journey to change

NHS
Tees, Esk and Wear Valleys
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1 Visual summary: Multi-compartment compliance aids

Core message			
MCAs are one possible intervention to support medicine-taking. They should only be initiated or continued following an individual, person-centred assessment where the benefits outweigh the risks and safer or more suitable alternatives have been considered.			
1. Identify need	**2. Assess suitability**	**3. Agree plan**	**4. Review regularly**
Clarify the practical problem the MCA is intended to solve, including whether non-adherence is practical, cognitive, physical, social, intentional or system-related.	Assess the person, support arrangements, medicine regimen, stability, packaging, co-storage, identification, safety and pharmacy supply arrangements.	Document whether an MCA is appropriate, which medicines are included or excluded, who is responsible, how changes will be managed, and when review will occur.	Check continued need, person preference, safe use, medicines changes, support needs, benefits, risks, independence and whether alternatives are now preferable.
Person-centred principles	**Medicines suitability**	**Key risks**	**Alternatives**
• Person choice and consent • Shared decision-making • Support for independence • Professional judgement • Clear communication	• Stability evidence • Light, moisture, air or temperature sensitivity • Co-storage concerns • High-risk or changing medicines • Clear labelling and identification	• Dispensing or labelling errors • Difficulty identifying medicines • Unsafe mid-cycle changes • Reduced autonomy or understanding • Waste, contamination or child safety risks	• Medicines review and deprescribing • Regimen simplification • Reminder charts, alarms or apps • Large-print or pictorial labels • Original packaging or standard containers • Carer or professional support
Governance reminder: decisions must be documented, communicated to relevant professionals and reviewed through incident learning, pharmacy audit, medicines optimisation governance, documentation review and feedback from clinical teams.			

Request or review of Multi-compartment compliance aids (MCA) use

New request, existing MCA review, medicines change, admission/discharge, incident, or concern about adherence or safety

↓

Clarify the need

What specific problem is the MCA intended to solve?

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Assess the person	Assess adherence problem	Assess medicines
Preferences, consent, capacity, dexterity, cognition, vision, health literacy, support arrangements and independence.	Practical, cognitive, physical, social, intentional, medicine-related or system-related difficulty.	Regimen, stability, co-storage, high-risk medicines, changing doses, packaging and medicines unsuitable for MCA use.

↓

Decision point: Is an MCA the safest and most suitable option?

No / not clearly justified	Uncertain	Yes
Use alternatives such as medicines review, regimen simplification, original packaging, reminder aids, large-print or pictorial labels, digital reminders, care support or deprescribing.	Seek further information, discuss with relevant professionals, clarify pharmacy capacity and document the risk–benefit assessment.	Proceed only where benefits outweigh risks and the person-centred assessment supports MCA use.

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Agree and document the plan

Record rationale, included/excluded medicines, supply arrangements, responsibilities, counselling, communication route, change process and review date.

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Implement safely

Confirm community pharmacy capacity (or internal if clozapine), label clearly, provide patient information, manage medicines not in the MCA, communicate with prescriber/pharmacy/carers and avoid unsafe mid-cycle changes.

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Review regularly and when circumstances change

Reassess need, safety, independence, adherence, medicines changes, incidents, transfer of care, support needs and whether alternatives are now preferable.

2 Introduction

This procedure provides guidance to Tees, Esk and Wear Valleys NHS Foundation Trust staff on supporting people to take medicines safely and effectively, including the appropriate use of multi-compartment compliance aids.

A multi-compartment compliance aid (MCA) is a repackaging system for solid dosage form medicines, such as tablets and capsules. Medicines are removed from the manufacturer's original packaging and placed into compartments organised by day, time or dose. MCAs are also known as monitored dosage systems, dosette boxes, sealed systems, unsealed systems, blister systems or daily dose reminder systems.

For the purposes of this document, MCA refers to a Multi-compartment Compliance Aid and not the Mental Capacity Act.

