

Multi-compartment Compliance Aids (Blister packs) – NHS Dorset Guidance

Background

The Royal Pharmaceutical Society (RPS) recommends the use of original packs of medicines, supported by appropriate pharmaceutical care as the preferred intervention for the supply of medicines in the absence of a specific need for a multi-compartment compliance aid (MCA). In general, there is insufficient evidence to support the benefits of MCAs in improving medicines adherence in patients.

Introduction

The use of MCAs has grown significantly in recent years and the demand for them is not always being driven by clinical need. In many cases MCAs may not contribute to improved clinical outcomes and their use is not always justifiable.

There is a substantial cost to both community pharmacies and to prescribers to provide medicines in MCAs. This has significant and adverse consequences for local health economies where there is often no clinical benefit to the patient.

It is at the community pharmacist's discretion whether to supply medicines in an MCA for any particular patient. Evidence suggests that there are only a few groups of patients who may benefit from MCA.

The use of original packs of medication, along with appropriate support (e.g. reminder charts), is the preferred option for most patients as there is limited evidence that MCAs actually improve compliance with medicines, and they are not without risks.

The aim of this resource is to support health and social care professionals with the complex issues around compliance aids, and to inform of the regulatory and contractual infrastructure in the utilisation of compliance aids.

This resource aim to promote a culture change around MCAs, through:

1. Supporting pharmacy teams with decision making about reasonable adjustment eligibility and appropriateness
2. Educating healthcare professionals, patients, carers and the public about available adjustments, and the proper process to obtain them, to support medicines safety based on individual needs.

Patient Safety

While there seems to be a culture that believes that MCAs improve compliance and are safer, there is no evidence to support this. Research by the North East and North Cumbria

AHSN summarises some of the issues with and risks of MCAs which prescribers and community pharmacists should be aware of:

- The root cause for many MCA patients is having too many medicines (problematic polypharmacy)
- MCA can increase risks for patients due to:
 - Increased number and severity of dispensing errors
 - Problems when patients are admitted and discharged from hospitals and can delay transfers of care
 - They often do not address the root cause of the non-adherence e.g. intentional non-compliance
 - Problems with the stability of medicines that are repackaged from their original packs. Pharmacists should be aware that repackaging results in unlicensed supply of a medicine.
- MCAs can erode a patient's independence and awareness of their medicines and once a patient is on an MCA they often never come off (patients should be reassessed regularly to confirm that an MCA is still useful and has not become a risk (e.g. as their condition has progressed))
- MCAs can increase medicines waste
- Medicines identification becomes more difficult for patients and pharmacy staff, also the time taken to prepare MCAs is significant

GP Practices Responsibilities

If a prescriber believes a patient might benefit from an MCA or a patient has been identified as having medicines compliance issues, a thorough structured medication review (SMR) should be completed to ensure that their medications has been optimised and rationalised as appropriate **before** referring the patient to their community pharmacy for a robust assessment of the patient's needs. [The mechanics of tackling overprescribing and problematic polypharmacy](#) is a useful guide for SMRs.

Prescribers (or any other person involved in their care) should not generate an expectation in the patient that they will receive their medication via MCA.

Community Pharmacy Responsibilities

The patient's community pharmacy must undertake an individual assessment for those patients covered by the Equality Act 2010 to identify the most appropriate reasonable adjustment for the patient to improve their compliance, based on their needs using the [standardised assessment form](#).

In NHS Dorset we also recommend using the AHSN assessment tool (refer to [appendix 1](#)).

If the patient is not able to attend the pharmacy for an assessment and the pharmacist is not able to complete the assessment in the patient's own home, Dorset Healthcare Medicines Management team may be able to support assessing patients face to face at home (subject to criteria based on local contracts).

Pharmacists are required to make 'reasonable adjustments' to the way medicines are dispensed for those patients covered by the Equality Act 2010, to support patients with a long-term disability access their medication as instructed. This adjustment could be an MCA but importantly, there are alternative interventions available to support patients in taking their medicines which may be more appropriate e.g., paper or electronic reminder charts, large print labels, easy open lids etc.

