

Good Practice Guidance M: Reducing medicines waste in Care Homes

Key Points

- Ensure the care home has a monthly ordering system for medicines.
- Check quantities/stock levels of medicines before reordering.
- Medicines supplied by the community pharmacy cannot be reused so only order what's needed.
- Ask the GP practice to send residents' prescriptions back to the care home to be checked for discrepancies before dispensing.
- If medicines are missing or medicines are on prescriptions that are not required for this month's cycle, raise with the GP surgery.
- Ask the community pharmacist to remove discontinued medicines from the MAR chart. This helps prevent discontinued medicines being ordered in error.
- Ask the GP to remove any discontinued medicines from the repeat portion of the prescription. This also helps prevent discontinued medicines being ordered in error.
- Order all residents' medicines at the same time – this not only saves time but prevents the risk of medicines being ordered by mistake.
- Try to ensure all residents' medicines all run out at the same time.
- Meet regularly with the community pharmacist and GP to ensure clarity of the ordering process.
- Creams and lotions can be used until the expiry date and so do not need to be reordered automatically every month.
- If residents continually refuse to take medicines discuss with the GP before reordering.
- Ensure the resident medications are reviewed regularly by their GP
- **If you don't need it don't order it!**

What is the current situation?

Unwanted medicines returned to pharmacy are estimated to cost £100 million per year in the UK. This is often seen as 'the tip of the iceberg' and is money which could be invested in improving patient care.

An audit of returns of medicines to pharmacies in Oxfordshire in 2007 identified that at least £1.1 Million of medicines that were being wasted each year. That is the equivalent of:

- **Over 180 hip replacements or**
- **Could pay the salaries of more than 34 district nurses for a year!**

It has been estimated nationally that it as much as 10% of all medicines prescribed are not used. Within Oxfordshire during 2011/12 we spent over £78.5 million pounds on prescription medicines and so the value of our **wasted medicines could be as high as £7.85 million!** This wasted money could be used to provide NHS operations, staff or medicines.

Best Practice Advice for reducing medicines waste in Care Homes

Care homes have a key role in helping reduce medicines waste. Within care homes residents are often on numerous medicines and may administer their own medicines or more frequently staff may assist or prompt residents with their medicines. Having good procedures for ordering, storage and administration of medicines can help reduce wastage.

Ordering Process

It is important that the member of staff responsible for ordering medicines only requests items that are needed to cover the next 28 day cycle after checking what medicines residents already have in stock.

The care homes should therefore have a procedure for the monthly ordering of medicines. Below are some good practice examples of what might be included:

- If there are discrepancies between items that are requested and what is issued from a surgery, consider taking a photocopy of what has been ordered before sending the request to the GP surgery so that any queries can be investigated.
- Once the prescriptions have been generated by the surgery they should be sent back to the home so that they can be checked for any discrepancies.
- If items are missing that are required or items are on prescription that are not required for this month's cycle, this should be discussed with the appropriate person at the GP surgery.
- The prescriptions should then be sent to the community pharmacy or dispensing doctor's practice to be dispensed.
- If the Medicine Administration Record (MAR) chart is used to re-order medicines ask the community pharmacist to remove discontinued

medicines from the MAR chart. If the repeat sections of residents' prescriptions are used to order medicines ask the GP to remove any discontinued medicines. This helps prevent discontinued medicines being ordered in error.

- Order all residents medicines at the same time – this not only saves time but prevents the risk of medicines being ordered by mistake.
 - If residents' medicines run out at different times speak to the resident's GP or pharmacist about getting their medicines "synchronised" so all medicines run out together. This may mean having a smaller quantity one month for some medicines so they all run out on the same day.
- Meetings between the GP surgery, community pharmacy and care home are beneficial to ensure the medicines ordering process is understood by all involved and can help address issues and concerns as they arise.

