28 Day Prescribing Policy

April 2018

Authorship:	**NECS Medicines Optimisation Team**
Committee Approved:	**Quality, Performance and Finance Committee**
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Equality Impact Assessment	**Completed**
Sustainability Impact Assessment:	**Completed**
Target Audience:	**CCG member practices and commissioned services within North Lincolnshire CCG including all GPs, locums, Non-Medical Prescribers and practice managers.**
Policy Reference No:	***Request from CCG Business Manager***
Version Number:	

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet

CONTENTS

1 INTRODUCTION

This paper lays out the rationale and practical recommendations for a 28-day prescribing policy for implementation in the CCG.

The CCG sees 28 day prescribing as a best practice option when considering all options pertaining to safe repeat prescribing systems. The Department of Health advise that controlled drugs (schedule 2, 3 and 4) should be prescribed for no longer than intervals of 30 days, this is monitored through electronic prescribing data (ePACT).

The CCG recommends that GP practices have robust repeat prescribing Standard Operating Procedures (SOPs) in place with sign up throughout the practice team in order to support the continued safe, effective and efficient use of medicines. Circumstances will vary from practice to practice and individual patients but SOPs should include consideration of ordering, record keeping, repeat prescription intervals, recall, reauthorisation of prescriptions, medication review, referral and triage.

GP practices have a contractual obligation to have safe prescribing systems in place and not to prescribe excessively. Prescriptions which cover long periods of time without adequate review may contribute to medicines waste and may be considered excessive. There should be careful consideration where patients request longer prescription intervals, particularly for those who pay prescription charges. This decision has to be balanced against patient need (e.g. financial, access), safety and excess/waste medicines. Pre-payment certificates may help some patients financially and repeat dispensing may offer convenience for patients on regular/stable medication.

The Department of Health also states that:

"A 28 day repeat prescribing interval is recognised by the NHS as making the best possible balance between patient convenience, good medical practice and minimal drug wastage".

General Data Protection Regulation

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

2 ENGAGEMENT

This policy has been adopted from the East Riding of Yorkshire Clinical Commissioning Group "28 day prescribing policy" with their permission and has been discussed at the North Lincolnshire Medicines Optimisation Operational Group.

3 IMPACT ANALYSES

3.1 Equality

As a result of performing this analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

3.2 Sustainability

A Sustainability Impact Assessment has been undertaken and this policy may reduce the level of medicines waste.

3.3 Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development / review of this policy document and no specific risks were identified. For further details see Appendix 2.

4 SCOPE

This policy applies to all CCG member practices and commissioned services within North Lincolnshire CCG including all GPs, locums, Non-Medical Prescribers and practice managers.

5 POLICY PURPOSE & AIMS

Approach

The intention of this policy is to achieve reduction in waste. There is also the opportunity to reduce harm from stockpiled medicines and improve compliance with the medication regime.

Any move to reduce the quantities of medication prescribed should also be balanced against the overall needs and circumstances of the patient. Some patients are able to manage their medication safely and reliably, although many patients do not easily manage their medication well in practice. It is important therefore to fit the prescribing to the individual in order to achieve the best outcome, a subject covered by prescribing concordance. For some selected patients, a low multiple of 28 tablets, may be the optimum approach, (e.g. 56 tablets).

Benefits of 28-Day Prescribing

- Less duplication of medicines packs, which reduces the chance of confusion in patients. (Many drugs are currently being repackaged into blister packs of 28 tablets.)
- Reduction in the overall number of drugs present in the home, which reduces the risk of harm from overdose and accidental poisoning of children.
- Coordination of prescription start and renewal date makes the process of producing repeat prescriptions within the practice much easier and quicker. It can reduce the number of requests for prescriptions, saving time and effort, and in some cases may reduce the number of prescriptions the practice has to process.
- Compliance and concordance issues can be spotted more easily if the basic medication regime is well managed.

- In some cases, regular, monthly contact with a dispensing pharmacist can contribute to the medication monitoring of the patient and bring problems to light sooner.
- It will reduce the amount of medicine which is currently wasted when medicines are stopped or changed. It will also reduce the amount which is wasted when partly filled containers are thrown away.
- It will reduce confusion and the number of mistakes made by patients, when they take their medicine, as patients will be less likely to have multiple partly filled containers of medicine at home.