MCAs are one adherence intervention amongst many. Alternative interventions may be more suitable depending on the person's needs, medicines, preferences, support arrangements and care setting. NICE guidance on medicines adherence recommends that interventions should only be used to address practical problems associated with non-adherence where a specific need has been identified, and that no single intervention can be recommended for all people.

The use of MCAs should therefore be based on individual assessment and professional judgement. MCAs should not be regarded as a universal solution.

3 Purpose

The purpose of this procedure is to:

- support safe and effective use of medicines
- promote person-centred decision-making and independence
- ensure MCAs are only recommended where there is a clear assessed need
- ensure risks and benefits are considered before initiating or continuing MCA use
- support staff to consider alternatives to MCAs where these may be more appropriate
- ensure decisions are documented and communicated appropriately

4 Who this procedure applies to

This procedure applies to all TEWV staff involved in:

- medicines optimisation
- medication review
- assessment of medicines adherence
- discharge planning involving medicines
- initiation, continuation or review of Multi Compartment Compliance Aids (MCAs)
- communication with carers, prescribers, community pharmacy, care providers or other healthcare professionals regarding MCA use

5 Related documents

This procedure should be read in conjunction with:

- Medicines Overarching Framework
- MSS 23 Medication Adherence
- Self-Medication Procedure
- Patients Own Drugs Procedure
- NICE CG76: Medicines adherence
- NICE NG67: Managing medicines for adults receiving social care in the community
- Royal College of Pharmacy: Multi-compartment compliance aids
- Specialist Pharmacy Service: Usage of medicines in compliance aids
- Care Quality Commission: Multi-compartment compliance aids in adult social care

6 Compliance Aids

6.1 What is an MCA?

An multi-compartment compliance aid (MCA) is a repackaging system for solid dosage medicines. Medicines are removed from their original packaging and placed into compartments, usually organised by day and time of administration.

MCAs may include:

- blister systems
- cassette systems
- daily dose reminder systems
- dosette boxes
- monitored dosage systems
- sealed systems
- unsealed systems

MCAs are intended to support medicine-taking where a practical difficulty has been identified. They do not address all causes of non-adherence and should not be assumed to improve adherence in all circumstances.

6.2 Principles of MCA use

Multi-compartment compliance aids (MCAs) should be considered as one possible intervention within a wider assessment of medicine use, adherence, risk and support needs.

The decision to use an MCA should be:

- person-centred
- based on identified need
- made collaboratively with the person and, where appropriate, their carer
- informed by the risks and benefits of MCA use
- supported by professional judgement
- reviewed regularly

The person's views, preferences, beliefs and concerns must be explored. This includes whether they want to use an MCA, whether they understand its purpose, and whether they have been influenced or directed by others to use one.

MCAs should not be used simply because they are requested by a patient, carer, professional or care provider. Requests should trigger an assessment of the person's actual difficulties with medicine-taking and consideration of whether alternative interventions may be safer or more suitable.

6.3 Reviewing people already using MCAs

People already using multi-compartment compliance aids (MCAs) should have their continued need reviewed regularly. This is important because a person's circumstances, medicines, support arrangements and ability to manage medicines may change over time.

Responsibility for review should reflect the individual's circumstances and may be undertaken by the prescriber, pharmacist, care coordinator, community team or other healthcare professional involved in supporting medicines use. Review frequency should be determined according to clinical need, changes in circumstances and level of risk.

Review should include whether:

- the MCA remains necessary
- the person still wants to use the MCA
- the MCA is being used as intended
- any medicines are regularly left in the MCA
- the person understands what medicines they are taking and why
- the medicines regimen has changed
- the person's physical, cognitive or support needs have changed
- alternative interventions could now be used
- the MCA is helping or reducing independence

Where an MCA remains appropriate, staff should:

- discuss any additions, deletions or changes to medicines with the person, carer and prescriber
- review practice considerations for safe use
- provide counselling on safe use of the MCA and medicines
- agree a review frequency based on individual need

Where an MCA is no longer appropriate, staff should:

- consider stopping the supply of medicines in an MCA
- discuss suitable alternatives with the person and carer
- agree a phased or supported approach where needed
- communicate changes to the prescriber and supplying pharmacy
- document the decision and rationale

Solutions should not be imposed. Options should be presented collaboratively and discussed as part of shared decision-making

6.4 Assessing requests for new MCAs

When a request is made for a new multi-compartment compliance aid (MCA) by a person, carer, healthcare professional, community pharmacy, care provider or other stakeholder, suitability must be assessed before an MCA is initiated.

