

# Reducing medicines waste in care homes: Information for care home staff

## TOP TIPS FOR REDUCING MEDICINES WASTE IN CARE HOMES

Many factors can contribute to medicines waste in care homes and a joint effort involving the care homes, GPs, community pharmacies and GP practices is required. There needs to be effective systems of communication and appropriate training for staff involved in the repeat prescribing process.

The research report *Evaluation of the Scale, Causes and Costs of Waste Medicines*, highlighted the residential and care home sector as a significant contributor to medicines waste in the NHS in England, suggesting the systems and processes used in the sector account for around £50m of the estimated £300m annual total medicines waste.<sup>1</sup>

Waste medicines include medicines disposed of as well as dropped or spilled medicines.

The following *Top Tips* have been developed to assist care home staff to manage medicines safely whilst reducing unnecessary waste.

## General advice to reduce waste when ordering medicines

- **The care home should retain responsibility for ordering medicines. The responsibility should not be delegated to the community pharmacist.**
- Care home providers should 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.<sup>2</sup>
- It is important that the member(s) of staff responsible for ordering medicines **only requests items that are needed after checking the stock. Do not routinely clear medicine stocks at the end of the month only to re-order new stock.**
- Ensure any medicines that have been discontinued are not re-ordered. **There should be a written procedure for managing medicine changes and a robust process for ordering medication which includes using the current MAR chart.**
- The prescription produced by the surgery should be checked against the prescription request before it is sent to the community pharmacy to **ensure there aren't any discrepancies**. If an item on the prescription it is not required or has been prescribed in error, it can be crossed through. This must be documented and the GP surgery informed so the electronic records at the surgery can be updated. If the prescriptions are sent electronically from the surgery to the pharmacy, the dispensing token (copy of the prescription) can be used to check against the prescription request.
- If bulk prescribing is being used, ensure the correct procedures are in place and being followed to prevent excess supplies, which can lead to waste. Available at <http://www.prescqipp.info/bulk-prescribing-in-care-homes/viewcategory/227-care-homes-bulk-prescribing>.

Prescribed regular medicines	<ul style="list-style-type: none"> <li>• Ensure that there are adequate amounts of medication available in order to meet the needs of the patient without overstocking.</li> </ul>
	<ul style="list-style-type: none"> <li>• Liaise with the prescriber if there are drugs that are dispensed in original packs of 30 days rather than 28. This means that there is regular excess at the end of each month, e.g. macrogol sachets are available in packs of 30, the medication cycle is 28 days therefore if the dose is one daily, there is the potential for 2 sachets to be wasted each month.</li> </ul>
	<ul style="list-style-type: none"> <li>• Medicines such as inhalers, insulin, GTN spray and glucagon should be carried forward and not re-ordered each month if not needed. When carrying forward these medicines <b>always check the expiry date on the packaging.</b></li> </ul>
	<ul style="list-style-type: none"> <li>• Regular review of medication should be prompted as deemed necessary, to ensure appropriateness of prescribing and to minimise waste resulting from patient refusal or non-adherence.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure that there are adequate procedures and care home staff are suitably trained to deal with discharge medication. On discharge from hospital patients may be provided with a supply of medicines (sometimes in original packaging), use these medicines rather than discarding them.</li> </ul>
	<ul style="list-style-type: none"> <li>• If the resident has been prescribed a special-order product which has a short shelf life once manufactured, liaise with the community pharmacy or dispensing practice to ensure it is received just in time for the start of the cycle to minimise any waste.</li> </ul>
Interim prescriptions	<ul style="list-style-type: none"> <li>• Ensure medicines started during the cycle are in line with the current cycle, e.g. if a new regular medicine is started on day 13 of the cycle, 15 days' supply should be prescribed so it is in line with the other medication. If the monthly prescription request has already been submitted a prescription for the next cycle should also be generated and sent to the community pharmacy explaining clearly that an interim prescription has been issued for immediate delivery and the other prescription is for the next medication cycle.</li> </ul>
Prescribed "when required" (prn) medicines	<ul style="list-style-type: none"> <li>• Where medicines are prescribed as 'when required' there should be systems in place to ensure that stock is kept at adequate levels and that medication which has expired is not administered.</li> </ul>
	<ul style="list-style-type: none"> <li>• Whilst it is difficult to predict how much 'when required' medication a patient will need in the 28-day cycle, care should be taken when ordering. Sometimes significant amounts of medication are destroyed, only for a replacement supply to be reordered for the following month. It is acceptable for homes to retain 'when required' medicines, and carry these forward onto the next MAR sheet each month provided that it is administered for the original condition for which the prescription was initiated and the storage conditions are appropriate.</li> </ul>
	<ul style="list-style-type: none"> <li>• If 'when required' medicines are dispensed into an MDS (tray) then the stability is reduced, after which the medicines will need to be re-ordered and replaced, if still indicated. <b>NICE recommends that 'when required' medicines are kept in their original packaging.</b><sup>2</sup></li> </ul>

Prescribed “when required” (prn) medicines continued	<ul style="list-style-type: none"> <li>Medicines which have been dispensed for residents in the original packaging may be retained until the expiry date printed on the pack or strip, providing that the ‘when required’ medication is administered for the original condition for which the prescription was initiated and the storage conditions are appropriate.</li> </ul>
	<ul style="list-style-type: none"> <li>GP review of analgesics and laxatives should be prompted. A research report<sup>1</sup> identified that the most commonly wasted medicines in the care homes were laxatives and paracetamol containing analgesics.</li> </ul>
Prescribed liquids, creams and ointments	<ul style="list-style-type: none"> <li>It is good practice to record the ‘date opened’ on all liquids, creams and ointments.</li> </ul>
	<ul style="list-style-type: none"> <li>If you notice that there is a lot of excess at the end of the month please ask GPs to review the quantity prescribed as it might be possible to change to a smaller pack size, e.g. generally only a fingertip amount of barrier cream is required when it is used; therefore a smaller pack size may be more suitable.</li> </ul>
	<ul style="list-style-type: none"> <li>Creams containing active constituent’s, e.g. steroid creams, antifungals, should be used in accordance with the prescriber’s instructions.</li> </ul>
Oral nutritional supplements	<p><i>Remember food first! See <a href="http://www.prescaqip.info/index.php/nutrition-toolkit/viewdownload/88-nutrition-toolkit/529-fabulous-fortified-feasts-hd">http://www.prescaqip.info/index.php/nutrition-toolkit/viewdownload/88-nutrition-toolkit/529-fabulous-fortified-feasts-hd</a></i></p>
	<ul style="list-style-type: none"> <li>These are <b>supplements</b> and should be given between meals.</li> </ul>
	<ul style="list-style-type: none"> <li>On-going need should be reviewed periodically and the current weight, BMI and MUST score should be communicated to the prescriber on a monthly basis.</li> </ul>
	<ul style="list-style-type: none"> <li>Check that the patient finds the flavours and consistency of the product acceptable. If a starter pack is used to identify flavours that are palatable, subsequent prescriptions should be for the chosen flavours, e.g. a choice of 2 or 3 flavours.</li> </ul>
Inhalers	<ul style="list-style-type: none"> <li>Review or ask for inhaler technique to be checked by an appropriately trained health care professional.</li> </ul>
	<ul style="list-style-type: none"> <li>Check that the dose and number of inhalers prescribed synchronise with the monthly cycle, e.g. Seretide Evohaler® contains 120 doses, therefore if the dose is 2 puffs twice a day, 112 doses will be needed so <b>one</b> inhaler would be sufficient for a month’s supply.</li> </ul>
	<ul style="list-style-type: none"> <li>Please note the SpirivaCombo® pack includes <b>both</b> the HandiHaler® device and 30 refill capsules. The manufacturer advises that the HandiHaler® device should be discarded 12 months after first use. (If there is damage to the device or you suspect it is not working properly please request a new one). The device should be cleaned once each month.</li> <li>Reliever inhalers intended to be used on a when required basis will not need to be automatically re-ordered every month. The resident may have one spare inhaler available, a new prescription can be ordered when the one in use runs out.</li> </ul>

