

MEDICINES CLINICAL POLICY TEAM

Prescribing Guidance

7-Day and Medicine Compliance Aids (MCA) Prescribing Guidance



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REVIEW AND AMENDMENT LOG:

Version	Type of Change	Date	Description of Change
1	New	May 2025	1 st Draft Version
2	Feedback from Hemant Patel	June 2025	Flow change amendments and inclusion of the sample Equality Act Assessments. - approved
3	Feedback from Dr. Anna Stone	June 2025	Add in greater clarity on the no additional cost implications of 7 days vs 28 days to General Practices. - approved
4	Feedback from Katy Dean	June 2025	Add more detail on carers and care staff - approved
5	Feedback from Bharat Patel	July 2025	Flow chart amendments - approved
6	Feedback from Hema Patel	August 2025	Amendment to wording on Equality Act 2010 - approved
6.1	Feedback from Richard Thompson	August 2025	Hyperlink needed to be amended for NICE NG67 – approved.

SUMMARY

7-day prescriptions are for patients who need their medicine supplied weekly for clinical and safety reasons. The treatment length of a prescription simply determines how often a patient receives their medication. It is irrelevant to the way it is dispensed.

When are 7-day prescriptions appropriate?

7-day prescriptions are often appropriate for patients who:

- Frequently require a change in medication or are undergoing a period of titration or review of treatment and to reduce the risk of increased waste,
- Are considered at risk of medication overuse (e.g., due to self-harm or confusion) and it is not safe to provide them with a longer than 7-day supply (particularly controlled drugs) or there are stability issues.

Have a documented clinical need (by the prescriber)

If 7-day prescriptions (or shorter) are considered a clinical requirement by the prescriber, they should be supplied at the prescribed interval to the patient by the community pharmacy.

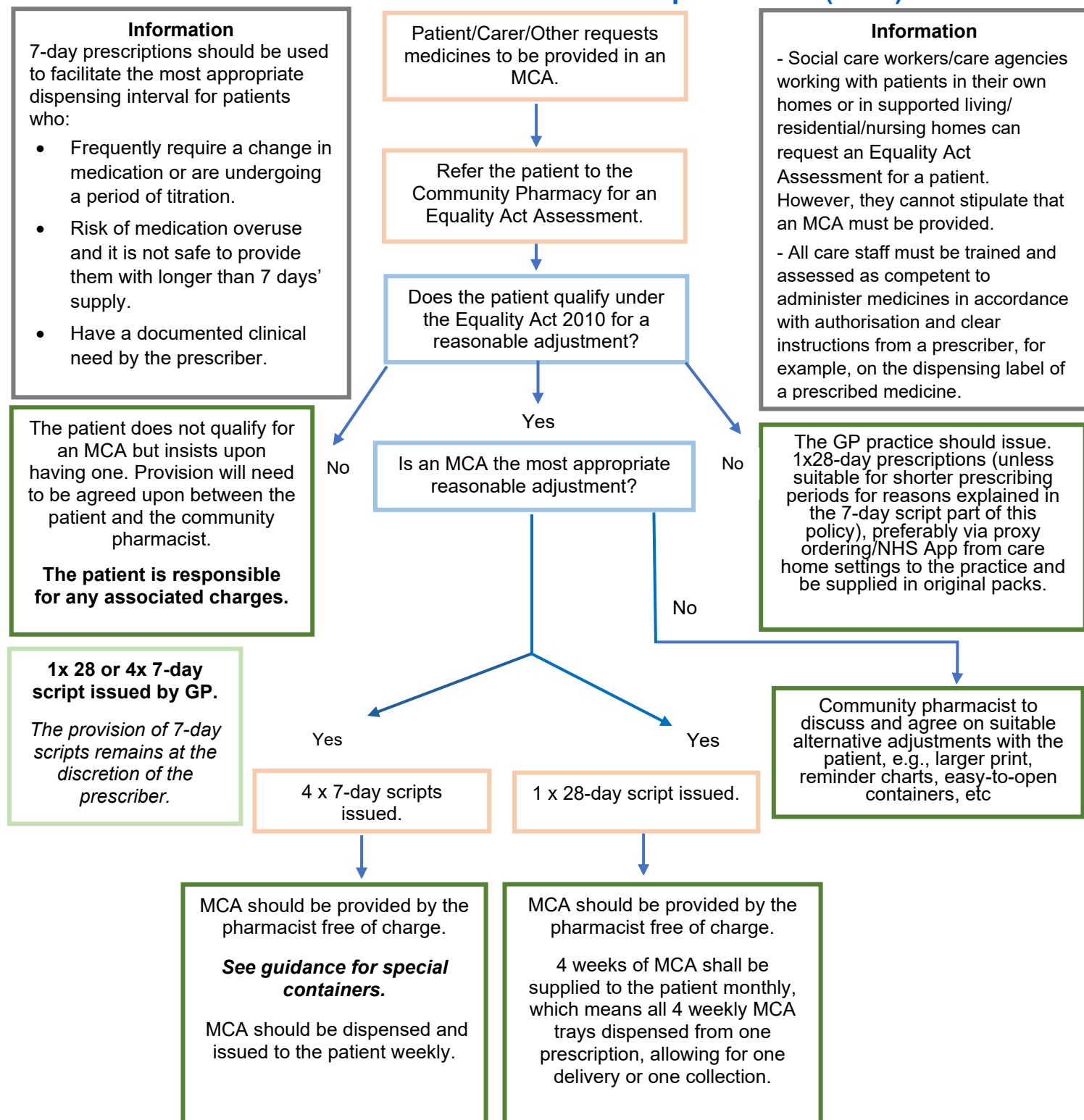
When are 7-day prescriptions not appropriate?

