

Guidance for Optimising Medicines Support for Patients Seven Day Prescribing and Multi-compartment Compliance Aids (MCA) Best Practice Updated Dec 2020

Frequently Asked Questions

1. Who decides when to use an MCA?

This should be based on an individual patient review, usually by the community pharmacist, to ascertain the most appropriate method of dispensing. It would be beneficial for pharmacist and prescriber to discuss this decision. It is useful for a clinician to carry out a clinical medication review as part of the assessment, to see if therapy can be rationalised. Community Pharmacy Hertfordshire has also developed a simple [form](#) for community pharmacies to use and report back where they are being put under pressure to provide an MCA.

2. Can a GP insist a community pharmacy dispense a medicine in an MCA?

No. Compliance with the obligations in the Equality Act 2010 are for the pharmacist and the Courts. The final decision whether or not to use MCA for a patient with a disability would rest with the community pharmacist. Any issues that cannot be resolved locally should be fed back to the relevant CCG: Herts Valleys CCG hvccg.pmot1@nhs.net; East and North Herts CCG enhertscg.pmot@nhs.net.

3. Can a pharmacist insist a GP prescribes for seven days for a patient requiring a MCA?

No. If the pharmacist believes that a shorter duration of supply is necessary due to reasons outlined in the prescription quantities section then this should be communicated to the GP. There is a significantly higher number of 7 day prescriptions issued across Hertfordshire when compared to the national position and 7 day prescriptions are not necessary for the sole purpose of filling a MCA. Any issues that cannot be resolved locally should be fed back to Community Pharmacy Hertfordshire info@hertsipc.org.uk.

4. What type of prescription is needed for an MCA?

The NHS Terms of Service for community pharmacies do not impose a requirement to dispense into compliance aids or to dispense in instalments for MCAs. It is for the pharmacy contractor to decide whether it is appropriate to dispense in an MCA.

Any alterations to medicines should be authorised by the production and dispensing of another prescription, with the previously dispensed items being discarded. It is not appropriate for the pharmacy to amend what has already been dispensed into an MCA midway through a course of treatment.

5. Can a community pharmacy dispense all four weekly MCAs together if they have received seven day prescriptions?

No. The prescriber has deemed that the patient requires seven day prescriptions for clinical reasons.

6. In that case, is community pharmacy funded for providing MCA on request?

No. There is an expectation as part of the current general funding envelope of £2,592m for all community pharmacies nationally that they will support compliance of the Equality Act 2010 for patients. Funding for community pharmacies will not cover MCAs provided as a convenience, or where the MCA is being used for a purpose other than Equality Act 2010 support. Where a patient does not meet the Equality Act, any adjustments made can still be made by the community pharmacist but they may choose to charge the patient for this service.

7. Do prescribers have to issue 7-day prescriptions for patients with MCAs?

No. Prescribers will only issue 7 day prescriptions if they are needed on clinical or patient safety grounds. Prescribers may take into account advice from other health and care professionals including community pharmacists. Please see Prescription Duration for reference.

8. Should prescribers' issue 7-day prescriptions for care homes?

No. 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. Reliance on medicines supplied in MCAs within care homes and care at home services should be challenged. Patients should be encouraged to self-medicate where possible, and the decision to use an MCA is a professional decision of the registered pharmacist.

9. What happens if changes are made to a patient's medication if using an MCA?

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 contents of previously issued MCAs are discarded.

10. Are there any consequences for removing medication from its original blister pack?

Removing medication from its original blister pack may render the product unlicensed. Therefore, both the prescriber and the pharmacist need to be aware of the risk this creates for them professionally. If the pharmacist deems that an MCA is appropriate for a patient then the GP practice should be informed for their information.

11. How do you ensure the patients have access to Patient Information Leaflets if their medication is supplied in an MCA?

When medicines are dispensed into an MCA, it remains a legal requirement that a patient information leaflet (PIL) is supplied for every dispensed medicinal product included.

12. Does community pharmacy have to make a reasonable adjustment under the Equality Act 2010?

Yes but a "reasonable adjustment" does not necessarily mean that every adjustment that is possible, should be made or is a reasonable one. The duty to make reasonable adjustments does not require community pharmacies to take a step which would fundamentally alter the nature of the services provided.

13. What do you do if you are concerned that there is no adjustment that you can make that will support the patient to access their medicines?

The community pharmacy should refer to GP practice. The GP practice should consider care options with medication support.

14. If GP practices and community pharmacies experience paid carers not following the guidance, who should they contact?

Examples should be emailed to acscommissioning.support@hertfordshire.gov.uk.

15. As a GP practice, does this guidance mean I can stop all seven day prescriptions for existing patients on MCAs on 1st January 2021?

It is an individual decision for GP practices about how they manage their prescriptions. This guidance gives you a tool in which to manage shorter duration prescribing and best practice for MCAs. GPs, as independent contractors, could choose to undertake a review of existing patients on MCAs and they are encouraged not to blanket stop seven day prescribing for existing patients. This could detrimentally impact on the patient's adherence to their medicines. GP practices should consider reviewing each patient individually and work collaboratively with the community pharmacy to identify alternative medicines support options for existing patients.

16. Do community pharmacies have to undertake an assessment on every patient with an MCA?

Community pharmacies do not have to undertake an assessment on every patient with an MCA. You may choose to use the [template](#) provided and can make a reasonable adjustment – this does not require a long assessment. Reasonable adjustment is covered under the community pharmacy contractual framework.

17. As most Primary Care Networks have now appointed pharmacists within their organisations would it not be better suited that these funded pharmacists are given the task of assessing patients, with input from the patient's community pharmacy?

The guidance recognises the community pharmacist as the expert in assessing medicines support for patients. We would expect all pharmacists regardless of where they work, to work with community pharmacies in identifying the right medicines support for patients.

18. How will patients from a lower socio-economic background be able to afford paying for their MCA if they do not fit under the Equality Act?

We suspect MCA use to be minimal in future. It is recognised at a national level that a MCA is often not the best option to support compliance. Within the guidance we have identified different options that may support patients better and these may offer cheaper alternatives to an MCA.

19. Why has this guidance been issued during the COVID 19 pandemic?

This good practice guidance was issued for new patients from the 1st July 2020. This guidance can be considered for implementation in existing patients, in line with other priorities, from 1st Jan 2021.

Please note these FAQs will be updated on a regular basis with new questions as received.