

# **Medicines - Compliance Aids**

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## Contents

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<b>1</b>	<b>Purpose .....</b>	<b>3</b>
<b>2</b>	<b>Related documents.....</b>	<b>3</b>
<b>3</b>	<b>Compliance Aids.....</b>	<b>3</b>
3.1	Factors leading to non-compliance .....	3
3.2	Assessment.....	4
3.3	Dispensing into compliance aids.....	4
<b>4</b>	<b>Definitions.....</b>	<b>5</b>
<b>5</b>	<b>How this procedure will be implemented.....</b>	<b>5</b>
5.1	Training needs analysis .....	5
<b>6</b>	<b>How the implementation of this procedure will be monitored.....</b>	<b>6</b>
<b>7</b>	<b>References .....</b>	<b>6</b>
<b>8</b>	<b>Document control .....</b>	<b>7</b>

## 1 Purpose

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Following this procedure will help the Trust to:-

- Ensure only Trust Pharmacy Service will dispense and replenish compliance aids
- Ensure a full documented risk assessment of compliance problems takes place by a member of Trust pharmacy Services place prior to any agreement to provide such an aid.

## 2 Related documents

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This procedure describes what you need to do to implement the compliance aids section of the [Medicines Overarching Framework](#).



The Medicines Overarching Framework defines the compliance requirements for safe, secure and appropriate handling of medicine which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Self-Medication Procedure link
- ✓ Patients Own Drug Procedure [link](#)

## 3 Compliance Aids

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### 3.1 Factors leading to non-compliance

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Non-compliance with medicines is a major cause of relapse and admission to hospital. There are many factors which can lead to non-compliance with medicines. These include:

- A poor understanding of the need for medicines
- A poor understanding of how to take the medicines
- Forgetfulness
- Inability to open the containers
- Poor sight.
- A complicated regime of medicines



For some people a compliance aid may assist them in taking their medication and remain out of hospital.

## 3.2 Assessment

Before there is any agreement to provide medicines in a compliance aid an assessment of compliance problems should take place, (ideally by a member of the Trust Pharmacy Service where service provision allows) and documented on their electronic patient record. It may be that the provision of a compliance aid may not be of benefit.

An inpatient who has compliance issues with their medicines should be assessed by a member of the Trust Pharmacy Service prior to leave/discharge.

## 3.3 Dispensing into compliance aids

The Trust pharmacy service dispenses into agreed brands of compliance aids, which are for single use, for either 1 or 7 days.

Compliance aids vary but most require to be replenished on a weekly basis. Before compliance aids are issued and the patient or carer trained to use them, arrangements must be made for their regular replenishment. This is likely to involve making dispensing arrangements with a community pharmacy which may involve providing regular prescriptions to support weekly dispensing, e.g. four prescriptions each covering a one week supply to cover a 28 day period or a single 28 day prescription with four weekly dispensing instalments. Please note that arrangements can vary across different primary care organisations.



Only the Trust Pharmacy Service will be involved in replenishing compliance aids for inpatients and those containing clozapine.

Please refer to the Patients Own Drug procedure for guidance on using compliance aids dispensed from other pharmacies for administration of medication in inpatient settings or to be given back to the patient at discharge.



The Royal Pharmaceutical Society published guidance in 2013 which identifies that 'Prescribers, pharmacists and other stakeholders must understand the potential liability issues when requesting or supplying a medicine in a Multi-compartment Compliance Aids (MCA). Removing a medicine from the manufacturers packaging, which has been designed to provide the required protection and repackaging the medicine in an MCA is activity which would not to be covered within the marketing authorisation'.

When medication is removed from the original manufacturers packing to be dispensed into a compliance aid this can sometimes affect stability and reduce efficacy e.g. sodium valproate (Epilim), Aripiprazole, the Trust pharmacy team will be able to advise.

In some cases medication may have reduced efficacy when dispensed in a compliance aid, e.g. sodium valproate (Epilim), Aripiprazole. In some cases the benefit to patient of taking this medication, with albeit potentially reduced efficacy outweighs the risk of the patient not taking this medication if dispensed separate to the compliance aid. Where this is the case, document this in the electronic patient record and contact the pharmacy team to make arrangements for supply.

## 4 Definitions

Term	Definition
Multi-compartment Compliance Aid (MCA)	<ul style="list-style-type: none"> <li>Multi-compartment Compliance Aid (also known as Monitored Dose Systems [MDS]). Medication is dispensed into a compliance aid, usually weekly, to help the patient take the medication on the correct day and time.</li> </ul>

## 5 How this procedure will be implemented

<ul style="list-style-type: none"> <li>This procedure will be published on the Trust's intranet and external website.</li> </ul>
<ul style="list-style-type: none"> <li>Line managers will disseminate this procedure to all Trust employees through a line management briefing.</li> </ul>

### 5.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Nursing	Nursing staff to read and be familiar with the procedure within induction period	1 hour	On induction to clinical area
Medical	Medicine management induction training	Face to face 1 hour	At induction
Pharmacy (including dispensary staff)	Induction training	Adhoc during induction period	During induction period

## 6 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Medication only dispensed into an MCA where it is known to be stable, unless a risk:benefit assessment is undertaken and documented (section 3.3)	Pharmacy Team either as part of audit plan or Trustwide Medicines Optimisation Assessment dashboard.	Pharmacy Audit Sub group Drug and Therapeutics Committee
2	All patients have an assessment of medication compliance to establish the need for a MCA before Trust staff starting an MCA	Pharmacy Team either as part of audit plan or Trustwide Medicines Optimisation Assessment dashboard.	Pharmacy Audit Sub group Drug and Therapeutics Committee

## 7 References

Improving Outcomes: The better use of multi-component compliance aids Ref: Royal Pharmaceutical Society July 2013 [Royal Pharmaceutical Society | Improving patient outcomes through the better use of MCAs](#)

## 8 Document control

Date of approval:	26 <sup>th</sup> September 2019	
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This document replaces:	V2.0	
Lead:	Name	Title
	Ros Prior	Deputy Chief Pharmacist (Clinical Services)
Members of working party:	Name	Title
	Pharmacy Leadership Team	Lead Medicines Management Nurse, Lead Pharmacy Technician, Lead and Deputy Chief Pharmacists, Chief Pharmacist.
This document has been agreed and accepted by: (Director)	Name	Title
	David Brown	Chief Operating Officer
This document was approved by:	Name of committee/group	Date
	Drug and Therapeutics Committee	26 <sup>th</sup> September 2019
This document was ratified by:	Name of committee/group	Date
	N/A	
An equality analysis was completed on this document on:	See Pharmacy generic Equality Screening Assessment.	

### Change record

Version	Date	Amendment details	Status
V1	November 2014		Superseded
V2	March 2018	Review. Additional information in section 3.3	Superseded
V2.1	September 2019	Removed references to LYPFT policy	Approved