28-day (or greater) duration prescriptions are appropriate for the majority of patients who are stable and for whom there are no clinical or safety concerns.

7-day prescriptions should not be used:

- When the above circumstances are not met
- Simply to support the provision of a medicines compliance aids (MCA)
- Simply because the patient is resident in a nursing home, care home or has a domiciliary care worker.

Flowchart for consideration of a Medicine Compliance Aid (MCA)



For changes to medicines in the MCA, an entirely new prescription for all medicines should be reissued and a new MCA should be prepared.

PURPOSE

This document provides guidance on 7-day interval prescribing, including where it may be clinically appropriate, how this applies to Medicine Compliance Aids (MCA) and considerations when issuing prescriptions to be dispensed into an MCA.

INTENDED AUDIENCE

This document is intended for use by prescribers within general practice within the NHS Black Country (Black Country ICB (BCICB)).

BRIEFING

Prescription duration

The treatment length of a prescription simply determines how often a patient receives their medication. It does not determine how the medicines are dispensed. The duration of a prescription is decided by the prescriber on clinical and safety grounds as described below.

For the majority of patients, original pack dispensing will be appropriate and is recommended.

Where there are exceptional circumstances, 7-day prescriptions may be necessary. Examples include:

- If the prescriber decides there is a clinical reason to restrict the quantity of medication supplied to the patient at any one time, for example, concerns regarding overdose or misuse.
- Frequent medication changes are anticipated due to unstable medication regimes. The use of 7-day prescriptions will minimise any potential wastage of medication. It is expected that the quantity will be changed to 28 days once stability has been achieved.

The rationale for issuing 7-day prescriptions should be clearly documented in the patient's notes with a rolling review date to review frequency and duration of prescriptions.

Please note, it does not cost the practice any additional costs for prescribing shorter periods (the total drug costs remain the same for 4 x 7 days/ 1 x 28-day prescriptions). The item prescription fees that community pharmacies are paid do not come from the general practice's costs. The Community pharmacies are paid single activity fees, which are from centralised funding. [We're all community pharmacy](#) .

Electronic repeat dispensing (eRD)

eRD allows prescribers to electronically authorise and issue a batch of repeat prescriptions for up to 12 months in patients whose therapy is stable. The prescriber can set the duration (interval) of each prescription, i.e., 28 or 56 days repeat cycles.

The use of [eRD](#) may be considered to minimise workload for practices issuing 7-day prescriptions, by reducing the administrative time and clinical input required to deal with these requests, where clinically appropriate in line with local practice policy.

The treatment length of a prescription simply determines how often a patient receives their medication. It is irrelevant to the way it is dispensed. It is also a good way of setting Structured Medication Review (SMR) dates.

MCAs

The [Royal Pharmaceutical Society](#) (1) (login required) **recommends the use of medicines in their original containers with appropriate support.**

There may be instances where patients require support to take the medicines prescribed for them, including reasonable adjustments under the [Equality Act 2010](#) – see below for more detailed information.

Medicine Compliance Aids (MCA) are also known as a blister pack, dosette boxes, trays, or multi-compartment compliance aids, monitored dosage systems (MDS) are a device that contains medicines packaged in individual compartments by patients, carers, or community pharmacies. The use of MCA has grown significantly and the demand is not always driven by clinical need. There is also a substantial cost and time element required from both pharmacies and prescribers to provide MCA to a patient. Risks can include: the potential of errors from secondary dispensing and increased waste from re-dispensing if changes occur mid-cycle.

In some instances, MCA, where care staff have become reliant on MCA administration, has resulted in them deskilling by placing heavy reliance on being on autopilot of administering medicines without an original pack to check the medicines against. There is no evidence that MCA reduces medication errors; in fact, there have been incidents where incorrect medicines have been added to the MCA or added to the wrong day or at the wrong time.

Whilst MCA can help patients manage their medicines and maintain independence, there is limited evidence that it leads to improved health outcomes (2) or improved compliance. MCA can make it difficult to identify medicines contained within them and they are not usually child tamper resistant (3).

A recent [Coroners report](#) raises concerns with the use of MCA for managing prescription medicines for patients with cognitive impairment. In this case, an 82-year-old woman

inadvertently took her husband's medicines for several days and died as a result. Both patients had different medicines provided in an identical-looking MCA and both were noted to have cognitive impairment. The case highlights concern about the lack of specific guidance for pharmacists when providing medicines in an MCA to patients with cognitive impairments. These patients may require additional support to take their medication safely, as MCA is not always suitable or the only solution to enable a patient to take their medicines.

Equality Act

The Equality Act 2010 requires providers of goods and services not to discriminate against persons with a disability. A person is regarded as being disabled if they have a physical or mental impairment that has a substantial adverse effect on that person's ability to conduct day-to-day activities. The impairment must have either lasted for, or be expected to last for, more than 12 months.

The legislation does not require providers to conduct a formal assessment, only that a reasonable adjustment is made to help a person overcome the obstacles to accessing the service. What is considered a "reasonable adjustment" is subject to the individual situation of the provider; the Act does not specify any particular factors that should be taken into account. (4)

Reasonable Adjustments

A person-centred and integrated approach should be sought to identify the best intervention through individual assessment of both the level of care required by the individual, the reasons for both intentional and non-intentional non-adherence and the most suitable solution.

This may be an MCA, but could be an alternative, such as a reminder chart, easy-open containers, or large print labels (3). The decision and clinical responsibility regarding the most appropriate adjustment is that of the community pharmacist. In December 2023, [Specialist Pharmacy Services](#) (SPS) published information on understanding medicine adherence factors and tools for clinicians to support patients, which includes information on reasonable adjustments.

Prescribers should also consider that patients requiring additional support in taking their medicines may also benefit from a Structured Medication Review (SMR). Clinicians undertaking an SMR should review and rationalise a patient's medication through deprescribing and medicines optimisation using a shared decision-making approach to meet the person's individual needs and circumstances.

Community pharmacists and general practitioners can consider adding a '[Reasonable Adjustment Flag](#)' to the patient records. The Reasonable Adjustment Flag was developed in the NHS Spine to enable health and care workers to record, share and view details of

reasonable adjustments across the NHS, wherever the person is treated. To support training and implementation, NHS England, in partnership with e-learning for healthcare, has developed an e-learning module to improve understanding of ethical and legal requirements, supporting the identification and recording of people's reasonable adjustment needs.

Funding of MCA

The NHS Terms of Service do not impose a requirement for pharmacists to dispense medicines into MCA or in instalments (other than instalment prescriptions for the treatment of substance misuse).

The decision as to whether it is appropriate to dispense medicines into a compliance aid is that of the pharmacy contractor [community pharmacist]. The 'pharmacy contractor' is responsible for ensuring the patient understands how to use the device (5).

There is no funding from the NHS for community pharmacies to support the general use of MCA. Community pharmacies are required under the Equality Act 2010 to make reasonable adjustments for those with a long-term disability. The national NHS community pharmacy funding includes a small contribution in the dispensing activity fee for reasonable adjustments (which may include an MCA) for people eligible under the Equality Act 2010 (6), as detailed in the [Drug Tariff](#).

If a patient does not meet the requirements to receive a MCA as a reasonable adjustment under the Equality Act, for example where a patient request an MCA to aid administration of medicines for convenience, the NHS does not fund provision of MCA in this group of patients and it is at the discretion of the pharmacy as to whether charges are incurred for providing MCA.

There is no requirement to comply with requests from a pharmacy for 7-day prescriptions to cover the expense incurred in providing MCA. A 7-day prescription should only be issued for a patient who uses an MCA where there is an additional clinical reason, such as those described above.

Decision to supply MCA

A prescriber or other third party cannot insist that a community pharmacist dispense medicines into an MCA. Whilst a community pharmacist may gather information to guide their evaluation, the decision to provide an MCA for a patient is the sole discretion of the community pharmacist. The community pharmacist would be expected to communicate whether an MCA is appropriate to the patient/carer and/or discuss any other reasonable adjustments which may be suitable.

Many medicines are not licensed for inclusion in MCA based on the absence of any stability studies, which will affect a manufacturer's liability if medicines are repackaged out of the original container.

Prescribers and community pharmacists should note that “when required (prn)” medicines, dispersible medicines, fridge items, or medicines that may require frequent dose changes (such as warfarin) should not be dispensed into an MCA.

Dispensing of MCA

Where a 28-day prescription for MCA has been issued by the prescriber, the medication should be dispensed and supplied on one occasion. They can be dispensed as either a 28-day tray or four 7-day trays.

If a patient requires their medicines to be delivered/collected every week as per the prescriber's clinical judgement, then a 7-day prescription is justified and should be issued. If a 7-day prescription has been issued, the pharmacy is expected to dispense and supply MCA trays at 7-day intervals.

Community pharmacies are unable to amend the MCA once issued to a patient. If an additional medicine is initiated during the time that the MCA is in use, community pharmacists are under no obligation to amend the MCA. If the new medicine is also needed in the MCA, an entirely new prescription for all medicines should be reissued and a new MCA to be prepared by the community pharmacy (3). Any previous MCA that are unused or partly used should be retrieved and disposed of in line with the pharmacy's medicines waste disposal policy.

Medicine stability considerations

Not all medicines are suitable to dispense into an MCA, as exposure to heat, light, moisture and air may impact their stability. This can potentially reduce the quality of the medicine and thus compromise patient safety.

SPS has developed an [MDS Stability Tool](#) which healthcare professionals can access to support decisions on the stability of medicines when being placed in an MCA. Where there is no stability information available, professional judgement should be exercised by the community pharmacist.

Special Containers

Medicines with '[special container or sub pack as a special container](#)' status should not be split or removed from the original container or sub pack.

Where the quantity ordered does not coincide with that of the special container pack size, the community pharmacist is required to supply the nearest complete pack or sub-pack(s) to the quantity ordered. (7)

7-day prescriptions for medicines with special container status can lead to increased medicine waste and risk of patient harm. Community pharmacists should inform prescribers if medicines are not suitable to be dispensed into an MCA, or medicines (prescribed on a 7-day prescription) that have 'special container' status. In these circumstances, prescription durations should be amended accordingly.

Community Pharmacy England (CPE) has published a special container database to support the identification of products with special container or sub-pack special container status using the 'Dictionary of Medicines and Devices', which can be accessed [here](#) or denoted with a 'black square' in the Drug tariff.

Care Homes

Care homes or care agencies may request patients' medicines to be supplied in an MCA as part of their internal policies for a matter of convenience. This will be outside the scope of Equality Act provisions and negotiations for the provision and cost of this service should be between the care home/patient/carer/agency and the community pharmacist.

The [Care Home Use of Medicines Study \(CHUMS\)](#) reported that use of MCA did not reduce the likelihood of medicines administration errors. This study highlighted those errors associated with MCA, including labelling and dispensing errors (8).

The [NICE guideline on Managing medicines in care homes \(SC1\)](#) states:

"Care home providers should determine the best system for supplying medicines for each resident based on the resident's health and care needs and the aim of maintaining the resident's independence wherever possible." (9)

Domiciliary care worker requests

Requests for MCA coming to general practice by domiciliary care workers should be advised that the decision rests with the community pharmacist and potential charges may apply if the patient is not eligible under the Equality Act 2010.

NICE NG67 is the equivalent of SC1 for domiciliary care:
(<https://www.nice.org.uk/guidance/NG67>)

Recommendation to practices

Although MCA can help patients manage their medicines and maintain independence, there is limited evidence that it leads to improved outcomes. 28-day prescriptions should

be issued for patients where the community pharmacist has deemed an MCA as the most appropriate reasonable adjustment.

7-day prescriptions should only be issued in exceptional circumstances as detailed above.

Prescribers and community pharmacists should work together and take a person-centred approach to facilitate and support the patient to take their medicines as prescribed.

The following are recommendations for the implementation of this guidance:

Before undertaking a review of 7-day prescribing in patients, ensure all stakeholders are informed, i.e. practice staff, community pharmacies and patients.

Collaborate with the community pharmacist to understand which patients they have identified as need is a reasonable adjustment and document on the patients' clinical notes.

Changes to existing patients' prescription length should only be implemented after a careful risk assessment and communication between the prescriber and community pharmacist.

Identify existing patients prescribed 7-day interval prescriptions and regularly review the clinical appropriateness.

Where medicines have special container status, amend the medicine prescription duration/quantity accordingly, i.e. to the nearest whole pack and not to be placed in the MCA.

SNOMED code in the patient's medical record if they are known to receive a dispensed MCA.

Uses dispensed monitored dosage system.

SNOMED code: 865301000000107

Where patients may require additional support on taking medicines prescribed for them, do not request MCA (or alternatives) for patients from pharmacies; direct the patient/carer to their community pharmacist for discussion of options. Please see Appendix 2. Information leaflet on the supply of MCA.

References

1. **Royal Pharmaceutical Society.** Use of multi compartment compliance aids. [Online] 07 2013. [Cited: 31 10 24.] <https://www.rpharms.com/about-us/news/details/use-of-multi-compartment-compliance-aids>.
2. **Quality Care Commission.** Multi-compartment compliance aids (MCAs) in adult social care. *Guidance to prescribers.* [Online] 10 April 2024. [Cited: 3 November 2024.] <https://www.cqc.org.uk/guidance-providers/adult-social-care/multi-compartment-compliance-aids-mcas-adult-social-care>.
3. **PrescQIPP.** Multi-compartment compliance aids (MCAs). *PrescQIPP.* [Online] April 2023. <https://www.prescqipp.info>.
4. **PSNC.** PSNC Briefing 01/16: Equality Act 2010. *Community Pharmacy England.* [Online] 01 2016. [Cited: 31 10 2024.] <https://cpe.org.uk/wp-content/uploads/2016/01/PSNC-Briefing-001.16-Equality-Act-2010.pdf>.
5. **Community Pharmacy England.** The Equality Act 2010. [Online] 23 07 24. [Cited: 31 10 24.] <https://cpe.org.uk/quality-and-regulations/other-regulatory-and-terms-of-service-requirements/equality-act/>.
6. **Drug Tariff.** Business Services Authority. [Online] February 2024. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>.
7. **Community Pharmacy England.** Special containers and products requiring reconstitution. *Dispensing and Supply.* [Online] 2023 October 4. [Cited: 2024 November 2.] <https://cpe.org.uk/dispensing-and-supply/dispensing-process/dispensing-a-prescription/special-containers/>.
8. *Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people.* **Barber, ND, et al.** s.l. : BMJ Journals, 2009, BMJ Quality and Safety, pp. 341-346.
9. **NICE SC1.** Managing medicines in care homes. *Social care guideline.* [Online] 14 03 2014. [Cited: 01 11 2024.] <https://www.nice.org.uk/guidance/sc1>.

Acknowledgement to BSol ICB for their support.

Appendix 1: Sample Equality Act Assessment Forms

Appendix 1: Medicines Compliance Tool

Patient Details		GP Details		
Name		GP Name		
Hospital Number		Telephone Number		
Address		Community Pharmacy/dispensing practice details		
NHS number		Name		
		Telephone Number		
Step one: What can the patient manage?				
		Yes	No	
Mental	Understanding	Understand each medicine dosage instructions?		
		Understand the importance of each medicine?		
		Understand how to take PRN (when required) medication?		
		Understand how to take variable doses (e.g. Warfarin?)		

Physical	Memory	Remember to take their medication regularly and at the appropriate time?		
		Remember to order their repeat medication?		
Physical	Swallowing	Swallow all their tablets/capsules?		
		Dexterity	Open medicines boxes?	
		Open blister strips		
		Open and close child-resistant lids?		
		Open and close winged lids?		
		Grip medicine bottles?		
		Halve tablets themselves (if required)		
	Sensory	Read standard print labels?		
		Read large print labels (16/18 point Arial)?		
		Read Braille labels (if patient blind)?		

Step Two: Which simple adjustments might be appropriate?		
Problem	Suggested solutions	Action Plan (refer to other health professionals where appropriate)
Understanding	Provide a medication reminder sheet	
	Simplify medication regime	
	Relative/carer prompts to take medication	
	Relative/carer prepares medications and prompts to take	
Memory	Provide a medicines reminder sheet	
	Simplify medication regime	
	Relative/carer prompts to take medication	

	Can the patient hear an alarm?		
If the answer to each question is 'yes' it is unlikely that the patient requires additional compliance support. Proceed to step four. If the answer to any of the questions is 'no' proceed to the suggested adjustments listed in step two.			

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	Provide talking labels	
	Relative/carer prompts to take medication	
	Relative/carer prepares medications and prompts to take	
<p>If a suitable adjustment can be made proceed to step four. If none of the suggested adjustments are suitable for the patient, proceed to step three.</p>		
<p>Step Three: Is a monitored dosage system blister pack appropriate?</p>		
	Yes	No
Can the patient's medication regime be included in a compliance aid blister?		
Can the patient select medication from correct compartment?		
Can patient remove medication from the blister pack?		
Is patient willing to change current medication system?		
<p>If the answer to any of the above questions is 'no' an MDS system may not be appropriate. Refer back to section two. If the answer to each question is 'yes' a 28 day MDS might be a suitable adjustment.</p>		
	Yes	No
Can the patient be prescribed a month's supply of medication?		
Is the patient's medication regime stable?		
<p>If the answer to any of the above is no, seven days may be considered, discuss with patient's GP/Pharmacist.</p>		
Is there a risk to patient's or others from having too much medication at home?		
<p>If the answer to the above is yes, seven days may be considered, discuss with patient's GP/Pharmacist.</p>		
	Relative/carer prepares medications and prompts to take	
	Organise repeat prescription collection/delivery service	
	Assistive technology e.g. Lifeline calling up to 4 times a day	
Swallowing	Provide alternative formulations where appropriate	
	Simplify regime to once daily/combination products	
	Refer to recommendations made by Speech and Language therapy	
Dexterity	Provide screw/winged lids	
	Provide large bottles/boxes	
	Dispense blister packed medicines into bottles	
	Provide halved tablets	
	Relative/carer prompts to take medication	
	Relative/carer prepares medications and prompts to take	
	Jar openers	
Sensory	Provide large print labels	
	Provide symbols on each box	
	Provide Braille labels	

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Step Four: Assessor Details				
Name:		Profession:		
Signature:		Date:		
Contact Details:		Review Date:		
Outcome of Assessment:				
			Yes	No
It is my opinion that this patient does not have a medicines compliance problem.				
It is my opinion that this patients does have a medicines compliance problem and would benefit from adjustments.				
Adjustments:				
Comments/considerations:				

Step Five: Patient Consent				
This assessment is correct at the time of completion, any changes in circumstances or medication may require further assessment.				
I agree to the information contained on this assessment being shared with other Health Professionals involved in my care. I understand that my Pharmacist or Dispensing Doctor may need to make further amendments dependant on my medication regime.				
Name:		Signature:		Date:
Copy to (attach current medication regime) GP, community pharmacist, patient (if requested) and other healthcare professional as appropriate e.g. community matron.				

Appendix 1: Sample Equality Act Assessment Form

Summary

Service Adjustment Review for

Risk Areas	Assessed Risk Level			Possible Solution
	High	Med	Low	
Coping Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Medicine out of Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swallowing or Using Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Following Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intentional Non-Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory Problems (e.g. Sight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Problems (e.g. Tremor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carer's Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Adjustments to Service Required

Other Interventions Required

	Yes	No	Completed By	Date
Action Plan Agreed with Patient	<input type="checkbox"/>	<input type="checkbox"/>		
Carer Informed	<input type="checkbox"/>	<input type="checkbox"/>		
GP Informed – no intervention required	<input type="checkbox"/>	<input type="checkbox"/>		
GP Informed – an intervention is required	<input type="checkbox"/>	<input type="checkbox"/>		
Further Referral	<input type="checkbox"/>	<input type="checkbox"/>		

Pharmacist's Name _____ RPSGB No _____

Signature _____ Date _____

Note: The Community Pharmacist takes responsibility for the assessment made

Suggested Next Review Date _____

Assessment for Appropriate Adjustments of Service under the DDA

Section 1: About the Person

 Date of Assessment _____
 Person's Name _____ Date of Birth _____
 Address _____
 Tel No _____ Preferred Language _____
 GP's Name & Address _____

Section 2: Current Care

 Carer Present? Yes No Name & Position _____
 No of Regular Carers _____ Paid _____ Unpaid _____

