

CONSULTATION DRAFT

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Agenda item No:	X – All Wales guidance on adherence aids
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1.0 Action for consultees

Consultees are asked to consider and comment on the *All Wales guidance on adherence aids* document.

2.0 Purpose

The *All Wales guidance on adherence aids* document aims to support a person-centred approach to identifying the most appropriate adherence intervention through robust individual assessment. This assessment should determine the level of support needed, explore the underlying causes of both intentional and unintentional non-adherence, and guide the selection of the most suitable intervention.

Although Monitored Dosage Systems (MDSs) are often used as a default option and are an appropriate choice in some situations, they are not always the most effective or appropriate solution. A holistic, integrated approach is required to ensure that any intervention represents a reasonable adjustment and is sustainable within the capacity of community pharmacy services. A collaborative working approach and effective communication between health and social care colleagues will enable individuals to receive the support they need, optimise their medicines, and reduce the risk of avoidable medicines-related harm and admissions.

2.1 Process

- *Consultation: April-May 2026*
- *AWPAG meeting: June 2026*
- *AWMSG meeting: September 2026*

2.2 Consultees

Consultees include, but are not limited to:

- Directors of Pharmacy
- Medical Directors
- Assistant Medical Directors
- Local Medical Committees
- General Practitioners Committee (GPC) Wales
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Community Pharmacy Wales
- National Institute for Health and Care Excellence (NICE)
- Patients and patient groups
- AWMSG members and deputies
- AWPAG members and deputies

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- Llais Cymru
- Welsh Government
- NHS Wales Joint Commissioning Committee

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28 Glossary

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Support worker	Also known as a care worker. A paid professional employed to provide care in a home, care facility, or other setting. Focuses on practical support and tasks according to a care plan and is accountable to an employer or regulatory standards.
Carer	An individual (usually unpaid) who provides support to someone who is ill, disabled, or elderly. Often a family member or friend, providing personal and emotional care.
Dispenser	The dispenser can be a community pharmacy, a hospital pharmacy or a dispensing doctor.
Equality Act 2010	A person is considered disabled under the Equality Act 2010 ¹ if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to carry out normal daily activities. The Act requires organisations, including community pharmacies and prescribers, to make reasonable adjustments to support disabled people, which may involve changing service delivery, providing additional equipment, or removing physical barriers. This duty is anticipatory, meaning organisations must proactively consider and address the needs of people with a range of impairments, including those affecting vision, hearing, mobility, or learning, rather than waiting for a request.
Monitored dosage systems (MDS) / Multi-compartment compliance aids (MCCA)	A repackaging system for solid dosage form medicines, such as tablets and capsules. In this document these are referred to MDS but are also known by other names, including but not limited to multi-compartment compliance aids (MCCA), pill organisers, and dosette boxes.
Reasonable adjustment	There is no strict definition of 'reasonable adjustment' in the Act. What is reasonable should be assessed based on factors such as the individual's needs, the effectiveness and practicality of the adjustment, associated costs and disruption, available resources, previous adjustments, access to assistance, and health and safety considerations.

30

31 **1.0 Introduction**

32
33 Medicines non-adherence is associated with poorer health outcomes, reduced
34 treatment effectiveness, diminished quality of life and increased demand on NHS and
35 social care services². It is estimated that between 30% and 50% of medicines are not
36 taken as intended³. Supporting people to use their medicines safely and effectively is
37 a core component of delivering high-quality, person-centred care and can help
38 support people to retain independence in managing their medicines safely and
39 effectively in the community. It can also help to ensure that people remain
40 independent for as long as possible with the potential to reduce or delay the need for
41 formal care.

42 In addition to patient safety implications, non-adherence contributes significantly to
43 medicines waste. Across the NHS in England, an estimated £300 million worth of
44 medicines are wasted each year in primary and community care⁴. Medicines also
45 contribute to the carbon footprint of healthcare, each pound spent on
46 pharmaceuticals is associated with approximately 0.1558 kg of CO₂e, equating to an
47 estimated 46,700 tonnes of CO₂e annually from wasted medicines⁵. Improving
48 medicines adherence is essential not only for better clinical outcomes and patient
49 safety, but also for reducing environmental impact and avoiding unnecessary
50 healthcare costs.

51 This document sets out best practice guidance and aims to promote a person-
52 centred approach to identifying the most appropriate intervention, based on robust
53 individual assessment. Assessment should consider the level of support required, the
54 underlying causes of both intentional and unintentional non-adherence, and the most
55 suitable intervention or adherence support.

