

Reducing Medicines Waste

Good practice guidance for care home staff, prescribers and pharmacists working with care homes and people in their own home

Key messages

1. Ensure there is a regular, monthly ordering system in place for medicines.
2. Check quantities/stock levels of medicines before reordering.
3. **If you don't need it don't order it!**
4. Carry over any remaining doses of prescribed and in date items for use in the next cycle (make a record on the Medication Administration Record (MAR). Part used Monitored Dose Systems only should be disposed of routinely at the end of each cycle.
5. Ensure correct amounts of creams and ointments are used taking into account expiry dates. See <https://www.cqc.org.uk/guidance-providers/adult-social-care/external-medicines-such-creams-patches> for further details.
6. Only change dressings as per directions.
7. Medicines supplied by the community pharmacy/dispensing practice cannot be reused therefore only order what is needed.
8. Communication is key - work in partnership with all those involved in the ordering and supply of medicines to ensure good lines of communication and timely supplies.
9. Communicate regularly with the community pharmacy and GP practice teams to ensure clarity of the ordering process.
10. If medicines are missing or medicines are on prescriptions that are not required for this month's cycle, raise this with the GP surgery.
11. Ask the community pharmacist/dispensing practice to remove discontinued medicines from the MAR.
12. Ask the GP to remove any discontinued medicines from the repeat portion of paper prescriptions.
13. If the people being supported with their medicines continually refuse to take their medicines discuss with the prescriber before reordering.
14. Ensure the person's medications are reviewed regularly (usually annually) by their GP/Practice pharmacist/PCN Pharmacist.

Background

Unwanted medicines returned to pharmacies cannot be re-used. Nationally the NHS waste figure is estimated at three hundred million pounds per annum¹. In Shropshire wasted medicines counted for one million pounds in one year² and this is money, which could be invested in improving patient care.

We are all responsible for helping reduce medicines waste. Having robust procedures for ordering, storage and administration can help reduce waste. NICE guidance promotes best practice a care home setting.

NICE guidelines [SC1]³ Recommendations for ordering medicines (published March 2014) states care home providers should:

- ensure that medicines prescribed for a resident are not used by other residents.
- ensure that care home staff have protected time to order medicines and check medicines delivered to the home.
- ensure that at least 2 members of the care home staff have the training and skills to order medicines, although ordering can be done by 1 member of staff.
- retain responsibility for ordering medicines from the GP practice and should not delegate this to the supplying pharmacy.
- ensure that records are kept of medicines ordered. Medicines delivered to the care home should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly.

Best practice advice for reducing medicines waste in care homes

Medicines administration

It is recommended that a person-centred medication profile and care plan are in place to support an individual with their medicines administration. Having a medication profile and care plan can help to minimise medicines waste by considering the resident's needs with regards to their medicines for example a profile or care plan may include information on the time of day the resident is more comfortable taking their medication, the types of food and drink a resident likes to have with their medication and/or how the resident likes to take their medication e.g. from a spoon or in their hand.

Ensuring that all the equipment required to complete the medication round is available at the beginning of the round may minimise the distance travelled with the medication; this will reduce the risk of dropping or spilling the medication. Preparing the resident's medication after gaining consent and waiting until they are ready may reduce the risk of the medication being refused and wasted.

Medicines optimisation

To ensure people are getting the best from their medicines discuss with their GP or pharmacist:

- If they have not had their medicines reviewed recently.
- If there is concern about a medicine.
- If there are frequent refusals.

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/06/pharmaceutical-waste-reduction.pdf>

² <https://www.shropshirestar.com/news/2011/09/16/shropshire-patients-wasting-medicines-worth-1m/>

³ <https://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations>

Example: (Acknowledgement Oxford CCG)

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.

If a person is using a PRN medicine regularly, discuss this with the GP as it may be appropriate to alter the medication or dose. Similarly, if a person is prescribed PRN medicines that are no longer required or are required only occasionally, discuss this with the GP as homely remedies or self-care medicines may be more appropriate if a policy is in place to support this.

Managing medicines

Unused medicines, which are still current should be carried forward to the next cycle at the end of the month and recorded on the medication administration record, most items stored in the original packaging can be used up to the expiry date on the product.

Keep supplies to a minimum to prevent stocks expiring. A medicine may be stopped or changed by the GP at any point so any remaining stock becomes wasted medicine. To further reduce waste, rotate medicines so that older medicines are used first.

If a medicine has been ordered that isn't needed, contact the supplying pharmacy as soon as possible to prevent delivery. Once a medicinal product has left the premises of the supplying pharmacy it cannot be re-used and must be destroyed; whilst this is not a legal requirement, standards and guidance provided by medicines and pharmacy regulators preclude the reuse of medicines.

The most expensive medicine is one that is not taken!

Infection prevention and control

Good hand hygiene technique & timeliness, having robust procedures in place for keeping products, storage areas & equipment clean and adherence to other infection prevention and control measures can help to ensure the longevity of in-use products. The safety of the people being cared for and the efficacy of medicines may be adversely affected if the integrity of the packaging is compromised so look out for signs of damage or tampering when booking in and before administering medicinal products.

