

Reducing Medicines Waste in Care Settings

Good practice guidance for care setting staff, General Practice and the pharmacy team working with care settings and individuals in their own home/community settings

Key messages

1. Ensure there is a regular, monthly ordering system in place for medicines.
2. Check quantities and actual 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). Where Monitored Dosage Systems are used i.e. in a domiciliary care setting to enable the person to self-administer, 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 and order NO MORE than 7/14 days supply at one time as the dressing/size dressing required may change during the healing process
7. Medicines supplied by the community pharmacy/dispensing practice cannot be reused once taken off site therefore only order what is needed and check medicines in the dispensing bag prior to leaving the pharmacy if collecting in person
8. Communication is key - work in partnership with all those involved in the ordering and supply of medicines process, to ensure effective communication and timely supplies.
9. All parties should establish an agreed process for ordering medicines and communicate effectively with a preferred means of communication agreed by all parties.
10. GP practice, pharmacy & care setting to provide each other with a named contact.
11. If medicines are missing or medicines are prescribed that are not required for this month's cycle, raise this with the GP practice.
12. Ask the community pharmacist/dispensing practice to remove discontinued medicines from the MAR.
13. Ask the GP/relevant HCP within practice to remove any discontinued medicines from the repeat portion of paper prescriptions.

14. If individuals who are being supported with their medicines, continually refuse to take their medicines discuss with the prescriber before reordering.
15. Ensure the individuals medicines are reviewed regularly (at least annually) by their GP/Practice pharmacist/PCN Pharmacist (relevant HCP).

Background

Unwanted medicines returned to pharmacies cannot be re-used once they have left the premises. Nationally the NHS waste figure is estimated at three hundred million pounds per annum¹. It is estimated that unused medicine costs the NHS in Shropshire Telford and Wrekin around **£2.6 million** each year, 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 and support best practice in care settings.

NICE guidelines [SC1]² <https://www.nice.org.uk/guidance/sc1> 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 individuals needs with regards to their medicines. For example, a profile or care plan may include information on the time of day the individual is more comfortable taking their medication, the types of food and drink an individual likes to have with their medication (where clinically safe) and/or how the individual 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 individuals medication after gaining consent and waiting until they are ready may reduce the risk of the medication being refused and wasted.

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

² <https://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations>

Medicines optimisation

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

- If they have not had their medicines reviewed recently.
- If there is concern about a medicine.
- If there are frequent refusals.
- If a 'when required' medicine is needed regularly
- If a "when required" medicine has not been needed for a significant period.

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.

<https://www.shropshiretelfordandwrekin.nhs.uk/wp-content/uploads/Non-prescribed-medicines-in-community-settings-v3.1-March-2025-1.pdf>

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 or stock piling 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 medicines with a shorter expiry date 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.

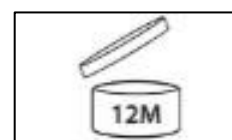
Expiry Dates

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 2025	Discard 31/12/2024
Use by January 2025	Discard 31/12/2024
Use before end January 2025	Discard 31/01/2024
Discard after January 2025	Discard 31/01/2025
Expires January 2025	Discard 31/01/2025
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.

For further information please see ***Table of Suggested Expiry of Products from Date of Opening*** below.

Table of Suggested Expiry of Products from Date of Opening

Formulation	Presentation	Recommended in-use expiry date
Tablets/Capsules	Original blister/foil pack	Manufacturer's expiry date
	Packed in Monitored Dosage System	Two months
	Loose in a pharmacy bottle or bulk pack	Seek community pharmacy advice if not on the label
Oral liquids	Liquids in pharmacy bottles	Seek community pharmacy advice if not on the label
	Original bottles	Manufacturer's expiry date or six months
Inhalers		Manufacturer's expiry date
Rectal Suppositories		Manufacturer's expiry date
Rectal tubes		Manufacturer's expiry date
Vaginal pessaries		Manufacturer's expiry date
Insulin		Manufacturer's expiry date or twenty-eight days at room temperature
Topical liquids Creams Ointments Lotions	Manufacturer's bottles	Manufacturer's expiry date or six months
	Pump dispensers	Manufacturer's expiry date or six months
	Tubes	Manufacturer's expiry date or three months
	Tubs	Manufacturer's expiry date or one month
Patches		Manufacturer's expiry date
Ear/nose drops/sprays		Manufacturer's expiry date or three months
Eye drops/ointments		Twenty-eight days unless otherwise stated (e.g. Hylo-Tear, Hylo-Forte and VitAPos have a six-month expiry once opened, HydraMed has a three-month expiry once opened)
	OR	

	Room temperature preservative free multi-use eye drops – no infection present	Manufacturer's expiry date or Twenty-four hours NHS Pharmaceutical Quality Assurance Committee and UK Ophthalmic Pharmacist's Group Guidance on the in-use shelf life for eye drops and ointments
	Refrigerated preservative free multi-use eye drops – with infection present	Manufacturer's expiry date or seven days for bottles with a fixed dropper or twenty-four hours for bottles with a separate dropper NHS Pharmaceutical Quality Assurance Committee and UK Ophthalmic Pharmacist's Group Guidance on the in-use shelf life for eye drops and ointments
	Room temperature preservative free multi-use eye drops – with infection present	Manufacturer's expiry date or Single Use NHS Pharmaceutical Quality Assurance Committee and UK Ophthalmic Pharmacist's Group Guidance on the in-use shelf life for eye drops and ointments

FOR MORE INFORMATION ABOUT HOW YOU CAN SUPPORT THE REDUCTION IN MEDICINES WASTE PLEASE VISIT [Think Twice, Order Right - NHS Shropshire, Telford and Wrekin](#)



Further guidance:

- [PrescQIPP Reducing medicines waste in care homes: Information for care home staff](#)
- [NHS Pharmaceutical Quality Assurance Committee and UK Ophthalmic Pharmacist's Group Guidance on the in-use shelf life for eye drops and ointments](#)
- <https://www.england.nhs.uk/wp-content/uploads/2015/06/pharmaceutical-waste-reduction.pdf>
- <https://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations>