



DRAFT Community Pharmacy Multi-compartment Compliance Aids (MCAs) Audit 2017/18

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Executive Summary

Background

Sections one and two of the audit was completed by 89 pharmacies and section three of the audit had data collected from interventions with 302 patients. Patient level data was collected across two weeks with a suggested minimum of five interventions on a range of patients that currently receive MCAs.

The aim of the audit was to explore:

- community pharmacy awareness of current MCA information and guidance;
- current community pharmacy MCA service; and
- with a range of patients that currently receive MCAs to understand how they are supported, where the MCA was initiated by and how well they adhere to the use of the MCA.

Maximising the potential of Community Pharmacy services in Hertfordshire

Education and Training

A large proportion of pharmacy responses indicated awareness (80%) of the key guidance documents for MCAs of the RPS, PSNC's briefing on the Equality Act 2010 and the local guidance with most being aware of the PSNC briefing. Approximately 50% of pharmacies were implementing this guidance within their practice.

The audit responses showed that pharmacies were less aware (70%) of supportive tools for MCA practice such as the searchable database to provide information and guidance about the stability of solid dose forms of medicines outside of their original packaging and the assessment tools available. Approximately 50% were using the searchable database in practice and 30% were using the national MCA template in practice. It should be noted that the pharmacies were not asked if they were using another assessment form in practice.

Pharmacies that responded to the survey indicated that 35% of pharmacies always or regularly assessed whether patients are eligible for an MCA under the Equality Act 2010. 40% of patients were aware that they were assessed by the organisation that recommended an MCA.

Investment in regular educational updates on management of MCAs linked to national guidance particularly assessment of patients and supportive tools available would benefit the community pharmacy workforce.

Current Community Pharmacy MCA Service

Providing MCA services to patients provided by the majority of pharmacies with 70% of pharmacies dispensing in an MCA to a minimum of 26 patients.

The following practical management of MCAs was indicated from the audit results:

- Both pharmacy and patient responses indicated that approximately 30% of MCA prescriptions are paper based with the majority (70%) being issued electronically.
- Both the pharmacy and patient responses indicated that the majority of MCA patients are supported for repeat ordering of medicines with a community pharmacy repeat system (70%) with 20% of MCA patients supported with the NHS repeat dispensing service.
- For the majority of patients (70%) the pharmacies indicated that they receive a prescription duration of 7 days with the majority of community pharmacies dispensing the MCA on a weekly basis (60%). Approximately 30% of patients had a prescription duration of 28 days for their MCAs.
- The pharmacy responses indicated that the majority of MCA patients (60%) have their medicines delivered to their home.
- The majority of community pharmacies stated that they did not charge for the MCA service (90%). For those pharmacies that did charge there was a range of pricing from less than £5 up to £20.
- Pharmacies indicated that the time taken to resolve the MCA issues relating to prescriptions not being issued, prescriptions being stopped and patient/carer/stakeholder queries was considerable ranging from 5 days to 2 minutes. On average from the responses submitted pharmacies indicated that it took 30 minutes to resolve each issue for MCA patients.
- The majority of pharmacies indicated that they were given less than 24 hours for changes or stoppages to MCA medicines which were mainly notified by the GP practice, care agencies/paid carers or patients of any changes.
- The majority of patients indicated that 5-10 medicines were dispensed in the MCA with approximately half of MCA patients reporting that not all medicines could be included within the MCA.

The results demonstrate that there is a huge burden on community pharmacy to provide MCA services for patients. There is scope for improvement of using the NHS repeat dispensing service for management of MCAs and improving communication mechanisms to community pharmacy regarding changes or stoppages to MCA medicines to reduce waste and improve patient outcomes.

MCA recommendations

Both the pharmacy and patients responses indicated that the top three places where MCAs were originating from or being recommended by were:

1. patient request (20-30%)
2. relative request (20%)
3. GP recommendation (20%)

Approximately 10% of recommendations for MCAs were made by the community pharmacy and approximately 20% of recommendations came via paid carers/care agency requests either directly or by the patient. Hospitals, Care Home and other recommendations make up the remaining 10% of recommendations.

With approximately 50% of requests and recommendations originating from the patients or their relatives there is scope for a public promotional campaign on the types of medicines support available for patients and their relatives with clarity about what the NHS will fund.

Appropriateness of the MCA as a reasonable adjustment

As part of the audit pharmacies were requested to interview patients on a number of questions to ascertain the appropriateness of an MCA as a reasonable adjustment. The results showed that:

- the majority of patients (65%) indicated were administering the medicines from the MCA themselves;
- that 35% of patients were not administering the medicines from the MCA themselves with paid carers providing medicines administration support to 50% of these patients; and
- considering the patients interviewed were on an MCA, a large proportion of them indicated that they could not pop out tablets from a calendar pack (38%); and
- an even greater proportion in the over 75 age group indicated that they could not pop out tablets from a calendar pack (50%);
- 93% of pharmacists indicated that the patient receiving the MCA was appropriate.

The above results demonstrate that there inconsistency in knowledge about national guidance. There is a clear need to develop resources that outline the alternative support tools available other than an MCA and what is reasonable and practical to implement within a community pharmacy.

Actions for Community Pharmacies

The audit results suggest that there is a huge burden to supporting patients with MCAs and that there is variation in practice and implementation of national guidance. Community pharmacists and their team should consider how they upskill in order to provide the safest possible option to patients receiving MCAs support to comply with national guidelines. Pharmacy teams could maximise the benefit of commissioned services including Medicines Use Reviews to ensure that the patient is supported to take their medicines. It is recognised that many of these patients may be housebound and it is suggested that community pharmacies consider the use of domiciliary Medicine Use Reviews where possible.

Actions for commissioners for consideration

It is clear that there is a large burden of providing MCA services that affects a number of providers across the health and care system and all of those stakeholders including community pharmacy need to upskill themselves to meet national guidelines.

Commissioners are encouraged to:

- explore options of how to support all stakeholders including patients that may require reasonable adjustments to take their medicines;
- ensure that they are optimising community pharmacy as a part of the frailty work stream for which many MCA patients would fall under; and

- consider how information, education and training is provided to community pharmacy teams and other stakeholders on MCA national guidance to support patient safety and ultimately better outcomes.

Introduction

Prescriptions are presented at community pharmacies for medicines to be dispensed. Community pharmacies offer a range of NHS services of which dispensing is an essential service within the Community Pharmacy Contractual Framework and is offered by all pharmacies. During the dispensing process pharmacy teams may identify and make “reasonable adjustments” to support care and adherence to medicines for patients to ensure that the medicines optimisation principles of effectiveness, safety and patient experience are maximised.

To comply with the NHS contractual requirements associated with the Clinical Governance Essential Service, pharmacy contractors must perform an annual practice based audit. Audit is an integral aspect of ongoing clinical effectiveness and provides data of how patients are supported by community pharmacy systems and procedures.

Hertfordshire LPC is committed to supporting community pharmacies and when audit results are collated and analysed will provide robust evidence to:

- recognise community pharmacy teams’ contributions to supporting patients;
- identify any improvements in community pharmacy services or the wider care system;
- ascertain any gaps in workforce or knowledge in either community pharmacies or their stakeholders; and
- highlight opportunities for service developments locally where relevant.

Background

The use of multi-compartment compliance aids (MCA)* is sometimes regarded by the public and health and social care providers as the [remedy to support adherence to medicines](#). There is confusion about when MCAs are appropriate to recommend. It is often integrated into practice and service policy without giving due consideration to alternatives.

**This document uses the definition from the [Royal Pharmaceutical Society, 2013 guidance](#) that defines 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 manufacturer’s original packaging and repackaged into the MCA. For the purposes of this document, 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. MCA 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) systems.*

Although MCAs may benefit some they are not the best intervention for all patients and many alternative interventions are available. Not all medicines are suitable for inclusion in MCA and re-packaging of medication from the manufacturer’s original packaging removes the liability of the licence holder and involves risks and responsibility for the decisions made.

Following an assessment, if a patient is deemed unable to manage their medicines and meets the criteria of the Equality Act 2010, the pharmacist may decide that an MCA is a “reasonable adjustment” to ensure that the patient is supported to take their medicines. In that case they are obliged to supply one which is cost neutral and evidence based. The pharmacist is under no obligation to provide MCA to a patient who does not fit the Equality Act 2010 unless they are part of a local scheme that funds the MCAs. Full information on what is included as part of the community pharmacy contract is available on the [Pharmaceutical Services Negotiating Committee \(PSNC\) website](#).

Pharmacy professionals, as the medicines expert, are in the ideal position in the community to identify the most appropriate medicines support/adjustment through monitoring of patients’ adherence to their medicines as part of the dispensing process.

A particular issue of MCAs is the request for seven-day repeat prescriptions to defray the pharmacist’s costs for the filling of MCAs. This has become an increasing pressure for GP practice workload but the act of filling an MCA also has a considerable impact on community pharmacy resources. In May 2018, the British Medical

Association (BMA) published [guidance](#) on prescribing in general practice developed by their Clinical and Prescribing subcommittee. The BMA advice “is to resist such demands unless there is a clinical reason for restricting supply to seven days”. However there is a clear commitment that “the GPC [General Practitioners Committee] supports the Pharmaceutical Services Negotiating Committee (PSNC) in that both pharmacists and dispensing doctors issuing MCAs should be properly reimbursed for the services they provide to patients.”

Continuing concerns regarding MCAs are often expressed to Hertfordshire LPC by community pharmacies, GP practices and commissioners. The LMC and LPC in Hertfordshire issued interim joint [guidance](#) in 2009. Concerns about MCAs are a national problem but there is evidence and examples of services locally from across England that make MCAs work more effectively in their local area as outlined by the [Royal Pharmaceutical Society](#). A list including an outline of existing medicines optimisation support to patients by different local areas is available on the [PSNC website](#).

For these reasons Hertfordshire Local Pharmaceutical Committee (LPC) conducted a baseline audit to explore current MCA implementation with patients to inform the policy process and future service developments. The audit would also support community pharmacies to ensure that they were clear regarding their contractual responsibilities and identify areas of concern. We have identified that this MCA audit for community pharmacies could be a useful indicator for all in Hertfordshire to ensure a consistent approach to MCAs that best support patient outcomes. It could also help to progress any future MCA proposals/guidance that is currently being considered by the Medicines Optimisation group at the Hertfordshire and West Essex Sustainability and Transformation Partnership (STP) as well as encouraging community pharmacies to reflect on their own practice to improve patient care.

Method

Pharmacy teams were invited by Hertfordshire LPC to complete the MCA audit as part of their annual practice audit. The aim of the audit was to explore:

1. community pharmacy awareness of current MCA information and guidance;
2. current community pharmacy MCA service; and
3. a two week snap shot within each pharmacy between 1 September – 31 October 2017 to identify a range of patients that currently receive MCAs to understand how they are supported, where the MCA was initiated by and how well they adhere to the use of the MCA. Patients were all asked the same 21 questions.

Audit paperwork (appendix one) was emailed to all community pharmacies in Hertfordshire via the e-news, and data collection forms were submitted by participating pharmacies online. Data was analysed by the Hertfordshire LPC office team based upon the collation of non-identifiable patient information on Survey Monkey.

Results

There were three sections to the audit that focused on different areas:

1. Community pharmacy awareness of current MCA guidance and information to identify the level of education already present and to identify any gaps in knowledge.
2. Current community pharmacy MCA service. This was to ascertain:
 - a. how many patients per pharmacy were receiving MCA support;
 - b. the workload for community pharmacy in terms of queries and resolving issues;
 - c. how repeat prescriptions for MCAs are managed including method, length of prescription, electronic prescribing and home delivery;
 - d. where requests for MCAs originated from;
 - e. whether MCAs were a private arrangement that incurred charges; and
 - f. how much notice is given and who notifies the community pharmacy of changes to the MCA.
3. Undertaking an interview with a snapshot of a range of patients that currently receive MCAs. This was to understand how patients with MCAs were supported, whether the MCA was appropriate for the patient; where the MCA was initiated; whether an appropriate assessment was undertaken and how well patients adhere to the use of the MCA.

For sections one and two of the audit; data was collected from 89 pharmacies, representing 35% of 252 community pharmacies in Hertfordshire in November 2017. 11 (12%) of the responses were received from

