

28 day Prescribing – Position Paper

Summary

- **Blackpool CCG (BCCG) recommends that the length of a prescription should usually not be more than 28 days**
- **Patients with long-term conditions who are stabilised on medicines should be considered for repeat dispensing. There may be a small number of conditions, for example contraception or HRT, where medicines may be prescribed for longer periods. This should not normally be longer than six months**
- **Medicines newly prescribed for a patient or prescriptions for patients in care settings should not be longer than 28 days**
- **Some medications should not be prescribed for longer than one month and should not be added to repeats, e.g. hypnotics and anxiolytics, topical steroids, new drugs**
- **Drugs liable to misuse should only be prescribed for short periods**
- **Patients going abroad should normally be prescribed only 28 days medication. At the discretion of the GP this may be increased to 56 days or 84 days in very exceptional circumstances¹**
- **Seven day (weekly) prescriptions should only be used exceptionally if there is a clinical or pharmaceutical need**
- **Information on prescription charges exemption and season tickets should be readily available to patients²**

Introduction

Previously the CCG has always encouraged 28 day prescribing, as the most appropriate prescribing period for the majority of patients. This period helps to facilitate continuity, monitor dosage compliance and prompt regular reviews of the appropriateness of a prescribed drug. The broad adoption of 28 day prescribing also allows the synchronisation of multiple repeat medications, in particularly via the electronic prescription service (EPS) and repeat dispensing (RD).

Additionally, limiting the prescribing period to 28-days has been one of a series of measures taken to address the huge quantity of waste medicines returned to community pharmacies; these medicines cannot be reused. Audits undertaken of returned unwanted medicines to our community pharmacies have indicated that approximately 30% of the returns were due to changes in medication during the prescription interval

Background

One of the earliest references to a 28-day prescribing cycle is from a 1996 UK study, estimating that there would be a 34% reduction in the cost of waste medication by changing the prescription duration to 28 days, with a linear correlation between mean values of returns and prescription length. Other audits, studies and reports have supported a link between increased prescribing intervals and increased waste.^{3,4}

It has been argued that the evidence supporting waste reduction from a 28-day prescribing interval is not robust, and may have a negative impact on patient compliance.⁵ However, it has also been suggested that by enabling patients to collect all medicines at the same time (i.e. synchronising their ordering to no more than once a month), compliance is likely to improve.

Longer prescribing intervals may be appropriate for some patients on stable doses of certain medicines, for example hormone replacement therapy and contraceptives.

After consideration of the benefits of limiting the duration of repeat prescriptions issued, BCCG strongly recommends that GPs prescribe for a 28 day period. With majority of Blackpool GP practices prescribing in this way, for most patients there will be no change.

Benefits and Disadvantages of 28 day prescribing

Benefits:

- Prompts regular reviews of the appropriateness of a prescribed drug, e.g. for care home patients
- Easy to synchronise multiple repeat medication if patient is out of synchronisation
- Helps to reduce medicines waste
- Less storage space required in patients home especially if they are on numerous medicines

Disadvantages:

- Additional cost for those patients who pay for their prescriptions
- Additional supply costs e.g. dispensing fees
- Some patients feel it doesn't allow them to have sufficient 'reserves' of medication
- More prescriptions to sign/authorise

Conclusions

The evidence regarding whether 28-day prescribing in itself reduces medication waste has some limitations. Nonetheless, it should be stressed that most NHS guidance calls for the appropriate use of a 28-day prescribing interval, reducing or increasing the interval as clinically necessary. There are potential additional benefits in terms of facilitating medication review and medicines management.

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

Recommendations

- A 28-day repeat prescribing interval is broadly recommended; however, discretion should be used for individual patients or medicines. This should be coupled with a rigorous and effective medication review process
- Repeat prescribing systems that promote synchronised, once per month requests for long-term medication should be developed
- People that are stabilised on their medicines and are suitable for longer prescribing intervals can be considered for repeat dispensing (28-day prescriptions for 6–12 months)
- Prescribers should consider a flexible approach when initiating a medicine; a shorter interval (7–14 days) may be appropriate initially to assess tolerability and compliance, or may be recommended by the BNF or regulatory bodies

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References

- 1.NHS Choices www.nhs.uk/chq/Pages/1755.aspx
- 2.NHS England – help with health costs
www.nhs.uk/NHSEngland/Healthcosts/Pages/PPC.aspx
- 3.Pharmaceutical Services Negotiating Committee. Medicines wastage and 28 day prescribing guidance. 2008.
www.psn.org.uk/publications_detail.php/108/medicines_wastage_and_28_day_prescribing_guidance
- 4.Brighton and Hove LINK. Medicine wastage. Dec 2010.
www.bhlink.org/res/media/pdf/MedicineWastageReportJanuary2010final.pdf
- 5.Addison's Disease Self-Help Group. Monitoring the impact of 28-day repeat prescribing: do the benefits outweigh the costs? 2010
www.addisons.org.uk/comms/media/28dayprescription.pdf.

