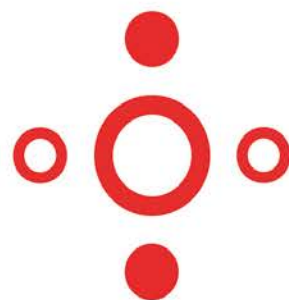


Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group



All Wales Guidance for Prescribing Intervals

October 2022

This document has been prepared by the All Wales Therapeutics and Toxicology Centre (AWTTC), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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1.0 Background

In 2010, a target to encourage a move towards 28-day prescribing was introduced as part of the NHS Wales Annual Operating Framework (AOF) for 2010–2011¹. To support the target, the All Wales Medicines Strategy Group (AWMSG) endorsed the *All Wales Review and Guidance for Prescribing Intervals* in 2013. The guidance stated that a 28-day prescribing interval was broadly recommended for repeat prescribing, with discretion to be used for individual patients or medicines, coupled with a rigorous and effective medication review process¹.

The *All Wales Review and Guidance for Prescribing Intervals* highlighted that the recommendation for a 28-day prescribing interval was based on a consensus view rather than robust evidence, with the expected benefits of 28-day prescribing being improved compliance, synchronised medication and a reduction in waste. It was noted that whilst the 28-day prescribing interval was recommended, prescribers should use their discretion to avoid excessively applying it to all patients and medicines. In addition, it was suggested that people stabilised on their medicines who were suitable for longer prescribing intervals could be considered for repeat (batch) dispensing (see [section 3.2](#))¹.

In 2021–2022, 83.4 million items were prescribed by GPs, and dispensed in the community. Community pharmacies dispensed 94.4% (n=78.8 million) of these items, with dispensing doctors dispensing the remainder. Given the volume of prescriptions dispensed by community pharmacies in Wales, in 2019, as part of a commitment made regarding the contractual reform agreement with Community Pharmacy Wales (CPW), Welsh Government commissioned the Welsh Institute for Health and Social Care (WIHSC) to undertake a [review of dispensing volumes in community pharmacies across Wales](#)². The overall purpose of the review was to consider the feasibility of reducing prescription volumes in primary care in Wales through practical changes to prescribing and dispensing arrangements; and whether such changes would release significant amounts of pharmacist time to provide direct patient care, thereby supporting the increased range of clinical services able to be offered by community pharmacies. The review sought to answer a number of key questions, including what measures are already in place across Wales, or outside Wales, which result in a reduction in the volume of primary care prescriptions, including the consideration of prescribing intervals². The review concluded that, on balance, there would be a benefit to pharmacies, GPs and patients if dispensing intervals were extended, where appropriate.

Welsh Government issued a [response to the WIHSC review](#) in January 2022 which included a priority for action to reduce the number of dispensing events in primary care, and directed a review of the 2013 AWMSG *All Wales Review and Guidance for Prescribing Intervals*³.

The Welsh Government document [Presgripsiwn Newydd – A New Prescription: The future of community pharmacy in Wales](#) published in December 2021 details the new Community Pharmacy Contractual Framework, which was implemented from April 2022⁴. The contract provides a framework to support the availability of an increased range of clinical services offered by community pharmacy teams. In order to release capacity for provision of clinical services, Welsh Government aim to ensure that the unique skills of pharmacists and pharmacy technicians are utilised in supply chains only where they add value, and unnecessary dispensing transactions are minimised³.

2.0 28-day prescribing intervals versus 'appropriate' supply intervals

A reduction in medicine waste and improved adherence are the two main perceived benefits of 28-day prescribing. Medicine waste can occur as a result of patients collecting their repeat prescriptions early and building up large supplies which may go unused or out of date; or when changes are made to drug regimens. Therefore, it has been assumed that limiting the quantity of medication through shorter prescription lengths could minimise waste and as a result help contain expenditure. However, the resulting higher frequency of issuing short (i.e. 28-day) prescriptions may have the unintended consequence of increasing costs associated with administrative duties around issuing prescriptions, supplying the prescribed medication, and dispensing fees. In addition, the carbon impact of monthly visits to the GP practice and community pharmacy to order and collect prescriptions, along with monthly deliveries to housebound patients by community pharmacy delivery drivers, should be considered. A reduction in emissions through a reduction in patient travel supports the aims set out within the [NHS Wales Decarbonisation Strategic Delivery Plan](#)⁵.

