compromised*
Does the person receive medical support from their family?	• *Can relatives support? Are they willing to support reducing the spread of infection? Consider amending the dosing frequency to suit their availability. Can they access the training needed to support administration? There are online resources available as well as remote support (video and telephone)*
Does the person manage or take their medicines by themselves?	• *Need for MCA is more likely to be valid if it is to help patients to manage their medicines by themselves* • *Are they willing to self-administer? E.g., are they already taking some of their medicines without support?*
What impairment(s) prevents them from taking their medicines out of a standard container?	• *Forgetting? Overwhelmed by numbers, doses, frequency, and complex dosing schedules/devices? Can't read or understand instructions? Problems with dexterity? Unable to plan, focus attention, or remember instructions to manage medicines?* • *Can we simplify dosing, and reduce frequency or numbers? Don't assume, ask the patient!* • *Are there any adjustments, or aids that can help?* 1 *Have a few samples to show or send a link/photo and explain how it may help*
Has the person tried alternatives to an MCA?	• *Does the patient their have own strategies/solutions to work with?*
Are there other medicines outside the MCA that have to be taken as well e.g., inhalers, and patches?	• *How many? What strategies do they use to remember/manage to take them? Can these strategies be used for the medicines currently in MCA*
Can the patient correctly identify the medicines compartment to take from at the right time and day of the week?	• *If not, the MCA is probably not meeting the support need*
Can the patient physically remove the medicines	• *If not, the MCA is probably not meeting the support need*

from the MCA compartment?	• *Watch out for use of knives or sharp objects to pierce the blister. Also, medicines may fall out and get missed or put back wrongly*
Is there evidence that the MCA is used correctly, or the medicines taken? (Ask to see MCA or a photo)	• *If not, the MCA is probably not meeting the support need. Explore reasons why (be non-judgemental)* • *Sometimes the community pharmacist can identify this (if the MCAs are returned to the pharmacy) when the MCA has a lot of unused medicines*
Is there particular medicine (s) the patient does not want to take sometimes or not at all?	• *If the person does not want to take medicine(s), the MCA is not likely to solve this problem. However, it may stop them from taking others if they cannot identify the particular medicine they dislike* • *Explore reasons for not wanting to take medicines and come to an agreement through the shared decision making*

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9. Multi-compartment compliance aids (MCAs) (rpharms.com)

Position Statement no.	1
Title	Position Statement for the supply of Multicompartmental Aids (MCAs)/ Dosette boxes
References	N/A
Acknowledgments	N/A
Version	V2.0
Author	Swapna Thummala- Senior Integrated Care Pharmacist Acacia Sooklal- Lead Integrated Care Pharmacist
Stakeholder engagement	Alison Worwood: Lead Pharmacist Medicines Optimisation Support Service Mark Anyaegbuna: Chief Executive Officer - Kent LPC Tapan Shah: Lead Medicines Optimisation Pharmacist- East Kent ICP Ruth Brown: Chief Pharmacist, Kent Community Health NHS Foundation Trust Bal Minhas: Associate Director of Medicines Optimisation - East Kent Naomi Finch: Community Pharmacy Clinical Lead Jagdip Bahia: Chief Pharmacist, Kent and Medway NHS and Social Care Partnership Trust

South East Regional guidance to all community pharmacies included.

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South East Regional guidance to all community pharmacies included.