

NHS South Yorkshire Integrated Care System: Position on Appropriate 7 day Prescribing/Prescribing Periodicity

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The most appropriate duration of supply is a **clinical decision** for the prescriber. If 7-day prescriptions (or shorter) are considered a clinical requirement by the prescriber, they should be supplied weekly (or the prescribed interval) to the patient by the community pharmacy.

7-day prescriptions are appropriate for patients who: ·

- Frequently require a change in medication, to reduce the risk of waste.
- Are undergoing a period of titration or review of treatment.
- Are considered to be at risk of medication overuse (e.g. due to self-harm or confusion) and it is not safe to provide them with longer than 7 days' supply.
- Are prescribed medications with stability issues when supplied in a Medicines Compliance Aid (MCA)* sometimes referred to as Medicines Dosage System (MDS) or NOMAD.

7-day prescriptions are not appropriate and should not be used:

- When the above circumstances are not met
- If the prescriber deems it unnecessary
- Simply to support the provision of a compliance aid
- Simply because the patient is a resident in a care home or has a domiciliary care worker.

The Specialist Pharmacy Service (SPS) provides a Medicines Compliance Aid database and [MDS Stability Tool](#) to support decision-making regarding medicine suitability for MCAs. Community Pharmacy England (CPE) also offers a [Special Container Database](#) to identify products that must remain in their original packaging. The [PrescQIPP bulletin](#) notes that the SPS resource is the most comprehensive source of stability information; however, discrepancies have been identified across datasets. Therefore, professional judgment by the community pharmacist remains essential.

Medicines commonly unsuitable for MCAs include:

- Soluble, effervescent, or orodispersible tablets such as aspirin 75 mg and risperidone orodispersible
- Chewable or buccal tablets such as Adcal D3® and Buccastem®
- Moisture-sensitive preparations such as nicorandil, Madopar®, and dabigatran
- Medicines with variable dosing such as warfarin
- hazardous medicines such as methotrexate; fridge-stored medicines such as fludrocortisone
- Medicines intended for “as required” use such as analgesics and laxatives
- Medicines with specific administration instructions such as alendronate

Background:

There is variation in 7 day prescribing activity across the 4 places in South Yorkshire. South Yorkshire Integrated Care System (ICS) Partners wish to encourage collaboration at a local level between prescribers and community pharmacists to determine:-

1. the appropriate support necessary for patients to optimise medicines adherence and
2. the most appropriate periodicity of the prescription.

Both dispensing contractors and GPs have a duty to take necessary and reasonable steps to assist those patients that qualify under the Equality Act 2010 (EA) to comply with taking their medicines. South Yorkshire ICS partners have endorsed a medicines support assessment review form that practices and pharmacies are encouraged to use as a tool to help identify any support needs and assist in considering the most appropriate prescribing interval. While the form does not provide a definitive answer, it can support informed decision-making. Please see document 'South Yorkshire Form Medicines Support Assessment Review' on the [SY ICB Medicines Optimisation](#) webpage.

There are many intervention options that may help qualifying patients to take their medicines as prescribed and each case should be considered independently, e.g. MAR charts, reminder charts, non-child lock containers, large print labels, Monitored Dosage Systems (MDS). Please refer to the SY ICS Position statement on use of MDS: Please see document 'South Yorkshire Position Statement Appropriate Use of Monitored Dosage Systems' on the [SY ICB Medicines Optimisation](#) webpage.

Pharmacists, GPs and social care providers are encouraged to work together to agree on a locally shared approach to requests for medicines assessments, MDS and 7 day prescriptions. If 7 day prescribing is deemed appropriate then the prescriber may wish to consider [electronic repeat dispensing \(eRD\)](#) to reduce workload.

References

- 1) MDS Stability tool- <https://www.sps.nhs.uk/home/tools/medicines-in-compliance-aids-stability-tool/>
- 2) Special container database- <https://cpe.org.uk/dispensing-and-supply/dispensing-process/dispensing-a-prescription/special-containers/special-container-database/>
- 3) PrescQIPP bulletin- <https://www.prescqipp.info/media/d5fjgbwt/321-multi-compartment-compliance-aids-2-0.pdf>
- 4) Electronic repeat dispensing- <https://www.england.nhs.uk/long-read/electronic-repeat-dispensing-erd/>