The pharmacist will also assess whether the medicines themselves are suitable to be dispensed in an MCA. Advice for pharmacists is available from [Medicines in Compliance Aids Stability Tool](#), published online by the SPS - Specialist Pharmacy Service.

If (following assessment by the pharmacist) patients are not eligible under the Equality Act, the pharmacist may offer to dispense the medicine in an MCA and charge a fee (which may be paid by the patient).

Prescription Quantities

The duration of a prescription e.g. 7 days or 28 days is a clinical decision for the prescriber. There are sometimes entirely appropriate clinical reasons for issuing 7-day prescriptions, including:

- concerns about overdose
- risk of addiction
- patients whose medicines are frequently changing
- medicines which are only pharmaceutically stable in the compliance aid for 7 days

If there is no clinical reason for a patient to have 7-day prescriptions, then the prescription duration should be 28 days. 7-day prescriptions should only be issued where there is a clinical need for weekly dispensing; this should be determined by the prescriber. Prescription length is a clinical decision for the prescriber, in the same way that the decision around dispensing in a compliance aid is a decision for the pharmacist.

Medication Changes

There is no obligation for the pharmacy to amend what has already been dispensed mid-way through a course of treatment. If the MCA has left the premises the pharmacist is no longer in control of the safety and stability of the tray and the cost of the original prescription would have been claimed for from the NHSBSA. If a compliance aid has left the pharmacy premises a new prescription for all items would be required.

Dispensing a separate container of a 'new' medicine to be used in conjunction with the previously supplied compliance aid is likely to cause confusion and could result in the medicines not being taken appropriately. The individual patient circumstances should therefore be considered carefully.

For further information on the Equality Act 2010 and community pharmacies, please refer to the [Community Pharmacy England](#) website.

Secondary care Responsibilities

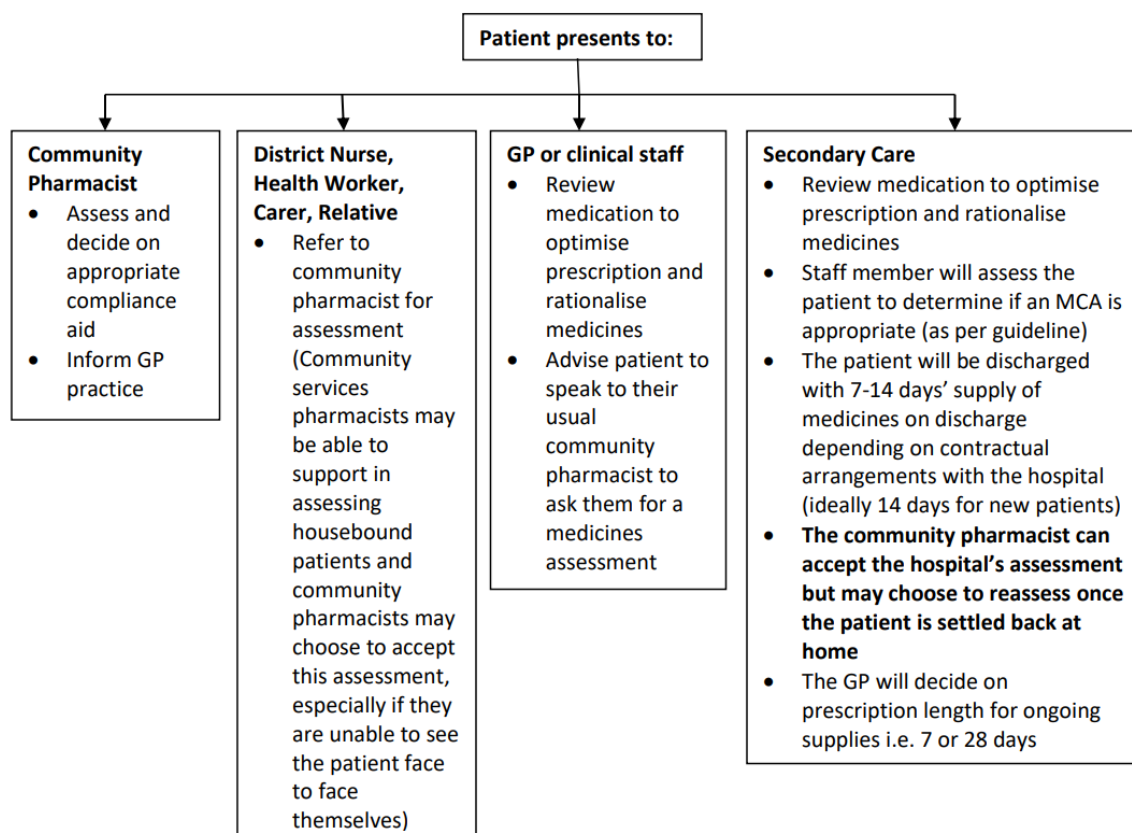
Patients presenting in secondary care requiring an MCA will be assessed to determine if an MCA is appropriate (as per guidelines) Medications will be reviewed and optimised and rationalised

