

COMPLIANCE NEEDS ASSESSMENT NOTES

The Compliance Needs Assessment is a tool to assess the pharmaceutical needs of patients having difficulty complying with or managing their prescribed medication targeted at those who are likely to benefit from the service. An assessment of compliance needs is carried out by the community pharmacist who normally provides the patients prescribed medication.

The initiative applies to patients living in their own home and DOES NOT extend to patients in nursing/residential homes

Patients may be referred to a community pharmacist for assessment by nurses, hospital clinicians on discharge, social workers, carers (either formal or informal), the patient, GP or the community pharmacist.

The pharmacist will assess compliance issues and provide a monitored dosage system (MDS) **only** if compliance cannot be addressed by other methods. The pharmacist will check that the patient can use the MDS

Referrers should be made aware that the assessing pharmacist may conclude that provision of prescribed medications in a MDS is inappropriate for the patient and may offer alternative advice as to how the patient's compliance may best be addressed

All patients assessed and requiring additional support or an MDS must be followed up - at one or two months for additional support and at one week and at THREE months if a MDS is supplied.

It will be the responsibility of the assessing community pharmacist to notify the referring party and the patient's GP of the result of the assessment.

The community pharmacist will comply with the requirements of the Service Level Agreement in relation to the filling of the compliance aid.

Patients who are currently receiving their medications prior in a compliance aid should continue to do so. These patients may be included in the scheme by their community pharmacist **ONLY** on completion of an assessment.

Repeat prescriptions should be provided at least 7 days before they are due to commence. All prescriptions should include full instructions including full clarification of "when required" and "as directed" doses.

The practice should be advised to liaise with the pharmacist when medication is added, changed or stopped.

For many patients medication review leading to a reduction in the number of medicines can be a useful aid to improving compliance.

The compliance assessment will remain valid unless a change in circumstances arises which warrants a reassessment

PROVISION OF A MONITORED DOSAGE SYSTEM SHOULD ONLY BE CONSIDERED AFTER OTHER SOLUTIONS HAVE BEEN EXPLORED

Examples of problems which may affect compliance and solutions

The following solutions should be considered before a decision is made to supply a MDS

Compliance problem	Solutions/actions
Poor eye sight	Dosage instructions in larger print
Cannot understand English	Different language PILS available from Drug manufacturers
Dexterity problems	Supply plain tops/ winged tops/transfer to bottle from blister pack/ larger bottles
Cannot measure liquids	Oral syringe/ measuring cup, transfer to smaller bottles
Cannot use inhaler/eye drops	Refer to GP/Nurse for different inhaler/ Aids to assist use of eye drop sold/contact social services
Cannot swallow medication	Change of dosage form / refer to GP
Poor ordering system or lack of synchronisation in Repeat cycle	Pharmacist requests/deliver prescriptions/ prescriptions synchronised Arrange with GP
Lack of understanding of indication/ timing of dose	Advice and education may be sufficient. This should be reviewed at follow up
Frequency or timing of dose	Clearer directions/Simplify regimen/ Recommendations to GP to action
Forgetfulness	Provide Medication Chart. Weekly dispensing into ordinary containers/ consider.
Intentional non-compliance	Discuss issues/ refer to GP
Other	Specify in report

After assessment when any of these solutions have been adopted to help compliance they should be followed up one to two months later.

When a MDS has been demonstrated and provided it should be followed up one week and three months later.

COMPLIANCE NEEDS ASSESSMENT DOCUMENTATION

Referral Form

Health or social service professionals will complete the relevant details and send to the pharmacist assessor. Section headed “**relevant medical history**” should include any recent illness or health events. The pharmacist assessor can complete the section “current medication”.

The patient should sign the consent section.

Compliance Needs Assessment Form

(one copy to Family Health Services and one copy retained in community pharmacy)

To be completed by the pharmacist assessing the patient for compliance

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| Part 1 | Pharmacy details |
| Part 2 | Patient and Referral Details – must include patient’s name address and telephone number and other details if known |
| Part 3 | Ability to Manage Medicines

Questions 1-3 Use comments box to indicate who is responsible for requesting and obtaining a supply of their medication and ascertain if they are managing this. Check dispensing dates on the labels or the PMR to see if they are synchronised
Questions 4 –5 Confirms whether they know why they are taking their medicines and whether they are taking them appropriately. If unclear on one or more, state no and detail. Patient understanding can be reviewed during follow up.
Question 6 Identifies the level of unintentional non-compliance. If patient never forgets, no solution is required. If patient sometimes forgets offer guidance on what to do if a dose is missed and explore any reasons. If patient frequently forgets a solution needs to be found
Question 7 Identifies if the patient is intentionally non-compliant. The reasons may include the person’s beliefs about medication, side effects or misunderstanding.
Question 8 Identifies any current systems the patient has in place to help them
Question 9-14 Identifies any physical problems the patient may be having with getting access to their medication. Ask the patient to demonstrate any devices they use. |
| Part 4 | Medication Details |
| Part 5 | Compliance Assessment
State the compliance issues found by the assessor |
| Part 6 | Ability to manage monitored dosage system
Complete if a MDS is considered to be appropriate
Demonstrate the system and ask the patient to demonstrate the system. |
| Part 7 | Pharmacist recommendation |

Follow up dates

Patient should be followed up one week and three months after a MDS has been supplied or at one or two months when an assessed patient has not been given a MDS

Compliance Needs Assessment Report Form

Note the conclusions from the assessment. Document action taken by the assessor and specify any action required by the GP. Ask the GP to complete and return the form to the community pharmacy

If no solution is found/ agreed inform GP and source of referral.