Recommendations

- All repeat prescriptions to be for 28 days' supply (see exemptions below)
- All repeat prescriptions to be co-ordinated for renewal on the same day.
- PRN medications should be estimated (and clear directions given) so as to provide a similar duration of supply.
- The dosing regime and supply should be discussed with the patient where possible in order to achieve the best outcome.

Exemptions

- Treatment packs specifically covering different durations, e.g. HRT, oral contraceptives, osteoporosis therapy etc. Oral contraception and HRT patients should be reviewed between 3 and 6 months initially then annually thereafter.
- Patients who would be disadvantaged by restriction to a 28-day supply due to their individual circumstances. These would include difficulty accessing the surgery premises or local pharmacy because of lack of transport, distance, availability of carers etc.
- Patients who are stable and are on up to 3 items, who would be suitable for repeat dispensing, may have their prescription repeated 2 monthly to improve patient convenience i.e. levothyroxine. The aim of this policy is to reduce wastage and not to cause patient inconvenience. Wastage is associated more with patients on multiple therapies rather than those who are stable and on a few items.
- It is reasonable to consider the cost to the patient and in many cases where the patient is receiving 14 or more prescriptions per year they may pay a lower annual cost by purchasing a medicines prepayment certificate.
- If prescribing to a patient with a known substance misuse issue (alcohol or drugs) then a shorter interval than 28 day e.g.: no more than 7 days at one time with review after 21-28 days. Consider patient circumstance e.g.: if patient pays for prescriptions.

