

Position Statement: 28-Day Repeat Prescribing

The Norfolk and Suffolk Integrated Care Board (ICB) promotes consistent and appropriate 28-day repeat prescribing in primary care settings. The aim of 28-day repeat prescribing is to support safe, clinically appropriate, cost-effective and environmentally sustainable use of medicines, while maintaining high-quality patient care, reducing waste and helping to mitigate against medicines shortages.

The medicines supply chain is under extreme pressure; an increasingly wide range of medicines are becoming difficult to source. Appropriate 28-day repeat prescribing helps to even out demand and facilitate equitable patient access to medicines supplies.

Key messages and main benefits of adopting a 28-day repeat prescribing policy

- **The Department of Health recommends 28-day prescribing** as the standard interval for most repeat medicines unless there is a clear clinical reason to prescribe otherwise.
- **Shorter prescribing intervals help to strengthen supply chain resilience**, supporting community pharmacies, dispensing GP practices and hospitals to access and maintain a consistent supply of medicines for patients.
- **The Department of Health has issued a strong recommendation** that the maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days' supply.
- Reflects the stock-conservation principles that underpin DHSC [Serious Shortage Protocols](#).
- Helps to reduce accumulation of medicines and avoidable medicines waste.

Exceptions to 28-day repeat prescribing

Prescribing intervals should take into consideration the patient's individual clinical circumstances and the medicine type and stability. Alternative prescribing intervals (< or > 28 days) may be appropriate in certain circumstances (see below).

Less than 28 days' supply could be considered:

- During medicine initiation or dose titration.
- When there are concerns regarding adherence or patient safety, and closer monitoring is required.
- When there are concerns about the stability of medicines prepared in compliance aids [MDS stability tool](#) (please also see [7 day prescribing guidance](#)).

More than 28 days' supply could be considered:

- Where medicines are supplied in manufacturers' packs intended to cover longer periods of treatment (for example oral contraceptives, HRT) or in special containers (for example inhalers, creams).
- Where prescribing an original pack reduces waste or avoids unnecessary pack splitting. Please note the original pack-size rule, which allows pharmacies to supply +/-10% the prescribed quantity enabling them to reduce the need to split full packs.

Repeat prescribing processes and Electronic Repeat Dispensing (eRD)

Practices are encouraged to have a repeat prescribing process that supports safe, effective and efficient use of medicines. Please refer to the [Repeat Prescribing Toolkit](#) for guidance.

Where clinically appropriate, practices are encouraged to consider eRD for patients prescribed established long-term medication. eRD reduces the administrative workload associated with repeat prescribing and is best achieved through collaboration between practices, community pharmacies and patients. Resources to support eRD are available [here](#)

Title	Position Statement – 28 day repeat prescribing
Description of policy	<i>To inform healthcare professionals</i>
Scope	<i>Norfolk and Suffolk Integrated Care System</i>
Prepared by	Norfolk and Suffolk ICB Medicines Optimisation Team
Impact Assessment (Equalities and Environmental)	<i>Please indicate impact assessment outcome:</i> <i>Positive impact</i> <i>Adverse impact - low - action plan completed as per guidance</i> <i>Adverse impact - medium - action plan completed as per guidance</i> <i>Adverse impact - high - action plan completed as per guidance</i> <i>No impact</i> No policy will be approved without a completed equality impact assessment
Other relevant approved documents	
Evidence base / Legislation	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> B. mix of national and local consensus <i>C. based on local good practice and consensus in the absence of national research based information.</i>
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
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