

## Medicines Optimisation Key Messages

### 7-Day Prescriptions

#### KEY MESSAGE: Ensure *appropriate use* of 7-day prescriptions.

- 7-day prescriptions **could** be used when it would ***not*** be appropriate to provide a larger supply of medication to a patient - *see below*.
- 7-day prescriptions **should NOT be used as a means of funding (via dispensing fees)** for the supply of Medication Compliance Aids (MCAs) (also known as MDS, Dosette boxes, blister packs).
- 7-day prescriptions should be dispensed on a **weekly basis**. It is **not** acceptable to dispense 4 x 7 day prescriptions in one session. *It is illegal to issue earlier than prescription date.*
- A 7-day prescription does **NOT** mean that the medication should be dispensed in a compliance aid (MCA)
- **Good communication** between GP and supplying Pharmacy/Dispensary is **essential**.
- In line with **QIPP** to ensure best use of NHS resources.

***NB Ensure an individual patient review or discussion with supplying pharmacy / dispensary is carried out to assess on-going need, before changing back to 28-day supply.***

#### When are 7-day prescriptions appropriate?

- Patient is undergoing a period of titration, requiring **regular dose changes** – *only required short term*
- Treatment is under review or is being changed - *to reduce the risk of waste*
- Patient is **not compliant with medication** (e.g. *is confused by multiple packs of existing MDS supply*) and it is proven that a 7-day supply will increase compliance/safety.
- Patient is at risk of medication overuse e.g. due to self-harm or confusion) and it is **not safe** to provide more than a 7-day supply. *NB very occasionally shorter than 7-day prescriptions/supply may be necessary to reduce overdose risk.*
- When assessed use of an MDS is essential, for required medication that is **known to be unstable** outside of original packaging after 10-14 days, **and** which cannot be changed to a suitable alternative.

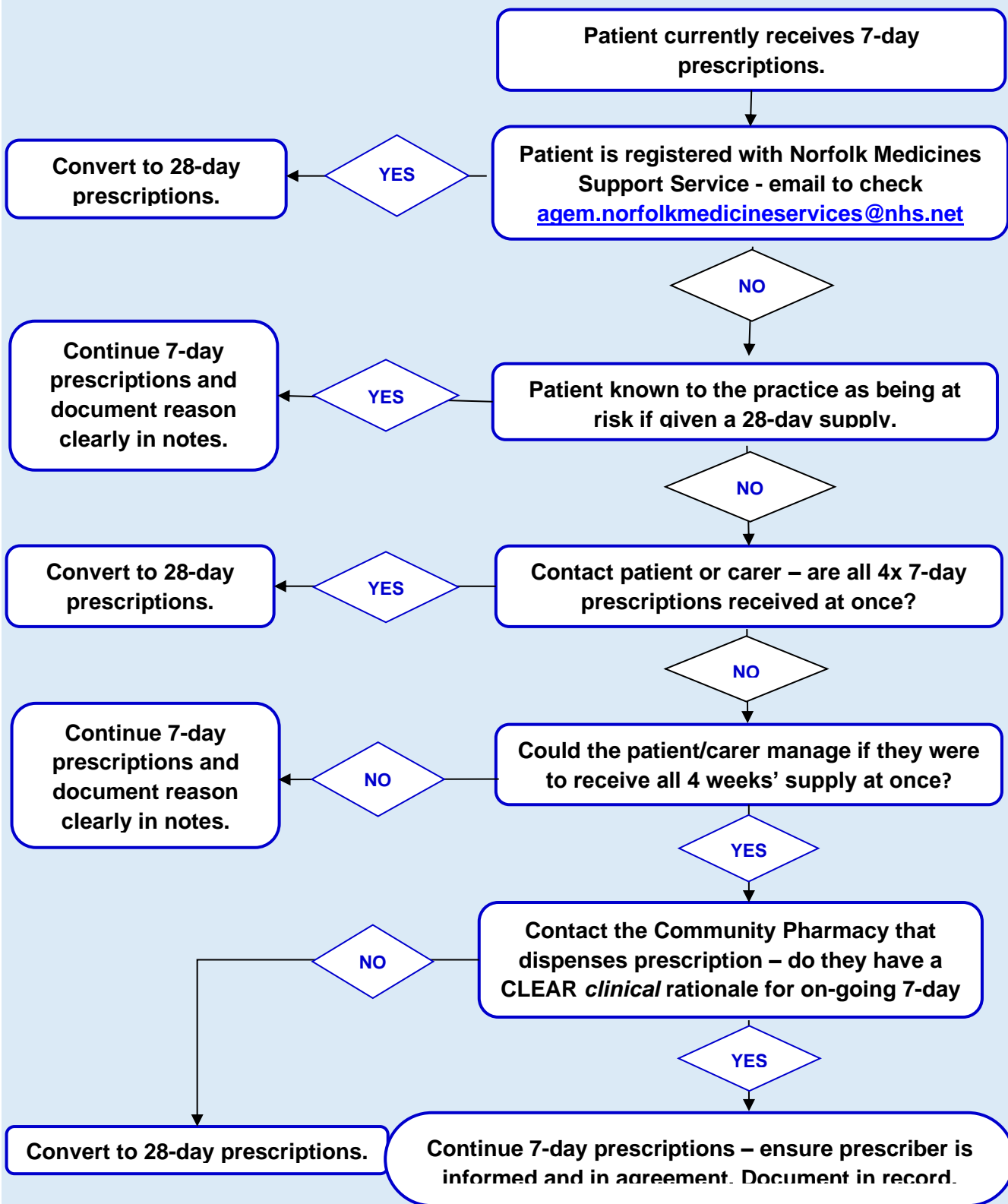
## When is it NOT appropriate to issue 7-day prescriptions?