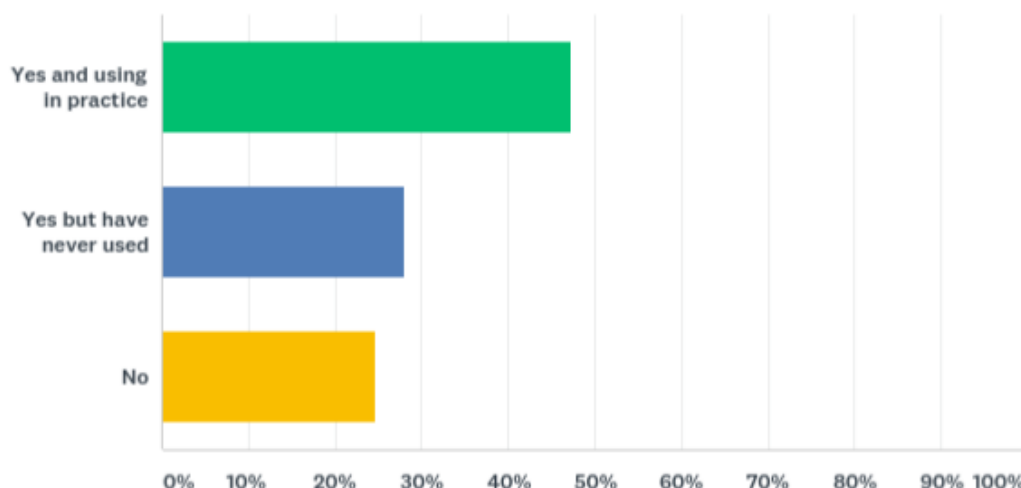
multiple large pharmacy companies, one (1%) from a distance selling pharmacy and the remaining 77 (87%) being submitted by independent pharmacies. 34 (38%) pharmacies were situated within East and North Hertfordshire CCG and 55 (62%) pharmacies were situated within Herts Valleys CCG. All responses received were from Hertfordshire. It should be noted that there are more community pharmacies in Herts Valleys CCG (130) than East and North Hertfordshire (117). Five community pharmacies are situated in the Royston area that is considered part of Cambridgeshire and Peterborough CCG but none of these responded.

For section three of the audit; data was collected from 302 patients. A deficiency of this data was that information was not requested on the details of the pharmacy that submitted the patient data. As community pharmacies that undertook section one and two of the data were also asked to submit patient data outlined in section three it can be surmised that the responses came from those same 89 pharmacies in Hertfordshire and this is on average three patients per pharmacy.

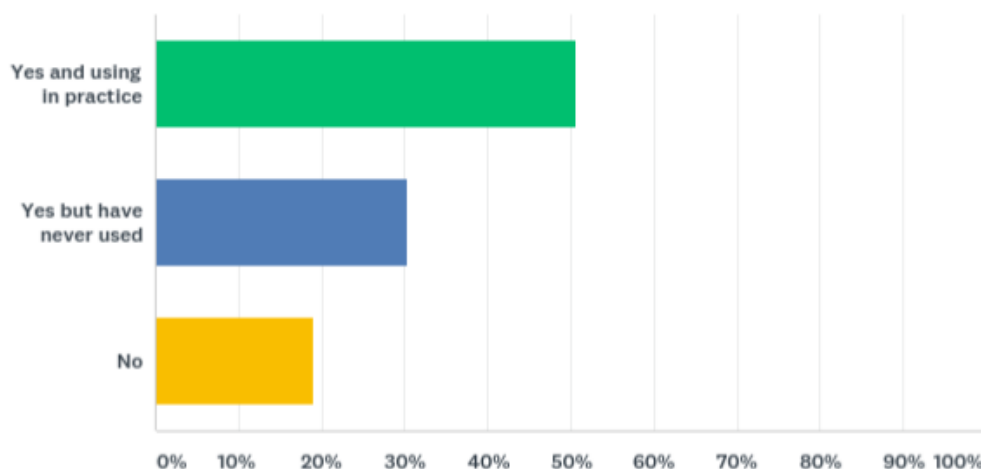
Section One: Community pharmacy awareness of current MCA information and guidance

75% of respondents were aware of the [2009 LMC/LPC interim guidance](#) but 28% had never used it.

Figure 1: Levels of prescribing and process for patients with asthma (community pharmacies n=45)

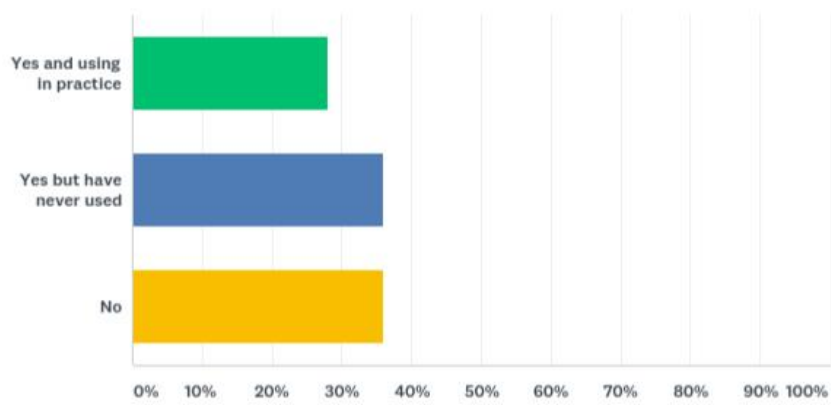


81% of respondents were aware of the [Royal Pharmaceutical Society's guidance](#) from 2013 on "Improving patient outcomes: The better use of multi-compartment compliance aids" but 30% had never used it.



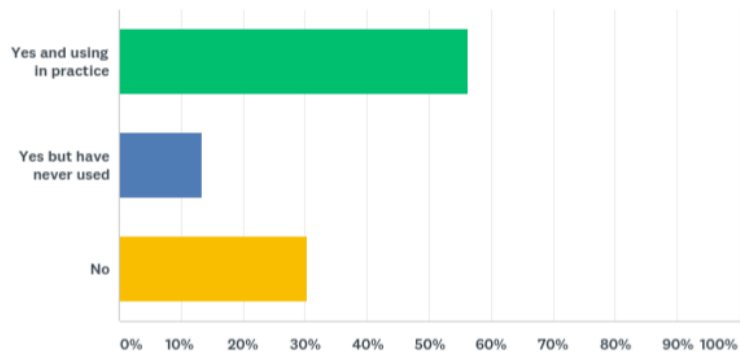
83% of respondents were aware of the [PSNC's briefing on the Equality Act 2010](#) but 31% had never used it.

Q8 Are you aware that there is a resource kit that includes a template assessment form for pharmacies to assess whether a patient is covered under the Equality Act 2010: <https://www.pcc-cic.org.uk/article/disability-discrimination-act-resource-kit>



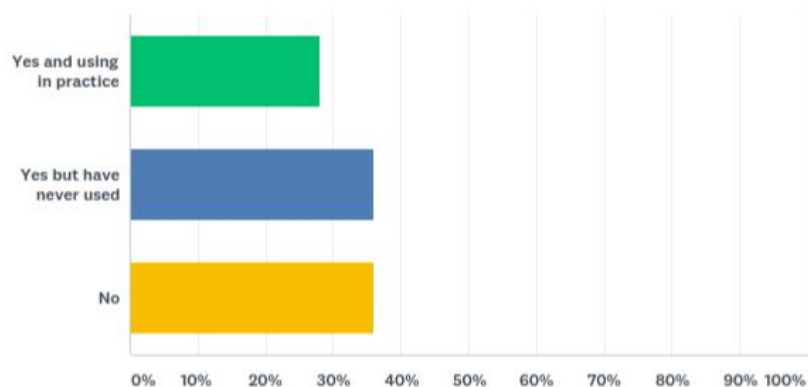
69% of respondents were aware that there was a [searchable database](#) to provide information and guidance about the stability of solid dose forms of medicines outside of their original packaging but 13% had never used it.

