Medicine Compliance Assessment Tool

Patient details

Name:

DOB:

Step 1: Does the Equality Act apply to this patient?

	Yes	No
Does the patient have a long-term health condition as defined by the Equality Act?		
Is the patient able to come to the pharmacy to discuss their needs?		
Is any adjustment for the benefit of the patient (rather than a carer)?		

If all three questions are answered with "yes", then the patient is covered by the Equality Act and the pharmacy should attempt to make a reasonable adjustment. Continue to step 2.

Step 2: Patient risk – what can the patient manage, and reasonable adjustments

Risk area		**Can the patient do this?**		**If no, what is the adjustment to help the patient become compliant in medication taking (if possible)?**
		Yes	**No**	
Swallowing	Swallow all their medication?			
Dexterity	Grip medicine bottles?			
	Open and close child-resistant lids?			
	Open and close screw lids?			
	Open and close winged lids?			
	Open medicine boxes?			
	Open blister strips?			
	Halve tablets themselves (if required)?			
Vision	Read standard labels?			
	Read large print labels?			
	Read braille labels (if blind)?			
Understanding	Understand each medicine dosage instruction?			
	Understand the importance of each medicine			
	Understand how to taken PRN medicine?			
	Understand how to take each medication?			

Memory	Remembers to take medication regularly and on time?			
	Remembers to order their repeat medication?			

If reasonable adjustments can be made, then no further action is required. If not, then continue to step 3.

Step 3 - If no reasonable adjustments can be made, then please fill in the below table:

	Yes	**No**
Can the patient fill in a MCA themselves?		
Does the patient have relatives / carers who can fill their MCA?		
If yes to the above, then the patient can purchase an MCA themselves, if not, then can consider a pharmacy-filled MCA if…		
Can the patient select medication form the correct compartment?		
Can the patient remove the medication?		
Does the patient understand how to use a MCA?		
Is the patient too confused to manage more than 7 days of medication in the house?		

For pharmacy use:

The GP will consider a request for an MCA once this paperwork has been filled in. Requests for GPs weekly prescriptions, by pharmacists, should only be made if there is risk with giving the patient a full month's supply of medicine. It is not to be used as a method of funding compliance aids.

I declare that I have assessed the patient _____ and due to the risk of confusion/overdose I suggest this patient needs 7 day prescriptions, I will immediately notify the prescriber should this situation change.

OR

I declare that I have assessed the patient _____ and under the Equality act have made the adjustments that have been recorded above *(please delete as appropriate).*

Pharmacist name:
Pharmacist GPhC number:
Pharmacist signature:
Pharmacy name and stamp:
Date:

Form created with using "Guidance on the use of Multi-Compartment Compliance Aids and Issuing of 7 Day Prescriptions" from NHS Medway Clinical Commissioning Group, 17th June 2015, and "Medicines Compliance Assessment Tool" from the PSNC, 2015.