Assessment should include:

- the reason for the request
- the specific problem the MCA is intended to solve
- whether the problem is practical, intentional, cognitive, physical, social or system-related
- whether the person has capacity and wishes to use the MCA
- consideration of alternatives
- whether the person's medicines are suitable for inclusion
- whether arrangements exist for ongoing supply, review and communication

Where the person is unsuitable for an MCA, alternative interventions should be discussed and agreed.

Where the person is suitable for an MCA, staff should:

- consider practice issues before initiation
- counsel the person and/or carer on safe use
- agree supply and communication arrangements
- agree review arrangements

Review may be required:

- alongside medicine reviews
- when medicines are started, stopped or changed
- following admission or discharge from another care setting
- at the request of the person, carer or prescriber
- where side effects, adverse drug reactions, poor adherence, medicine-related issues or lack of response are identified

6.5 Multi-compartment compliance aid (MCA) Suitability assessment

A holistic, person-centred, outcome-focused assessment should be undertaken. This should involve the person, their carer where appropriate, and relevant healthcare professionals.

The assessment should establish the best intervention to support safe and effective medicine use. This includes assessment of both:

- the person and their support needs
- the medicines and their suitability for repackaging

Professional judgement must be applied throughout.

6.5.1 Assess the person and their support needs

The assessment should consider the person's characteristics, needs, preferences and support arrangements.

Relevant factors include:

- medical history
- physical ability, including dexterity, visual impairment, hearing impairment and ability to use the device
- cognitive ability, including memory, literacy, language, health literacy and learning disability
- beliefs, choices, ideas, concerns and expectations
- whether the person understands their medicines
- whether the person has been told or influenced to use an MCA
- whether the person has other unmet support needs
- whether referral to other services may be helpful
- whether the person is entitled to reasonable adjustments under the Equality Act
- whether a local scheme funds MCA provision
- whether the person can safely manage medicines not included in the MCA

Staff should check why the MCA is being considered and, where the person is already using one, whether they still want to continue.

6.5.2 Assess the nature of non-adherence

The cause of non-adherence should be explored before selecting an intervention.

Consider whether the issue relates to:

- forgetting doses
- difficulty opening containers
- difficulty reading labels
- difficulty understanding instructions
- complexity of the regimen
- anxiety or concerns about medicines
- side effects
- lack of understanding of purpose
- intentional non-adherence
- lack of support
- access or mobility issues
- care provider requirements

MCAs may support some practical adherence problems but are generally not an appropriate solution for intentional non-adherence, such as choosing not to take medicines because of beliefs, concerns, lack of motivation or refusal.

6.5.3 Assess medicines use

A medication review should be undertaken to identify medicine-related problems and opportunities to optimise treatment.

This should include:

- confirming current medicines
- identifying adherence issues
- reviewing polypharmacy
- considering deprescribing where appropriate
- simplifying the regimen where possible
- considering alternative formulations
- checking for high-risk medicines
- checking medicines with narrow therapeutic index
- considering whether improved adherence could increase adverse effects
- reviewing medicines from other sources
- ensuring concordance between professionals and the person

Staff should consider whether a sudden improvement in adherence could increase risk, for example where a person has not been taking medicines consistently and then begins taking all medicines regularly through an MCA.

6.5.4 Agree a plan

The outcome of assessment should be documented clearly.