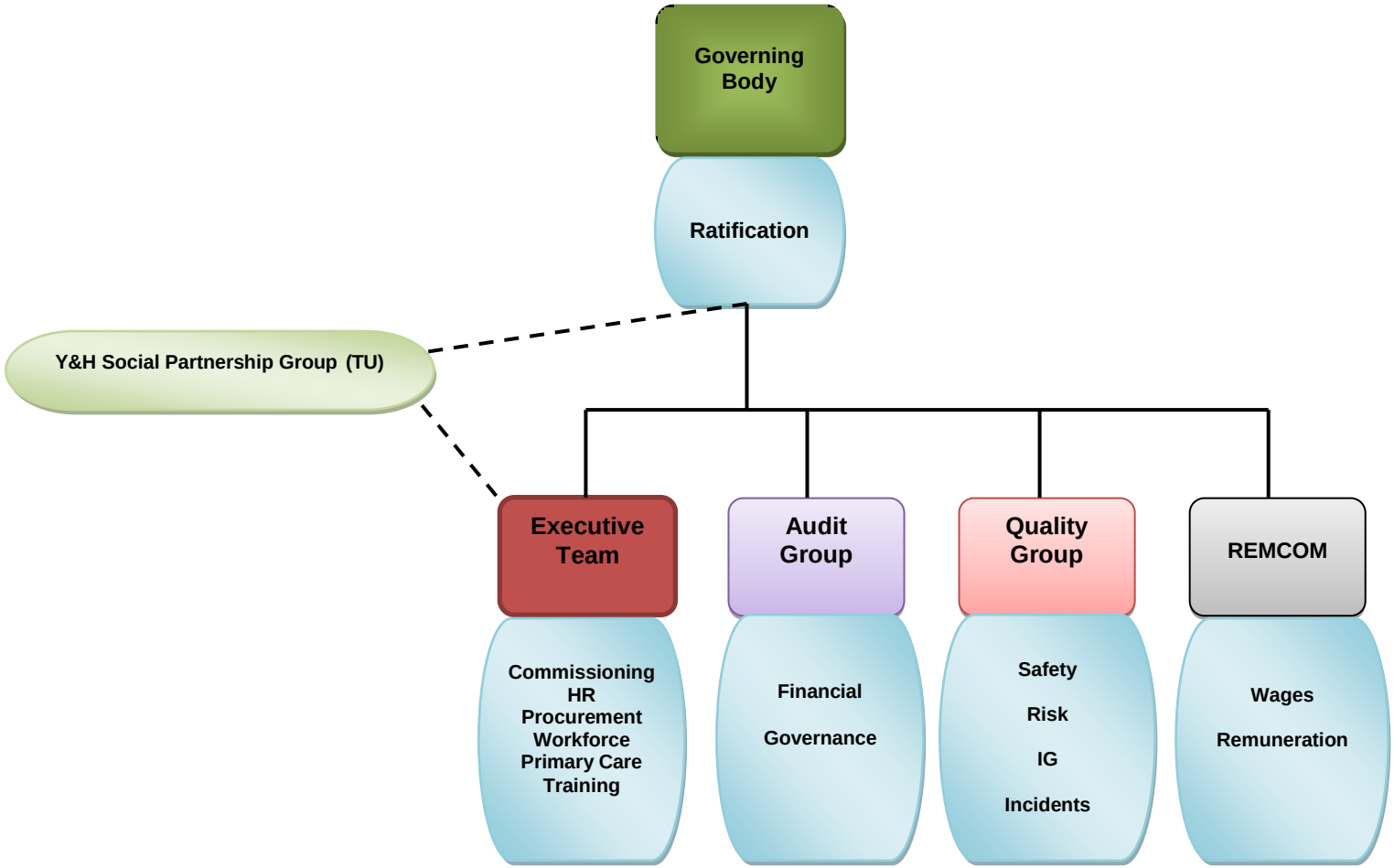
11 POLICY REVIEW

This policy will be reviewed in 3 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

APPENDIX 1

NHS North Lincolnshire Clinical Commissioning Group

Scheme of Delegation for Policies, Procedures and Strategies



Appendix 2

NHS
North Lincolnshire
Clinical Commissioning Group

Bribery Act 2010 Guidance

Introduction

On July 2011 the Bribery Act 2010 came into force, making it a criminal offence to give, promise, or offer a bribe and to request, agree or receive a bribe. It increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine. Furthermore the act introduces a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place. An organisation may avoid conviction if it can show that it had such procedures and protocols in place to prevent bribery.

The Ministry of Justice in its consultation and guidance set out six broad management principles whereby an organisation can demonstrate an effective defence by showing that it had effective bribery prevention measures in place.

Risk Assessment – this is about knowing and keeping up to date with the bribery risks you face in your sector and market;

Top level commitment – this concerns establishing a culture across the organisation in which bribery is unacceptable. If your business is small or medium sized this may not require much sophistication but the theme is making the message clear, unambiguous and regularly made to all staff and business partners;

Due diligence – this is about knowing who you do business with; knowing why, when and to whom you are releasing funds and seeking reciprocal anti-bribery agreements ; and being in a position to feel confident that business relationships are transparent and ethical;

Clear, Practical and Accessible Policies and Procedures – this concerns applying them to everyone you employ and business partners under your effective control and covering all relevant risks such as political and charitable contributions, gifts and hospitality, promotional expenses, and responding to demands for facilitation demands or when an allegation of bribery comes to light.

Effective implementation – this is about going beyond 'paper compliance' to embedding anti-bribery in your organisation's internal controls, recruitment and remuneration policies, operations, communications and training on practical business issues.

Monitoring and review – this relates to auditing and financial controls that are sensitive to bribery and are transparent, considering how regularly you need to review your policies and procedures, and whether external verification would help.

Relevance to the NHS

NHS organisations are included in the Bribery Act's definition of a "relevant commercial organisation". Any senior manager or executive who consents to or connives in any active or passive bribery offence will, together with the organisation, be liable for the corporate offence under the act.
Any individual associated with an organisation who commits acts or omissions forming part of a bribery offence may be liable for a primary bribery offence under the act or for conspiracy to commit the offence with others – including, for example, their employer.

Risks in breaching the Bribery Act

There are a number of risks entailed in breaching the Bribery Act. These include:

- Criminal sanctions against directors, board members and other senior staff as a corporate offence – Section 7 of the Act.
- Convictions of bribery or corruption may also lead to the organisation being precluded from future public sector procurement contracts.
- Damage to the organisation's reputation and negative impact on patient/stakeholder perceptions.
- Potential diversion and/or loss of resources.

What do NHS organisation's need to do?