56 While Monitored Dosage Systems (MDSs) are often perceived as a default response
57 to non-adherence, they are not always the most effective or appropriate solution⁶.
58 MDS preparation involves repackaging medicines from original packaging into an
59 alternative format, which is associated with increased workload, additional cost, and
60 potential for error⁷. Additionally repackaging medication may result in medication
61 being supplied outside of their original licence⁸. MDS may also limit patient
62 understanding of their medicines and reduce opportunities to support independence
63 and self-management⁶.

64 A holistic and integrated approach is essential to determine the most appropriate
65 intervention for each individual, including consideration of what constitutes a
66 reasonable adjustment within the capacity and sustainability of community pharmacy
67 services.

68
69

70 **2.0 Scope**

71
72 This guidance is aimed at pharmacy teams, dispensing doctors, prescribers, and
73 health and social care staff who are involved in administering or requesting
74 medication support for patients. The guidance may also support people and their
75 carers who require support with their medicines.

76

77 **3.0 Aim**

78

79 The aims of this guidance are to:

- 80 • Support patients to remain independent with their medication, ensuring a
81 holistic approach to medication review and encourages co-production between
82 health, social care, and patients.
- 83 • Enable community pharmacy teams to identify and implement reasonable
84 adjustments, increase awareness and education about the range of available
85 adjustments, and apply the Equality Act 2010¹ and clinical judgement in daily
86 practice.
- 87 • Increase awareness of the community pharmacy’s role in assessment for
88 suitability for adherence aids and the application of the Equality Act 2010.
- 89 • Clarify responsibilities for review and final decision-making, encouraging co-
90 production between all parties.
- 91 • Support the discharge process from hospital to community by promoting
92 appropriate assessment of care needs, effective communication with
93 community pharmacy, and consideration of the sustainability of pharmacy
94 services.

95

96

97 **4.0 Equality Act 2010**

98

99 The Equality Act 2010 requires all healthcare professional to assess patients with
100 ‘disabilities’ and make ‘reasonable adjustments’ to support adherence with their
101 medicine, without introducing additional risks. The pharmacy contractual framework
102 includes a sum of money towards the pharmacy contractor’s compliance with the
103 Equality Act 2010. Community pharmacies are legally obliged to make reasonable
104 adjustments to support patients with a long-term disability to access their medication
105 under the Equality Act 2010¹.

106 Pharmacies should assess each patient’s needs to determine the most appropriate
107 support for safe medicines use. This assessment should involve collaboration with
108 prescribers, other health professionals, social care providers, carers and care
109 workers. Ultimately, it is the responsibility of the pharmacist, or another appropriately
110 qualified member of the pharmacy team, to assess and determine what constitutes a
111 “reasonable” adjustment for the individual patient.

112 The requirements of the Equality Act 2010 do not place a responsibility on the
113 pharmacy to make any adjustment to their service to make it easier for any carer to
114 administer medicines.

115 Under the Equality Act 2010, a person is considered to have a disability if they have
116 a physical or mental impairment that has a substantial and long-term adverse effect
117 on their ability to carry out normal day-to-day activities. “Substantial” means more
118 than minor or trivial, and “long-term” means the impairment has lasted, or is likely to
119 last, for at least 12 months or for the rest of the person’s life⁹.

120 The funding of the NHS Pharmaceutical Services has included an element to
121 recognise the additional cost of complying with disability legislation therefore if an

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122 adjustment is provided to a person with a disability as a reasonable adjustment it
123 should be offered without charge. If an individual does not fall under the Equality Act,
124 support may still be provided through locally commissioned services (e.g. MAR
125 Charts, Pivotel) or private funding.

126 The presence of a disability alone does not automatically necessitate a pharmacy-
127 related adjustment. An adjustment would generally only be appropriate where the
128 disability has a meaningful impact on the individual's ability to access, understand, or
129 manage their medicines¹⁰.

130

131 **4.1 Equality Act 2010 Assessment - Guidance on the assessment of patient** 132 **needs**

133 Dispensers should assess each patient's needs to determine appropriate support for
134 the safe use of medicines, which may or may not include an adherence aid.

135 Assessments should be repeated following any change in circumstances or care
136 setting to ensure adjustment is still appropriate for the patient. The assessor will need
137 to satisfy themselves that supplying medicines in an adherence aid will allow the
138 patient to manage their own medicines unaided.

139 Pharmacies should document all assessments, adjustments, and reviews. Where
140 capacity limits provision of an adherence aid, patients should be prioritised based on
141 need, with clear communication and signposting where supply cannot continue.
142 Pharmacies and prescribers have a duty of care to support patients in the safe and
143 effective use of their medicines, ensuring appropriate adjustments or referrals are
144 made where required.

145 Where a patient has capacity and has made an informed decision not to take their
146 medicines, this should be clearly recognised. It is important to emphasise that
147 patients with capacity have the right to refuse treatment, and medication cannot be
148 administered against their wishes.