Visit	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Midday							
Evening							

 Who to Contact? GP Carer Other _____

Contact Details _____

Section 3: Current Medication

 Date of Last Medicines Use Review _____
 Number of Dose/Medication Alterations in last 3 months (from PMR) _____
 Evidence of Non-Compliance in PMR? _____
 Current Pharmacy Services Provided _____

Section 4: Medicine Containers

Container Type (consider both opening & closing)	Problem area?		Notes
	Yes	No	
Boxes	<input type="checkbox"/>	<input type="checkbox"/>	
Blister Packs	<input type="checkbox"/>	<input type="checkbox"/>	
Tablet or Capsule Bottles	<input type="checkbox"/>	<input type="checkbox"/>	
Screw Lids	<input type="checkbox"/>	<input type="checkbox"/>	
CRC Lids	<input type="checkbox"/>	<input type="checkbox"/>	
Winged Lids	<input type="checkbox"/>	<input type="checkbox"/>	
Liquid Bottles	<input type="checkbox"/>	<input type="checkbox"/>	
Squeezable Tubes	<input type="checkbox"/>	<input type="checkbox"/>	
Purchased Compliance Aid	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacy Supplied MDS	<input type="checkbox"/>	<input type="checkbox"/>	

Summary of Agreed Action Plan _____

Section 5: Taking and Using Medicines

Medication Type	Problem area?		Notes
	Yes	No	
Non-Soluble Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Soluble Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Chewed or Crushed Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Capsules or Caplets	<input type="checkbox"/>	<input type="checkbox"/>	
5ml spoons and Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Measuring Cups and Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Syringes and Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Creams and Ointments	<input type="checkbox"/>	<input type="checkbox"/>	
Inhalers and Spacers	<input type="checkbox"/>	<input type="checkbox"/>	
Eye/Ear/Nose Drops	<input type="checkbox"/>	<input type="checkbox"/>	
Suppositories and Pessaries	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	

Summary of Agreed Action Plan _____

Section 5: Instructions With Medicines

	Problem area?		Notes
	Yes	No	
Reading Instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding Instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of Chart	<input type="checkbox"/>	<input type="checkbox"/>	
Generally Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	
Number of Prescribed Items	<input type="checkbox"/>	<input type="checkbox"/>	
Number of PRN Items	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative Medicines	<input type="checkbox"/>	<input type="checkbox"/>	
Similar in Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Variation in Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of Reason	<input type="checkbox"/>	<input type="checkbox"/>	
Suppositories and Pessaries	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	

Summary of Agreed Action Plan _____

Section 5: Helping to Cope and Routines

	Currently Using	Could be Useful	Person Thinks Unlikely to Help
Simple Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tick Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAR Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased Compliance Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Friend Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Supplied MDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Agreed Action Plan _____

