

NHS Sheffield guidance on optimal repeat prescribing duration

Aim

To provide guidance on optimal repeat prescribing duration for NHS Sheffield, taking into account, potential effect on waste, patient convenience and patient choice.

Following consideration by the medicines management team of the relative advantages and disadvantages of 28 and 56 day prescribing, we issue the following advice to prescribers.

When considering the optimal prescribing period for an individual patient, practices should take into account patient need, patient preference and other factors below.

Groups of patients for whom 28 days or less prescribing may be more suitable:-

- Initial prescriptions until the correct dose and dose regimen is established (in some cases where the drugs are expensive and doubt exists as to whether patients will tolerate them a shorter duration than 28 days may be preferred).
- Patients in residential and nursing homes
- Vulnerable patients on complex drug regimens
- Vulnerable patients who are at increased risk of hospital admissions
- Terminally ill patients receiving palliative care support
- Drugs liable to abuse
- All antidepressants
- Patients requiring dressings
- All controlled drugs (except under exceptional circumstances)
- Other 'hospital driven' high cost drugs e.g. antipsychotics and drugs for dementia

Groups of patients for whom 56 day prescribing may be more suitable

*Those patients who are on a stable medication regime and:

- who express a preference for 56 day prescribing or
- who would be disadvantaged by 28 day prescriptions either by convenience or financial considerations

Role of repeat dispensing

Repeat dispensing is a useful method of improving patient convenience and decreasing practice workload. Repeat dispensing would make 28 day prescribing more convenient for patients; however 56 day prescribing is also suitable for those patients identified above*.