

A pragmatic framework to support a shared decision making process to discontinue or continue an Multi-compartment Compliance Aid (MCA) for a patient during COVID-19 (using remote consultation)

Note: This document is to be used ONLY when you are faced with making a decision about discontinuing an MCA during COVID-19. It is NOT a tool to assess medicines non-adherence

Context

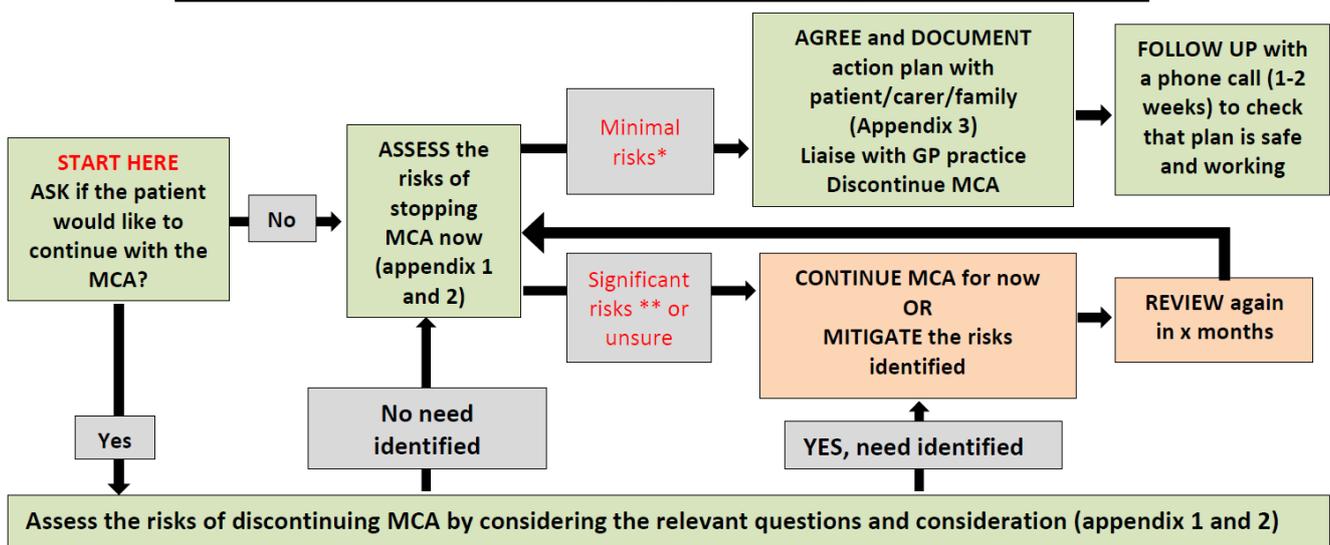
COVID- 19 is presenting challenges that require health and social care practitioners to practice differently, in order to ensure that people are safe at home and to reduce the risks and spread of infection between patients and staff. At this time the priority for pharmacy teams is to ensure the on-going supply and safe use of medicines for people in their own homes, especially the most vulnerable.

Many older people who are shielding require extra support for their medicines to be delivered as well as to take them safely. This has led to requests for interventions to support the self-administration of medicines (such as MCAs) from community pharmacists. There is little evidence to support the routine use of MCAs to improve adherence and safety in medicines administration, so this presents a dilemma for community pharmacists who are contending with increased work pressures and lower staffing levels. The process of dispensing medicines in MCAs takes considerably longer than regular dispensing into the manufacturer’s original packaging.

The flow chart below is a framework to help pharmacists make a decision, when presented with a request to discontinue an MCA for an individual patient (on a case-by-case basis). It is an outcome-focused and values-based tool that considers both patient and pharmacist perspectives. The aim is to reduce service workload associated with MCA provision unless there is an immediate risk to the patient. It may also help to identify other solutions that may be more suitable.

Appendix 4 is a sample letter that pharmacists can send to inform the patient about the imminent change from an MCA to original pack dispensing and offer the opportunity for a virtual consultation to discuss.