149 An example is available at [Appendix 1 Community pharmacy Equality Act and](#)
150 [medicines support assessment form.](#)

151

152

153 **5.0 Adherence support**

154

155 Where patients fall under the Equality Act 2010, a holistic approach to supporting
156 adherence should be taken. There are many options available to the dispenser when
157 making an adjustment to meet the patient's needs, examples of these can be found
158 in [Table 1 Reasonable adjustments](#) below. When supplying medicines, the default
159 approach should be to dispense them in their original packaging, supported by
160 appropriate adherence aids where necessary. Targeted support should be provided
161 based on individual need, with the aim of promoting and maintaining patient
162 independence wherever possible. The following options may be available under the
163 discretion of the supplying pharmacy. Many of these options may not be readily
164 available through community pharmacies, as they may not be considered reasonable
165 due to cost. However, it is important to highlight that a wide range of resources
166 exists, some of which may be accessed and paid for directly by individuals.

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167 The following table is an example of reasonable adjustments but is not an exhaustive
 168 list and not all adjustments may be available in all pharmacies.

169 **Table 1 Reasonable adjustments - Examples of adjustments which may assist**
 170 **with un-intentional non-adherence^{11,12}**

Reason for adjustment	Tool/method	Description
Polypharmacy	Simplifying regimens	Adjusting timing or formulation to reduce complexity and improve adherence.
	Medication reminder chart	A chart with medication regime written out for the patient to use as a reminder of how they should take their medication
Memory impairment	Personal calendar	Patients mark off doses taken on a calendar to track adherence.
	Talking devices	Alarms via clocks or keychains to remind patients to take medication.
	Digital reminders and apps	Built-in phone alerts or apps to prompt medication use; best if familiar/easy.
	Monitored dosage system (MDS)	Organises medication by day/time to support adherence and independence. This is provided by the dispenser.
	Manual pill organisers	Organises medication by day/time to support adherence and independence. This is usually self-filled by the person or carer.
Impaired manual dexterity	Easy-open lids	Pharmacists may be able to repackage medication into containers with easier-to-open lids.
	Grip openers	Assistive tools designed to open childproof or stiff medication bottles.
	Blister pack removers	Devices that help extract pills from foil packaging and/or MDS safely and easily.
	Eye drop dispenser	Clips onto bottles to hold eyelid open and position drops accurately.
Visual impairment	Large print labels	Pharmacists can supply medication labels in larger fonts for easier reading.
	Magnifying glasses	Widely available tools to enlarge small print; some include lights or grip handles.
	Accessible patient information leaflets (PILs)	X-PIL can provide accessible PILs ¹³
Further aids	Pill cutter/crusher	Breaks down large tablets for easier swallowing; pharmacist guidance recommended.
	Ordering support	Assistance with requesting and managing repeat prescriptions.
	Counselling and education	Clear, tailored advice to improve understanding, confidence, and safe use.

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171 **5.1 Monitored dosage system (MDS)**

172 Administering medicines via an MDS is one potential option to support medicines
173 adherence, but there is little evidence to support their use⁶. MDS do not always
174 simplify how people take their medicines and should not be the first choice of
175 intervention for people to manage their medicines. Considering the limited evidence
176 of beneficial outcomes for patients with the use of MDS the use of original packs of
177 medicines, supported by appropriate pharmaceutical care, should be the preferred
178 intervention for the supply of medicines in the absence of a specific need for an MDS
179 in all settings.

180

181 **5.1.1 Appropriateness of use of monitored dosage systems (MDS)¹⁴**

182 Monitored dosage systems are one of the most common adjustments. Although there
183 may be a role for MDS for some patients, it is associated with many risks, see [Table](#)
184 [2 Examples of advantage and disadvantages to the use of monitored dosage](#)
185 [systems](#), and should only be used where an assessment has been conducted by the
186 dispenser and it is determined that this is the most appropriate support for the patient
187 to manage their medicines.

188 Often in practice, many MDS are initiated without robust assessments, mainly to
189 meet the needs of carers or professionals, and some patients have difficulty in using
190 them. NICE Guidance identified that the evidence to support the effectiveness of
191 MDS as an adherence tool to be inconclusive³. Interventions should be implemented
192 to overcome practical problems associated with non-adherence if a specific need is
193 identified.

194

195 **Table 2 Examples of advantages and disadvantages of the use of monitored** 196 **dosage systems**

Advantages	Disadvantages
Act as a memory aid for some patients and gives visual confirmation of whether a dose has been taken.	Medication becomes unlicensed when repackaged in an MDS.
Can be more accessible to patients.	Stability data for medicines stored in an MDS not known in most cases – this could potentially lead to lack of therapeutic effect.
Can support some people in maintaining independent healthy living.	Adding a controlled drug (CD) to an MDS means the whole MDS needs to be treated as a CD. These MDS boxes will need to be stored within the CD cabinet until collection/delivery
Can provide peace of mind to patients and/or carers.	Can reduce patient autonomy and understanding of medicines.
Can reduce the complexity of regimens for some patients.	Can reduce patient choice to take or not take certain medications.
	Can increase the risk of medication errors, some of which may be associated with an increased risk of harm to the patient.

