



Good Practice Guidance: Reducing Medicines Waste in Care Homes

Recommendations to reduce medicines waste:

- Care homes should retain responsibility for ordering medicines. The responsibility **should not** be delegated to the community pharmacy
- Care homes should ensure that at least two members of staff are trained in ordering medicines, although ordering can be done by one member of staff
- Always **'think waste'** before ordering any medicines and only request items that are needed - always **check** your stock levels first
- **Don't** dispose of leftover medicines at the end of the month only to re-order new stock. Leftover medicines **can** and **should** be carried forward to the next cycle if they are in date
- Ensure any medicines that have been discontinued are not re-ordered. Homes should have a written procedure for managing medicine changes and a robust process for ordering medication
- The prescription produced by the surgery should be checked against the prescription request before it's sent to the community pharmacy to ensure there aren't any discrepancies. If an item on the prescription is not required or has been prescribed in error, it should be crossed through. This must be documented and the GP surgery informed so that surgery records can be updated
- Review your waste records **every** month – this will tell you how efficiently medicines are being managed in your care home

Prescribed medicines

- Ensure that there are adequate amounts of medication available for service users but **don't over stock** them
- Only order what you need at the time of ordering – if you think you'll need more later you can always put an acute prescription request in mid-cycle
- Tell the prescriber if there are medicines that are dispensed in original packs of 30 days rather than 28. This results in **regular waste** at the end of each month e.g. Movicol sachets being packed in 30, but the medication cycle is 28 days, so at a dose of one daily there are always 2 sachets being wasted every month
- GPs should ideally review service users' medication at least once every six months. Always tell them if service users are refusing their medicines or have compliance problems
- When service users are discharged from hospital **always** use the discharge medication they have been supplied with – **don't** discard them
- 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 requested to keep it in line with the other medication

'When required' (prn) medicines

- Many 'when required' medicines **may not** need ordering every month. These include inhalers, hay fever tablets, needles, insulin, GTN sprays, creams, laxatives and analgesics
- Always **carry forward** any leftover 'when required' medicines to the next cycle and record them on the next MAR sheet (providing they are in date)
- Only order what you think service users will **actually need** for the next cycle, based upon what they took during **this** cycle. Remember you can always ask for more mid-cycle if you need it
- You should **always** prompt a GP review of analgesics and laxatives. These are the most commonly wasted medicines in care homes

Oral nutritional supplements

- These are supplements and if prescribed, should be given between meals or before bedtime
- Ongoing need should be **reviewed weekly** and the current weight, BMI and MUST score should be communicated to the prescriber on a monthly basis. Refer to the Dietitian if required.
- Check that the service user finds the flavours and consistency of the product acceptable. If a starter pack is used to trial different flavours, subsequent prescriptions should be for the preferred flavours, e.g. a choice of 2 or 3 flavours
- To provide the best nutritional care refer to Food First guidance:
<https://remedy.bnssgccg.nhs.uk/media/3246/food-first.pdf>

Inhalers

- Review service users' inhaler technique or ask the practice asthma nurse to show you if you're not sure
- Reliever inhalers (e.g. salbutamol) are intended to be used on a 'when required' basis. **Don't** automatically re-order them every month

Dressings/wound management

- Care homes should order their dressings on FP10 prescription. Nursing homes should order from NHS Supply Chain via Formeo or Solo websites
- Check that the quantities you request (or order) reflect the number of wounds and the frequency dressings are changed. Most dressings are changed every 3 days; therefore 5 dressings (per wound) should usually be sufficient for 2 weeks. Fewer dressings may be required if the wound is being regularly assessed
- Make sure the correct size is ordered (not too large)
- Request the **exact** quantity of dressings required, especially if you are asking for a prescription – **don't** request '1 OP' as you might receive lots more than you need
- Don't use dressings intended for primary use as a secondary dressing e.g. Aquacel on top of another dressing as this is expensive and wasteful

Storing medication

- Ensure medication storage areas are kept clean and tidy and the temperature of the room is maintained below 25°C
- Never leave medicines on the side in treatment rooms. This is a **security hazard** and can subject them to strong light and heat. **Always** put them safely away in the cupboard, trolley or fridge
- Monitor the fridge and reset the thermometer **daily** and ensure it's regularly cleaned and defrosted. The fridge temperature should be maintained between 2°C and 8°C
- Always put newer stock to the back of cupboards so that older stock can be used up first

Administering medication

- **Don't** prepare medication for administration until you have checked that the service user is willing and able to take the medication e.g. they aren't asleep
- **Don't** prepare 'when required' medication for administration to a service user until you have assessed that they actually **need** it
- Always tell the GP if the service user can't manage a particular medicine and needs it in a different form
- Always prepare medicines for administration on a work surface to prevent them falling onto the floor. Re-issuing prescriptions just for 1 tablet creates a significant amount of administrative workload for prescribers and pharmacists
- Always record the 'date opened' on all liquids, creams and ointments

Carrying forward medication to the next cycle

- **Always** carry leftover medicines forward to the next cycle if the service user is still prescribed them – **never** dispose of them unless the label indicates they've expired
- The quantity of medication carried over must be written on the new MAR chart (for liquids an estimate is acceptable)
- Always tell the pharmacist which medicines are to remain on the MAR chart for the next cycle

Communicating potential waste

- If you notice there are a lot of leftover medicines at the end of the month ask the GP to prescribe smaller amounts
- **Always tell the GP** if a service user isn't taking any of their medicines for any reason or does not need them any longer. Keeping quiet leads to **significant** waste
- When a service user dies, inform the community pharmacy **as soon as possible** to prevent medicines for the next cycle being dispensed

Expiry dates

- Medicines can be used until their expiry. The expiry date of products can change once opened. Record the date opened and the calculated expiry on the medicines package/label.
- All the expiry dates given below are indicated as the date from first opening, however manufacturers' recommendation may be shorter. Always check these first.

	FORM	EXPIRY DATE
INTERNAL MEDICINES	Liquids (Internal)	6 months
	Antibiotic liquids	7 or 14 days when prepared. See label on bottle
	Medication in original blister packs	Manufacturer's expiry
	Medication in dosett box/MDS	As stated by pharmacist filling device
	Glyceryl Trinitrate tablets	8 weeks after opening
EXTERNAL MEDICINES	Creams (tubes)	3 months
	Creams (jars/pots)	1 month
	Ointments (tubes)	6 months
	Ointments (jars/pots)	3 months
	Liquids/lotions	6 months
	Bath oils	6 months
DROPS	Ear Drops	1 month
	Eye drops and Eye Ointment	1 month
	Nose Drops	1 month

MANUFACTURER'S EXPIRY DATES	
WORDS USED	WHEN TO DISCARD
Best before January 2016	31/12/2015
Use before end January 2016	31/01/2016
Use by January 2016	31/12/2015
Discard after January 2016	31/01/2016
Expires January 2016	31/01/2016

Please refer to the BNSSG Medication Expiry Date Guidance for more information.

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