

28-Day Prescribing Policy

Mansfield & Ashfield CCG and Newark & Sherwood CCG support a 28 day repeat prescribing interval for medicines on-repeat through GP Practices.

A 28 day repeat prescribing interval is recognised by the NHS as providing the best balance between patient convenience, good medical practice and minimal drug wastage.

Key Facts

In 2016 in Mansfield & Ashfield CCG and Newark & Sherwood CCG 7.5 million prescription items were dispensed at a cost of £51 million.¹

90% of all prescription items are dispensed free of charge.²

Repeat prescribing accounts for 80% of prescription items.³

It is estimated that 10% of all drugs prescribed are wasted.⁴ This puts the cost of wasted medicines in Mansfield & Ashfield CCG and Newark & Sherwood CCG at over £5 million per year. Destroying returned medicines incurs further costs.

Principles

A standard 28-day repeat prescribing interval supports GP practices in providing a robust and efficient repeat prescribing system in-line with the Repeat Prescription Management Code of Practice.⁵

A 28-day prescribing interval supports individuals to take responsibility for ordering their own medicines, as it is intuitive and in-keeping with cycles of everyday management of resource and finance. Appropriate ordering of medicines minimises stockpiling and waste

Pharmacies have a key role in advising and supporting individuals regarding their medicines. Where appropriate pharmacies can provide a Repeat Dispensing Service so that individuals can access the medicines they require, to a 28 day cycle, direct from the pharmacy, following authorisation of 6 (12 in certain circumstances) 28 day prescriptions by the GP practice.

Exceptions

A shorter interval (7–14 days) may be appropriate initially to assess effectiveness or tolerability of a medicine. Issues such as those of compliance, safety or drug diversion might also be addressed by a shorter than 28-day repeat prescribing interval.

Pharmacy contractors have a responsibility under the Disability Discrimination Act (DDA) 1995 to make reasonable adjustments to their services including providing auxiliary aids where appropriate for people with disabilities. Where a multiple dose compliance aid is considered the most appropriate adjustment, the only instance in which a seven-day repeat prescribing interval is appropriate is if the prescriber has made the decision, on clinical grounds, that medication should be issued to the patient on a weekly basis.

Some medicines are presented or packaged in a manner that makes them unsuitable for prescribing to a 28-day interval; these include some inhalers, insulin vials, oral contraceptives and hormone replacement therapy.

Summary

A 28-day prescribing policy standardises the repeat prescribing process and aids efficiency. It simplifies the monitoring of efficacy, safety and compliance with medicines. The 28-day prescribing interval allows individuals to have the medicines they require, without the need to stockpile and potentially waste medicines.

Repeat Dispensing may be convenient for those individuals whose medicines are unlikely to change.

References

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3. 'Repeat prescribing accounts for 60-70% of prescription costs and 80% of prescription items in primary care.' Department of Health.
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4. 'the true value of NHS waste medicines (also sometimes referred to as residual medicines) may be as much as 10 per cent of the overall health service pharmaceutical and allied product 'bill' incurred in the community' Evaluation of the Scale, Causes and Costs of Waste Medicines Final Report York Health Economics Consortium and School of Pharmacy University of London
<https://core.ac.uk/download/pdf/111804.pdf>
5. Repeat Prescription Management Code of Practice
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