<b>Dressings and wound management products</b>	<ul style="list-style-type: none"> <li>• Check that the quantities requested reflect the number of wounds and the frequency dressings are changed. Most dressings are changed every three days; therefore 5 dressings (per wound) should usually be sufficient for two weeks. Fewer dressings will be required if the wound is being regularly assessed. Wound care products should not be routinely ordered in monthly quantities.</li> </ul>
	<ul style="list-style-type: none"> <li>• Make sure the correct size is ordered (not too large).</li> </ul>
	<ul style="list-style-type: none"> <li>• Request the exact number of dressings required, do not request “1 OP”.</li> </ul>
	<ul style="list-style-type: none"> <li>• Do not use dressings intended for primary use as a secondary dressing, e.g. Aquacel used on top of another dressing.</li> </ul>
<b>General advice to reduce waste when storing medication</b>	<ul style="list-style-type: none"> <li>• Ensure the storage areas are kept clean and tidy and the temperature of the room is maintained below 25°C.</li> </ul>
	<ul style="list-style-type: none"> <li>• Monitor the fridge daily and ensure it is regularly cleaned and defrosted in accordance with the manufacturer guidance. The fridge temperature should be maintained between 2°C and 8°C.</li> </ul>
<b>General advice to reduce waste when administering medication</b>	<ul style="list-style-type: none"> <li>• Ensure measuring spoons, cups or syringes are used to measure liquid medication. Similarly use the scoop provided to measure powdered thickeners.</li> </ul>
	<ul style="list-style-type: none"> <li>• Do not prepare medication for administration until you have identified the resident’s willingness or ability to take the medication.</li> </ul>
	<ul style="list-style-type: none"> <li>• Do not prepare ‘when required’ medication for administration to the resident in advance of assessing their needs.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure the correct inhaler technique is used, it may be necessary for a spacer device to be used, liaise with the prescriber.</li> </ul>
<b>Method for carrying forward medication from one cycle to the next</b>	<ul style="list-style-type: none"> <li>• There should be a process in place for communicating to the community pharmacy which items are to remain on the MAR chart for the next cycle.</li> </ul>
	<ul style="list-style-type: none"> <li>• If the entry is to be hand written, the name, strength, formulation and dose of the medication must be copied onto the new MAR chart, refer to the photocopy of the original prescription (where available), the labelled product and previous MAR chart. If there is a difference in the directions check the resident’s notes to verify the change. If it is still unclear, check with the prescriber before a dose is administered. The entry should be signed and it is good practice to have a suitably trained witness sign the entry as well.</li> <li>• The quantity of medication carried over must be written onto the new MAR chart to enable audit to take place (for liquids an estimate is acceptable).</li> </ul>

<b>Other processes and procedures</b>	<ul style="list-style-type: none"> <li>Review care home policies and procedures to ensure that they don't contribute to medicines waste.</li> </ul>
	<ul style="list-style-type: none"> <li>Audit the waste records, these may provide useful information on how efficiently medicines are being managed in the care home.</li> </ul>
	<ul style="list-style-type: none"> <li>Reflect on how patient instances of refusal or non-adherence are dealt with. Learning to deal with patient refusal such as returning after a short interval (without affecting the resident's right to refuse medicine) or identifying alternative formulations which are acceptable to the resident can help to reduce waste.</li> </ul>
	<ul style="list-style-type: none"> <li>When a resident dies, the community pharmacy or dispensing practice should be informed in a timely manner to prevent medicines for the next cycle being dispensed.</li> </ul>
<b>Expiry dates</b>	<ul style="list-style-type: none"> <li>Most medicines can be used until their expiry date.</li> </ul>
	<ul style="list-style-type: none"> <li>Some have a shortened expiry once opened, check the medicine label or label on the container for further details.</li> </ul>
	<ul style="list-style-type: none"> <li>Liaise with the community pharmacy or dispensing practice and agree the minimum expiry date that medicines supplied in amber bottles will have.</li> </ul>

## Interpreting the different wordings used to express expiry dates

Words used	When to discard
Best before January 2016	Discard 31/12/2015
Use before end January 2016	Discard 31/01/2016
Use by January 2016	Discard 31/12/2015
Discard after January 2016	Discard 31/01/2016
Expires January 2016	Discard 31/01/2016

## References

1. Evaluation of the Scale, Causes and Costs of Waste Medicines. Final report. York Health Economics Consortium and School of Pharmacy, University of London. November 2010. Accessed on 28/08/14 and available at [http://discovery.ucl.ac.uk/1350234/1/Evaluation\\_of\\_NHS\\_Medicines\\_Waste\\_web\\_publication\\_version.pdf](http://discovery.ucl.ac.uk/1350234/1/Evaluation_of_NHS_Medicines_Waste_web_publication_version.pdf)
2. NICE guidance SC1. Managing medicines in care homes. March 2014. Accessed 23/09/14 and available at <http://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes8>

## Additional PrescQIPP resources



Bulletins



Implementation resources

Available here: <http://www.prescqipp.info/resources/viewcategory/333-care-homes-waste-reduction> and on the care homes webkit pages: <http://www.prescqipp.info/carehomes>

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