There are a number of steps NHS organisations can take:

- The Board needs to understand its responsibility in respect of the act.
- Be clear that, as NHS organisations, you are covered by corporate liability for bribery on the part of their employees, contractors and agents.
- Take steps to make your employees, contractors and agents aware of the standards of behaviour that are expected of them: this may include training for employees who might be affected – for example, employees with responsibility for procurement.
- Review existing governance, procedures, decisions-making processes and financial controls, introduce them if not already in place and, where necessary, provide appropriate training for staff.
- Record the fact that these steps have been taken, as they provide the defence against corporate liability under the act.

Areas for Action

- Once risks have been assessed the organisation must put in place procedures that are *proportionate* to bribery risks that are identified.

- The checklist below provides details of areas for actions to assist in ensuring proportionate steps to ensure prevention and defence against corporate liability under the act. The checklist is based on best practice guidance documents issued by NHS Protect in May 2011, Ministry of Justice and other anti-bribery and corruption NGOs.

- Internal Audit and Counter Fraud Teams will provide support to the organisation to help ensure that assurance can be given against the points in the following checklist during 2012/13.

Bribery Act 2010 Guidance and Bribery Prevention Checklist

Areas for action	Expected Action	Evidence of Compliance/Assurance
1. Governance and Top Level Commitment	The Chief Executive should make a statement in support of the anti-bribery initiative and this should be published on the organisation's website. The board of directors should take overall responsibility for the effective design, implementation and operation of the anti-bribery initiatives. The Board should ensure that senior management is aware of and accepts the initiatives and that it is embedded in the corporate culture.	
2. Due Diligence	This is a key element of good corporate governance and involves making an assessment of new business partners prior to engaging them in business. Due diligence procedures are in themselves a form of bribery risk assessment and also a means of mitigating that risk. It is recommended that at the outset of any business dealings, all new business partners should be made aware in writing of the organisation's anti-corruption and bribery policies and code of conduct.	
3. Code of conduct	The organisation should either have an anti-bribery code of conduct or a general code of conduct for staff with an anti-bribery and corruption element. The organisation should revise the Standards of Business Conduct Policy (or equivalent) and Declaration of Interests guidance (see point 4 below) to reflect the introduction of the Bribery Act.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
4. Declaration of Interests/Hospitality	The organisation should have in place a declaration of business interests/gifts and hospitality policy which clearly sets out acceptable limits and also a mechanism to monitor implementation.	
5. Employee employment procedures	Employees should go through the appropriate propriety checks e.g. CRB (Criminal Records Bureau) and/or a combination of other checks before they are employed to ascertain, as far as is reasonable, that they are likely to comply with the organisation's anti-bribery policies.	
6. Detection procedures	The organisation should ensure Internal Audit/Counter Fraud check projects, contracts, procurement processes and any other appropriate systems where there is a risk that acts of bribery could potentially occur.	
7. Internal reporting procedures	The organisation should have internal procedures for staff to report suspicious activities including bribery.	
8. Investigation of Bribery allegations	The organisation should have procedures for staff to report suspicions of bribery to NHS Protect (previously NHS Counter Fraud and Security Management Service) and the organisation's Local Counter Fraud Specialist for investigation/referral to the appropriate authorities.	
9. Risk assessment	MoJ (Ministry of Justice) guidance states"…organisations should adopt a risk-based approach to managing bribery risks…[and] an initial assessment of risk across the organisation is therefore a necessary first step". The organisation should, on a regular basis, assess the risk of bribery and corruption in its business and assess whether its procedures and controls are adequate to minimise those risks.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
10. Record keeping	The organisation should keep reasonably detailed records of its anti-fraud and corruption initiatives, including training given, hospitality given and received and other relevant information.	
11. Internal review	The organisation should carry out an annual internal review of the anti-bribery and corruption programme.	
12. Independent assessment and certification	Proportionate to risks identified, the organisation should commission, at least every three years, an independent assessment and certification of its anti-bribery programme.	
13.Internal and External communications	The organisation should publicise the NHS Fraud and Corruption Reporting Line (FCRL) and on-line fraud reporting facility. The organisation should publicise the Security Management role (theft and general security issues) and reporting arrangements. The organisation should work with its stakeholders in the public and private sector to help reduce bribery and corruption in the health industry.	
14.Awareness and training	The organisation should provide appropriate anti-bribery and corruption awareness sessions and training on a regular basis to all relevant employees.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
15. Monitoring: • Overall Responsibility • Financial/Commercial Controls	A senior manager should be made responsible for ensuring that the organisation has a proportionate and adequate programme of anti-fraud, corruption and bribery initiatives. The organisation should ensure that its financial controls minimise the risk of the organisation committing a corrupt act. The organisation should ensure that its commercial controls minimise the risk of the organisation committing a corrupt act. These controls would include appropriate procurement and supply chain management, and the monitoring of contract execution.	

