

Greater Huddersfield CCG and North Kirklees CCG Guidance on Prescription Interval

Introduction

This document presents general points for consideration when deciding on the duration of a prescription. This should be a balance of patient convenience and practice workload reduction, against patient safety and the minimisation of medication waste.

GPs may be requested to supply 7-day prescriptions to support the dispensing of compliance aids therefore the case for these, and when a 7-day prescription is appropriate, is also considered.

Definitions

'*Pharmacist*' refers to a dispensing pharmacist based in either community or internet premises

'*Home care*' and '*home carer*' refers to a service or carer providing a care service in the patient's home via the local authority or private agency.

'*Care home*' refers to a registered care home; this may be residential, nursing or mixed.

General considerations

Prescribers should issue prescriptions at intervals appropriate to the individual needs and clinical status of the patient. The following should be considered when determining the length of a prescription:

- How stable the patient's medication regime is
 - Patients with frequent changes to medication should be prescribed smaller quantities
 - Patients with a larger number of prescription items (> 4 regular repeats) may require more frequent changes to their medication regime.
- Risk of overdose from medicines, intentional or accidental
 - e.g. confusion, mental health disorder
- Patient convenience
 - Consider whether the patient has mobility issues, or difficulty collecting prescriptions due to work shifts. A longer prescription interval can assist such patients, if they have stable medication.
- The cost of the medication
 - Some high cost items should be prescribed for shorter intervals (max.28 days) to minimise wastage in case of discontinuation or incorrect storage.
- Frequency of treatment reviews/monitoring
 - For example, some shared care drugs require blood tests every 3 months e.g. methotrexate
- Shelf life of the medicine
 - Specials may have a short shelf life from date of manufacture e.g. 30 days
- Any storage issues
 - Liquid medicines and some oral nutritional supplements can be bulky and patients may find it difficult to store these safely. Space may be limited for items which need to be refrigerated.

Repeat dispensing

Using electronic repeat dispensing (eRD) is a way of reducing practice administrative burden without issuing a patient with an excessive amount of medication. Many patients on regularly issued, stable medication will be suitable for eRD. This can be particularly helpful where 7-day prescriptions have been found to be necessary (see below for criteria), as batches of 4 x 7-day prescriptions can be issued.

More information can be found at

<https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf>

The Equality Act (2010)

The requirements of the Equality Act apply to the prescribing and dispensing process.

If a patient has a long-term impairment meeting Equality Act criteria, pharmacists are required to make reasonable adjustments to how a patient's medication is dispensed, in order to ensure that the patient is able to access their medicines.

Some examples of 'reasonable adjustment' include increasing font size on labels, providing reminder charts, pushing medicines out of blister packs or providing a monitored dosage system (MDS).

The funding of NHS pharmaceutical services includes an element to recognise the additional cost of complying with disability legislation, therefore an adjustment to prescription length is not necessary to fund a compliance aid (MDS) in this case.

It is the responsibility of the pharmacist dispensing the prescription to assess what adjustments may be necessary for that patient.

Equally, the prescriber has a responsibility to make reasonable adjustments, according to the patient's needs. This *may* be the provision of 7 day prescriptions, where weekly supply/dispensing is deemed clinically or pharmaceutically necessary; it may also be helpful for the prescriber to review and rationalise the patient's medications to facilitate medication adherence, or dispensing into a MDS, where this adjustment has been agreed.

Monitored dosage systems

- Where a monitored dosage system (MDS) has been agreed upon for supplying a patient's medicines, the pharmacist will supply the medicines as directed on the prescription i.e. a 28-day prescription will result in 4 x 7 day medication packs being issued at one dispensing, whereas a 7-day prescription will be dispensed and supplied to the patient on a weekly basis.
- **Please note:** Pharmacists are not paid any extra fees for dispensing medicines in MDS.
- Pharmacists are unable to alter the contents of an MDS once they have been supplied to the patient, so any change to a prescription will require all medicines in an MDS to be discarded. A new prescription should be issued for all items required to be placed in the MDS. In this situation, consider when the drug/dose change is needed-could the change be reasonably delayed until the next prescription is due to reduce unnecessary waste?

