



POSITION STATEMENT

Monitored dosage systems (MDS) and seven-day prescriptions

Recommendation:

Seven-day prescriptions should be issued **only when clinically necessary for safety** (e.g., frequent medication changes to reduce waste, during titration or risk of overuse or self-harm).

Seven-day prescriptions **should not** be issued routinely if a patient uses a **compliance aid**, lives in a **care home**, or has domiciliary care.

If a 28-day prescription is dispensed in a compliance aid, any mid-month change may require reissuing and re-dispensing.

Routine seven-day prescribing **significantly** increases workload not only for GP practices but also for Community Pharmacies. It should only be used when there is **clear clinical justification**.

Further guidance can be found via: <https://cplsc.communitypharmacy.org.uk/wp-content/uploads/sites/141/2023/08/An-Interactive-Guide-to-What-good-looks-like-for-Assisted-Medicines-Taking-May-2022.pdf>

Background

Seven-day prescriptions are for patients who need their medicine supplied weekly for clinical and safety reasons. GPs do not need to routinely provide Seven-day prescriptions for patients who receive their medication in a compliance aid. Seven-day prescriptions have the potential to increase GP practices' workload unless electronic prescribing is undertaken via the Repeat Dispensing mechanism.

When are seven-day prescriptions appropriate?

Seven-day prescriptions are often appropriate for patients who:

- Frequently require a change to medication to reduce the risk of waste
- Are undergoing a period of titration or review of treatment
- They 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 seven-day supply (particularly controlled drugs), or there are stability issues.
- Has a documented clinical need (by the prescriber)

If seven-day prescriptions (or shorter) are considered a clinical requirement by the prescriber, they should be supplied to the patient by the community pharmacy at the prescribed interval (weekly or otherwise). Practices should be notified of any patients not routinely collecting.

When are seven-day prescriptions not appropriate?

28-day prescriptions are appropriate for the majority of patients who are stable and for whom there are no safety concerns.

Seven-day prescriptions should not be used:

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

Adjustments to an existing prescription

If a 28-day prescription (or longer) is issued and dispensed in a compliance aid, any changes made that month will require the entire prescription to be reissued and re-dispensed. If a patient qualifies for help under the Equality Act 2010 and the pharmacy assessment shows that a compliance aid is the most appropriate adjustment for how a prescription is dispensed, then this can and should be issued from a 28-day prescription. Any request for compliance aid dispensing based solely on patient preference would be considered a private arrangement between the pharmacy and the patient.

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Please access this guidance via the LSCMMG NetFormulary website to ensure that the correct version is in use.

Version Number	Date	Amendments Made
Version 1.0	March 2026	New document

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