Despite the long-held view that 28-day prescribing intervals could reduce medicine waste, the WIHSC review highlighted that there was little robust evidence to support this². A 2018 systematic review on the impact of issuing longer- versus shorter-duration prescriptions stated that the evidence that longer-duration prescriptions lead to waste is weak, and therefore recommendations to provide shorter prescriptions are not substantiated by the current evidence base⁶. Results from a retrospective, multicohort analysis of the Clinical Practice Research Datalink to determine differences in the cost of medication wastage, dispensing fees and prescriber time of issuing either short (< 60 days) or long (≥ 60 days) prescription lengths in primary care for common, chronic conditions in the UK, demonstrated that longer prescription lengths (≥ 60 days) were associated with more medication waste per prescription. However, there was an overall cost saving for the five chronic conditions studied as a result of savings in GP and pharmacist time, reduced dispensing fees and reduced dispensing processes. The findings of the study indicate that longer prescription lengths are cost saving relative to shorter prescription lengths in a number of common chronic diseases⁷. A Health Technology Assessment by the National Institute for Health Research in 2017 investigated the impact of prescription length on health outcomes, patient adherence, drug waste, dispensing costs and cost effectiveness. The assessment concluded that 90-day prescription lengths may be associated with better adherence than 28-day prescription lengths in patients with stable chronic conditions treated in primary care⁸. This is further supported by a 2018 systematic review which concluded that medication adherence may improve with longer-duration prescriptions⁶, however it should be noted that the quality of evidence was poor.

Welsh Government, in response to the WIHSC review, highlighted that a more flexible approach is needed, to meet the needs of individuals³. This is supported by [advice from the British Medical Association \(BMA\)](#) which states that doctors should provide prescriptions for intervals they feel are clinically appropriate; considering possible reactions, the stability of treatment, patient compliance and necessary monitoring. Prescribing intervals can place significant workload on doctors and surgery staff, and should be in line with patients' medical needs⁹. Dispensing prescriptions at more frequent intervals also places a significant workload on community pharmacists, dispensing doctors and their support staff. A change to

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prescribing intervals would reduce this workload and free up community pharmacist time specifically, enabling delivery of clinical services as outlined in [Presgripsiwn Newydd – A New Prescription: The future of community pharmacy in Wales⁴](#).

