



Research recommends rethink of 28-day prescriptions for people with long-term conditions



Issuing 28-day rather than longer duration prescriptions for people with long-term conditions should be reconsidered, according to a study published in the *British Journal of General Practice*. Related research shows that considerable savings could be made by the NHS switching to longer prescriptions.

Over a billion NHS prescription items are issued each year by pharmacists in the community, at a cost of over £9 billion. Many of these medications are used for the management of long-term health conditions, such as diabetes or heart disease. Prescriptions for these medications are issued through the 'repeat prescribing' system, which allows patients to request a further supply of medicines without needing to make another appointment with their doctor. Local guidance by clinical commissioning groups in many parts of the country encourages GPs to issue shorter supplies of these repeat medications, partly to reduce wastage. Prescriptions are typically 28 days in length, but this policy has been questioned.

The study, led by RAND Europe in Cambridge and funded by the NIHR, examined previously published studies that looked at this issue, dating back as far as 1993. The researchers found nine studies that suggested that longer duration prescriptions are associated with patients being more likely to take their medications (better so-called adherence). They also found six studies that suggested that shorter prescriptions might be associated with less wastage, although these studies were considered to be very low quality.

In related work published in *BMJ Open*, the researchers undertook an analysis of 11 years of UK GP prescribing data. This found that any savings due to reduced waste resulting from issuing shorter prescriptions were more than offset by greater costs due to the additional work required by GPs and pharmacists. Longer prescriptions could save GPs' time, which could in turn be used to increase time spent with patients. Savings to the NHS from lengthening all prescriptions for statin drugs alone (one of the most commonly prescribed medications) were estimated at £62 million per year.

And in a further economic modelling study, published today in *Applied Health Economics and Health Policy*, the researchers have shown that if longer prescriptions result in better medication adherence, this could lead to improved health outcomes and, as a result, further reduced costs for the health service.

Link to full article: <https://www.nihr.ac.uk/news/research-recommends-rethink-of-28-day-prescriptions-for-people-with-long-term-conditions/8123>

Related Papers:

['The impact of issuing longer versus shorter duration prescriptions – a systematic review'](#)

by Sarah King, Celine Miani, Josephine Exley, Jody Larkin, Anne Kirtley, and Rupert A. Payne.
Published in the British Journal of General Practice. 13 March 2018.

['Long-term costs and health consequences of issuing shorter duration prescriptions for patients with chronic health conditions in the English NHS'](#)

by Adam Martin, Rupert A. Payne and Edward C.F. Wilson.
Published in Applied Health Economics and Health Policy. 13 March 2018.

['Retrospective, multicohort analysis of the Clinical Practice Research Datalink \(CPRD\) to determine differences in the cost of medication wastage, dispensing fees and prescriber time of issuing wither short \(less than 60 days\) or long \(less than or equal to 60 days\) prescription on lengths in primary care for common, chronic conditions in the UK'](#)

by Brett Doble, Rupert A. Payne, Amelia Harshfield and Edward C.F. Wilson.
Published in BMJ Open. 5 December 2017.

['Clinical effectiveness and cost-effectiveness of issuing longer versus shorter duration \(3-month vs. 28-day\) prescriptions in patients with chronic conditions: systematic review and economic modelling'](#)

by Céline Miani, Adam Martin, Josephine Exley, Brett Doble, Edward C.F. Wilson, Rupert A. Payne, Anthony Avery, Catherine Meads, Anne Kirtley, Molly Morgan Jones, and Sarah King.
Published in National Institute for Health Research Journals Library. December 2017.