

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

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Title: All Wales Guidance for Prescribing Intervals

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For Action by:

Directors of Primary, Community and Mental Health
Local Health Boards

cc: Chief Pharmacists, Medical Directors

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Action required by: Immediate

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All Wales Guidance for Prescribing Intervals

Background

1. In 2010, a target to encourage a move towards 28-day prescribing was introduced as part of the Productivity and Efficiency measures in the NHS Wales Annual Operating Framework (AOF) for 2010–2011.

2. In February 2013 the All Wales Medicines Strategy Group (AWMSG) published *All Wales Guidance for Prescribing Intervals*. This included the recommendation that:

A 28-day repeat prescribing interval is broadly recommended; however, discretion should be used for individual patients or medicines. This should be coupled with a rigorous and effective medication review process.

3. In January 2022, the independent review of dispensing volumes in community pharmacies, undertaken by the Welsh Institute for Health and Social Care (WIHSC), was published alongside the Welsh Government response, supporting the feasibility of reducing the volume of prescriptions dispensed by community pharmacies through practical, system level changes to prescribing and dispensing arrangements.

4. Key actions in the response included the need for All Wales Medicines Strategy Group (AWMSG) to review and update its 2013 All Wales Guidance for Prescribing Intervals. AWMSG have now published their updated guidance which includes the recommendation:

Where clinically appropriate, patients can be moved from 28-day prescribing interval to a longer prescribing interval, considering possible reactions, the stability of treatment, patient compliance and necessary monitoring.

The Reason for Change

5. In 2019, Welsh Government commissioned the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales to undertake a review of dispensing volumes in community pharmacies as part of the community pharmacy contractual reform programme.

6. The aims of the review were to consider:

- If it was feasible to reduce prescription volume in primary care in Wales through practical changes to prescribing and dispensing arrangements; and
- Whether such changes would release pharmacist time to provide direct patient care.

7. The WIHSC review supported the view that it is feasible to reduce the volume of prescriptions dispensed by community pharmacies through practical, system level changes to prescribing and dispensing arrangements.
8. The WIHSC review, and the Welsh Government's response, can be found here: [Review of dispensing volumes in community pharmacies: Welsh Government response | GOV.WALES](#)
9. The change will release significant amounts of pharmacist time to provide more focused direct patient care through clinical services, supporting our longer-term aspirations for community pharmacies to meet the needs of the people of Wales now and in the future.
10. In addition, implementing this action will provide benefits for general practice through a reduction in the administrative workload involved in generating repeat prescriptions. Most importantly, taking a more flexible approach to balance more appropriately patient convenience with clinical appropriateness, cost-effectiveness and patient safety, is likely to have considerable benefits for patients.
11. Though many benefits will be realised with this new guidance it is important to note that it is at the discretion of the practitioner as how best to utilise the flexibilities provided in the guidance, including whether or not to prescribe with a longer prescribing intervals. Any decision should take account of the circumstances of each patient.

Next Steps

12. The All Wales Medicines Strategy Group has reviewed its guidance published in 2013 and [updated guidance has now been published](#). The updated guidance supersedes the previous advice and supports the recommendation of a more flexible approach to prescribing intervals.
13. Health boards should notify general practitioners of the change and work with them to encourage the use of longer prescribing intervals where appropriate. Doing so will have benefits for general practice, community pharmacy, and patients and their carers.