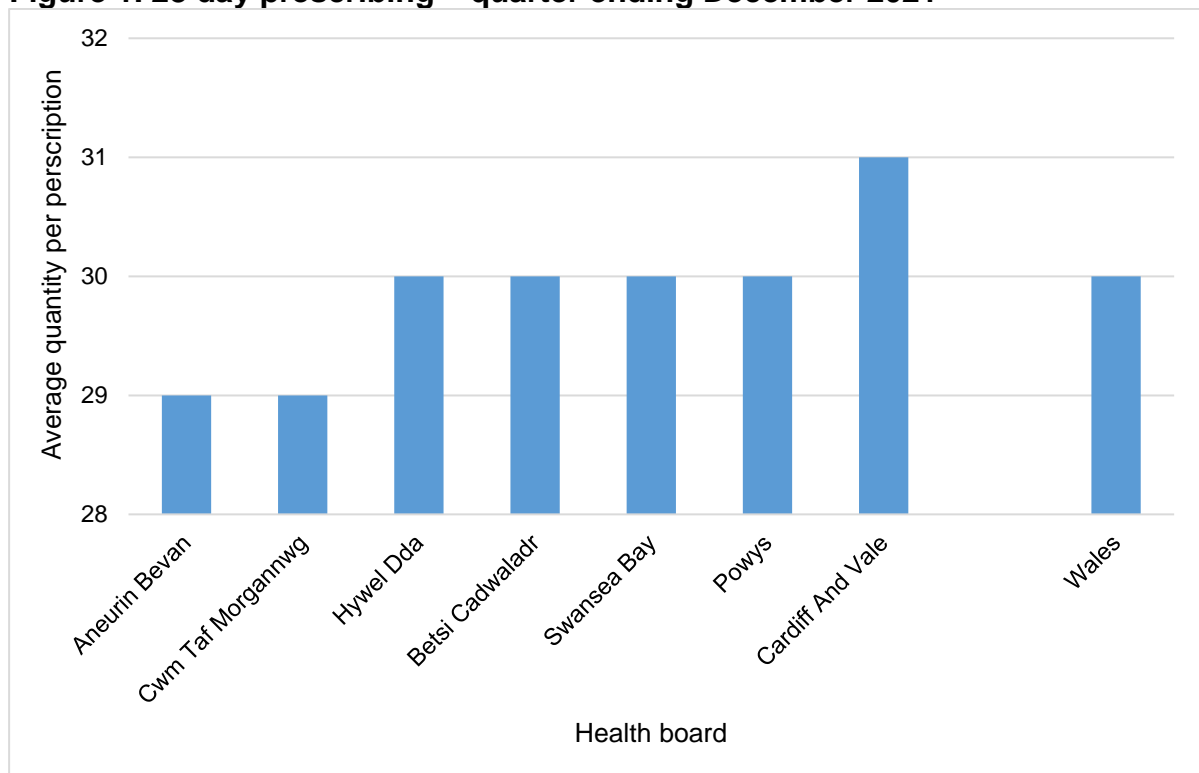
3.0 Current situation

3.1 Prescribing intervals

In comparison to the rest of the UK, Wales is perceived as being behind other countries in extending prescribing intervals beyond 28 days². Currently, patients in Wales have to make more trips to their pharmacy to collect their medicines, and GPs and pharmacies have to write and dispense more prescriptions than in other parts of the UK³. Data from the Company Chemists Association demonstrated that approximately 6% of prescription items dispensed in Wales (January–September 2020) were for a period of treatment greater than 30 days, compared with approximately 25% in England and 38% in Scotland².

Figure 1 provides data on 28-day prescribing across Wales, using the basket of medicines developed for monitoring the AOF 28-day prescribing indicator. The basket (Appendix 1) contains mostly cardiovascular medicines, all usually taken as once-daily doses, and therefore the total quantity of tablets or capsules divided by the number of prescriptions can give an indication of the average number of days of treatment prescribed. For the quarter ending December 2021, the average duration of treatment ranged from 29 to 31 days, with a Welsh average of 30 days. In England, there was an average duration of treatment of 34 days for same basket of medicines, for the quarter ending November 2021¹⁰.

Figure 1. 28 day prescribing – quarter ending December 2021¹¹



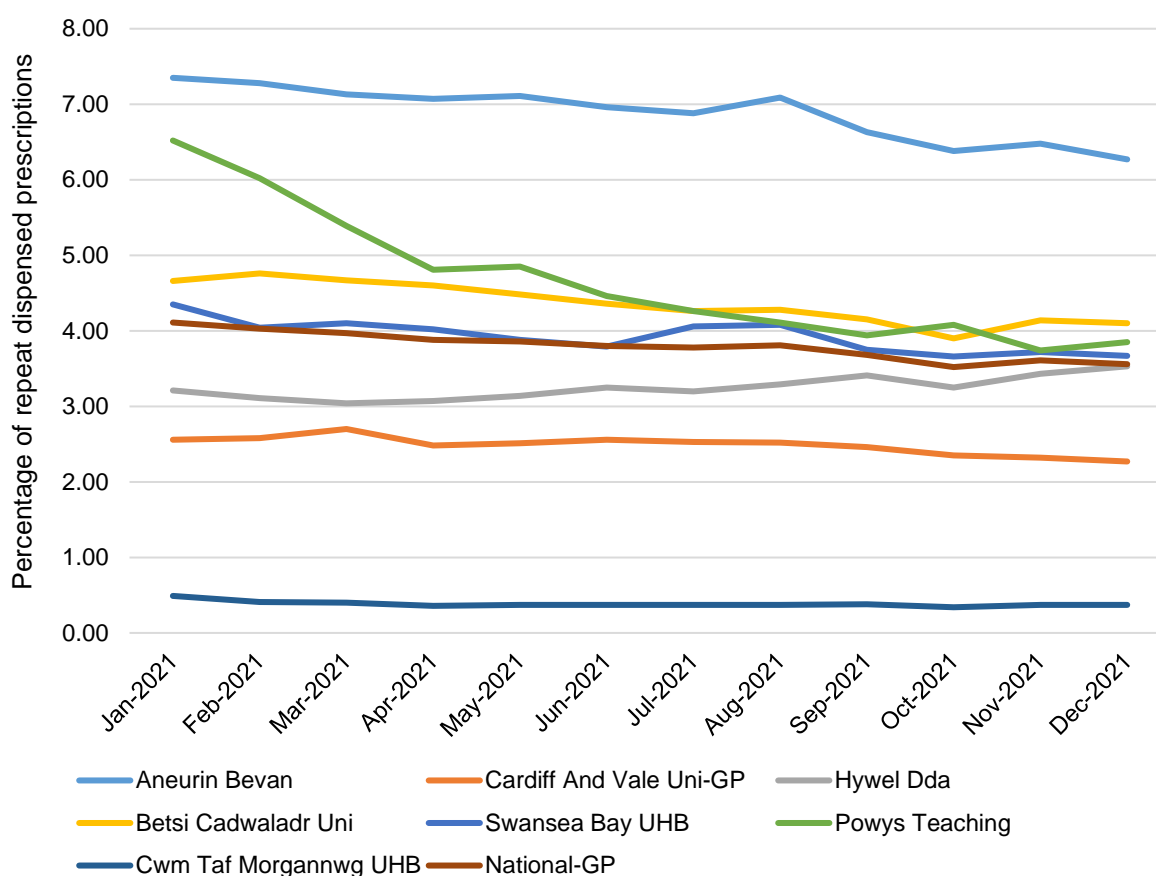
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In Scotland, although there is no formal guidance regarding prescribing intervals, GP practices have been able to standardise the period of supply for patients as part of a Technical Level 1 Medication (Non-clinical) Review¹² for a number of years. The period of supply is at the discretion of the GP practice, and anecdotal evidence suggests that the majority of GP practices select a 56-day supply period. Across England, as in Scotland, there is no national guidance and it is often left to the Clinical Commissioning Group (CCG) or Primary Care Network (PCN) to provide advice.