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Advantages	Disadvantages
	Not all medicines are suitable to be dispensed into an MDS resulting in two medicines management “systems” which could lead to confusion.
	Medicines to be taken ‘when required’ (PRN) e.g. analgesics or have variable doses e.g. warfarin, prednisolone.
	Changes to medication requires new prescriptions to be issued and the entire MDS to be re-dispensed.
	Not all MDS are child resistant.
	Not suitable for individuals with severe memory impairment, dexterity issues.
	Different pharmacies supply different devices which can result in confusion for some if on hospital discharge the community pharmacy supplies a different device.
	For MDS that are unsealed, medicines can migrate from one compartment into another or fall out while the older person is trying to open the device.
	There is the risk of contamination with re-usable MDS.
	Medicines dispensed in MDS cannot be used on admission to hospital as they are not easily identifiable. This leads to waste and an increased risk of errors.
	The CHUMs study ¹⁵ identified that in care homes, where medicines were dispensed in MDS, there were more dispensing errors compared to those with standard containers and some types of MDS were associated with more errors.
	MDS are not funded on the NHS except where a patient is eligible under the Equality Act ¹ .
	Loss of batch number and expiry date once removed from original packaging
	Filling an MDS is labour intensive, and it can be difficult to identify individual medicines in each compartment even when there is a label on the device that describes the content

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198 5.1.2 Examples of medication not suitable for monitored dosage systems 199 (MDS)¹⁴

200 [Table 3 examples of medications that may not be suitable for MDS](#) lists examples of
201 medications that may not be suitable for MDS. This list is not comprehensive and
202 other medication, patient and individual factors may need to be considered. For more
203 guidance on this please see individual drug summary of product characteristics
204 (SPC) on the [Electronic Medicines Compendium \(EMC\)](#) website or on the [Specialist
205 Pharmacy Service \(SPS\)](#) website.

206 Table 3. Example of medications that may not be suitable for MDS.

Example of medication
Effervescent or dispersible tablets
Buccal and sublingual tablets
Cytotoxic medicines
Liquids
Creams and topical preparations
Hygroscopic formulations
Inhalers
Refrigerator items
Dosage forms too large for MDS compartment
Medicines taken at varying doses or 'when required medicines' (PRN)
Medicines taken in a specific manner
Special containers
Injections
Valproate containing medication should be supplied in manufacturer's original outer packaging (unless exceptional circumstances).
* This list is not comprehensive and other medication, individual patient factors may need to be considered.

207
208 **5.1.3 Prescribing for medicines supplied in a monitored dosage system (MDS)**
209 The final decision to supply medicines in an adherence aid, such as an MDS, lies
210 with the dispenser e.g. the community pharmacy following a professional assessment
211 of the patient's needs under the Equality Act 2010. In contrast, the decision to issue
212 seven-day prescriptions rests with the prescriber and should only be made where
213 there is a clear clinical need. Shorter prescribing intervals may be appropriate to
214 ensure patient safety or where the stability of a medicine within a monitored dosage
215 system (MDS) cannot be assured. Seven-day prescriptions should not be used as a
216 mechanism to fund or facilitate the provision of adherence aids.

217 The stability of medicines dispensed in an MDS is limited, typically a maximum of
218 eight weeks for sealed devices and less for unsealed trays, and therefore longer
219 prescriptions should not be issued. A 28-day prescription cycle is regarded as best

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220 practice unless there are specific clinical circumstances which justify a shorter
221 duration.

222 Once medicines have been dispensed into an MDS and issued to the patient,
223 community pharmacies are not required or expected to amend them, as doing so
224 presents significant safety, stability, and quality risks. Where a change to therapy
225 occurs during a dispensing cycle, the prescriber should issue a new prescription for
226 all current medicines to enable safe re-dispensing into a new MDS.

229 **6.0 The use of adherence aids and support workers**

230
231 Individuals who have a carer or support worker may not necessarily receive support
232 with their medication. In such cases, a reasonable adjustment may be required to
233 ensure they can take their medicines safely and effectively. Any adjustment made
234 should be tailored to the patient's individual needs, not the preferences or
235 convenience of the support worker, carer or healthcare professional, in accordance
236 with the Equality Act 2010¹⁰.