- To *solely* support the provision of an MCA. *Funding, for some patients, is already included in an element of the service payments for pharmacy contractors and dispensing doctors.*
- Where the prescription is **not** dispensed and supplied weekly to the patient.
- For patients in care homes and those being supported at home by domiciliary care workers – *unless short term regular dose changes are necessary.*
- When 7 days' medication was initially supplied due to regular dose changes, but the **dose is now stable.**

## Disadvantages of 7-day prescriptions

- Increased workload for the GP surgery (*and Care Home, if supplied weekly rather than monthly*)
- Risk of over-supply of other 'repeat list medication', i.e. "when required" or fixed quantity medication, e.g. analgesics, GTN sprays, creams etc.
- Increased cost to the NHS (4x dispensing fees vs 1x dispensing fee for 28-day prescriptions.)

## FLOW CHART FOR REVIEWING PATIENTS CURRENTLY USING 7-DAY PRESCRIPTIONS



For patients with on-going compliance issues consider referral to Norfolk Medicines Support Service  
 Referral Form available from  
[ardengemcsu.nhs.uk/services/clinical-support/norfolk-medicines-support-service/uk](https://www.ardengemcsu.nhs.uk/services/clinical-support/norfolk-medicines-support-service/uk)

Also see Key Messages Bulletin '[Medicine Compliance Aids](#)'

References:

1. [Medicines Act 1968, Legislation.gov.uk](#)
2. [Greater Manchester Medicines Management Group](#) – Guidance for 7 day prescriptions [v1.10 Sept 2017](#)
3. Hertfordshire and West Essex guidance for optimising medicines support for patients [FAQs](#) – July 2020

<b>Title</b>	Key Message Bulletin – 7 Day Prescriptions
<b>Description of policy</b>	To inform healthcare professionals
<b>Scope</b>	Information when 7-day prescriptions are appropriate
<b>Prepared by</b>	Medicines Optimisation Team
<b>Evidence base / Legislation</b>	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> <b>B. mix of national and local consensus</b> <i>C. based on local good practice and consensus in the absence of national research based information.</i>
<b>Dissemination</b>	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
<b>Approved by</b>	Medicines Optimisation Team
<b>Authorised by</b>	Medicines Optimisation Team
<b>Review date and by whom</b>	23/08/2024 Medicines Optimisation Specialist Pharmacy Technician LW
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**Version Control** (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	23/08/2024	NW ICM medicines Optimisation Team	Draft	Reviewed and updated to NW ICB Template, NMSS information updated, and references checked. No other changes made. Information checked with support from NMSS. Link to be added for Key bulletin 6 once added to KnoW
1.0	Dec 2024	As above	Final	Supported by TAG
2.0				
2.1				
2.2				
3.0				