The patient will be discharged with 7-14 days' supply of medicines on discharge depending on contractual arrangements with the hospital (ideally 14 days for new patients)

The discharge medicine service (DMS) will be used to inform the patients community pharmacy of the changes. The community pharmacist can accept the hospital's assessment but may choose to reassess once the patient is settled back at home.

Managing Prescription Request for Compliance Aids – A Summary

Patient presents having difficulty managing their medicines:

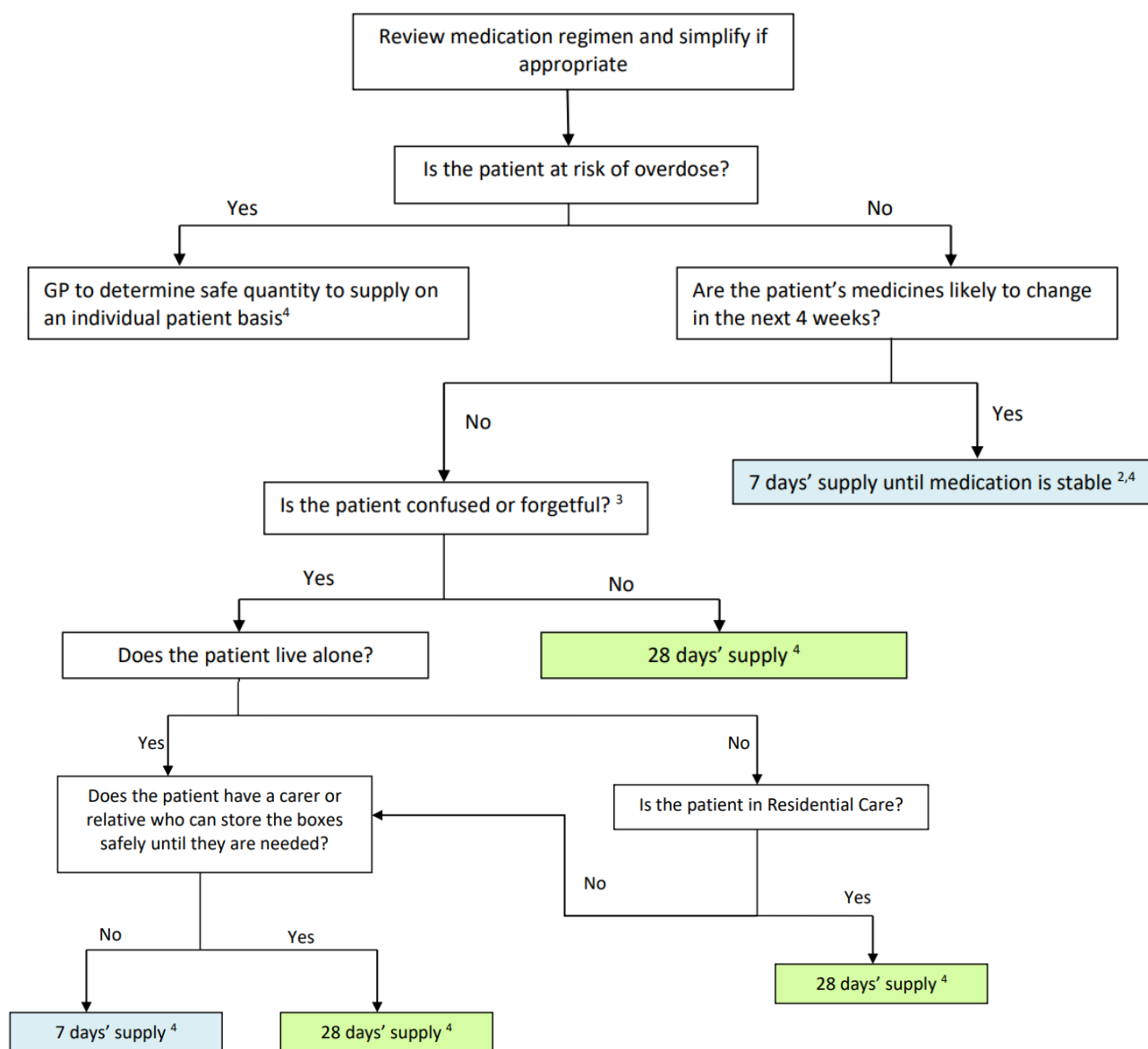


It is the dispensing pharmacist's responsibility to determine an appropriate aid for the patient. The dispensing pharmacy may choose to accept an assessment done by secondary care or community services pharmacists e.g. for housebound patients or may wish to undertake their own assessment.

It is the GPs responsibility to prescribe for the patient in an appropriate quantity which is independent of the aid provided and should be based on the individual patient requirements.

If a community pharmacist accepts a hospital assessment for an MCA, it is suggested that they reassess the patient 6 months after discharge as their status may have changed and an MCA may no longer be necessary

Decision Aid to decide appropriate prescription length:



Key:

1. This flowchart is not exhaustive and is not intended to replace clinical and personal knowledge of the patient's circumstances.
2. If the medication is likely to change within the next 4 weeks, supply in 7-day intervals and reassess the patient every 4 weeks. Once the medication is stable, start the algorithm again. This will reduce possible wastage of medication.
3. Unless they have some help at home, a patient who is forgetful or confused or has certain other clinical conditions may be unable to manage having 4 boxes (of a week each) delivered at one time.
