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Appendix four: Community pharmacist request for 7-day prescriptions to facilitate use of medicines compliance aids (MCAs)

*With acknowledgements to Medicines Optimisation City and Hackney, Bristol & North Somerset, Hertfordshire, and Stoke-on-Trent; Royal Pharmaceutical Society, Specialist Pharmacist Services.*

**Repeat prescription duration**

The duration of repeat prescriptions should consider the clinical appropriateness, patient convenience, cost-effectiveness, any necessary monitoring, and patient safety. A 28-day repeat prescribing interval is usually recommended to synchronise medication repeat prescriptions, and reduce errors when medicines are stopped or changed.

Seven-day prescriptions are usually issued in the following scenarios:

1. Clinical need for restricting the quantity of medication that a patient holds at any one time (e.g. concerns about overdose/misuse)
2. Frequent changes to the medication regime – to minimise waste.
3. The patient is undergoing a period of titration or review of treatment.

Where the dispensing pharmacist has discussed with a patient or their representative the reasonable adjustments required for the patient to safely use their medication as prescribed and has determined that a 7-day prescription is required to facilitate this, the form below may be used to communicate this request to the GP practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Community Pharmacy |  | | | |
| Community Pharmacy ODS Code |  | | | |
| Name of Pharmacist completing form |  | | | |
| GP Practice |  | | | |
| Name of Patient |  | | | |
| NHS Number (or DoB) |  | | | |
| Does this patient require an adjustment under the [Equality Act 2010](https://psnc.org.uk/quality-and-regulations/pharmacy-regulation/equality-act/)? | YES  | | | NO  |
| |  | | --- | | *Under the EA 2010, community pharmacists are responsible for assessing patients who may require support with their medications, and they have a duty to provide ‘reasonable adjustments’ for patients with disabilities to overcome any obstacles to using the pharmacy service.* | | | | |  |
| **Where the patient does not qualify for an adjustment under the Equality Act 2010, but meets all the criteria below, the Community Pharmacist must indicate below the reason for requesting 7-day prescriptions.** | | | | |
| Patient has been assessed and MCA is the best or only option. | | YES | NO 🡪 consider other options of support e.g. MAR chart | |
| Community Pharmacist has checked the [Usage of Medicines in Compliance Aids](https://www.sps.nhs.uk/home/tools/medicines-in-compliance-aids-stability-tool/) to confirm physicochemical stability and characteristics of each medicine and its formulation. | | YES | NO 🡪 Pharmacist must check stability of each medicine before removing from original packaging | |
| Pharmacist has considered any medications that cannot go in the compliance aid considers the overall risks of non-compliance are outweighed by the benefits of an MCA | | YES | NO 🡪 consider other options of support e.g. MAR chart | |
| Pharmacist is satisfied the patient does not have a paid carer or family member that could safely prompt the medication administration. | | YES | NO 🡪 consider other options of support e.g. MAR chart or providing sufficient information to carer or family member to enable them to safely support patient | |
| Please provide any additional relevant information for the GP practice:  Please see attached Equality Act & Compliance Assessment & Care Plan | | | | |

|  |
| --- |
| Action for GP practice:  If you agree to the above request, please record in the patient’s notes using SNOMED code “395021002” (=Uses monitored dosage system) to enable future audit if required. Set up repeat prescriptions as 7 days supply and send as required to the Community Pharmacist. Please contact the Community Pharmacist for any further information required or you do not agree with the request. |