The plan should include:

- whether an MCA is appropriate
- what alternatives have been considered
- which medicines will and will not be included
- how medicines not suitable for the MCA will be managed
- who is responsible for prompting, administering or supporting medicine use
- how supply will be arranged
- confirmation of ongoing dispensing arrangements and pharmacy provider
- how information will be shared between professionals
- how changes will be managed
- when review will occur

Where some medicines cannot be included in the MCA, arrangements should be agreed for how these will be supplied and taken safely.

6.5.5 Consultation and communication

Staff should use appropriate consultation and communication skills when discussing MCAs.

This includes:

- listening actively
- avoiding interruption
- using open questions
- clarifying understanding
- remaining non-judgemental
- providing information in a compassionate and respectful way
- maintaining confidentiality
- summarising the discussion at the end
- allowing the person or carer to correct misunderstandings

Staff should avoid imposing solutions. Where staff need to offer options, these should be presented as possibilities and discussed collaboratively.

6.6 Assessing medicines stability and suitability

When medicines are removed from original packaging and repackaged into an multi-compartment compliance aid (MCA), physical or chemical stability may be affected.

Pharmacists should apply knowledge of pharmaceutical science, pharmaceutics, pharmacology and pharmacokinetics alongside clinical expertise when assessing suitability for inclusion in an MCA.

Assessment should include:

- whether published stability data are available
- whether manufacturer advice is required
- whether the MCA manufacturer provides evidence that the device is suitable

- whether the medicine is sensitive to light, moisture, air or temperature
- whether co-storage with other medicines may affect stability
- whether there is sufficient evidence to justify inclusion
- whether the benefits of inclusion outweigh potential risks

The Specialist Pharmacy Service compliance aid resources should be used where relevant.

Where there is limited or no stability data, or where a stability assessment has not been completed, professional judgement must be used. Decisions should be made on a case-by-case basis and documented.

6.6.1 Indicators of potential stability concerns

Factors that may indicate a medicine is sensitive to light, moisture or air include:

- dark-coloured blister packaging
- glass containers
- desiccants in packaging
- foil/foil strip packaging
- effervescent, dispersible or hygroscopic medicines
- modified-release tablets
- soft or hard gelatin capsules
- sugar-coated or film-coated tablets where stability is uncertain
- medicines known to be light-sensitive or moisture-sensitive

Soft and hard gelatin capsules contain water and may interact with tablets or other capsules through water exchange. Modified-release tablets may be affected by moisture if formulation excipients swell or gel on contact with water.

6.6.2 Co-storage issues

Co-storage of medicines within the same compartment may affect:

- chemical stability
- physical integrity
- disintegration time
- drug release characteristics
- ability to identify individual medicines

Where possible, medicines should not be co-stored if there are concerns about interaction, instability or identification.

6.7 Medicines generally unsuitable for inclusion in MCAs

The following categories of medicine are generally unsuitable for inclusion in multi-compartment compliance aids (MCAs):

- medicines taken only when required
- chewable tablets
- creams and ointments

- cytotoxic or teratogenic medicines
- dispersible, effervescent or orodispersible tablets
- eye drops
- inhalers
- hygroscopic medicines
- light-sensitive medicines
- medicines dispensed in glass containers
- medicines for acute conditions, such as antibiotics
- medicines that cause contact sensitisation
- medicines too large to fit into compartments
- medicines where the dose varies according to blood tests, such as warfarin
- medicines that must be taken in a specific way, such as alendronate
- medicines that may affect other medicines stored in the MCA
- mucosal dosage forms, such as buccal or sublingual preparations
- oral liquids
- suppositories
- temperature-sensitive medicines
- medicines where the dose or strength may change rapidly or frequently

Where these medicines are required, they should usually be supplied in original packaging or another suitable container.

Where inclusion is considered necessary despite potential unsuitability, a documented risk–benefit decision should be made, involving relevant professionals and the person or carer where appropriate.

6.8 Practice considerations

Where an individual assessment identifies that an multi-compartment compliance aid (MCA) is the intervention of choice, the following practice considerations should be addressed.

