

## HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE BOARD (HWE ICB) GUIDANCE ON PRESCRIPTION DURATION

### Recommendations

- The Department of Health recommend that the length of repeat prescription supply should not routinely be more than 28 days.
- 56- day prescribing intervals is supported by HWE ICB in the following situations:
  - For patients who are stable and on non-complex regimens
  - Where cost to the patient from prescription charges is a concern and the patient is stable on treatment.
- Longer prescribing intervals are acceptable if:
  - Treatment packs specifically covering different durations, e.g., Hormone Replacement Therapy (HRT).
  - Special packs which cannot be split e.g.- so they do not need to be split or where this is not feasible.
  - Where 28 days is not equivalent to the number of doses in a special pack e.g., a 200 doses inhaler as “1 OP” (original pack).
- ‘When required’ or ‘PRN’ medications should be estimated (and clear directions given) to provide a supply that is sufficient for 28 days or other appropriate duration.
- A one-off synchronisation prescription is recommended where regular, stable items run out at varying times during the month. The time invested to synchronise medication will reduce wasted medication and staff time in dealing with the same patient several times a month.
- Prescriptions for controlled drugs (CDs) schedule 2, 3 and 4 should never exceed 1 month’s supply (max 30 days).

### **1. Introduction**

The Department of Health 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”.

The benefits of 28-day prescribing include:

- Reducing the amount of medicine that is currently wasted when medicines are stopped or changed.
- Compliance and concordance issues can be spotted more easily if the basic medication regime is well managed and reviewed regularly.
- Less duplication of medicines packs, which reduces the chance of confusion in the elderly.

## **2. HWE ICB recommended repeat prescribing intervals**

Whilst 28 day prescribing intervals are recommended for repeat medication, HWE ICB does not mandate a primary care 28-day prescribing interval; prescribers should provide prescriptions for intervals that they feel are clinically appropriate, up to a maximum of 56-day intervals in patients who are stable and on non-complex regimens, considering factors such as possible reactions, the stability of the treatment, patient compliance, and any necessary monitoring. Extending supply to longer intervals should be individualised and only agreed when the risks of extending medication intervals are low. Consider electronic repeat dispensing (eRD) in suitable patients; this system allows patients who are on stable regimens to receive their medication at a pharmacy of their choice for up to 12 months using the electronic prescription service.

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 for the patient and the practice.

The Department of Health advise that controlled drugs (schedule 2, 3 and 4) should be prescribed at intervals of no longer than 30 days.

Patients with financial concerns relating to prescription charges should be advised of the NHS prescription pre-payment certificate as this may allow them to pay a lower annual cost for their medicines. They should be directed to the information available on the NHSBSA website [www.nhsbsa.nhs.uk/help-nhs-prescriptioncosts/nhs-prescription-prepayment-certificate-ppc](http://www.nhsbsa.nhs.uk/help-nhs-prescriptioncosts/nhs-prescription-prepayment-certificate-ppc) or telephone 0300 330 1341.

## **3. Situations where longer intervals are appropriate**

- Treatment packs specifically covering different durations, e.g., Hormone Replacement Therapy (HRT).
- Special packs e.g., eye drop bottles.
- Where 28/56 days is not equivalent to the number of doses in a special pack e.g., a 200 doses inhaler as "1 OP" (original pack).
- Combined oral contraception where supply should be aligned to monitoring visits (e.g., 3 months, 6 months or up to a maximum of 1 year if stable.)

## **4. Acute prescriptions**

Newly prescribed medication (until reviewed and confirmed as continuing) and medication with frequent dose changes would be better set up as an acute prescription. The length of

acute prescriptions should be determined by the condition being treated and not exceed a 28- day supply. The decision to transfer a medicine from an acute prescription to a repeat prescription will always be made by the prescriber after careful consideration of whether the medicine has been safe, effective, well tolerated and is required long term.

## 5. Accepting Orders for Repeat Prescriptions

Repeat prescription orders should be accepted from:

- NHS App (\*NHS APP is for patients aged 13 years old and over registered with a GP in England and Isle of Man) or Patient Access (EMIS practices) or System Online (SystemOne practices).
- Electronic repeat dispensing (eRD) for appropriate patients reduces the frequency patients need to reorder at the GP Practice.
- Where possible patients/carers should order directly with the GP practice.
- Patients should liaise with their GP practice to understand expected prescription request turnaround time.
- A Prescription Prepayment Certificate (PPC) will save people money if they pay for more than three items in three months, or 11 items in 12 months.
- NHS Hormone Replacement Therapy Prescription Prepayment Certificate (HRT PPC) costs a one-off payment of two single NHS items and covers an unlimited number of HRT medicines\* in 12 months.
- Some items should not be issued with every prescription (as required items e.g., salbutamol inhaler/rescue packs/GTN spray) .
- Discourage request on written lists, emails and telephone requests.
- The repeat prescription request slip:
  - Medicines required should be ticked
  - Items not needed should be crossed out. Patients can still order these in the future.

\*Only HRT listed in the drug tariff licensed for treatment of menopause. A separate prescription is required for patients who have a pre-payment certificate for HRT products.

## 7. References

- BMA England. Prescribing in general practice, April 2018  
<https://www.bma.org.uk/media/1563/bma-prescribing-in-general-practice-april-2018.pdf>
- [Hints and Tips for Prescription Clerks in Managing the Repeat Prescription Process: hints-and-tips-for-prescription-clerks-and-admin-staff-to-manage-the-repeat-prescription-process \(icb.nhs.uk\)](https://www.icb.nhs.uk/hints-and-tips-for-prescription-clerks-and-admin-staff-to-manage-the-repeat-prescription-process)

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