Q7 Are you aware that there is a database searchable database to provide information and guidance about the stability of solid dose forms of medicines outside of their original packaging: <https://www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/>



64% of respondents were aware that there is a [resource kit](#) that includes a template assessment form for pharmacies to assess whether a patient is covered under the Equality Act 2010 but 36% had never used it.

Q8 Are you aware that there is a resource kit that includes a template assessment form for pharmacies to assess whether a patient is covered under the Equality Act 2010:
<https://www.pcc-cic.org.uk/article/disability-discrimination-act-resource-kit?>



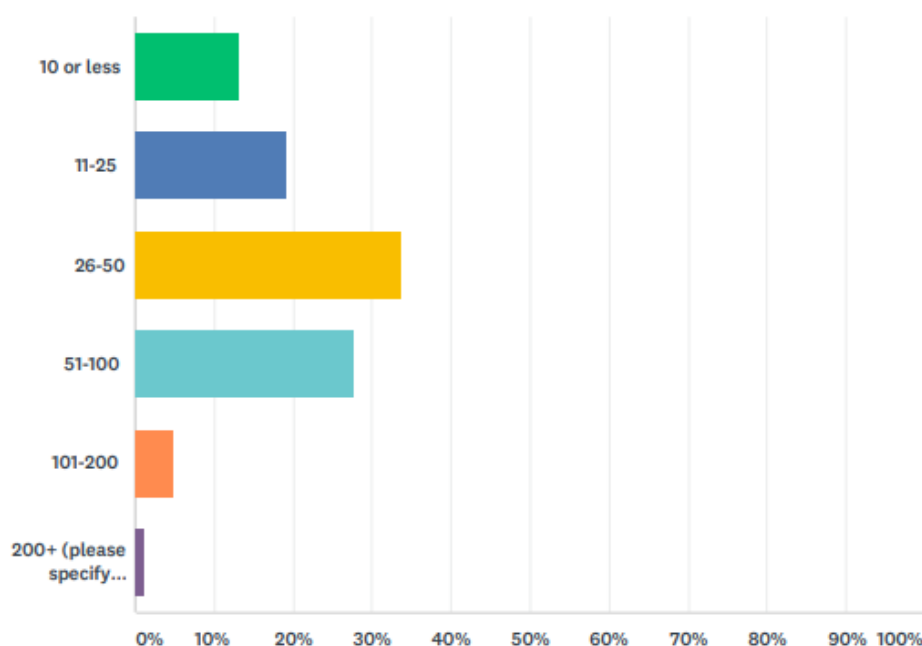
Section Two: Current community pharmacy MCA service.

83 (93%) pharmacies indicated that they had between 26-50 patients that received an MCA (34%) although the second largest (28%) indicated that 51-100 patients received an MCA. Only one pharmacy indicated that they supported more than 200 patients with MCAs. Information on the size of the pharmacy against the number of patients with MCAs was not provided so cannot be analysed.

Figure 2: Levels of prescribing and process for patients with asthma (community pharmacies n=45)

Q10 How many patients currently receive an MCA from your pharmacy?

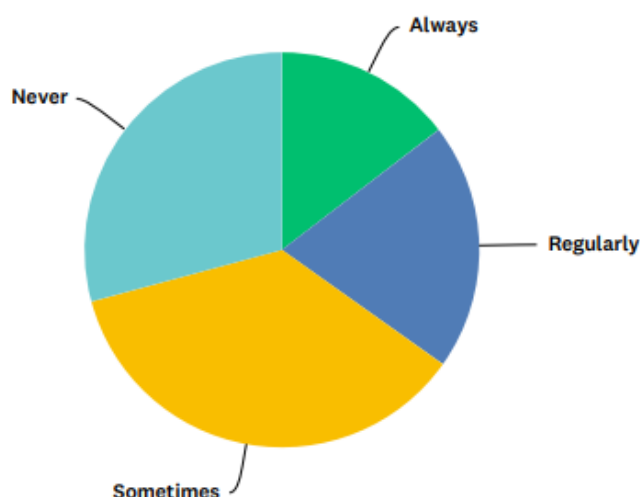
Answered: 83 Skipped: 6



ANSWER CHOICES	RESPONSES	
10 or less	13.25%	11
11-25	19.28%	16
26-50	33.73%	28
51-100	27.71%	23
101-200	4.82%	4
200+ (please specify approximate amount)	1.20%	1
TOTAL		83

35% of respondents indicated that the pharmacy always or regularly assessed whether patients are eligible for an MCA under the Equality Act 2010. 36% indicated that they sometimes assess and 29% indicated that they had never assessed.

Answered: 89 Skipped: 0



ANSWER CHOICES	RESPONSES	
Always	14.61%	13
Regularly	20.22%	18
Sometimes	35.96%	32
Never	29.21%	26
TOTAL		89

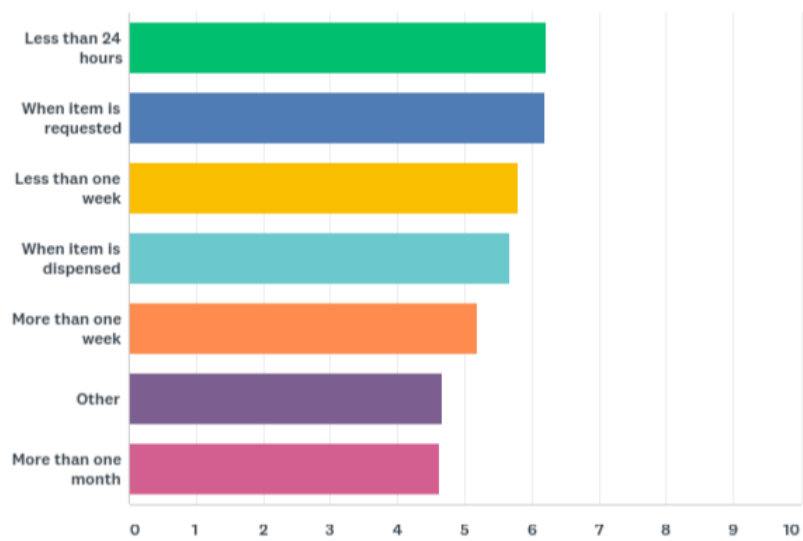
Pharmacies were requested to review across a one week period how many queries they got in relation to patients that receive MCAs. 83 (93%) pharmacies completed this information.