- Good communication between GP surgeries and community pharmacies is essential for the efficient and safe dispensing of MDS. Changes in medication regimes from surgery or hospital prescribers should be communicated promptly to the dispensing pharmacy to ensure the change is reflected in the contents of the MDS in a timely manner. Any proposed change to the duration of MDS prescriptions should be discussed with the pharmacy to ensure that the new dispensing interval is practical and clinically/pharmaceutically appropriate.
- There is no requirement for care homes to be supplied with medication in an MDS. If a home requires these to facilitate medication administration by their staff or as part of their internal policies, this is outside the scope of the NHS and should be negotiated between them and the pharmacy. The exception to this would be a self-medicating patient in a residential home who had been assessed and an MDS deemed a reasonable adjustment under the Equality Act.
- Patients whose medication regime is not stable may not be suitable for MDS provision; however, a patient with a less stable medication regime may be a case for a 7-day prescription, which will allow smaller quantities to be dispensed, thus reducing waste in the event of a medication change.
- Some medicines are unsuitable for re-packaging into an MDS e.g. hygroscopic dose forms, or ones which need refrigeration. The stability of medicines once removed from their original packaging varies. Therefore, an MDS should only be considered if a patient has been assessed and this is judged to be the most appropriate adjustment for the patient. A 7-day prescription may be requested if a medicine has short-term stability once removed from its original packaging and placed in an MDS.
- There is insufficient evidence to support MDS in improving medicines adherence or patient outcomes. However, MDS may be useful to some patients who have been identified as having practical problems managing their medications. Therefore MDS should not be considered the solution for every patient with medicines adherence issues; each patient should be individually assessed and a range of possible solutions considered to support them.

7 Day Prescriptions

- Are not required to fund monitored dosage systems provided to patients as part of a Equality Act (2010) assessment by a pharmacist. If a patient who does *not* fit Equality Act criteria wishes the pharmacist to provide their medication in a MDS and the pharmacist is willing to accommodate this, they may consider asking for payment for the service.
- Are not a requirement for patients in registered care homes
- May be required where weekly provision of MDS is considered clinically appropriate by the prescriber, and where a pharmacist is willing to provide this service, but has assessed the patient as not eligible under Equality Act criteria. Pharmacists should document clearly in the patient's record why this decision was made.
- May be necessary to support the provision of monitored dosage systems to patients receiving a home care service. Home care agencies may request a monitored dosage system where they are administering drugs to patients. However, please note there is no regulatory requirement for care agencies to administer medicines from MDS.
- May be useful in preventing waste where flexibility is required to change medication at short notice (e.g. medicine regime unstable and liable to change)

- May be necessary if there is a risk to the patient or another person in the household from having larger quantities of medicines in the home, for example a confused patient receiving MDS packs could be safer having only one pack at a time in the home.
- May be necessary to enable the provision of medicines in an MDS, where any of the medicines in the MDS are stable for a limited time once removed from their original packaging.

References

1. Prescribing in General practice, June 2015. British Medical Association.
2. CCG Position Statement on the Supply of Multi-Compartment Compliance Aids (MCAs) 2011, reviewed February 2018. Derbyshire Medicines Management on behalf of Southern Derbyshire CCG, Erewash CCG, North Derbyshire CCG & Hardwick CCG
3. Improving Patient Outcomes: The Better Use of Multi-compartment Compliance Aids. July 2013. Royal Pharmaceutical Society.

4. The Equality Act and 28 Day Prescribing. PSNC. Available at:

<https://psnc.org.uk/contract-it/pharmacy-regulation/dda/the-equality-act-2010-28-day-prescribing/>

(Plus related links and resources from PSNC's website)

Accessed April 2018

Resources

<https://www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/>

Information on the stability of medicines in compliance aids- search under individual drugs for information.

<http://www.cpwpy.org/pharmacy-contracts-services/essential-services/dispensing.shtml>

Resources and information for pharmacists from CPWY

<http://www.cpwpy.org/doc/1937.pdf>

Alternative 7 day script request form for pharmacists, and medication change form, from CPWY.

Appendix

Request form for weekly (7 day) prescriptions from GPs or Independent Prescribers

Requests to GPs for weekly prescriptions, by pharmacists, should only be made if there is a risk with giving the patient a full month's supply of medication, to minimise waste due to frequent medication changes or a pharmaceutical stability issue with supplying 28 days' medicines. It is not to be used as a method of funding the supply of compliance aids (e.g. blister packs) to patients.

I have assessed the following patient for under the Equality Act 2010.

Name of patient.....Date of Birth
Name of GP.....
Address of patient.....
.....

Following this assessment, I have decided to provide the following compliance support
.....

I would like to request weekly prescriptions because (please explain why this is needed)
.....
.....

I feel that this patient is on stable medication and is suitable for 'Repeat Dispensing'
Yes / No

(This request could be facilitated by a batch prescription from the GP under 'Repeat Dispensing')

I agree that I will be issuing one week's supply of medicines at weekly intervals and that I will immediately notify the GP / prescriber should this situation change.

Pharmacist name.....
Signature.....
Date.....
Name and Address of Pharmacy
.....
.....
Telephone number.....

Please send this completed form to the patient's GP