

28-DAY PRESCRIBING POLICY

Introduction

This paper lays out the rationale and practical recommendations for a 28-day prescribing policy for implementation in West Essex.

The CCG does not enforce a primary care 28 day prescribing policy for repeat medication. However, the CCG sees 28 day prescribing as a best practice option when considering all options pertaining to safe repeat prescribing systems. The Department of Health advise that controlled drugs (schedule 2, 3 and 4) should be prescribed for no longer than intervals of 30 days, this is monitored through electronic prescribing data (ePACT).

The CCG recommends that GP practices have robust repeat prescribing Standard Operating Procedures (SOPs) in place with sign up throughout the practice team in order to support the continued safe, effective and efficient use of medicines. Circumstances will vary from practice to practice and individual patients but SOPs should include consideration of ordering, record keeping, repeat prescription intervals, recall, reauthorisation of prescriptions, medication review, referral and triage.

GP practices have a contractual obligation to have safe prescribing systems in place and not to prescribe excessively. Prescriptions which cover long periods of time without adequate review may contribute to medicines waste and may be considered excessive. There should be careful consideration where patients request longer prescription intervals, particularly for those who pay prescription charges. This decision has to be balanced against patient need (e.g. financial, access), safety and excess/waste medicines. Pre-payment certificates may help some patients financially and repeat dispensing may offer convenience for patients on regular/stable medication.

Background on 28 day prescribing

Several studies have been carried out looking at medicine returns and the implications of prescribing period on medicine wastage^{1,2,3} whilst others have looked at non-equivalence of prescription quantities and the resultant costs of inadvertent over prescribing⁴.

The main recommendation of the Wakefield Study¹ was a plan to reduce waste, which included the following measures:

- Limiting the number of days supplied when initiating medication until a stable regimen is established.
- Having greater control over repeat prescribing and ensuring that patients are not requesting items which are not needed.
- Educating the public on the scale of wastage and the part that they might play in further reduction.

A pharmacy lead scheme in Kirklees² estimated that by restricting prescribing to 28 days duration there would be a **reduction in wastage of approximately 33%**.

The Department of Health also states that:

“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”.

Approach

The intention of this policy is to achieve reduction in waste. There is also the opportunity to reduce harm from stockpiled medicines and improve compliance with the medication regime.

Any move to reduce the quantities of medication prescribed should also be balanced against the overall needs and circumstances of the patient. Some patients are able to manage their medication safely and reliably, although many patients do not easily manage their medication well in practice. It is important therefore to fit the prescribing to the individual in order to achieve the best outcome, a subject covered by prescribing concordance. For some selected patients, a low multiple of 28 tablets, may be the optimum approach, (e.g. 56 tablets)

Benefits of 28-Day Prescribing

- Less duplication of medicines packs, which reduces the chance of confusion in the elderly. (Many drugs are currently being repackaged into blister packs of 28 tablets.)
- Reduction in the overall number of drugs present in the home, which reduces the risk of harm from overdose and accidental poisoning of children.
- Coordination of prescription start and renewal date makes the process of producing repeat prescriptions within the practice much easier and quicker. It can reduce the number of requests for prescriptions, saving time and effort, and in some cases may reduce the number of prescriptions the practice has to process.
- Compliance and concordance issues can be spotted more easily if the basic medication regime is well managed.
- In some cases, regular, monthly contact with a dispensing pharmacist can contribute to the medication monitoring of the patient and bring problems to light sooner.
- It will reduce the amount of medicine which is currently wasted when medicines are stopped or changed. It will also reduce the amount which is wasted when partly filled containers are thrown away.
- It will reduce confusion and the number of mistakes made by patients, especially the elderly, when they take their medicine, as patients will be less likely to have multiple partly filled containers of medicine at home.

Recommendations

- **All repeat prescriptions to be for 28 days' supply (see exemptions below)**
- All repeat prescriptions to be co-ordinated for renewal on the same day.
- PRN medications should be estimated (and clear directions given) so as to provide a similar duration of supply.
- The dosing regime and supply should be discussed with the patient where possible in order to achieve the best outcome.

Exemptions

- Treatment packs specifically covering different durations, e.g. HRT, oral contraceptives, osteoporosis therapy etc.
- Patients who would be disadvantaged by restriction to a 28-day supply due to their individual circumstances. These would include difficulty accessing the surgery premises or local pharmacy because of lack of transport, distance, availability of carers etc.
- Patients who are stable and are on up to 3 items, that would be suitable for repeat dispensing, may have their prescription repeated 2 monthly to improve patient convenience i.e. Thyroxine. The aim of this policy is to reduce wastage and not to cause patient inconvenience. Wastage is associated more with patients on multiple therapies rather than those who are stable and on a few items.
- It is reasonable to consider the cost to the patient and in many cases where the patient is receiving 14 or more prescriptions per year they may pay a lower annual cost by purchasing a medicines prepayment certificate.

References

¹ Bowler A, Eaton K, Hid G. Drug Wastage Report. Wakefield HA; June 1997

² Hawksworth G. Medicines returns and wastage report. The Pharmacy Practice Research Unit, University of Bradford.

³ Anonymous. Monthly Prescription s Reduce Drug Wastage. MIMS Weekly; 34: April 12th 1994.

⁴ Rees J, Collett J, Asher D. Quantifying the costs of repeat prescribing on multiple item prescription forms. The Pharmaceutical Journal; 251: 636-638