Flow chart to aid the decision-making process during a virtual consultation



<p>*Minimal Risk – Answer YES to ALL statements</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> All parties are in agreement <input checked="" type="checkbox"/> There is adequate arrangement in place to ensure the patient takes, or is supported to take their medicines without MCA <input checked="" type="checkbox"/> The patient or carer or relative is able to contact the pharmacy or GP if there are problems? 	<p>**Significant Risk – Answer is YES to any ONE statement</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Waiting for confirmation to agree the plan <input checked="" type="checkbox"/> There isn't adequate arrangement in place to ensure the patient takes, or is supported to take their medicines without MCA <input checked="" type="checkbox"/> The person will suffer unnecessary risk from not taking their medicines if not dispensed in MCA for whatever reason
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Appendix 1. Explore the risks associated with discontinuing MCA	
CHECKLIST	CONSIDERATIONS
<input type="checkbox"/> Who requested the MCA? <input type="checkbox"/> State the reason given below:	<input type="checkbox"/> <i>Patient, carer, family, GP, nurse? Was an objective assessment done? Did they ask patient? Requesting an MCA doesn't mean it is needed, it is more likely an indication that the patient needs some support with their medicines vs. specifically an MCA</i>
<input type="checkbox"/> Does the person receive medicines support from a paid carer?	<input type="checkbox"/> <i>Paid carers should be trained to give medicines in standard containers. It is not against the law and should be covered by their employer's indemnity</i> <input type="checkbox"/> <i>Consider rationalising medicines dosing frequency to fit in with 'care calls'. This should be done in conjunction with social services to ensure care packages are not affected</i> <input type="checkbox"/> <i>However recognise that times of reduced staffing capacity may not be the best time to make changes unless the patient's immediate safety is compromised</i>
<input type="checkbox"/> Does the person receive medicines support from their family?	<input type="checkbox"/> <i>Can relatives support? Are they willing to support to reduce the spread of infection? Consider amending dosing frequency to suit their availability. Can they access training needed to support administration? There are online resources available as well as remote support (video and telephone)</i>
<input type="checkbox"/> Does the person manage or take their medicines by themselves?	<input type="checkbox"/> <i>Need for MCA more likely to be valid if it is to help patient to manage their medicines by themselves</i> <input type="checkbox"/> <i>Are they willing to self-administer? E.g. are they already taking some of their medicines without support?</i>
<input type="checkbox"/> What impairment(s) prevents them from taking their medicines out of a standard container?	<input type="checkbox"/> <i>Forgetting? Overwhelmed by numbers, doses, frequency, complex dosing schedule/device? Can't read or understand instructions? Problems with dexterity? Unable to plan, focus attention, remember instructions to manage medicines?</i> <input type="checkbox"/> <i>Can we simplify dosing, reduce frequency or numbers? Don't assume, ask the patient!</i> <input type="checkbox"/> <i>Are there any adjustments, or aids that can help?¹ Have a few samples to show or send link/photo and explain how it may help</i>
<input type="checkbox"/> Has the person tried alternatives to an MCA?	<input type="checkbox"/> <i>Does the patient have their own strategies/solutions to work with?</i>
<input type="checkbox"/> Are there other medicines outside the MCA that have to be taken as well e.g. inhalers, patches?	<input type="checkbox"/> <i>How many? What strategies do they use to remember/manage to take them? Can these strategies be used for the medicines currently in MCA</i>
<input type="checkbox"/> Can the patient correctly identify the medicines compartment to take from at the right time and day of the week?	<input type="checkbox"/> <i>If not, the MCA is probably not meeting the support need.</i>
<input type="checkbox"/> Can the patient physically remove the medicines out of the MCA compartment?	<input type="checkbox"/> <i>If not, the MCA is probably not meeting the support need.</i> <input type="checkbox"/> <i>Watch out for use of knives or sharp objects to pierce the blister. Also medicines may fall out and get missed or put back wrongly</i>
<input type="checkbox"/> Is there evidence that the MCA is used correctly or the medicines taken? (Ask to see MCA or a photo)	<input type="checkbox"/> <i>If not, the MCA is probably not meeting the support need. Explore reasons why (be non-judgemental)</i> <input type="checkbox"/> <i>Sometimes the community pharmacist is able to identify this (if the MCAs are returned to the pharmacy) when the MCA has a lot of unused medicines</i>
<input type="checkbox"/> Are there particular medicine (s) the patient does not want to take some times or not at all?	<input type="checkbox"/> <i>If the person doesn't want to take medicine(s), the MCA not likely to solve this problem. However it may stop them from taking others if they can't identify the particular medicine they dislike</i> <input type="checkbox"/> <i>Explore reasons for not wanting to take medicines and come to an agreement through shared decision making</i>

¹ What products or interventions are available to aid medication adherence? May 2020. https://www.sps.nhs.uk/wp-content/uploads/2020/05/SPS_ProductsInterventionsToAidMedicationAdherence_May20_FINAL.pdf

Appendix 2. Factors to consider when making the final decision with the person, their carer(s) or family