INTEGRATED IMPACT ASSESSMENT		
Policy/project/function/service	28 day prescribing policy	
Date of analysis:	23rd February 2018	
Type of analysis completed	Quality	X
	Equality	X
	Sustainability	X
What are the aims and intended effects of this policy/project or function?	The intention of this policy is to achieve reduction in waste. There is also the opportunity to reduce harm from stockpiled medicines and improve compliance with the medication regime.	
Please list any other policies that are related to or referred to as part of this analysis	None	
Who does the policy, project, function or service affect?	Employees	
	Service users	Yes
	Members of the public	Yes
	Other (please list)	All prescribers

QUALITY IMPACT

	Please 'X' ONE for each Chance of Impact on Indicator			Brief description of potential impact	Mitigation strategy and monitoring arrangements	Risk 5 x 5 risk matrix)	
	Positive Impact	No Impact	Negative Impact			Likelihood	Consequence
	X	X	X				
PATIENT SAFTEY							
Patient safety /adverse events	X			**Opportunity to reduce harm from stockpiling medicines**			
Mortality position		X					
Infection control MRSA/CDIFF		X					
CQC status		X					
NHSLA / CNST		X					
Mandatory/statutory training		X					
Workforce (vacancy turnover absence)		X					
Safe environment	X			**Opportunity to reduce harm from stockpiling medicines**			
Standard & suitability of equipment		X					
CLINICAL EFFECTIVENESS							
NICE Guidance and National Quality Standards, eg VTE, Stroke, Dementia		X					
Patient related outcome measures		X					

External accreditation e.g. professional bodies ie RCN		**X**					
CQUIN achievement		**X**					
PATIENT EXPERIENCE							
Will there be an impact on patient experience if so how	**X**			**Opportunity to reduce harm from stockpiling medicines**			
Will it impact on carers if so how		**X**					
INEQUALITIES OF CARE							
Will it create / reduce variation in care provision?	**X**			**The policy may contribute to the reduction in waste and standardisation of practice**			
STAFF EXPERIENCE							
What is the impact on workforce capability care and skills?		**X**					
Will there be a change in working practice, if so, how?		**X**					
Will there be an impact on training		**X**					
TARGETS / PERFORMANCE							
Will it have an impact on performance, if so, how?		**X**					
Could it impact on the achievement of local, regional, national targets, if so, how?		**X**					
EQUALITY IMPACT							
Analysis Rating (see completion notes)	Red		Red/Amber		Amber		Green

Approved by:	Commissioner Lead:		GP lead for E&D:	
	Date		Date	
Local Profile Data				
General	Not Applicable			
Gender (Men and Women)				
Race (All Racial Groups)				
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)				
Religion or Belief				
Sexual Orientation (Heterosexual, Homosexual and Bisexual)				
Pregnancy and Maternity				
Transgender				
Marital Status				
Age				
Equality Data				
Is any equality data available relating to the use or implementation of this policy, project or function?	No			
List any consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function.				

Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?	Not relevant

Equality Impact Risk Assessment test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a *Genuine Determining Reason* exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

Action Planning

As a result of performing this Equality Impact Analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Identified Risk:	Recommended Action:	Responsible Lead	Completion Date	Review Date
Not Applicable				

SUSTAINABILITY IMPACT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes.

	Positive Impact	**Negative Impact**	**No Specific Impact**	**What will the impact be? If the impact is negative, how can it be mitigated? (action)**
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020	X			May reduce the level of medicines waste
Increase the amount of waste being recycled to 40%.			X	

Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	