4. The length of supply prescribed will determine how much medicine is delivered and how often. 7 days should result in a weekly delivery. 28 days will likely result in a delivery every 4 weeks (either 4 boxes of 7 days or 1 box of 28 days)

References

- [Improving patient outcomes: The better use of multi-compartment compliance aids](#) (Royal Pharmaceutical Society, 2013)
- [Helping patients take their medicines safely: reasonable adjustments](#) West of England Academic Health Science Network (weahsn.net)
- [Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence](#). (NICE, 2009)
- [Medicines Adherence Support Project, North East & North Cumbria Academic Health Science Network](#) (2019)
- [The mechanics of tackling overprescribing and problematic polypharmacy](#) (Health Innovation Network, 2025)

Appendix 1 – Useful Resources

- West of England Academic Health Science Network resources:
 - West of England Academic Health Science Network (AHSN) working collaboratively with stakeholders have published a [series of free resources to support](#) appropriate use of MCAs, through promotion of the range of reasonable adjustments and how assessments for adjustments should be undertaken. The use of MCAs were recognised as an important medicines safety issue by the West of England Patient Safety Board and the West of England Medicines Safety Steering group.
 - Watch this [short video](#) where national Polypharmacy Clinical Lead and pharmacist, Clare Howard, discusses the resources and their importance.
 - Patient Equality Act Assessment for Medication Reasonable Adjustment [standardised assessment form](#)
 - Patient Equality Act Assessment for Medication Reasonable Adjustment [decision tree infographic poster](#)
 - [Health care professionals video animation](#) – “How healthcare professionals can support medicines compliance: reasonable adjustments”
 - [Video animation sharable with patients/carers/public](#) – “Helping medications to be taken safely: advice for patients, families and carers about reasonable adjustments”