

Position Statement on Prescribing Intervals

1. The CCGs recommend that, in most instances, prescriptions are written to cover a 28-day period of treatment. The expectation is that practice policy will reflect this.
2. The benefits of adopting a 28-day prescribing policy include:
 - Less waste is generated when medications are changed at short notice.
 - There is less potential for medicines to be stockpiled at home.
 - There is a correlation between length of prescribing interval and quantity of pharmaceutical waste generated.
 - It is easier to monitor a patient's concordance.
 - Maintaining a stable supply of medications following the UK's departure from the European Union.
3. There are some specific circumstances when 28-day prescribing may not be considered appropriate which may include, but are not restricted to, the following:
 - The prescription is for a course of treatment shorter than 28 days e.g. antibiotics.
 - The prescription is for a Controlled Drug or a drug liable to misuse, when it may be more appropriate to prescribe for a shorter period, e.g. daily or weekly.
 - There are concerns regarding patient safety and smaller quantities may be more appropriate, depending on individual clinical circumstances.
 - The prescribed medication is manufactured in packs intended to cover a longer period of treatment e.g. oral contraceptives, which are commonly produced in 3-month calendar packs and are often prescribed in quantities lasting 3-6 months.
 - The prescription is for a newly initiated medication, when a shorter prescribing interval may be more appropriate e.g. to monitor side effects or patient concordance etc.

NB. Where monitored dosage systems (MDS) are used to assist patients in managing their medication, a 28-day prescription should be provided unless any of the above circumstances apply.

4. Where a topical preparation is indicated, the prescriber should agree with the patient on the likely amount to be required each month and prescribe accordingly. Suitable quantities can be found in the BNF (chapter 13) for emollients <https://bnf.nice.org.uk/treatment-summary/skin-conditions-management.html> and corticosteroid creams & ointments <https://bnf.nice.org.uk/treatment-summary/topical-corticosteroids.html>. Appropriate quantities will vary depending upon the application area, frequency of use and type of product.
5. Prescription charges are a national arrangement. The CCG recommends that all practices, pharmacies etc. encourage the use of prescription prepayment certificates for patients who pay for their prescriptions and regularly receive more than one item each month. <https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs/prescription-prepayment-certificates-ppcs>.
6. Where a patient is stabilised on a medication regimen and is being monitored and supported in accordance with local and national guidance, then the patient should usually be encouraged to adopt **electronic** Repeat Dispensing on a 28-day cycle. Pharmacies have a contractual requirement to ascertain concordance with the prescribed regimen and notify the practice of any change or discrepancy.
7. All practices should have a clear, written repeat prescribing policy covering all aspects of the repeat prescribing process including:
 - Deletion of items no longer required
 - Synchronisation of medication
 - Exemptions to repeat dispensing e.g. drugs liable to misuse.
8. In the interests of equality, the principles above should be applied to all patients on a practice list.
9. Patients who are not satisfied with practices adopting this policy should be directed to the Patient Advice & Liaison service (PALS) who can be contacted on the following details:
 - Ipswich & East CCG & West Suffolk CCG: 0800 389 6819 or email: wsccg.pals@nhs.net
 - North East Essex CCG: 0800 389 6819 or email: NEECCG.PALS@nhs.net