3.2 Repeat (batch) dispensing

Repeat (batch) dispensing enables GP practices to print up to 12 prescriptions (equivalent to up to 12 months of treatment) at once, to be dispensed at appropriate intervals by a community pharmacy. Despite having been included as an essential service in the community pharmacy contract since 2005, and the recommendation to consider repeat dispensing included in the 2013 AWMSG *All Wales Review and Guidance for Prescribing Intervals*, implementation of repeat (batch) dispensing has been relatively low. Rates increased slightly as a result of the COVID-19 pandemic. However, overall use of repeat (batch) dispensing remains low, with a reduction across Wales over the last 12 months. Data for December 2021 shows that 3.56% of prescriptions dispensed in Wales were as a result of repeat (batch) dispensing¹³, this is compared to 13.19% in England¹⁰.

Figure 2. Repeat (batch) dispensed prescriptions as a percentage of all prescriptions. January 2021–December 2021¹³



4.0 Impact

Community pharmacies dispense over 94% of prescriptions within primary care each year and as highlighted within [Presgripsiwn Newydd – A New Prescription: The future of community pharmacy in Wales](#), the role of community pharmacy has changed significantly in the last ten years. Whilst continuing to provide a vital role in ensuring people's prescribed medicines are dispensed safely, the contribution of pharmacists to improving health through delivering clinical services is helping to change the way people use the NHS⁴. In order to build on this, the new community pharmacy contractual framework aims to expand the clinical role of community pharmacists and reform the model of funding.

Historically, the majority of funding for community pharmacies has been in the form of dispensing fees, i.e. a payment received for every prescription item dispensed. Previously, any wholesale movement away from 28-day prescribing towards longer prescription intervals would have impacted negatively on community pharmacies who would have received a reduction in dispensing fees. Implementation of the new community pharmacy contractual framework from April 2022 will see dispensing fees capped, with overall funding associated with dispensing prescriptions gradually reduced over a number of years, whilst at the same time there will be a gradual increase in fees for clinical services⁴. Therefore, a change to prescribing intervals should not adversely affect community pharmacies financially, but will release capacity for the community pharmacy team to continue to make more meaningful contributions to improve the health and wellbeing of their patients.

In addition to the benefits arising from pharmacists having increased capacity to deliver clinical services, increasing prescribing intervals are likely to have benefits for general practice through a reduction in the administrative workload associated with generating repeat prescriptions³. Although there may be an initial increase in workload within GP practices as appropriate patients are identified, and changes to the prescribing interval are made, workload will decrease once the changes have been implemented.

Dispensing doctors dispense less than 6% of prescriptions within primary care in Wales. The current arrangements for funding in the form of dispensing fees are encompassed within an England and Wales dispensing fee envelope. The movement away from 28-day prescribing towards longer prescription intervals would impact negatively on dispensing doctors who would receive a reduction in dispensing fees. Until any amendments are made to the dispensing fee arrangements for dispensing doctors, the implementation of this guidance may adversely affect the financial stability of dispensing doctors. However, short prescribing intervals can place significant workload on doctors, surgery and dispensary staff including writing prescriptions and dispensing them. Dispensing doctors are uniquely placed to realise the benefits of reduced workload and may wish to implement the recommendations. In addition, patients living rurally who utilise a dispensing practice may benefit from reduced frequency of travel, which is usually over a longer distance compared to urban areas, to obtain their medication.

Taking a more flexible approach to balance patient convenience with clinical appropriateness, cost-effectiveness and patient safety, is also likely to have considerable benefits for patients. Further benefits are expected through a reduction in carbon emissions, where carbon-emitting vehicles are used by patients and

community pharmacy delivery drivers, as a result of fewer trips to order, collect and deliver prescriptions.