237
238 Support worker involvement varies by level of support:

- 239 • **Level 0** Individuals self-administer their medicines independently.
- 240 • **Level 1** Individuals can make decisions about their medicines but need
241 specific support (e.g. reminders or assistance with opening containers).
- 242 • **Level 2** Support workers administer medicines for individuals who cannot
243 manage or understand their medicines regimen.
- 244 • **Level 3** Care workers administer medicines using specialist techniques such
245 as insulin or oxygen, requiring additional training¹⁶.

246 Monitored dosage systems (MDS) should be considered only when a specific need is
247 identified under the Equality Act 2010. Medicine administration should not depend on
248 provision of an MDS. It should also be noted that once medicines are removed from
249 original packs, carers cannot confirm accuracy in line with the 6Rs (Right person,
250 Right drug, Right dose, Right route, Right time, and Right to decline). Care staff must
251 be able to identify individual medicines, which is more difficult when several are
252 packed together¹⁷.

253 **7.0 People moving between care settings**

254 It should be acknowledged that patients will differ in their ability to manage their
255 medicines during their journey through healthcare settings and that this ability will
256 also differ for individuals at different times depending on their health and/or the
257 medicines they are prescribed.

258 For patients moving between care settings, it is important to ensure good
259 communication and effective collaboration between staff to ensure the safe and
260 effective management of medicines based on the needs of the individual.

262 **7.1 Initiation of adherence aids in hospital and safe discharge planning**

263 The provision of adherence aids is at the discretion of the community pharmacist,
264 based on their professional assessment under the Equality Act 2010.

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265 Hospitals should only refer patients to a specific community pharmacy at the patient's
266 request or for reasons of clinical safety. This ensures compliance with NHS principles
267 of patient choice and avoids any perception of preferential referral¹⁸. Once a
268 community pharmacy has been identified it is important to communicate and work
269 collaboratively with the community pharmacy to share relevant information and
270 support continuity of care on discharge, including any identified adherence needs or
271 reasonable adjustment requirements.

272 Hospital teams are encouraged to assess medicines management needs prior to
273 discharge and document any factors indicating additional support. Where new
274 support needs are identified, findings should be shared with the GP and, where
275 possible, the patient's nominated pharmacy with consent. Patients without a
276 nominated pharmacy should be supported to choose one.

277 Prior to discharge the initiation of an adherence aid should be agreed with the
278 patient's community pharmacy. Discharge information should clearly reflect agreed
279 arrangements and any ongoing assessment requirements (arrangements may vary
280 locally).

281 The hospital role is to support safe discharge through assessment, communication,
282 and interim measures, recognising that community pharmacists determine the
283 appropriateness and sustainability of adherence aids in primary care.
284

285 **7.2 Other integrated community care teams**

286 This may include but is not limited to virtual wards, hospital at home services, social
287 care teams and primary care medicines management teams play an important role in
288 supporting medicines adherence in the community. These teams undertake person-
289 centred assessment of medicines management needs and consider a range of
290 adherence support options.

291 Adherence aids should not be initiated or requested without involvement and
292 agreement from the patient's community pharmacy. Patients should only be referred
293 to a specific community pharmacy where this reflects patient choice or is justified by
294 clinical need.

295 These teams support safe and effective medicines use but do not replace the role of
296 the community pharmacist in determining the appropriateness and sustainability of
297 adherence aids.