On average the most queries that pharmacies received on MCAs across a week was in relation to prescriptions not being issued (4) followed by prescription stopped (2); patient/carer queries (1-2) GP queries (1-2), hospital queries (1-2) with the least being medicines unsuitable for inclusion in MCA (0-1).

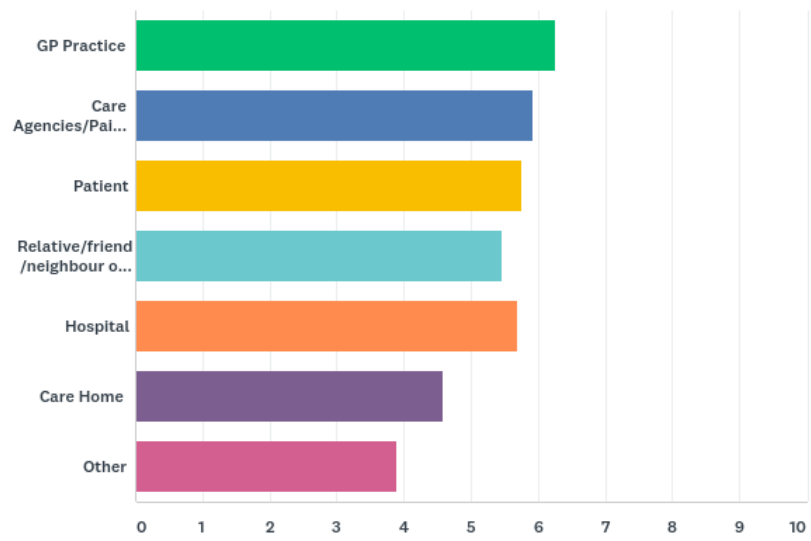
The respondents indicated that the time taken to resolve the above issues was considerable ranging from 2 minutes to 5 days. The majority seemed to indicate that on average it took 30 minutes for each issue.

Only 82 pharmacies responded to this question. The majority of respondents indicated that they were given less than 24 hours for changes or stoppages to MCA medicines. They were mainly notified by the GP practice, care agencies/paid carers or patients of any changes.

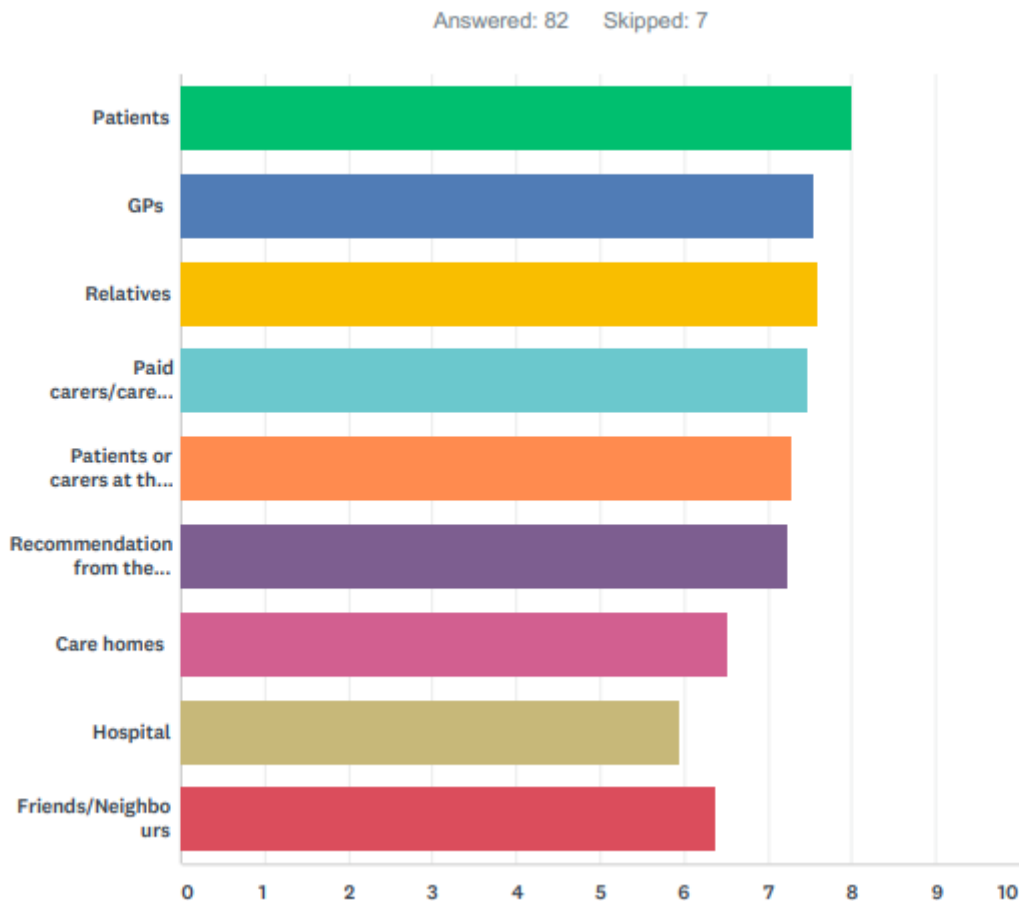
Q21 On average, for the majority of your MCA patients how long in advance are you notified when there are patient changes or stoppages to their MCA medicines? Only rank your top three and enter n/a for others.



Q22 For the majority of your MCA patients, who notifies you of any changes to the MCA medicines? Only rank your top three and enter n/a for others.

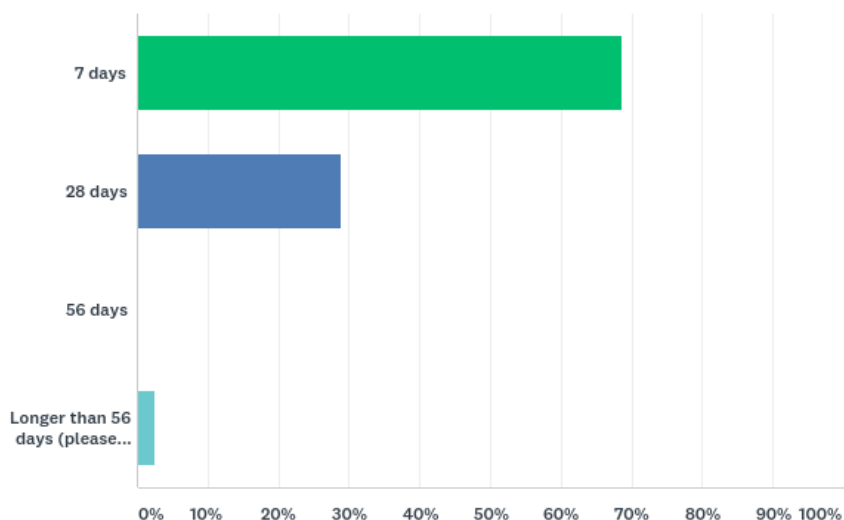


Community pharmacies were requested to rank where the majority of their MCA requests originated from. The top three places that MCA requests originated from were patients, GP practices and relatives.



