

NHS North of Tyne, Gateshead and North Cumbria Area Prescribing Committee¹

Seven Day Prescriptions and Multi-compartment Compliance Aids (MCAs) – Position statement

Review date: December 2021
Extended expiry: December 2024

The appropriate duration of a prescription should be decided by the prescriber, in conjunction with the patient and their pharmacist, considering the medicine being prescribed, its monitoring requirements, the condition being treated and the individual patient's needs. In short, 7 day prescriptions should only be issued by a prescriber when a patient has a clinical need for their medication to be supplied on a weekly basis.

When is it appropriate to issue 7 day prescriptions?

- Unstable patients whose medication regimen may be susceptible to frequent change. An MCA cannot be amended once supplied to the patient. If medication changes mid-supply, a replacement prescription is required for all medication so new MCA devices can be supplied to the patient.
- Patients who are considered to be at risk of medication overuse and it is not safe to provide longer than a 7 day supply.
- When a patient is having a multi-compartment compliance aid (MCA) and it contains medication that is very unstable and therefore means that the MCA must be made up and collected each week.
- When a clinical assessment has taken place by the prescriber or pharmacist.

When is it inappropriate to issue 7 day prescriptions?

- Where no clinical assessment has taken place by the prescriber or pharmacist.
- Where there is no clinical reason for the patient to only receive a one week supply at a time.
- To support the provision of an MCA unless there is a clinical need for the patient to receive their medication on a weekly basis (as listed above).
- When a direct request for 7 day prescriptions is made by community pharmacists to support the provision of an MCA and where there is no clinical reason for the patient not to receive a 28 day supply. NB if a patient receives 4 x 7 day supply then a 28 day prescription should be issued.
- Patients in care homes and those being supported at home by domiciliary care workers (unless a risk assessment has identified appropriate need in line with list above by the care agency).

Supply of Multi-compartment Compliance Aids (MCA)

- The provision of a "reasonable adjustment" to support the patient with their medication is based on the clinical judgement of the assessing pharmacist / dispenser. It may include, but is by no means limited to, the provision of an MCA (see alternative options below).
- Health and care professionals and administrative staff can add a reasonable adjustment flag (RAF) to the patient's Summary Care Record. The RAF indicates that reasonable adjustments are required for an individual and can include details of the significant impairments the patient has and key adjustments that should be considered.
- It is the Pharmacist's decision to determine themselves whether medicine-related adjustments are required to be made by the pharmacy, following an assessment with reference to the Equality Act 2010. An example tool, Fuller's assessment, can be found in Appendix A.
- The decision to supply an MCA should consider any concerns from health care professionals of the patient's ability to take their medication. The assessor should consider the person's needs and preferences and involve the person and/or their family members or carers and the home care provider in decision-making. Before making a supply in an MCA, it is essential that the pharmacist satisfies themselves that the patient will be able to use the MDS safely.
- Where a prescription for 28 days treatment is deemed clinically appropriate and issued for a patient who satisfies the clinical criteria for adjustment and it is decided that the adjustment required is a MCA, then 4 x 7 day MCA containers or 1 x 28 day MCA container should be prepared and supplied to the patient at the same time.
- Where 7 day prescriptions are issued, the patient must receive the medication weekly and there must be a genuine clinical need for this as listed above.
- MCAs should only be provided to meet the clinical needs of the patient, not primarily the needs of a care home, community pharmacy or care agency. Support for care homes or other care agencies should not be funded by (prescription) dispensing fees. There is no NHS contractual requirement on community pharmacists or GPs to deliver medications to patients' homes although some pharmacies / dispensing practices may offer to do this as a business decision.

Practical ways to support patients

Please note that prescribers and pharmacists may choose from a variety of aids to assist patients or carers who have difficulty managing medications. These include:

- Large print medicine labels
- Special easy opening medication containers
- A reminder chart showing the particular times to take the appropriate medicines
- MCA boxes containing 1 week or 4 week supply when identified as the only reasonable adjustment required to overcome the obstacles to the use of the dispensed medicine.

Detailed guidance is available on the link below

<http://psnc.org.uk/contract-it/pharmacy-regulation/dda/the-equality-act-2010-28-day-prescribing/>

With thanks to Ipswich and East Suffolk CCG

1. Representing Gateshead Health NHS FT, Newcastle Upon Tyne Hospitals NHS FT, Northumberland Health Care FT, Northumberland Tyne & Wear NHS FT, Newcastle Gateshead CCG, North Tyneside CCG, Northumberland CCG, Community Pharmacies North of Tyne and Gateshead, North Cumbria CCG and North Cumbria Integrated Care

Appendix A: Fuller's Self Medication Risk Assessment Screening Tool

Name of person:

					Enter Score Below:
Number of prescribed medications	1 Drug 1	2 Drugs 2	3 Drugs 3	4 Drugs 4	
Mental State	Alert and orientated 1	Orientated but sometimes forgetful 4	Confused, muddled/disorientated/very forgetful 8	Very confused 12	
Vision	Can see to read with no aids 1	Needs glasses/aids to read and print 2	Difficult to read print with glasses/aids 4	Unable to see 6	
Social Circumstances	Living with others who can fully support medication needs 1	Living with others who usually/sometimes support medication administration 2	Living with others with some support from paid carers or family/friend 3	Living alone with no support 4	
Physical Condition	Can manage to open bottles/packets independently 1	Weakness of hand/poor coordination, but can manage to open bottles/packets with difficulty 2	Disabled. Requires some help to open packages 3	Severely disabled unable to manage 4	
Attitude and knowledge about medications	Interested about prescribed medications and knows all about them, believes they are important 1	Fairly interested about prescribed medications and knows enough about them to administer them safely/believes they are important 2	Not very interested about prescribed medications. Does not believe they are important/unable to recall medication regime 8	Disinterested and or unwilling to take prescribed medication 12	
				TOTAL SCORE	

Minimum Score: 6 Maximum Score: 42

Total your score and please see guidance for Risk Management 6-13 Low Risk, 14-16 Medium Risk, 17-22 High Risk 23-42 Very High

Name of the person completing the form:

Position:

Date:

Signature:

RISK ASSESSMENT GUIDANCE

LOW RISK

1. Give full explanation/information to service user about prescribed medications.
2. If carer/family will be giving medication, give full information about the drug regime.
3. Service User or carer may benefit from a personal medication chart with written information and advice about medication regime.

MEDIUM RISK

As above plus:

1. May need support or need someone else to administer medication safely.
2. Inform local pharmacist and service user's GP of concerns including memory aids, easy open bottles, large print labels.
3. Keep medication regime simple.
4. Consider referral to pharmacist/GP for more in-depth medication review.

HIGH RISK

As above plus:

1. Activate a system to administer medications.
2. Refer back to prescribing GP and dispensing pharmacist if this is not possible.
3. Recommend a regular medication management review by the service user's GP or pharmacist.
4. Keep prescribing to a minimum.

VERY HIGH

As above plus:

The strongest elements that contribute to risk are those related to mental state, the individual's attitude and beliefs about their medications and visual impairments.

The risk is further increased for individuals with more than one of the three strongest risk elements, especially when living alone.