NHS
Suffolk and
North East Essex

Reducing Medicines Waste in Care Homes - Top tips for CARE HOME STAFF

Numerous factors contribute to medicines waste in care homes; a joint effort involving care homes, community pharmacies and GP practices is required to ensure effective systems of communication and appropriate training for staff involved in the repeat prescribing process. Having a dedicated, trained member of staff who is familiar with the care home and residents, enables not only to reduce time but dramatically reduces waste via processing requests from the home.

For the purposes of this document the term MAR refers to either paper or digital/electronic medication administration records.

General advice and information	• The care home should retain responsibility for ordering medication; this shouldn't be delegated to the community pharmacy or GP practice staff • Care home providers should ensure that at least 2 members of care home staff have the training and skills to order medication. • It is important that the member(s) of staff responsible for ordering medications **only requests items that are needed <u>after</u> checking the stock. Do not routinely clear medicine stocks at the end of the month only to re-order new stock.** • Ensure any medications that have been discontinued are not re-ordered. Inform the community pharmacy of any discontinued medications. • Wherever possible the prescription produced by the surgery should be checked against the original request before it is sent to the pharmacy to **ensure there are no discrepancies**. If the prescriptions are sent electronically, the dispensing token (copy of the prescription) can be used to check against the prescription request. If using proxy access log in to check medication issues. If an item is not required or has been prescribed in error, contact the dispensing pharmacy who will be able to mark it 'not dispensed'. Inform the GP practice so that the records at the practice can be updated. • Do not prepare medication for administration in advance of assessing residents' needs. • Unused medicines which have been prescribed for a resident cannot be re-used for another resident.
Regular medicines	• Liaise with the prescriber if there are medications that are dispensed in original packs of 30 days rather than 28. • Medications such as inhalers, insulin, GTN spray and glucagon should be carried forward and not re-ordered each month if not needed. When carrying forward, **always check the expiry date on the packaging.** • If a regular medication is not routinely being taken as prescribed due to refusal/ non-adherence, request GP to review.
Interim prescription (Medication started midcycle)	• Ensure any new medication started are synchronised with the current cycle, e.g. if a new regular medication is started on day 13, then 15 days' supply should be requested, so it's in line with current cycle. • For dose synchronisations involving 1-2 days supply please start the next cycle of medication early and request the extra alongside the normal repeat request. • When any medication changes are made, suggest implementing the change on the next cycle rather than during a cycle, if the change is not urgent. • Ensure that any changes are communicated with the pharmacy.
When required 'PRN' medicines	• 'When required' medications should be carried forward onto the next MAR chart each month if it is administered for the original condition. Record the quantity carried forward on the new MAR chart. • NICE recommends that all 'when required' medications are kept in original packaging. • Medications in original packaging may be retained until the manufacturer's expiry date. • GP review of 'when required' medications should be prompted if no longer required or refused in line PRN protocol. • If a resident is using a PRN medication regularly, discuss this with the GP. It may be appropriate to alter the medication/dose.
Topical products	• Always record the 'date opened' on **all** liquids/creams/ointments. • Tubs with lids should be discarded 1 month from opening. Guidance on the use of tubs in care homes can be found at the end of the SNEE ICB skincare formulary linked below.