The majority of respondents (83 responded to this question) that the pharmacy give out or deliver to the MCA patient on a weekly cycle (60%) followed by monthly (34%). Those two respondents that indicated 56 days outlined that this question was not applicable to them so these responses should not be considered.

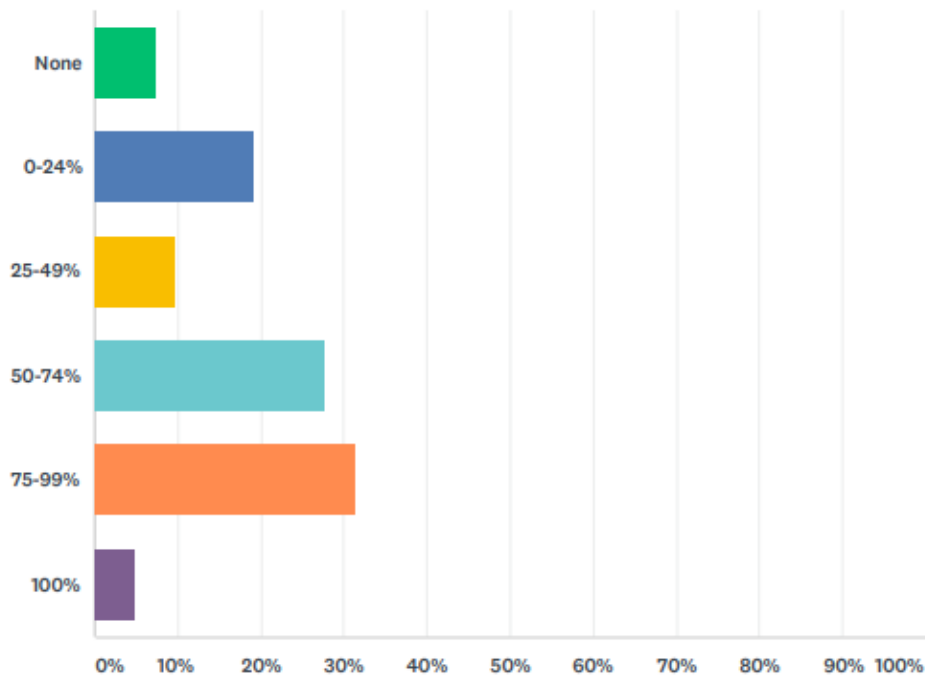
Q14 For the majority of your MCA patients what prescription length is issued by the prescriber?



83 (93%) respondents indicated that the majority of MCA patients had their medicines delivered to their home. Only six (7%) pharmacies responding outlined that they delivered no MCAs to a patient's home. Four pharmacies (5%) stated that they delivered all MCAs to a patient's home.

Q16 What is the percentage of your MCA patients to which you deliver to the patient's home?

Answered: 83 Skipped: 6



ANSWER CHOICES	RESPONSES	
None	7.23%	6
0-24%	19.28%	16
25-49%	9.64%	8
50-74%	27.71%	23
75-99%	31.33%	26
100%	4.82%	4
TOTAL		83

The majority of respondents (92%) indicated that they did not charge for the MCA service. Of the 8% that did charge the majority indicated that they either charged less than £5 for the service per month or between £5-10 per month.

Section Three: Identifying patients' management of MCAs

There were 302 interview responses with patients received which works out on average 4 patients per pharmacy.

The majority of patients were aged 75 and over (56%). The majority of patients had 5-10 medicines dispensed in their MCA (58%).

For the majority of MCA patients respondents indicated that the majority were issued with a prescription length of 7 days (69%) by the prescriber followed by 28 days (29%).

The majority of MCA patients were supported by a community pharmacy repeat management service (70% by pharmacy responses and 74% by patient responses) followed by the NHS repeat dispensing scheme (20% by pharmacy responses and 15% by patient responses).

The majority of MCA patients had their prescriptions issued electronically (72% by pharmacy responses and 66% by patient responses).

50% of patients had medicines also dispensed outside of the MCA. These ranged from over the counter medicines, creams, liquids, inhalers, insulin to controlled drugs.

The majority of patients indicated that the last time there was a change in their medication was one month to six months (34%).

The majority of patients had been on an MCA for one to five years (56%).

The majority of patients indicated that they didn't know (42%) whether they had received an assessment from the person/organisation that recommended the MCA although 39% indicated that they had received an assessment.

The majority of patients indicated that they administered the medicines from the MCA themselves (66%). This number lowered slightly to 58% when based upon the majority of patients that were aged 75 and over. However of those that didn't administer the medicines themselves (31%) the majority of the administration was undertaken by a paid carer/care agency (50%).

The majority of patients could understand and read label instructions (84%); could remember when to take their medicines (62%); knew how to open and close boxes (72%), swallow the medication prescribed (98%).

The majority of patients indicated that they did not know when to order their medicines (44%). This reduced considerably to 32% in the over 75 age group. Considering the patients interviewed were on an MCA, a large proportion of them indicated that they could not pop out tablets from a calendar pack (38%). An even greater proportion in the over 75 age group indicated that they could not pop out tablets from a calendar pack (50%).

90% of patients indicated that they found the use of an MCA helpful and the majority of carers found it helpful.

Following the interview with the patient pharmacists were invited to give their opinion on whether the MCA was appropriate for the patient and any alternative solutions.

- 93% of those responding indicated that the MCA was appropriate.
- A number of solutions were offered such as:
 - Putting in place a regular review process of patient to ensure compliance assessment
 - Carers could equally administer medication from the original pack instead of an MCA
 - MCAs have improved compliance so is best option
 - MCA only needed due to care agency policy which could be changed
 - Pivottell advance automatic pill dispenser if funded by social services
 - A Medicines Use Review to check patients understanding, and assess the need for a MCA or perhaps clearer instructions or a reminder card
 - Pill box
 - Training for carer on medication administration
 - Medication diary or timetable

Appendices

Appendix One: Community Pharmacy MCA Audit Paperwork and Questions

Community Pharmacy Multi-compartment Compliance Aids Audit

Introduction

To comply with the NHS contractual requirements associated with the Clinical Governance Essential Service, pharmacy contractors must perform an annual practice based audit. Audit is an integral aspect of ongoing clinical effectiveness and provides data of how patients are supported by community pharmacy systems and procedures.