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299 References

- 300
- 301 1. UK Government. Equality Act 2010. 2010. Available at:
302 <https://www.legislation.gov.uk/ukpga/2010/15/contents>. Accessed Feb 2026.
 - 303 2. Achterbosch M, Aksoy N, Obeng G et al. Clinical and economic consequences
304 of medication nonadherence: a review of systematic reviews. *Frontiers in*
305 *Pharmacology*. 2025;16. Available at:
306 <https://doi.org/10.3389/fphar.2025.1570359>. Accessed Feb 2026.
 - 307 3. National Institute for Health and Care Excellence. Medicines adherence:
308 involving patients in decisions about prescribed medicines and supporting
309 adherence (CG76). 2009. Available at:
310 <https://www.nice.org.uk/Guidance/CG76>. Accessed Feb 2026.
 - 311 4. York Health Economics Consortium and School of Pharmacy University of
312 London. Evaluation of the Scale, Causes and Costs of Waste Medicines.
313 2010. Available at:
314 [https://discovery.ucl.ac.uk/id/eprint/1350234/1/Evaluation_of_NHS_Medicines](https://discovery.ucl.ac.uk/id/eprint/1350234/1/Evaluation_of_NHS_Medicines_Waste_web_publication_version.pdf)
315 [Waste_web_publication_version.pdf](https://discovery.ucl.ac.uk/id/eprint/1350234/1/Evaluation_of_NHS_Medicines_Waste_web_publication_version.pdf). Accessed March 2026.
 - 316 5. National Institute for Health and Care Excellence. Environmental impact
317 report: Medicines optimisation Implementing the NICE guideline on medicines
318 optimisation (NG5). Available at:
319 [https://www.nice.org.uk/Media/Default/About/what-we-do/Into-](https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/resource-impact-assessment/Medicines-optimisation-sustainability-report.pdf)
320 [practice/resource-impact-assessment/Medicines-optimisation-sustainability-](https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/resource-impact-assessment/Medicines-optimisation-sustainability-report.pdf)
321 [report.pdf](https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/resource-impact-assessment/Medicines-optimisation-sustainability-report.pdf). Accessed Feb 2026.
 - 322 6. Royal Pharmaceutical Society. Multi-compartment compliance aids (MCAs)
323 Pharmacy guide. Available at: [https://www.rpharms.com/resources/pharmacy-](https://www.rpharms.com/resources/pharmacy-guides/mca)
324 [guides/mca](https://www.rpharms.com/resources/pharmacy-guides/mca). Accessed Feb 2026.
 - 325 7. Walters S, Chakravorty M, McLachlan S et al. Medication compliance aids
326 unpackaged: A national survey. *British Journal of Clinical Pharmacology*,.
327 2022;26(10):4595–4606. Accessed Apr 2026.
 - 328 8. Specialist Pharmacy Service. MCA Stability Tool. Find stability
329 recommendations for tablets and capsules. Available at:
330 [https://www.sps.nhs.uk/home/tools/medicines-in-compliance-aids-stability-](https://www.sps.nhs.uk/home/tools/medicines-in-compliance-aids-stability-tool/)
331 [tool/](https://www.sps.nhs.uk/home/tools/medicines-in-compliance-aids-stability-tool/). Accessed Apr 2026.
 - 332 9. UK Government. Disability: Equality Act 2010 - Guidance on matters to be
333 taken into account in determining questions relating to the definition of
334 disability. 2013. Available at:
335 [https://www.gov.uk/government/publications/equality-act-guidance/disability-](https://www.gov.uk/government/publications/equality-act-guidance/disability-equality-act-2010-guidance-on-matters-to-be-taken-into-account-in-determining-questions-relating-to-the-definition-of-disability-html)
336 [equality-act-2010-guidance-on-matters-to-be-taken-into-account-in-](https://www.gov.uk/government/publications/equality-act-guidance/disability-equality-act-2010-guidance-on-matters-to-be-taken-into-account-in-determining-questions-relating-to-the-definition-of-disability-html)
337 [determining-questions-relating-to-the-definition-of-disability-html](https://www.gov.uk/government/publications/equality-act-guidance/disability-equality-act-2010-guidance-on-matters-to-be-taken-into-account-in-determining-questions-relating-to-the-definition-of-disability-html). Accessed
338 Feb 2026.
 - 339 10. Pharmaceutical Services Negotiating Committee. PSNC Briefing 60/17:
340 Equality Act 2010 – a quick reference guide. Aug 2017. Available at:
341 [https://cpe.org.uk/wp-content/uploads/2020/07/PSNC-Briefing-060.17-](https://cpe.org.uk/wp-content/uploads/2020/07/PSNC-Briefing-060.17-Equality-Act-2010-A-quick-reference-guide.pdf)
342 [Equality-Act-2010-A-quick-reference-guide.pdf](https://cpe.org.uk/wp-content/uploads/2020/07/PSNC-Briefing-060.17-Equality-Act-2010-A-quick-reference-guide.pdf). Accessed Feb 2026.
 - 343 11. NHS England. An interactive guide to: What good looks like for assisted
344 medicines taking. 2022. Available at: [https://www.healthinnowest.net/wp-](https://www.healthinnowest.net/wp-content/uploads/2022/07/An-Interactive-Guide-to-What-good-looks-like-for-Assisted-Medicines-Taking-May-2022.pdf)
345 [content/uploads/2022/07/An-Interactive-Guide-to-What-good-looks-like-for-](https://www.healthinnowest.net/wp-content/uploads/2022/07/An-Interactive-Guide-to-What-good-looks-like-for-Assisted-Medicines-Taking-May-2022.pdf)
346 [Assisted-Medicines-Taking-May-2022.pdf](https://www.healthinnowest.net/wp-content/uploads/2022/07/An-Interactive-Guide-to-What-good-looks-like-for-Assisted-Medicines-Taking-May-2022.pdf). Accessed Feb 2026.
 - 347 12. Specialist Pharmacy Service. Reminding to take medicines: supporting
348 adherence. 2023. Available at: [https://www.sps.nhs.uk/articles/reminding-to-](https://www.sps.nhs.uk/articles/reminding-to-take-medicines-supporting-adherence/)
349 [take-medicines-supporting-adherence/](https://www.sps.nhs.uk/articles/reminding-to-take-medicines-supporting-adherence/). Accessed Feb 2026.

