



integrated working

Prescribing intervals — guidance for patients

The NHS recognises that a 28-day repeat prescribing interval makes the best possible balance between patient convenience, good medical practice and minimal drug wastage.

The British Medical Association notes that “Prescribing intervals should be in line with the medically appropriate needs of the patient, taking into account the need to safeguard NHS resources, patient convenience, and the dangers of excess drugs in the home.”

The benefits of 28-day prescribing include:

- Reducing the amount of medicine which is currently wasted when your doctor stops or changes you medicine.
- Reducing the potential for error when your medication is changed in the middle of supply.
- Increased safety as you will not have multiple containers of the same medicine meaning it is likely to reduce the number of mistakes made by, for example, elderly patients, and it will also reduce the risk of potential poisoning of young children.
- Many medicines are supplied in 28-day ‘calendar packs’ that show the day of the week on the packaging, allowing you to check that you have taken your medication each day. You will start and finish the container of each medicine on the same day of the week, meaning it will be easier for your doctor to review all of the repeat medicines you are taking and to see when you have not ordered your medicines.
- Many patients have to make several visits each month to their surgery because they have run out of their medicines at different times. With 28-day prescribing you should finish your medicines all at the same time, meaning you will only have to visit the surgery once a month to collect your repeat medicines. It will also reduce the likelihood of needing to make an emergency request if you run out of medicine.
- Financial losses due to medicines waste represent a direct loss to patient care. Since 28-day prescribing reduces medicines waste, this in turn has a positive impact on patient care.

Studies in the UK and abroad have shown significant savings and a reduction in waste with 28-day prescribing. For example, a Bradford University study concluded that the NHS cost of prescriptions issued for 56 days’ supply is greater than those for 28 days. In Lancashire, a project looking at waste medication returned to community pharmacies over four months found 4800 items were returned at a net ingredient cost of £19,000. 95% of these items were prescribed medicines, and 21% of the medicines were returned unopened.

Your doctor will provide you with a prescription for an interval that they believe to be most clinically appropriate for you, taking into account all sorts of issues, such as how stable your condition is, how long they expect you to take the medicine for, any side-effects you may experience, whether or not your medicine may change in the future, and any monitoring required. For some patients on certain medicines at a stable dose (e.g. contraceptives, levothyroxine), your doctor may decide it is appropriate to issue prescriptions for prescribing intervals longer than 28 days.

Most patients collecting repeat prescriptions do not pay prescription charges, therefore there will be no difference to these patients in terms of cost due to 28-day prescribing. If you do have to pay prescription charges, then it may be beneficial for you to buy a Prescription Prepayment Certificate – ask your pharmacist for more information or contact the NHS Business Services Authority on 0845 850 0030 or visit www.nhsbsa.nhs.uk/1127.aspx.

References:

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