Please remember that a clinical audit is a quality improvement process and should be viewed as a mechanism for gradually improving patient care. Helpful information on a guide to clinical audit can be found on the PSNC website: http://psnc.org.uk/wp-content/uploads/2013/07/a_guide_to_clinical_audit.pdf.

Hertfordshire LPC is committed to supporting pharmacies, and when audit results are collated and analysed, this will highlight opportunities for service developments locally and will provide robust evidence of community pharmacy teams' contributions to supporting patients.

The use of multi-compartment compliance aids (MCA)* is sometimes regarded by the public and health and social care providers as the remedy to support adherence to medicines. There is confusion about when MCAs are appropriate to recommend. It is often integrated into practice and service policy without giving due consideration to alternatives. The LMC and LPC in Hertfordshire issued joint [guidance](#) in 2009 however this now requires some revision. There is a lot more evidence and examples of services from across England that make MCAs work more effectively in their local area. This needs to be considered across Hertfordshire in order to ensure a consistent approach to MCAs that best support patient outcomes.

**This document uses the definition from the Royal Pharmaceutical Society, 2013 guidance (<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/rps-mca-july-2013.pdf>) that defines 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 manufacturer's original packaging and repackaged into the MCA. For the purposes of this document, 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. MCA 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) systems.*

Although MCAs may be of value to some they are not the best intervention for all patients and many alternative interventions are available. Not all medicines are suitable for inclusion in MCA and re-packaging of medication from the manufacturer's original packaging may be unlicensed and involves risks and responsibility for the decisions made.

The LPC is aware of continuing concerns regarding MCAs and we would like to be proactive in addressing these concerns. We have identified that an MCA audit for community pharmacies could be a useful indicator for all. It could also help to progress any future MCA proposals/guidance as well as encouraging community pharmacies to reflect on their own practice to improve patient care.

Following an assessment of a patient who cannot manage their medicines and meets the Equality Act 2010, the pharmacist may decide that an MCA is a "reasonable adjustment" to make to ensure that the patient is supported to take their medicines. In that case they are obliged to supply one. The pharmacist is under no obligation to provide MCA to a patient who does not fit the Equality Act 2010 unless they are part of a local scheme that funds the MCAs.

This audit aims to explore:

Section 1: Community pharmacy awareness of current MCA information and guidance (questions 4-9).

Section 2: Current community pharmacy MCA service (questions 10-22).

Section 3: To identify a range of patients that currently receive MCAs to understand how they are supported, where the MCA was initiated by and how well they adhere to the use of the MCA. This part of the audit(s) should be carried out on a minimum of 5 patients either requesting or currently receiving an MCA during any two week period determined by the pharmacy during 1 September – 31 October 2017 (questions 23-43). *Please note that a paper template with enough questions for five patients can be accessed [here](#).*

In order to make the data collection easier for this audit, both for pharmacies and for the collation of the data at the LPC office, we have provided an electronic version of the survey that the pharmacy must use in order to submit the completed data to the LPC office:

- **Sections 1 and 2:**
- **Section 3:**

The LPC office will no longer accept paper documents as a submission from your pharmacy so please do not return them to the office. You do not need to return the completed paper copies of the form to the office.

Hertfordshire LPC will provide a summary of the audit data in early November 2017 and will securely store all information submitted electronically. The audit report will not disclose pharmacies' identities therefore we have not requested your pharmacy details. **This is to encourage community pharmacies to participate without fear that any of your responses could be used inappropriately. The LPC office will not share any identifiable information with other organisations. We have requested your F Code to check that there are not multiple entries from the same pharmacy for the first part of the questionnaire but you do not have to enter this information.** We do require you to enter in which CCG area you are situated and whether you are a Company Chemists Association (CCA), Association of Independent Pharmacies (AIMp) or independent pharmacy as this is useful in the analysis.

1. **ODS (F Code) Optional:** _____

2. **CCG Area?**

- ☐ East and North Herts CCG
- ☐ Herts Valleys CCG
- ☐ Cambridgeshire and Peterborough CCG
- ☐ West Essex CCG
- ☐ Other (Please specify):

3. **Type of Pharmacy Contractor?**

- ☐ Company Chemists Association (CCA)
- ☐ Independent
- ☐ Association of Independent Multiple pharmacies (AIMp)

SECTION ONE: Community pharmacy awareness of current MCA information and guidance

4. Are you aware of the 2009 guidance issued jointly between the Hertfordshire LMC and LPC:
<http://www.hertslpc.org.uk/your-area/monitored-dosage-systems/>

☐ Yes and using in practice

- ☐ Yes but have never used
☐ No

5. Are you aware of the Royal Pharmaceutical Society's guidance from 2013 on "Improving patient outcomes: The better use of multi-compartment compliance aids":
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/rps-mca-july-2013.pdf>

- ☐ Yes and using in practice
☐ Yes but have never used
☐ No

6. Are you aware of PSNC's briefing on the Equality Act 2010: <https://psnc.org.uk/contract-it/pharmacy-regulation/dda/>?

- ☐ Yes and using in practice
☐ Yes but have never used
☐ No

7. Are you aware that there is a database searchable database to provide information and guidance about the stability of solid dose forms of medicines outside of their original packaging:
<https://www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/>?

- ☐ Yes and using in practice
☐ Yes but have never used
☐ No

8. Are you aware that there is a resource kit that includes a template assessment form for pharmacies to assess whether a patient is covered under the Equality Act 2010: <https://www.pcc-cic.org.uk/article/disability-discrimination-act-resource-kit>?

- ☐ Yes and using in practice
☐ Yes but have never used
☐ No

9. Does your pharmacy assess whether patients are eligible for an MCA under the Equality Act 2010?

- ☐ Always
☐ Regularly
☐ Sometimes
☐ Never

SECTION TWO: Current community pharmacy MCA service

10. How many patients currently receive an MCA from your pharmacy?

- ☐ 10 or less
- ☐ 11-25
- ☐ 26-50
- ☐ 51-100
- ☐ 101-200
- ☐ 200+ (please specify approximately how many)

11. On average, taken across a one week period how many queries do you get in relation to patients that receive MCAs?

- | | |
|--|-------|
| Prescription not issued | _____ |
| Prescription stopped | _____ |
| General Practice query | _____ |
| Patient/relative/friend/neighbour | _____ |
| Medicines unsuitable for inclusion in an MCA | _____ |
| Other eg hospital | _____ |

12. On average, taken across a one week period how long does it take to resolve the following issues in relation to patients that receive MCAs ie length of time taken sorting in minutes and hours?

