

Statement on prescribing intervals

- The North of Tyne, Gateshead and North Cumbria APC does not enforce a primary care prescribing policy for repeat medication. Practices should have safe prescribing systems in place and not prescribe excessively. Prescriptions which cover long periods of time without adequate review may contribute to medicines waste and may be considered excessive.
- Important factors that should be taken into consideration when deciding what is an appropriate quantity to prescribe to individual patients include: stability of the patient's condition and how often their clinical management is to be reviewed; the risk of important side effects; how likely it is that the patient will take the medicine as intended; safety considerations associated with medicine eg. storage in the home or risk of diversion, and synchronisation of medicine supply. This should be coupled with a rigorous and effective medication review process.
- Practices should work closely with their patient participation groups and local community pharmacies to inform changes to their prescribing interval policies. It may be difficult for pharmacies to practically implement changes to the duration of prescriptions *en masse*.
- A 28 day prescribing interval is broadly recommended to reduce medicines waste in repeat prescribing systems. However, 56 days may be a more practical length for some patients and fewer collections will also have environmental benefits through reduced travel. People on unstable regimes, with frequent changes, admissions or concerns may benefit from a shorter prescribing and dispensing interval.
- Prescribers should consider a flexible approach when initiating a medicine. A shorter interval (7-14 days) and/ or use of a starter pack may be appropriate initially to assess tolerability and compliance, in conjunction with the New Medicines Service.
- Electronic repeat dispensing should be used for suitable patients to reduce unnecessary paperwork within practices. For an annual cycle, this works best with 12 x 28 days or 6 x 56 days may also be considered. Medicines Optimisation practice teams and the Local Pharmaceutical Committee are able to provide support to practices who wish to explore this option if it has not already been implemented. The 'variable use' option may be suitable for items issued when needed eg. insulin.
- Patients on multiple, regular drugs should have them all synchronised so that they can all be reordered at the same time.
- Some items may be suitable for longer intervals and pack sizes available, for example female hormones for contraception or hormone replacement therapy.
- Pre payment certificates may help some patients financially (it is cheaper to buy a PPC if more than 3 prescriptions are dispensed in a 3 month period or 13 in a 12 month period).
- Controlled Drugs: The Department of Health advise that controlled drugs (schedule 2, 3 and 4) should be prescribed for no longer than intervals of 30 days unless exceptional circumstances prevail, this is monitored through electronic prescribing data (ePACT).
- Travel abroad for more than three months: contractually patients who are away for at least three months should be removed from a practice's list. Prescribers may prescribe sufficient

medication to last until the patient can make arrangements at their destination for continuing supplies (e.g. registering with a doctor or buying medication from a pharmacy). When moving abroad, it may be wise for the patient to check with the manufacturer that the medicines required can be obtained in the destination country.

- Working or studying away from home: repeat prescriptions should be issued by a person's own general practice, with full medical records available, and electronic prescribing allows prescriptions to be sent within England when they are away from home for a temporary period. For longer periods where GP access is available, the person will need to consider where is best to provide their care based on their circumstances, in line with [NHS guidance](#). For longer periods where GP access may not be possible eg. working off-shore, a risk-benefit discussion around patient factors should inform a bespoke decision on appropriate length of prescription. This should be documented on the clinical system.
- Further advice is available in the NECS [Model Repeat Prescribing System](#).

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