

# NORTH NOTTINGHAMSHIRE PRESCRIBING STRATEGY GROUP

## 28 DAY PRESCRIBING

### Background

Several studies have been carried out looking at medicine returns and the implications of prescribing period on medicine wastage<sup>1,2,3</sup>, whilst others have looked at non-equivalence of prescription quantities and the resultant costs of inadvertent over prescribing<sup>4</sup>.

The main recommendation of the Wakefield Study<sup>1</sup> 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.
- Focusing on the main drugs involved, particularly HRT therapy, and maintaining relatively short lengths of supply during the period in which therapy is still being established.
- Educating the public on the scale of wastage and the part that they might play in further reduction.

A pharmacy lead scheme in Kirklees<sup>2</sup> estimated that by restricting prescribing to 28 days duration there would be a reduction in wastage of approximately 33%.

There are many other benefits to 28 day prescribing to be considered as well as reducing wastage:

- Many drugs are currently being repackaged into blister packs of 28 tablets. Prescribing more than 28 days of medication on one prescription will mean that patients are issued with multiple packets of the same medication all individually labelled with dosage instructions. This may lead to confusion, particularly in the elderly who constitute the majority of patients on repeat prescriptions.  
-28 day prescribing will therefore reduce the potential for confusion by reducing the number of medicines in the home whilst at the same time improving safety, not only for the patient but also other family members e.g. children, grandchildren.
- By co-ordinating prescriptions to begin and be renewed simultaneously makes the process of producing repeat prescriptions within the practice much easier and quicker and in some cases may, in the long term, reduce the number of prescriptions the practice has to process.
- By having all current repeat medication issued on the same prescription medication management and review by the GP, Community Pharmacists and patient is made easier and more effective. Drug interactions, inappropriate combinations of drugs and the source of adverse drug reactions can be spotted much more easily.
- By having a prescription issued on a 28 day basis, which does not always necessitate an appointment with the GP unless a review is scheduled, the patient has regular contact with a primary healthcare professional, their Community Pharmacist. This provides patients with a regular opportunity to raise any problems they are having with their medication, either with actually taking the drugs or with any side effects they are suffering. Potential problems may be identified much sooner than if a prescription had been issued to the patient on a less frequent basis.
- Compliance issues would be readily identified with a 28 day repeat prescribing system if patients were ordering their prescriptions before or after 28 days had elapsed.

## Recommendation

### **The North Nottinghamshire Prescribing Strategy Group recommend that:**

- **All repeat prescriptions should be for 28 days supply**, with the only routine exceptions being the oral contraceptive pill, HRT and Didronel PMO.
- **Ideally all repeat prescriptions should be co-ordinated to be renewed on the same day.**

## Implementation

The move to 28 day prescribing could be achieved using the following priorities, having due regard of the need for an equitable system, across all patients, in place within the practice.

- a. **Nursing and Residential Homes**  
-all residents of nursing and residential homes should be given 28 day prescriptions coordinated to commence and be renewed on the same day. This makes it much easier for the carers at the homes, and Community Pharmacists providing a service to the homes, to monitor medication supplies and use by patients who are likely to be on multiple medications. Most nursing and residential homes will already coordinate their repeat prescribing requests in this way with their GPs and Community Pharmacist.
- b. **Patients over 60 years of age**  
-all patients over 60 years of age should be given 28 day prescriptions, with the exception of HRT and Didronel PMO, ideally coordinated to commence and be renewed on the same day. This avoids the accumulation of too many drugs at home, which can lead to mistakes in medication management. As the general health of patients over 60 years is greatly variable it is more likely that prescriptions will alter more regularly in this patient group.
- c. **Patients under 60 years of age**  
-all patients under 60 years of age should be give 28 day repeat prescriptions, with the exception of the oral contraceptive pill and HRT. Where patients who pay for their prescriptions are receiving 15 or more per year they should be made aware of the benefits of purchasing a pre-payment certificate.  
[Pre-payment certificates may be purchased from selected Community Pharmacies within North Nottinghamshire.]

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 12<sup>th</sup> 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

Enclosed

Examples of two patient information leaflets in use within North Nottinghamshire are enclosed with this paper which you may wish to use in your practice to explain the change to 28 day prescribing.