Ordering process

Having a monthly (28 day cycle), systematic ordering protocol in place to order medicines that includes performing stock counts of current stock within the home and only ordering those medicines, which are required can help to prevent waste. Do not order "when required" (PRN) medicines each month if there is still an adequate supply.

Any medication that the person is no longer taking should be crossed off the MAR with a record of the details – reason, date, authorising healthcare professional etc. recorded in the care plan. The GP and community pharmacy records should be updated to reflect this change. The way in which this communication takes place needs to be specified in the ordering process/medicines policy. If the MAR is used to re-order medicines, ask the community pharmacist to remove discontinued

medicines from the record. If the repeat side of a person's prescriptions are used to order medicines, ask the GP to remove any discontinued items. This helps prevent discontinued medicines being ordered and administered in error.

If a person's medicines run out at different times throughout the monthly medicines cycle, speak to the GP, pharmacy technician or pharmacist to see if medicines can be "synchronised" so that they all run out at the same time. This may mean having a smaller or larger quantity one month for some items.

Quantities of nutritional supplements, continence products and dressings, particularly for when these have been newly initiated, must be considered carefully before a new order is placed. There is local guidance available for food fortification for residents highlighted by nutritional screening, as being at risk of malnutrition.

If the person you are supporting lives in a care home, meetings between the GP practice team, pharmacy and care home can be beneficial to ensure the medicines ordering process is understood by all involved. This can provide an opportunity to address issues and concerns as they arise. Introducing new members of staff can help understanding of the processes and build good working relationships and having a key, named person(s) at each stage of the process helps to maintain good levels of communication.

Having a robust and methodical booking in procedure within the home can ensure the accuracy of medicines received compared to the order. To further reduce waste, rotate medicines so that older medicines are used first. Discuss with the prescriber if quantities of medicines received seem too low or too high. Frequent discrepancies between what has been ordered and what has been delivered should be discussed with the GP practice and Pharmacy.

Expiry Dates

The expiry date of a medicine is the point in time when it is no longer within an acceptable condition to be considered effective or has the potential to do harm and the medication reaches the end of its useable shelf life. Depending on the product, the expiry date may be set as a fixed time e.g. after manufacture, after dispensing or after opening of the original container.

Guide to the meaning of expiry dates:

Wording on manufacturers packaging	Expiry date
Best before January 2022	Discard 31/12/2021
Use by January 2022	Discard 31/12/2021
Use before end January 2022	Discard 31/01/2022
Discard after January 2022	Discard 31/01/2022
Expires January 2022	Discard 31/01/2022
Use within one month of opening	Self-explanatory
Discard 7 days after opening	Self-explanatory

Guidance on suggested expiry dates for products once they have been opened is provided in the next table. Note that some manufacturers already provide guidance on how long products should be used for once the packaging has been opened for example some products now have an expiry symbol (right image) to indicate the product's expiry once opened. Ensure familiarity with the manufacturer's instructions for storing the medication when in use including how



long to retain medicines once the packaging has been opened. In order to clarify when in use medicines are due to expire. It may be useful to endorse the product with both the open date and the expected expiry of the product.

Ask the supplying pharmacy to add the date and batch number to all products dispensed in their non-original container.

Table of Suggested Expiry of Products from Date of Opening

Formulation		Recommended in-use expiry date
Tablets / Capsules	Original blister/foil pack e.g. prn medicines	Manufacturer's expiry date
	Packed in MDS	2 months
	Loose in a pharmacy bottle or bulk pack	Seek community pharmacy advice if not on the label
Oral Liquids	Antibiotics	Manufacturer's expiry date
	Liquids in pharmacy bottles	Seek pharmacy advice if not on label
	Original bottles	Manufacturer's expiry date or 6 months
Inhalers		Manufacturer's expiry date
Rectal / Vaginal preparations	Suppositories / pessaries / rectal tubes	Manufacturer's expiry date
Insulin		Manufacturer's expiry date or 28 days at room temperature
Creams / Ointment	Liquids / Lotions	Manufacturer's expiry date or 6 months
	Pump dispensers	Manufacturer's expiry date or 6 months
	Tubes	Manufacturer's expiry date or 3 months
	Tubs	Manufacturer's expiry date or 1 month
Patches		Manufacturer's expiry date
Ear / nose	Drops and sprays	Manufacturer's expiry date or 3 months
Eye drops	Preserved eye drops	Manufacturer's expiry date or 28 days ⁴
	Refrigerated preservative free multi-use eye drops – no infection present	Manufacturer's expiry date or 7 days ⁴
	Room temperature preservative free multi-use eye drops – no infection present	Manufacturer's expiry date or 24 hours ⁴
	Refrigerated preservative free multi-use eye drops – with infection present	Manufacturer's expiry date or 7 days for bottles with a fixed dropper or 24 hours for bottles with a separate dropper ⁴
	Room temperature preservative free multi-use eye drops – with infection present	Manufacturer's expiry date or Single use ⁴

⁴ Specialist Pharmacy Service (2019), "Guidance on the in-use shelf life for eye drops and ointments", available at <https://www.sps.nhs.uk/articles/guidance-on-in-use-shelf-life-for-eye-drops-and-ointments/>
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