	• Once opened, there is a three-month shelf life on **all** tubes and pump dispensers. • Liaise with the GP to review whether it may be possible to change to a smaller pack size, e.g. a pea sized amount of barrier cream will cover an area the size of your palm and a fingertip unit will cover an A4 sized area. • If topical preparations are prescribed for short-term use, the intended duration of treatment should be specified and included in the care plan. This will prevent unintended continuation on the MAR chart. • Refer to the SNEE ICB Skin Care Formulary or PrescQIPP bulletin 240 for suitable quantities of emollients.
Oral nutritional supplements (ONS)	• MUST Screening should be completed **at least monthly** to identify malnutrition. • Offer home-made nourishing drinks, high calorie snacks, food fortification and follow a Food First approach. • Follow and implement the MUST Local Action Plan for 4 weeks. If weight loss continues in residents with a MUST score of 2 after 4 weeks of implementing food first, refer to dietetics by completing a MUST Referral Form. • Residents with a MUST score of 2 or above with a category 2 pressure ulcer or above should be referred to dietetics. • Any residents on ONS, who are not being monitored by a dietitian should be referred for review. • A detailed 3-day food and fluid record chart and a weight history chart **must be provided with all referrals.** • If a resident is refusing or taking less than 50% of prescribed ONS, please contact the dietitians. • ONS is best served chilled but can be gently warmed if preferred. • Check that the resident finds the flavours of the product acceptable. A starter pack may be used initially to identify residents' flavour preference. Inform GP or dietitian so the prescription can be amended to the preferred flavour(s) ongoing.
Inhalers	• Check that the dose and number of inhalers ordered synchronise with the **monthly cycle**, e.g. if an inhaler contains 120 doses, and the dose is one puff twice daily, one inhaler would be sufficient for two month's supply. Please see the following document for information on expected issue durations SNEE managing your inhaler stock at home • Reliever inhalers intended to be used on a when required basis do not always need to be automatically ordered every month. • The resident may have one spare inhaler available; a new prescription can be ordered when the one in use runs out. • Inhaler spacer devices such as Aerochamber™ should be stored in a sealed and named cotton or cloth bag, not plastic as this causes static. Follow the specific cleaning instructions for the type of spacer device prescribed. They can be replaced every 12 months or sooner if there is any damage.
Dressings	**To reduce the potential of duplication of orders, and promote consistency across wound management, it is recommended that there is a link nurse for wound care in each care home, undertaking or overseeing the following:** • Ordering/requesting of dressings or oversight of this. • Clinical care plans and documentation for patients with wounds. • Any concerns with the management of wounds are escalated to the appropriate health care profession, including completing referrals to Tissue Viability. • Attendance/involvement in the Care home link nurse forum (run by Tissue Viability) • Wound care training and education events are fed back and promoted to colleagues **Ordering dressings – ONPOS ordering / FP10 prescription** • Ensure that a request for the same dressing has not been completed by another health care professional. • **Non-ONPOS care homes**: complete the Care Home Dressings Ordering Form and refer to the Wound care formulary for dressing selection. • Request the **exact number of dressings required**, do not request 'one original pack'. Dressings on prescription are patient specific and must not be used on other patients. • Check that the quantities requested reflect the number of wounds and the frequency dressings are changed.

	• Wound care products should **NOT** be routinely ordered in monthly quantities as wounds can change rapidly - 2-week quantities are recommended unless recommended by a specialist. • Antimicrobial preparations must **NOT** be ordered/applied routinely – Order a 2-week supply and then review. • Dressings should not be stored in multiple locations. Use only what's required to dress the wound. **Consumables – Dressing packs/gloves/aprons etc. are personal protective equipment so should be purchased by the care home or community nurses.**
Catheters & Bags	• If a resident is trialling a new product, a small quantity should be ordered. • Residents only need to keep two catheters in stock at any one time in case of catheter insertion failure. • Repeat catheter orders should be for no more than one month supply to avoid waste. • Leg bags should be used for 5-7 days and one box of 10 will last approximately 2 months. • It is recommended that care homes use single use night drainage bags, 3 boxes of 10 ordered per cycle and remainder carried over to next cycle.

References

1. PrescQIPP. Reducing medicines waste in care homes: Information for care home staff. April 2015.
2. NICE Social Care Guideline [SC1]. Managing medicines in care homes. March 2014.
3. Isle of Wight CCG. Reducing medicines waste in care settings. Good practice guidance. June 2017.
4. Cambridgeshire and Peterborough CCG. Monthly ordering to reduce care home medication waste. May 2014
5. Herts Valley CCG & East and North Hertfordshire CCG. Reducing medicines waste in care homes.