

NHS Shropshire Clinical Commissioning Group (NHS SCCG)
Statement on Seven Day Prescriptions associated with the use
of Compliance Aids.

GP surgeries are increasingly being requested to provide seven day prescriptions to cover the expense incurred by pharmacies in providing monitored dose systems (MDS).

The appropriate duration of a prescription should be decided by the prescriber, in conjunction with the patient, taking into account the medicine being prescribed, its monitoring requirements, the condition being treated and the individual patient's needs.

There is no requirement for surgeries to comply with such requests. There is no formal link between the length of treatment prescribed and the provision of MDS; indeed, the decision as to whether to provide an MDS or any other form of compliance aid lies primarily with the pharmacist, irrespective of whether the prescription is for seven days' supply or any other quantity.

The only national funding for MDS is provided within the community pharmacy contract for patients that comply under a Disability Discrimination Act (DDA) assessment undertaken by the pharmacist.

Compliance with the Disability Discrimination Act (DDA) 1995 (replaced by the Equality Act 2010) will inform the pharmacist's decision on the most appropriate and safest way to make reasonable adjustments to their services and provide auxiliary aids where appropriate.

MDS, if appropriate and supplied under the Disability Discrimination Act (DDA), will be free of charge to the patient. There is no need for the supply of 7-day prescriptions to "support" this service. A 28 day prescription should be issued for all patients with stable medication requirements. MDS supplied under the DDA is intended for the benefit of the patient, not the carer. It is therefore not reasonable for carers, either formally or informally, to expect MDS to be provided outside of DDA guidelines unless they wish to pay for the service. Support for care homes or other care agencies should not be funded by the prescription dispensing fee.

There will be cases where a patient is assessed by the pharmacist as not being covered by the DDA and the patient's GP asks that a MDS is supplied. In such cases the final decision still rests with the pharmacist, but an arrangement may be agreed with the GP where the GP supplies seven day prescriptions to help defray the extra cost of supplying the service.

If the request is made by the patient and the patient is not covered by the DDA then the extra cost may be borne by the patient, in agreement with the pharmacist, not by the issue of 7-day prescriptions.

Care workers can administer medication from an original container dispensed and labelled by a pharmacist. MDS are not required by care workers in order to administer medicines. If the agency commissioned by the CCG or Local Authority requests its care workers to administer through an MDS system for patients, then the agency must pay for this service.

If a care home requires their medication to be blister packed, it is up to the pharmacist to request reimbursement for this service from the care home.

All patients not fulfilling the DDA criteria, if requesting weekly blister packs, should fund these themselves

NHS Shropshire CCGs advice to its practices is that they not issue seven day prescriptions for patients covered by the DDA.

However, there may be situations when it is clinically appropriate to provide 7-days treatment.

The prescriber must decide the period of treatment a patient requires or should receive in a single supply.

Prescriptions for 7-days should only be issued to patients when:

- There is a clear clinical need for restricting the quantity of medication that the patient holds (e.g. concerns Re. overdose or misuse).
- Unstable patients whose medication regimen may be susceptible to change – shorter prescription length may help to reduce waste. Once stability has been established, switch back to 28-day prescriptions.
- For patients who are not compliant with medication when dispensed as a 28 day supply and it has been demonstrated that 7 day prescribing improves compliance.
- For medication that is known not to be stable in an MDS beyond 10-14 days and this cannot be changed for a more suitable alternative.
- Patients recently discharged from hospital and awaiting a medication review.

It is not appropriate to issue 7-day prescriptions:

- Where a patient does not meet the above criteria.
- For new patients where no clinical assessment has taken place and is not planned.
- Where the prescription is not dispensed and supplied weekly to the patient. If the prescription is written for 7 days then pharmacies should deliver/supply these to patients at this interval (it is NOT acceptable to be in receipt of 4x7 prescriptions and make a single monthly delivery/supply to the patient).
- For patients in Care Homes and those being supported at home by Domiciliary Care Workers (unless a risk assessment has been made by the care agency)
- To support the provision of a MDS if issuing prescriptions in this way is purely to generate extra fees and is without clinical need.

The flow chart below has been provided to help clarify the position statement.