CONSULTATION DRAFT

- 350 13. Electronic Medicines Compendium. Electronic Medicines Compendium
351 Available at: [https://www.medicines.org.uk/emc/latest-medicines-](https://www.medicines.org.uk/emc/latest-medicines-updates#gref)
352 [updates#gref](https://www.medicines.org.uk/emc/latest-medicines-updates#gref). Accessed Feb 2026.
- 353 14. All Wales Medicines Strategy Group. Polypharmacy in older people: A guide
354 for healthcare professionals. 2023. Available at:
355 [https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-](https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/polypharmacy-in-older-people-a-guide-for-healthcare-professionals/)
356 [optimisation-guidance-resources-and-data/prescribing-](https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/polypharmacy-in-older-people-a-guide-for-healthcare-professionals/)
357 [guidance/polypharmacy-in-older-people-a-guide-for-healthcare-professionals/](https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/polypharmacy-in-older-people-a-guide-for-healthcare-professionals/).
358 Accessed Feb 2026.
- 359 15. Barber ND, Alldred DP, Ryanor DK et al. Care homes' use of medicines study:
360 prevalence, causes and potential harm of medication errors in care homes for
361 older people. *BMJ Quality and Safety*,. 2009;18(5). Available at:
362 <https://qualitysafety.bmj.com/content/18/5/341>. Accessed Apr 2026.
- 363 16. All Wales Medicines Strategy Group. All Wales guidance to support integrated
364 medicines management in community settings. 2025. Available at:
365 [https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-](https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-guidance-to-support-integrated-medicines-management-in-community-settings/)
366 [optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-](https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-guidance-to-support-integrated-medicines-management-in-community-settings/)
367 [guidance-to-support-integrated-medicines-management-in-community-](https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-guidance-to-support-integrated-medicines-management-in-community-settings/)
368 [settings/](https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-guidance-to-support-integrated-medicines-management-in-community-settings/). Accessed Feb 2026.
- 369 17. National Institute for Health and Care Excellence. Managing medicines for
370 adults receiving social care in the community (NG67). 2017. Available at:
371 <https://www.nice.org.uk/guidance/ng67/chapter/recommendations>. Accessed
372 Feb 2026.
- 373 18. Community Pharmacy England. Direction of prescriptions. 2026. Available at:
374 [https://cpe.org.uk/quality-and-regulations/other-regulatory-and-terms-of-](https://cpe.org.uk/quality-and-regulations/other-regulatory-and-terms-of-service-requirements/direction-of-prescriptions/?utm_source=chatgpt.com)
375 [service-requirements/direction-of-prescriptions/?utm_source=chatgpt.com](https://cpe.org.uk/quality-and-regulations/other-regulatory-and-terms-of-service-requirements/direction-of-prescriptions/?utm_source=chatgpt.com).
376 Accessed Apr 2026.
- 377 19. Royal Pharmaceutical Society. Managing Medication Guidance: to assist
378 healthcare professional to assess patients experiencing medication
379 compliance problems. 2012. Available at:
380 [https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20ac-](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/managing-medication-guidance.pdf)
381 [cess/Support/toolkit/managing-medication-guidance.pdf](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/managing-medication-guidance.pdf). Accessed Feb 2026.
- 382 20. Devon Community Pharmacy. Patient Equality Act Assessment for Medication
383 Reasonable Adjustment. 2024. Available at:
384 [https://devon.communitypharmacy.org.uk/wp-](https://devon.communitypharmacy.org.uk/wp-content/uploads/sites/20/2024/04/Patient-Equality-Act-Assessment-for-Medication-Reasonable-Adjustment.pdf)
385 [content/uploads/sites/20/2024/04/Patient-Equality-Act-Assessment-for-](https://devon.communitypharmacy.org.uk/wp-content/uploads/sites/20/2024/04/Patient-Equality-Act-Assessment-for-Medication-Reasonable-Adjustment.pdf)
386 [Medication-Reasonable-Adjustment.pdf](https://devon.communitypharmacy.org.uk/wp-content/uploads/sites/20/2024/04/Patient-Equality-Act-Assessment-for-Medication-Reasonable-Adjustment.pdf). Accessed Feb 2026.
- 387 21. Health Innovation West of England. Helping patients take their medicines
388 safely: reasonable adjustments. Available at:
389 [https://www.healthinnowest.net/our-work/transforming-services-and-](https://www.healthinnowest.net/our-work/transforming-services-and-systems/medicines-optimisation/medicines-compliance-aids-mcas/#Resources-to-support-healthcare-professionals)
390 [systems/medicines-optimisation/medicines-compliance-aids-](https://www.healthinnowest.net/our-work/transforming-services-and-systems/medicines-optimisation/medicines-compliance-aids-mcas/#Resources-to-support-healthcare-professionals)
391 [mcas/#Resources-to-support-healthcare-professionals](https://www.healthinnowest.net/our-work/transforming-services-and-systems/medicines-optimisation/medicines-compliance-aids-mcas/#Resources-to-support-healthcare-professionals). Accessed Feb 2026.