6.8.1 Accountability and liability

Removal of medicines from the manufacturer's original packaging is often an unlicensed use and may affect medicine stability, increasing risks, liabilities and professional responsibilities..

Staff should ensure that:

- accountability is understood
- decisions are documented
- responsibility for changes is clear
- consent and agreement are recorded where required
- risk–benefit decisions are explicit

6.8.2 Changes to medicines

Changes to medicines in MCAs can be difficult to manage safely, particularly mid-cycle.

Staff should:

- follow relevant procedures and local arrangements
- advise people and carers not to alter the contents of an MCA themselves
- agree the safest way of adding, removing or changing medicines
- consider whether changes can safely wait until the next supply cycle
- communicate changes clearly to the prescriber, supplying pharmacy, care provider and person

Mid-cycle changes may increase risk because individual medicines may be difficult to identify and remove accurately.

6.8.3 Communication and transfer of care

Effective communication is essential between the prescriber, pharmacist supplying the MCA, the person using the MCA, carers and care providers.

Information should be shared in a timely way where appropriate, including:

- medicine changes
- admission to hospital
- discharge arrangements
- changes in support needs
- discontinuation of an MCA
- medicines not included in the MCA

MCAs may create risks during transfer of care because medicines can be difficult to identify. Staff in hospitals or care settings may be unable to verify the contents of an MCA in the same way they can with original packs. This may affect medicines reconciliation or safe administration.

6.8.4 Controlled drugs

Controlled drugs should be assessed in the same way as other medicines before deciding whether they are suitable for repackaging within an MCA.

Where controlled drugs are supplied in an MCA:

- controlled drug legislation still applies
- safe custody requirements must be observed where applicable
- CD register entries should be made at the time of supply
- inclusion may be inappropriate where doses may need to change rapidly

6.8.5 Counselling

People and carers should receive appropriate counselling on safe use of the MCA and the medicines supplied.

Counselling should include:

- what each medicine is for
- how and when medicines should be taken
- importance of adherence
- side effects and when to seek help

- interactions, including prescribed, over-the-counter, herbal and complementary medicines
- safe storage
- what to do if medicines are spilled
- what to do if the person is unsure about a dose
- disposal of unused medicines
- access to patient information leaflets

People and carers should be encouraged to read patient information leaflets and packaging where supplied.

6.8.6 Expiry dates

Stability issues and expiry limitations should be considered when medicines are repackaged into MCAs.

There may be a lack of published data to support expiry periods. RCPharm guidance notes that a maximum interim expiry of eight weeks for medicines in sealed MCAs is based on current practice rather than scientific basis, and some medicines may require shorter expiry periods.

For unsealed MCAs, shorter storage periods are common in practice.

6.8.7 Frequency of supply and ordering

In line with local Integrated Care Board guidance:

- NENC 7-day prescribing and MDS guidance (April 2025)
- Humber and North Yorkshire guidance on 7-day prescriptions and MDS (September 2024)

the duration of a prescription must be based on **clinical need and individual patient assessment**.

Seven-day prescriptions should only be used where there is a clear clinical indication, such as:

- frequent medication changes or titration
- concerns regarding safety, including risk of overdose or misuse
- need to reduce medicine waste

Seven-day prescribing **must not be used solely to support the provision of an MCA**.

For patients with stable treatment and no identified safety concerns, **28-day prescriptions remain appropriate**, including where medicines are supplied in an MCA.

Before an MCA is initiated, the prescriber or clinician recommending the intervention should ensure that appropriate arrangements are in place for supply. As not all community pharmacies provide MCA services or have capacity to accept new patients requiring MCA provision, availability should be confirmed with the supplying pharmacy **before** implementation.

Where medicines are supplied in an MCA:

- the dispensing interval and prescription duration should be agreed between the prescriber and community pharmacy
- community pharmacists retain professional responsibility for determining whether supply arrangements are appropriate
- any medication changes during an MCA cycle will usually require a new prescription and re-supply

Supply arrangements should take into account:

- clinical need

- patient safety
- pharmacy capacity
- communication between services
- local ICB guidance

6.8.8 Hygiene and contamination

MCAs must be filled in a hygienic environment to minimise risk of poor hygiene, microbial contamination and cross-contamination.

