

## Prescribing and Formulary Panel

### Guidance on approval of Multi-Compartment Compliance Aids or MCAs for new patients in the Community

There are currently several hundred islanders in their own homes who receive medication via MCAs filled by Community Pharmacies and funded by HSC. In 2021, the cost was £297,000 plus drug costs and dispensing fees, an increase of 5% on 2020.

The Royal Pharmaceutical Society issued guidance in 2013 on their better use which advises that original pack dispensing, in the manufacturers packaging, is preferred. <https://www.rpharms.com/resources/pharmacy-guides/mca> A local guideline based on the RPS guidance was presented but not approved by the PBAC in 2016.

At the present time, pharmacy workload pressures are so severe that six pharmacies on Guernsey have run out of capacity to take on any new MCA patients in their own homes.

#### **The following is an interim policy which will be reviewed if/when the Pharmacy Interface and the Pharmacy Discharge services are funded, recruited for and implemented.**

For funding at public expense via retail pharmacies, requesting doctors must confirm that the patient's regimen has been reviewed and simplified to the extent possible.

The limited pharmacy capacity for new patients will be reserved for patients who are assessed as being unable to manage their medication at that time and who do not have support at home to allow them to do so, but who would become independent if their medication is dispensed in an MCA device. The latter can be either from a family member or an informal carer and can involve the use of reminders, prompts using a mobile 'phone and the use of the patient's own reusable MCA.

It is strongly recommended that the medication is confirmed as being stable using the UKMI website. <http://www.ukmi.nhs.uk/applications/mca/MCA.asp>

**Multi Compartment Compliance Aids Request to HSC Health Benefits**

**Patient's Name, Address and DOB**

**Unit no:.....**

I, \_\_\_\_\_ (Print Name), have reviewed the medication of the above-named patient and have made very best efforts to simplify it. This is to request approval for HSC-funded pharmacy dispensing into an MCA because the patient either

1. Forgets and has no support at home with medication administration, including to pack into their own reusable MCA boxes, but would become independent with an MCA **or**
2. Has language issues and has no support at home with medication administration, including to pack into their own reusable MCA boxes, but would become independent with an MCA **or**
3. Has dexterity problems and has no support at home with medication administration, including to pack into their own reusable MCA boxes, but would become independent with an MCA **or**
4. Requires support from States-funded care or nursing staff to administer medicines at present, and has no support at home with medication administration, including to pack into their own reusable MCA boxes, but would become independent with an MCA

**Preferred pharmacy**

**NB Please check with the patient's preferred pharmacy whether or not they have capacity before sending the form.**

Signature Requesting Clinician  
Practice

Date

Please email form to [health.benefits@gov.gg](mailto:health.benefits@gov.gg)

**Approved by the Prescribing and Formulary Panel October 11<sup>th</sup> 2022**