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Appendix 1: Community pharmacy Equality Act and medicines support assessment form¹⁹⁻²¹

Community pharmacy Equality Act and medicines support assessment form	
Patient name	
Date of birth	
Address	
Does patient live alone? (please circle)	Yes No
If no, who does patient live with?	
NHS number	
Phone number	
Assessment undertaken with: (please circle or delete)	Patient Carer Other
If completed with a carer or other individual, please specify their name and relationship to the patient:	
How was the assessment undertaken: (please circle or delete)	Face to face Phone
Does the patient have a substantial/long-term disability? (please circle or delete)	Yes No
If "Yes" please provide further information:	
Assessor's name	
Date of assessment	
GPhC Number	
Pharmacy name (if applicable)	
GP Practice name	
GP Practice address	
GP Practice phone number	

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Community pharmacy Equality Act and medicines support assessment form continued				
Reason for assessment				
Medicines taken:				
Total number of medicines taken				
Daily doses	Morning	Lunch	Evening meal	Bedtime
When required (PRN), specific timed medication, please state times				
Weekly doses				
Monthly doses				
How does patient currently take medication? <i>Please circle or delete as appropriate</i>				
Manages own medication from original container	Yes	No		
Family/carer support	Yes	No		
Fill their own/family fill monitored dosage system (MDS)	Yes	No		
Pharmacy filled MDS	Yes	No		
Medicine reminder chart	Yes	No		
Other/comments:				
Does patient feel like their current routine is working for them?	Yes	No		
If no, please state why				

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Medication management assessment				
		Yes	No	Additional notes
Vision	Can the patient read standard print labels?			
	Can the patient read large print labels?			
	Can patient read braille labels?			
Audio	Does patient have any hearing impairment?			
Dexterity	Can patient open/close child resistant lids?			
	Can patient open/close screw top lids?			
	Can patient open/close winged lids?			
	Can the patient open blister strips and take the medication out?			
	Can the patient halve tablets?			
	Is patient able to measure liquid doses of medication?			
	Is patient able to self-administer injectables e.g. insulin if applicable?			
	Is patient able to use inhaler device if applicable?			
	Is patient able to administer eye drops?			
Comprehension	Does patient understand dose instructions?			
	Does patient know what each medication is for/why they are taking this medication?			
	Does patient understand variable and 'when required' (PRN) doses?			
Memory *Note some non-adherence may be intentional	Does patient remember to order their repeat medication?			
	Does patient remember to take their regular medication?			
Swallowing	Is the patient able to swallow tablets/capsules?			
Any additional notes				

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399 Possible aids to support any issues identified in medication management
 400 assessment

Issue identified/area for support	Possible tools/methods (not exhaustive list complete "Other" section if no suitable option from this list)	Plan
Memory Impairment	Personal calendar	
	Medication reminder chart	
	Talking devices	
	Remote monitoring systems	
	Digital reminders and apps	
	Monitored dosage system	
	Manual	
Poor dexterity	Easy-open lids	
	Grip openers	
	Blister pack removers	
	Eye drop dispenser	
	Alternative inhaler	
Visual impairment	Large print labels	
	Magnifying glasses	
	Braille labels Do not stick labels over braille information on box	
Audio impairment	Audio labels	
Comprehension	Provide information written or verbal on the current medication regime. Simplify medication regime	
Further aids	Pill cutter/crusher	
	Ordering support	
	Simplifying regimens	
	Counselling and education	
Remembering to order medication	Repeat dispensing	
	Calendar reminder	
	Repeat ordering	
Other		

401

402

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Action plan	
Review summary	
Next review date	

403

404 **Assessor Declaration: I confirm this assessment has been completed in line**
405 **with Equality Act responsibilities.**

406

Signature	
Date	
Patient/representative name	
Signature	
Date	

407

408

409 Assessment forms should be recorded clearly and accurately within the pharmacy's
410 standard clinical record-keeping systems, whether electronic or paper-based, and
411 must form part of the patient's ongoing medicines support documentation¹¹.

412 Completed assessments should include a review date and be stored securely, be
413 easily retrievable for inspection or continuity of care, and be managed in the same
414 way as other pharmacy professional records and paperwork. Records must be
415 retained, in line with general pharmacy governance and documentation retention
416 principles, to support safe ongoing care, audit, review, and regulatory compliance.