

## Reducing medicines waste in care homes: Information for prescribers

### 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>

The following *Top Tips* have been developed to reduce unnecessary waste of medicines prescribed for care home residents.

### General advice to reduce waste when generating prescriptions

- If the patient medical records held at the GP surgery are not accessible from the care home, ensure that any changes are made as soon as practically possible, e.g. any medicines that have been discontinued are put into past drugs and if treatment is time-limited this is clearly documented.
- It is important that the member(s) of staff responsible for generating the prescriptions at the practice have received appropriate training and the practice has a robust standard operating procedure for repeat prescribing.
- If the prescription produced by the surgery is sent electronically to the community pharmacy discuss with the care home how this would be managed, either the practice provides copies of the prescriptions or the pharmacy prints off the dispensing tokens for the care home to check.
- If there is an initiative to switch residents to a more cost-effective product, e.g. change in brand of blood glucose testing strip or emollient, ensure this is communicated to the care home staff and that there are robust systems at the practice to ensure multiple prescriptions are not generated.
- When a medication review is conducted, if the change is not urgent, consider implementing the change on the next cycle rather than during a cycle to help reduce waste.

<b>Regular medicines</b>	<ul style="list-style-type: none"> <li>• Ensure that there are adequate amounts of medication prescribed in order to meet the needs of the patient without creating excess. Prescribe the correct quantity of medicine to fit in with the 28 day supply cycle. Check if there any medicines that are being prescribed as a pack of 30 days rather than 28, 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> <li>• Sometimes prescribing five cartridges of insulin is excessive e.g. one cartridge of insulin glargine can provide 300 units of insulin therefore if the dose is less than 30 units daily, 3 cartridges plus an extra one is sufficient for the 28 day cycle.</li> </ul>
	<ul style="list-style-type: none"> <li>• Medication should be reviewed in a timely manner, 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 to action discharge summaries.</li> </ul>
<b>Interim prescriptions</b>	<ul style="list-style-type: none"> <li>• Ensure medicines started during the cycle are synchronised 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. Note if the monthly prescription request has already been submitted a prescription for the next cycle should also be generated and the care home should liaise with 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>
<b>“When required” (prn) medicines</b>	<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 prescribing. Sometimes significant amounts of medication are destroyed, only for a replacement supply to be reordered for the following month. It is important to include dosage instructions on the prescription (including the maximum amount to be taken in a day and how long the medicine should be used, as appropriate) so that this can be included on the medicine’s label.</li> </ul>
	<ul style="list-style-type: none"> <li>• It is acceptable for homes to retain ‘when required’ medicines, and carry these forward onto the next MAR sheet each month provided they have not expired and they are being used as the prescriber intended.</li> </ul>
	<ul style="list-style-type: none"> <li>• Liaise with care home staff to see how often the resident has had the medicine and how well it has worked. The research report<sup>1</sup> identified that the most commonly wasted medicines in the care homes were laxatives and paracetamol containing analgesics.</li> </ul>
	<ul style="list-style-type: none"> <li>• If the care home is using a monitored dosing system (not recommended) then prn medication should not be included as any missed doses are potentially wasted as they will have to be discarded at the next “filling”.</li> </ul>

<b>Prescribed liquids, creams and ointments</b>	<ul style="list-style-type: none"> <li>It might be possible to change to a smaller pack size where appropriate, 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. Liaise with the care home staff.</li> <li>Ensure there are clear directions which indicate where the product should be applied, the frequency of use and how much should be applied. Some barrier creams are durable and they can be applied after every third wash or period of incontinence adding this to the directions can reduce wastage.</li> </ul>
<b>Oral nutritional supplements</b>	<p><i>Remember food first! See <a href="http://www.prescgipp.info/index.php/nutrition-toolkit/viewdownload/88-nutrition-toolkit/529-fabulous-fortified-feasts-hd">http://www.prescgipp.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, include this in the directions.</li> <li>On-going need should be reviewed periodically. You may request that the care home provides the current weight, BMI and MUST score monthly (or more frequently for individual residents).</li> <li>Liaise with the care home staff to check whether the resident 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. Starter packs must not be added to repeat prescribing systems.</li> </ul>
<b>Inhalers</b>	<ul style="list-style-type: none"> <li>Review inhaler technique and provide a spacer device where appropriate.</li> <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> <li>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. (advise the care home staff that if there is damage to the device or they suspect it is not working properly they can request a new one).</li> </ul>

Dressings and wound management products	It might be more appropriate to issue one or more acute prescriptions rather than repeat prescriptions for dressings, this not only helps to ensure that the resident is clinically reviewed at appropriate intervals but can also reduce waste. Note some residents may have complex wounds and require dressings on a long term basis and a repeat prescription with set intervals for review may be appropriate.
	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 should usually be sufficient for two weeks. Smaller quantities should be provided, as dressing requirements change as over time and wounds should be regularly re-assessed.
	Request that the exact number of dressings required is ordered, not "1 OP".
Contenance appliances	<p>Consider having the practice nurse triage requests for dressings and continence products, check against the local formulary if there is one.</p> <p>Check who orders the products, if it is a home care company it is essential that the request for every single delivery originates from the care home staff or other healthcare professional involved in the care of the resident.</p> <p>See the PrescQIPP continence and stoma toolkit for guidance on prescribing quantities. Available at <a href="http://www.prescqipp.info">www.prescqipp.info</a></p>

Effective systems of communication between the care home, GP practice and community pharmacy are essential.

## 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)

## 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: <http://www.prescqipp.info/carehomes>

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