Section 6: Further Notes

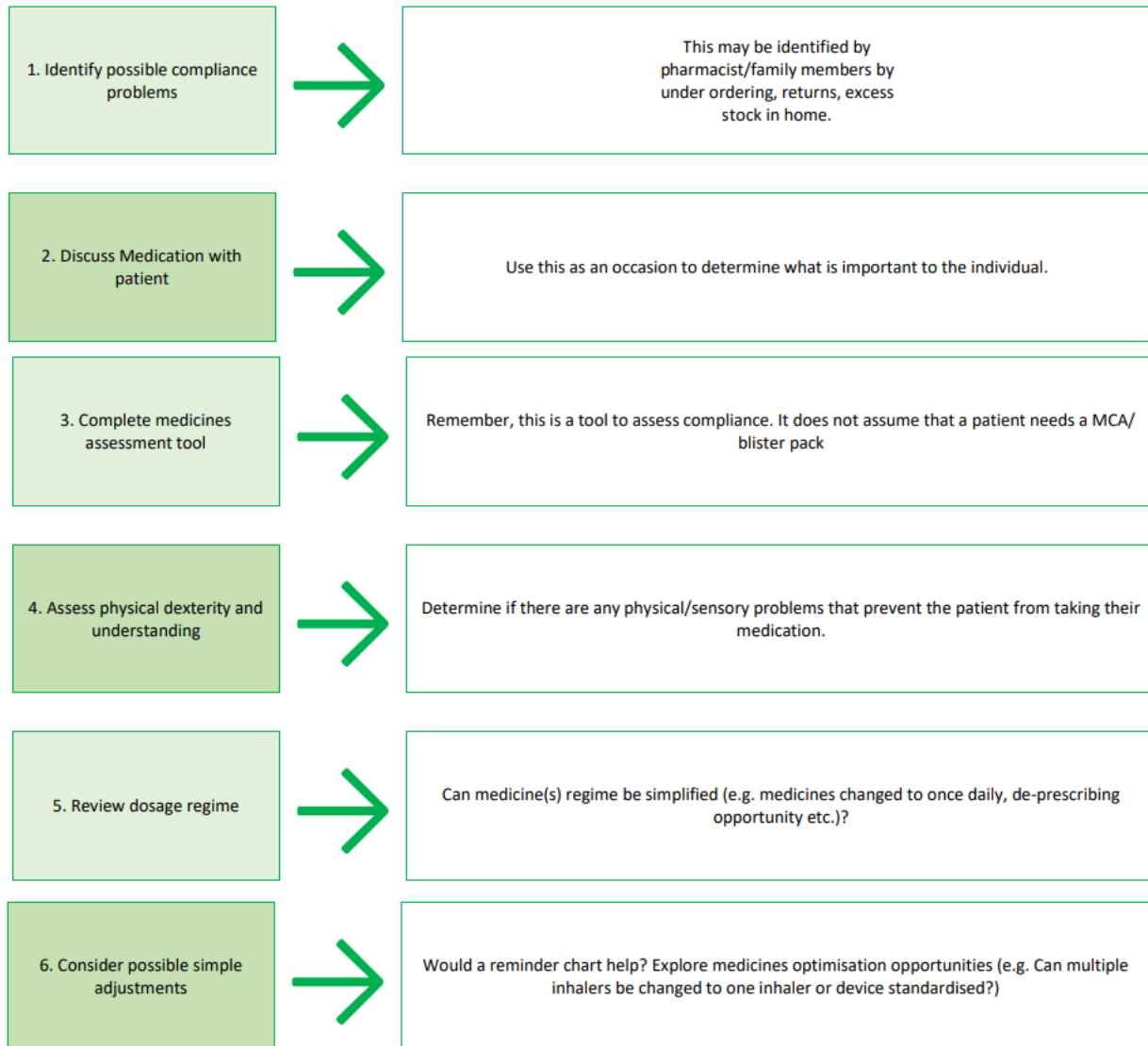
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Appendix 2: Resource Pack- alternative to MDS

Device	Description
Pill splitter/pill crusher	Splits/crushes pills
Self-fill multi-compartment aid boxes	Usually daily. To be filled by patient
Large print labels	For partially sighted
Symbol chart and stickers	For partially sighted
Talking labels	For partially sighted
Watch alarms	To remind the person the time to take their medication
Large containers	For easier handling and to accommodate larger labels
Easy open tops	For those having difficulty opening containers.
Oral syringes	For measuring smaller volumes of liquid doses
Eye drop dispensers	To aid application of eye drops (brand specific)
Haleraid/turbohaler grip	Alternative to spacer
Braille labels	For partially sighted
Telehealth/care	Funding may be available from social care,

7-Day and MCA Prescribing Guidance

Appendix 3 Flow Chart for the assessment of medicines compliance



Appendix 4: Information leaflet on MDS

What are medicine compliance aids (MCA)?

Medicine compliance aids (MCA), also known as compliance aids, blister packs or dosette boxes, Monitored Dosage Systems (MDS), are devices that contain medicines packaged in individual compartments by community pharmacies.

They are one of a range of support options which may be available from your local community pharmacy to help you manage your medicines, however they are not suitable for everyone.



Not all medicines are suitable to be added to MCA, as removing the medicine from its original packaging is not recommended for several reasons, such as they may become less effective or there are risks to a person handling the medicine.

What support is available to you to help you manage your medicines?

There are many options that might be helpful for you if you need help with your medicines. Some examples that may be available from your local pharmacy include:

- large print labels if you have difficulty reading labels
- charts that list your medicines so you can record when you take them
- 'Easy open' caps if you have difficulty opening child-resistant medicine caps.



Will I be charged if I am offered support with my medicines?

Monitored dosage systems may not be provided free of charge to all patients. If you have a disability and your community pharmacist assesses that MCA is the most suitable adjustment for you, there will be no charge for it. (Examples of the assessment forms are included in Appendix 2).

What will happen if my medicines change?

If your prescription changes and you have not finished your MCA, it is difficult to amend it, and a new prescription will need to be issued for all medicines.

Where can I get further information on this?

Further information and support can be obtained from your local community pharmacy.