Medicines should not be handled with bare hands. Where an MCA or part of a packaging system is reusable, it should be cleaned in line with manufacturer advice before reuse.

Responsibility for maintaining hygiene should be clear.

6.8.9 Identifying medicines within an MCA

Difficulty identifying medicines within an MCA can cause safety risks.

Potential issues include:

- variation in appearance between brands and generics
- difficulty identifying medicines in polypharmacy
- confusion for people and carers
- reduced autonomy where a person cannot identify a medicine they do not wish to take
- difficulty for care providers administering medicines
- delays during hospital admission or medicines reconciliation
- medicine wastage where contents cannot be verified

When dispensing more than one strength of medication into a compliance aid descriptor must be added to each compliance aid to support patients and carers to identify medication. Descriptors can include colour, shape, mark, tab/cap. The number of descriptors to be added will depend on the number of similar tablets. i.e. a compliance aid with only two tablets one orange and one white will only require colour to be added, but more than one white tablet will require further details such as markings, shape or size.

6.8.10 Labelling

Each medicine dispensed into an MCA must be labelled appropriately.

Where there is insufficient space on the MCA itself, labels may be attached to a separate card that accompanies the MCA. Systems must ensure the card remains linked to the correct MCA and is not separated.

6.8.11 Logistics

Staff should consider whether there is sufficient time, staffing, expertise and space to assess, dispense, check, store and supply MCAs safely.

Logistics may include:

- time required for assessment
- time required for dispensing and checking

- storage space
- availability of staff with appropriate competence
- ability to manage changes or re-dispensing
- community pharmacy capacity
- avoiding delays to discharge

6.8.12 Packaging considerations

The type of MCA should be suitable for the person's needs.

Staff should consider:

- design and ease of use
- compartment size
- whether the person can open the system
- whether the person can identify correct doses
- whether packaging is child-resistant or tamper-evident
- whether medicines are being repackaged appropriately

Medicines should not be repackaged within an MCA while still inside original strip or blister packaging, because of the risk of swallowing packaging.

6.8.13 Patient information leaflets

Where medicines are dispensed into an MCA, people and carers should still should be provided with patient information leaflets for each medicine.

They should be able to identify which leaflet relates to which medicine.

6.8.14 Protecting children

MCAs may not be child-resistant or tamper-evident.

People and carers should be counselled to store MCAs safely and away from children.

6.8.15 Record keeping and audit

Provision of an MCA should be viewed as part of a package of care.

Documentation may include:

- clinical information
- assessment findings
- carer details
- changes to medicines
- who requested changes
- decisions and reasons for inclusion or exclusion
- delivery or collection arrangements
- follow-up and review plan

Records should support person-centred care, provide an audit trail and justify decisions made.

6.9 Risks and benefits of multi-compartment compliance aids (MCAs)

MCAs may be helpful for some people, but different people need support in different ways. Alternative approaches may be preferable.

6.9.1 Potential benefits

MCAs may help some people with practical problems such as:

- remembering when to take medicines
- knowing which medicines to take
- avoiding duplicate doses
- reducing time spent organising medicines
- maintaining independent living
- managing regular solid oral medicines

6.9.2 Dispensing and medication risks

Risks include:

- dispensing errors during repackaging and labelling
- inclusion of medicines with stability problems
- difficulty identifying medicines
- errors when medicines are changed
- altered stability due to temperature, humidity, light or co-storage
- potential effects on chemical stability, physical integrity, disintegration time or clinical effectiveness

6.9.3 Environmental risks

MCAs may contribute to:

- plastic waste
- increased packaging
- carbon footprint
- medicine wastage when changes occur or contents cannot be identified

6.9.4 Health professional and carer risks

Risks include:

- confusion where MCA and original packs are used together
- reduced knowledge and understanding of medicines by carers
- difficulty changing or stopping medicines correctly
- risk to others handling medicines, for example cytotoxic medicines

6.9.5 Patient safety risks

Risks include:

- loss of autonomy
- reduced understanding of medicines
- child safety risks
- errors following spillage
- inability to identify medicines
- MCA systems not accommodating special dosing instructions
- incorrect medicine being taken if changes are not actioned promptly
- refusal or reduced adherence if medicine appearance changes

Where risks outweigh benefits, more suitable alternatives should be considered.