Quantities of Medicines

- Check what medicines are required before they are ordered – do not automatically order everything.
 - For example do not order "when required" medicines each month if there is still an adequate supply available at the home.
 - If a resident is using a "when required" medicine regularly, discuss this with their GP.
- Discuss with the resident's GP if quantities of medicines received are inappropriate.
 - If quantities are too high this can lead to medicines not being used and being returned to the community pharmacy or dispensing doctor
- If quantities are too low they may need to be order more frequently. The use of seven day prescriptions is only recommended when this is required clinically for the patient when they need to receive their medicines on a weekly basis. This should not be necessary for the majority of patients within care homes
- Does a resident really need a nutritional supplement? Does the care home have a policy of food fortification for residents highlighted by nutritional screening as being at risk of malnutrition? Are residents' on sip feeds regularly reviewed? If a care home needs further advice in this area – please contact the community dieticians on 01865 264920.
- Pay particular attention to quantities of nutritional supplements, continence products and dressings, particularly for new residents. It is recommended that GPs only prescribe a weeks supply of nutritional drinks, for a new patient, and mark this 'mixed flavours' to ensure patients can find a flavour that they like; Complan Shake is the OCCG's first line choice.

Disposal of medicines

- Do **not** destroy all unused medicines at the end of the month.
 - For example creams and inhalers do not need to be ordered monthly, they can be used up to their expiry date on the product. For creams it is good practice to write the date the cream was opened on the product.
- Medicines do go out of date so do not have a large stock for residents. Also a resident's medicine may be stopped or changed by the doctor, and then any stock remaining at care home becomes wasted medicine.
 - **If you don't need it, don't order it.**
- If a medicine has been ordered that isn't needed ensure the community pharmacy is contacted as soon as possible to prevent the supply.
 - If a medicine is delivered to a care home that isn't required, the pharmacist cannot reuse the medicine, it has to be destroyed even if they are completely unused so it is essential that only medicines that are needed are ordered by the care home.
 - **Wasted medicines wastes money!**

Medicine administration/ assistance/prompting

- Ensure residents are getting the best from their medicines.
 - If a resident has not had their medicines reviewed recently or there is concern about a resident's medicine, discuss this with their GP.
- If there are medicines that a resident is refusing regularly – please discuss this with their GP or pharmacist – there may be an alternative.
 - **The most expensive medicine is one that is not taken!**

Reducing Medicines Waste in Oxfordshire Care Homes

Below are some local examples on how care home, working closely with their GP practice and a PCT Pharmacist have been able to reduce medicines wastage.

- One home was using two bottles of eye drops for residents that were prescribed eye drops for use in both eyes. (This is only necessary if there is an infection present.)
Reducing the number of bottles of eye drops prescribed for each patient from two to one each month saved £1,000.
Remember all eye drops should be discarded 28 days after opening.
- One care home was discarding all residents' medicines at the end of every month regardless of expiry dates and returning them to their pharmacy for destruction.
This waste has been estimated at around £7,000 per year.
- Many homes are discarding all external preparations, such as creams and ointments a month after opening.

Most preparations are stable until their expiry date – if a care home has

a query about a particular product, advice is available from the local community pharmacist or PCT pharmacists.

Further Information

- Further information on managing medicines in care homes is available in Outcome 9 of the [CQC Essential Standards of Quality and Safety](#).
- Further information on [The handling of medicines in Social Care](#)' can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- The Nursing and Midwifery Council (NMC) provides guidance and [advice on a number of topics](#) which is available on their website; www.nmc-uk.org including;
 - [The code: Standards of conduct, performance and ethics for nurses and midwives](#)
 - [Standards for medicines management](#)
- The National Patient Safety Agency also contains safety alerts related to medicines; <http://npsa.nhs.uk/>
- Also see Oxfordshire CCG's Good Practice Guidance Q: Guidance on the Expiry Dates and Storage of Medicines in Care Homes for further information

The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.

Oxfordshire CHUMS Working Group & Medicines Management Team