

# Fylde and Wyre Medicines Sub Group

## Briefing Document

<b>Date</b>	October 2013
<b>Guidance</b>	<b>Improving patient outcomes: The better use of multi-compartment compliance aids</b>
<b>Overview</b>	<p>In July 2013 the Royal Pharmaceutical society published guidance on multi-compartment compliance aids (MCAs) to optimise patient care. This document provides objective guidance on MCA use. Included is supporting guidance, including patient assessment criteria, medicines suitability and stability guidance, and practice considerations</p> <p>The supply of MCAs has become synonymous with providing medicines support and is often integrated into practice and service policy without giving due consideration to the alternatives available. Whilst MCAs may be of value to some patients, they are not the best intervention for many patients and current evidence indicates that they should not automatically be the intervention of choice for all patients. There needs to be better understanding of the selection of an MCA as one adherence intervention amongst many, taking into account the evidence base, practice considerations, benefits and risks. There are many alternative interventions which may be more appropriate in preference to an MCA in helping patients to take their medicines and maintain independence.</p>
<b>Summary of Recommendations</b>	<ul style="list-style-type: none"> <li>• Use of original packs with appropriate support should be the preferred option of medicines supply</li> <li>• MCAs should not be considered a safer option. It is proven that routine use of MCA without patient assessment and support further complicates or adds to medicines related risks</li> <li>• Patients who can safely self-administer should be encouraged to do so to allow independence</li> <li>• For patients unable to self-administer there must be appropriate training of carers (to administer from OPs)</li> <li>• Patients with adherence issues should have a robust individual assessment to identify their needs and this should incorporate a clinical medicines review, reasons for non-adherence, medicines suitability and possible options for support and follow up.</li> <li>• Where, following an assessment, an MCA is the intervention of choice the guidance highlights the issues which require careful thought to mitigate the risks.</li> <li>• Robust person-centred policies need to be in place or developed, along with services to support the best use of medicines (including community pharmacy services e.g. MUR, NMS, and other locally commissioned services).</li> </ul>
<b>Points to consider</b>	<ul style="list-style-type: none"> <li>• There is insufficient evidence to support the benefits of MCA in improving medicines adherence or improving patient outcomes</li> <li>• There is a lack of authoritative information of stability of medicines outside original packs; including the effect of water and atmospheric gases and potential interactions between repackaged medicines within the compartment. Conversely there are many examples of degradation of medicines when stored outside original packs.</li> <li>• Risks if not all medicines are suitable to go in MCA, introducing complexity and potential confusion.</li> <li>• Providers are often unaware of the negative impact on patients, e.g. Carers not administering vital drugs which cannot be included in MCA, leading to poor symptom control, unnecessary distress and even hospital admissions</li> <li>• Risks that use of MCA can lead to loss of skills for carers and patients</li> <li>• Disadvantages in supply of necessary information</li> <li>• Providers commonly perceive MCAs as a safer solution to minimise risk. Many medicines policies restrict care workers from administering medicines from original packing. This has led to wide misconception that care workers are not allowed to give medicines from standard containers.</li> </ul>
<b>Implications for local practice</b>	<ul style="list-style-type: none"> <li>• Practice policies</li> <li>• Local pathway development</li> <li>• Liaison with local community pharmacies</li> <li>• Carer training</li> <li>• Medicines waste reduction</li> </ul>
<b>Discussion</b>	<p>Many practitioners and carers have strong views about MCAs and may perceive that this guidance is about reducing the provision of medicines support. Whereas it aims to ensure that providing support to take medicines is integrated into local pathways with robust referral processes for assessment and advice. Undertaking patient-centred assessments, giving appropriate training to care workers and developing person-centred medicines policies are areas to prioritise to deliver quick and significant positive outcomes.</p>