6.10 Alternatives to multi-compartment compliance aids (MCAs)

An MCA is one option among many. Alternatives should be considered as part of assessment and may better support independence, understanding and safe use.

Options may include:

- support from professionals, family or friends to administer or prompt medicines
- counselling and health coaching
- deprescribing
- regimen simplification
- medicine reviews
- reminder charts
- medication administration record charts
- reminder alarms
- phone apps or digital reminders
- telecare solutions
- large-print labels
- pictorial labels or pictograms
- information sheets
- eye drop aids
- non-child-resistant containers where appropriate
- original packaging
- use of standard dispensing containers
- pill presses or pill punches
- prescription ordering support
- recording medicine-taking
- structured support from carers or care providers

All interventions should support the person to take or receive the right medicines at the right time in the safest and most independent way possible.

7 Definitions

Term	Definition
MCA	Multi-compartment compliance aid. A system in which medicines are organised by dose and time to support medicine-taking.
MDS	Monitored dosage system. Another term commonly used for an MCA.
MDT	Multidisciplinary team.
PRN	Medicine taken when required.

8 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers and service leads should ensure staff involved in medicines optimisation, adherence support, discharge planning or medication review are aware of this procedure.
- Staff should apply this procedure when considering initiation, continuation, review or discontinuation of multi-compartment compliance aids (MCAs)

8.1 Training needs analysis

None identified

Staff/Professional Group	Type of Training	Duration	Frequency of Training

9 How the implementation of this procedure will be monitored

Implementation may be monitored through:

- review of multi-compartment compliance aid (MCA) -related incidents
- pharmacy audits
- medicines optimisation governance processes
- feedback from clinical teams
- review of documentation quality
- review of inappropriate or avoidable MCA use

10 References

- Community Pharmacy England: Equality Act and reasonable adjustments
- NENC 7-day prescribing and MDS guidance (April 2025)
- Humber and North Yorkshire guidance on 7-day prescriptions and MDS (September 2024)
- NICE CG76: Medicines adherence
- NICE NG67: Managing medicines for adults receiving social care in the community
- Royal College of Pharmacy: Multi-compartment compliance aids
- Specialist Pharmacy Service: Usage of medicines in compliance aids
- Care Quality Commission: Multi-compartment compliance aids in adult social care

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

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This document was approved by:	Name of committee/group	Date
	Drug & Therapeutics Committee	23 September 2026
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An equality analysis was completed on this document on:	Generic Pharmacy Equality analysis applies	
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FOI Clause (Private documents only)	N/A	

Change record

Version	Date	Amendment details	Status
V1	November 2014	New document	Superseded
V2	March 2018	Review: Additional information in section 3	Superseded
V2.1	September 2019	Removed reference to LYPFT policy	Superseded
V3	24 March 2022	Full review, no significant changes	Superseded
V4	23 September 2026	Full review and rewrite. Updated in line with current NICE, RCPharm, SPS, CQC and ICB guidance. Introduced person-centred MCA assessment, expanded guidance on stability, suitability, risk, review and alternatives to MCAs, clarified 7-day prescribing principles, removed obsolete appendices/forms/flowcharts and simplified the procedure to a principles-based approach.	Approved

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	Consultation with: Trustwide Pharmacy Team Medicines Management Group
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Are training needs included in the document?	No	
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	No?	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	Generic Pharmacy Equality analysis applies
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	No	Not applicable