Patient /Carer factors

- Person- centred care, including shared decision-making is vital to ensuring safety and reducing risks from the change
- The patient's immediate safety and reducing the spread of COVID-19 infections currently takes priority over long term medicines optimisation
- MCAs are not the only solution for people who need support with taking their medicines. If supplied without an assessment to ensure appropriateness for the individual, they can increase medication-related risks (e.g. if the patient is confused)
- Err on the side of caution when making the decision to continue or discontinue MCA due to limited face-to-face contact with patients/carers and difficulty with monitoring risks that may arise from any changes made
- Consider what will happen if the MCA is stopped or continued. For example, an increase in adherence may lead to over-medication (e.g. a hypertensive patient previously non-adherent to their medication may now adhere and suffer a significant drop in blood pressure)
- Remember 'safety netting'. Explain clearly to the patient/carer what to do if they get confused about what to take as a result of the changes and who to contact [**give contact details**] if this happens.
- Consider if there are other people in the patient's home, or visiting regularly who can keep an eye and provide feedback to Pharmacy or GP practice team if needed e.g. neighbours, relatives, district nurses

Pharmacy factors

- Aim to reduce current service workload and physical handling associated with dispensing medicines in an MCA unless there's an immediate risk to the patient.
- There is little evidence to show that routine use of MCAs can improve adherence
- The process of dispensing medicines in MCAs takes longer than in original packaging and this has implications for community pharmacy staffing during COVID, and the timeliness of medicines supply
- Consider the impact on your workload and implications if pharmacy staff capacity is reduced
- If facing an ethical dilemma, follow the Royal Pharmaceutical Society guidance² and discuss with the wider multidisciplinary team for a second opinion. **GSTT Integrated Care Pharmacy team** can offer advice [**gst-tr.icppharmacyreferral@nhs.net**]

Other factors

- Consider the impact on other health and social care colleagues' workload. For example, your intervention may save pharmacy time but trigger an additional home visit from a district nurse or carer

² RPS guidance on ethical, professional decision making in the COVID-19 Pandemic. April 2020
<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/coronavirus-information-for-pharmacists/ethical-decision-making>

Appendix 3. Record of discussion, outcome and plan	
Summary of discussion and outcome <i>(include reasons for discontinuing or continuing MCA)</i>	
Plan	

Appendix 4. Example of personalised letter to patient informing them about the changes and offering a telephone consultation to discuss further
<p><i>Dear xxxxxxx</i></p> <p><i>We are working hard to make sure you get your medicines in a safe, easy and helpful way during coronavirus.</i></p> <p><i>You probably know that there is a lot of extra work for the NHS and this includes pharmacy. One example is that pharmacy teams are helping GPs by treating people with minor problems and are also delivering medicines to people who have to stay at home. As we have more work to do now, we need to think about how we carry on dispensing your medicines quickly and safely.</i></p> <p><i>We want to talk to you (and your carer) about getting your medicines in the original boxes instead of a blister pack or 'dosette' box. We want to understand what you think about this and if you are worried.</i></p> <p><i>We are only doing this so we can look after all our patients who need us at this busy and difficult time.</i></p> <p><i>Please give us a call on xxxxxx and let us know when you're free to talk to us.</i></p> <p><i>best wishes</i></p>

Useful resources on the use of MCAs

1. Frequently Asked Questions (FAQ) on the use of Multi compartment compliance aids (MCAs) in the community: A resource for community pharmacists and other health and social care professionals involved in medicines management for older people. February 2011. Lelly Oboh
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/faq-on-mcas-nhs-lambeth.pdf>
2. Improving patient outcomes. The better use of multi-compartment compliance aids July 2013. Royal Pharmaceutical Society.
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/rps-mca-july-2013.pdf>
3. Summary of Guidance and Evidence for use of Multi- Compartment Compliance Aids (MCCAs). February 2019. London Medicines Information Service. <https://www.sps.nhs.uk/articles/summary-of-guidance-and-evidence-for-use-of-multi-compartment-compliance-aids-mccas/>
4. What products or interventions are available to aid medication adherence? May 2020. NHS Specialist Pharmacy Service. https://www.sps.nhs.uk/wp-content/uploads/2020/05/SPS_ProductsInterventionsToAidMedicationAdherence_May20_FINAL.pdf
5. AHSN East & North Cumbria Medicines Adherence Support Project Report. January 2019. Andre Yeung. <https://www.ahsn-nenc.org.uk/wp-content/uploads/2019/02/AHSN-Adherence-Support-Final-Report-January-2019.pdf>

Developed for the Medicines and Long Term Conditions Commissioning Team (Lambeth) by Lelly Oboh, Consultant Pharmacist Older Peoples Care, Integrated Care Pharmacy Team, Guy's and St Thomas' NHS Foundation Trust.