It is anticipated that changes to prescription intervals will have minimal impact on the pharmaceutical industry. Prescriptions volumes in Wales represent around 6% of the UK total, and as Wales is behind the rest of the UK in terms of extending prescribing intervals beyond 28 days, the pharmaceutical industry has previously coped with the larger impact of changes in England and Scotland. Not all items will be suitable for increased prescribing intervals, however where changes are made, the move to a greater prescribing interval will take place over time rather than in one go. It is anticipated that wholesalers will work with community pharmacies to address practical issues associated with any change, particularly with regards to quotas.

5.0 Conclusion

The WIHSC review concluded that, on balance, there would be a benefit to pharmacies, GPs and patients if dispensing intervals were extended, allowing more patients to have their prescribed medicines dispensed less frequently². With a lack of robust evidence to support less waste and improved compliance with 28-day prescribing, systematic reviews providing supporting evidence for the benefits of the extension of prescription intervals, and the ambitions of [*Presgripsiwn Newydd – A New Prescription: The future of community pharmacy in Wales*](#) to expand the clinical role of community pharmacists, it would seem prudent to move towards a longer prescribing interval, where clinically appropriate. This move will benefit patients and release capacity for both GP practices and community pharmacies.

6.0 Recommendations

- Where clinically appropriate, patients can be moved from 28-day prescribing interval to a longer prescribing interval, considering possible reactions, the stability of treatment, patient compliance and necessary monitoring.
 - Ensure that discussions with patients follow a shared decision-making process¹⁴.
 - Consider implementing changes as part of the patients annual medication review or chronic disease review¹⁵. This will result in a gradual shift over a 12-month period, and may be easier for GP practices and community pharmacies to manage logistically.
 - If primary care clusters, GP practices and community pharmacies wish to work together to implement changes over a shorter timescale, the shortest interval for implementation should be two months to avoid peaks and troughs in workload for all parties.
- Consider prescribing “when required” medication on an acute basis rather than including on repeat prescription, and/or alter the quantities of “when required” medication on repeat prescription to reflect clinical appropriateness.
- The use of repeat (batch) dispensing in conjunction with extending prescription intervals should be considered, where appropriate, to further reduce workload related to prescription generation.
- Consider the impact that increased prescribing intervals may have on care and residential home patients. Residents may be subject to more frequent medication changes and additional storage space for medication may be

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required. A change to the prescribing interval may be unsuitable for these patients.

- Consider the impact that a greater prescribing interval would have on vulnerable/cognitively impaired patients. A change to the prescribing interval may be unsuitable for these patients.
- Consider the implications for medication dispensed in multicompartiment compliance aids (MCAs). There is little information regarding the stability of medication once removed from its original packaging, therefore a longer prescribing interval for patients who rely on MCAs to manage their own medication may not be suitable.
- Consider the impact on patients prescribed controlled drugs. Strong recommendations were issued by the Department of Health and Social Care and Welsh Government that prescriptions for schedule 2, 3 or 4 controlled drugs are limited to the quantity necessary for up to 30 days of treatment. To prevent confusion and reduce risk, patients prescribed any routine schedule 2, 3 or 4 controlled drugs should ideally be retained at 28-day prescribing for all of their medication¹⁶.
- Where requests for repeat prescriptions arise in Urgent Primary Care settings sufficient quantities should be prescribed to allow requests to be submitted and processed by the patient's usual GP Practice and community pharmacy.

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Appendix 1: Generic medicines included in the 28-day basket¹

Amlodipine	Dilzem	Losartan
Aspirin	Doxazosin	Montelukast
Atenolol	Eprosartan	Nifedipine
Atorvastatin	Esomeprazole	Olmesartan
Bendroflumethiazide	Ezetimibe	Omeprazole
Bezafibrate	Fenofibrate	Pantoprazole
Bisoprolol	Fluvastatin	Perindopril
Bumetanide	Fosinopril	Pioglitazone
Candesartan	Furosemide	Pravastatin
Celiprolol	Indapamide	Rosuvastatin
Ciprofibrate	Irbesartan	Simvastatin
Citalopram	Irbesartan/hydrochloroth	Simvastatin/ezetimibe
Clopidogrel	Lacidipine	Telmisartan
Co-tenidone	Lansoprazole	Telmisartan/hydrochloroth
Digoxin	Lercanidipine	Trandolapril
Diltiazem	Lisinopril	
NOTE: not all strengths or presentations are included		