- | | |
|--|-------|
| Prescription not issued | _____ |
| Prescription stopped | _____ |
| GP | _____ |
| Patient/relative/friend/neighbour | _____ |
| Medicines unsuitable for inclusion in an MCA | _____ |
| Other eg hospital | _____ |

13. On average where do the majority of requests for MCAs originate from in your pharmacy? Rank top three.

- ☐ Patients
- ☐ Relatives
- ☐ Friends/Neighbours
- ☐ Paid carers/care agencies ie patients not in a care home
- ☐ Patients or carers at the request of paid carers/care agencies ie patients not in a care home
- ☐ GPs
- ☐ Recommendation from the pharmacy
- ☐ Care homes
- ☐ Hospital

14. For the majority of your MCA patients what prescription length is issued by the prescriber?

- ☐ 7 days
- ☐ 28 days
- ☐ 56 days
- ☐ Longer than 56 days

15. On average, for MCA patients how often does your pharmacy give out or deliver to the MCA patient on a regular repeat dispensing cycle?

- ☐ Weekly
- ☐ Monthly
- ☐ Two monthly
- ☐ Longer than two monthly
- ☐ Other (please specify)

16. What is the percentage of your MCA patients to which you deliver to the patient's home?

- ☐ None
- ☐ 0-24%
- ☐ 25-49%
- ☐ 50-74%
- ☐ 75-99%
- ☐ 100%

17. Do you charge for your MCA service?

- ☐ Some
- ☐ All
- ☐ None

18. If you answered some or all to question 17, please indicate the approximate amount that you charge for the service per month?

- ☐ Less than £5
- ☐ £5-10
- ☐ £10-15
- ☐ £15-20
- ☐ Over £20

19. For the majority of your MCA patients are the prescriptions paper or EPS?

- ☐ Paper
- ☐ EPS

20. For the majority of your MCA patients how are the patients' repeat prescriptions managed?

- ☐ Community pharmacy repeat management system
- ☐ Patient
- ☐ Relative/Friend/Neighbour (unpaid carer)
- ☐ NHS Repeat Dispensing Service
- ☐ Other (please specify)

21. On average, for the majority of your MCA patients how long in advance are you notified when there are patient changes or stoppages to their MCA medicines? Rank top three.

- ☐ When item is requested
- ☐ When item is dispensed
- ☐ Less than 24 hours
- ☐ Less than one week
- ☐ More than one week
- ☐ More than one month
- ☐ Other

22. For the majority of your MCA patients, who notifies you of any changes to the MCA medicines? Rank top three.

- ☐ GP Practice
- ☐ Care Agencies/Paid Carers ie not a care home
- ☐ Patient
- ☐ Relative/friend/neighbour of patient
- ☐ Hospital
- ☐ Care Home
- ☐ Other (please specify):

SECTION THREE: To identify a range of patients that currently receive MCAs to understand how they are supported, where the MCA was initiated by and how well they adhere to the use of the MCA.

Use of MCAs is becoming more widespread yet there is little evidence of their benefit and there is a recent study that suggests that they are associated with a high rate of potentially inappropriate medication use and drug interactions (<http://www.prescriber.co.uk/wp-content/uploads/sites/23/2017/06/Multidose-EB-edit-ac-made-lsw.pdf>).

The aims of this part of the audit are to ensure:

1. Whether the patient had an appropriate assessment and where the MCA recommendation originated from.
2. That the patient is well supported and adhering to the use of the MCA.
3. Whether there are more suitable alternatives to the MCA for the patient.

Through undertaking the audit pharmacists can assess how they can have an impact on:

- the patients' ability to use their MCA appropriately and
- the patients' compliance with their treatment.

This part of the audit(s) should be carried out on a minimum of 5 patients either requesting or currently receiving an MCA during any two week period determined by the pharmacy during 1 September – 31 October 2017

Please note for each patients' answer you will need to click done at the end of the questions and then start again with the survey to allow you to submit this information for each patient. You may find it significantly easier to enter the patient's responses online to the survey as you ask the questions. The LPC has allowed you to enter multiple entries in order for you to input this information.

23. Patient Age?

- ☐ Under 18
- ☐ 19-30
- ☐ 31-49
- ☐ 50-64
- ☐ 65-74
- ☐ 75 and over
- ☐ Prefer not to say

24. Does the patient get their prescriptions by paper or EPS?

- ☐ Paper
- ☐ EPS
- ☐ Doesn't know

25. How are the patients' repeat prescriptions managed?

- ☐ Community pharmacy repeat management system
- ☐ Patient
- ☐ Relative/Friend/Neighbour (unpaid carer)
- ☐ NHS Repeat Dispensing Service

☐ Other (please specify)

26. What is the number of medications dispensed in the MCA?

- ☐ 1-4
- ☐ 5-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-24
- ☐ 25 or more

27. Does the patient receive all their medicines in the MCA?

- ☐ Yes
- ☐ No (please specify what medicine/s) _____
- ☐ Doesn't know

28. When was the last time there was a change to the patient's medication? eg. change of medicine, dose formulation

- ☐ Less than a week ago
- ☐ More than a week but less than one month
- ☐ One month to six months
- ☐ Six months to one year
- ☐ More than a year ago
- ☐ Doesn't know

29. How long has the patient been on the MCA?

- ☐ Up to and including one month
- ☐ One month to six months
- ☐ Six months to one year
- ☐ One year to five years
- ☐ Over five years
- ☐ Doesn't know

30. Who recommended the MCA?

- ☐ Patient requested
- ☐ Patient's relative
- ☐ Paid carer from care agencies ie not a care home
- ☐ Community pharmacy
- ☐ General Practice
- ☐ Care Home
- ☐ Hospital
- ☐ Doesn't know

31. Did the patient receive an assessment from the person/organisation that recommended the MCA?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Other (please specify):

32. Does the patient administer medicines from the MCA themselves?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

33. If no, who administers the medication?

- ☐ Paid Carer/Care Agency ie not a care home
- ☐ Relative
- ☐ Friend or neighbour
- ☐ Care Home
- ☐ Other (please specify):

34. Can the patient read and understand label instructions?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

35. Can the patient remember when to take their medicines?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

36. Does the patient know when to order medicines?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

37. Could the patient open and close boxes?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

38. Can the patient pop out tablets from a calendar pack?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

39. Can the patient swallow the medication that they are prescribed?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

40. Does the patient find the MCA helpful?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):
- ☐ Don't know

41. Does the carer find the MCA helpful?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):
- ☐ Don't know

PLEASE NOTE THESE NEXT TWO QUESTIONS ARE FOR THE PHARMACIST ONLY AND SHOULD NOT BE ASKED TO THE PATIENT:

42. Having undertaken the above assessment with the patient do you feel that the MCA is appropriate for this patient?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):
- ☐ Don't know

43. What is the possible solution to support this patient ie what would you offer as an alternative?