NHS
Norfolk and Suffolk
Integrated Care Board

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

- **Norfolk and Suffolk ICB 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