NHS
Suffolk and
North East Essex

Reducing Medicines Waste in Care Homes- Top tips for PRESCRIBERS

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.

Regular medicines	• Prescribe correct quantities of medication to fit within the 28-day cycle. • If a medication is available in a pack of 30, there is the potential for two days' worth of medication to be wasted each month. • Be aware of Calcium supplements and Bisphosphonates and ensure that instructions state to avoid on the same day and quantity is reduced. • Avoid using "As Directed".
Interim prescriptions (Medication started midcycle)	• Ensure any new medications started are synchronised with the current cycle e.g. if a new regular medication is started on day 13, 15 days' supply should be prescribed, so it's in line with the current cycle. • If the monthly prescription request has already been submitted by the care home, a prescription for the next cycle should also be generated. • When a medication review is conducted, if the change is not urgent, consider implementing the change on the next cycle rather than during the cycle.
When required 'PRN' medicines	• Include dosage instructions for PRN medicines, so that this can be included on the medicine's label. • Liaise with care home staff to see how often the resident has had the medicine. The most wasted medicines in care homes are laxatives and paracetamol containing analgesics. • While 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 acceptable for homes to retain 'when required' medicines and carry this forward onto the next MAR sheet each month.
Topical products	• Directions should indicate site of application and frequency of use. Liaise with care home staff to review possibility to change to an appropriate pack size to keep waste to a minimum. • When a topical preparation is prescribed for short-term use, specify the intended duration of treatment. This will prevent unintended continuation on the MAR chart. • Refer to the SNEE ICB Skin Care Formulary
Oral nutritional supplements (ONS)	• Care Homes should complete MUST screening at least monthly to identify malnutrition and referred to the MUST Local Action Plan for next steps. • It is local policy that ONS should not be prescribed in care homes as care homes are expected to offer home-made alternatives and follow a food first approach. • Follow Primary Care ONS Prescribing Guidelines for guidance on identification and treatment of malnutrition. • If ONS is recommended by dietetics, then the frequency of administration advised should be clearly documented on the prescription. • When adding ONS prescriptions to the repeat template, use a short issue duration to ensure regular review against treatment goals. • The dietitian commencing ONS should provide guidance on when ONS may be stopped. This will be patient specific and may include the patient achieving a specific weight, BMI, reduction in MUST score or the ability to maintain weight using food-based principles. • If the patient no longer requires ONS, please contact the dietetic department for a review. • To maximise their effectiveness and avoid reducing food intake, ONS should be given between or after meals.

Inhalers	• Check that the dose and number of inhalers prescribed synchronise with the monthly cycle and amend the issue duration to reflect this. • Reliever inhalers intended to be used on a when required basis don't always need to be prescribed every month. • Spacer devices should be replaced after 12 months or sooner if they become damaged.
Catheters & Bags	• Quantities should always be specified. Use of the term 'OP' (original pack) should be avoided. • If a resident is trialling a new product, prescribe a small quantity to avoid waste, although original packs cannot be split. • 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. • Repeat prescriptions that are no longer required must be removed from the repeat including if there is a product change. • Ensure that appliances/accessory supplies that last longer than one month are not supplied on each repeat request. • Please see a copy of the SNEE – Continence Formulary which can be found here
Dressings	• Do not prescribe excessive quantities or issue for long-term repeats. A maximum of 14 days' supply should be sufficient. • Before issuing a prescription, ensure that a prescription has not already been generated for the same dressing by another healthcare professional. • If the dressing type or size is altered, ensure that these changes are reflected on the clinical records.
General advice and information	• Ensure any changes made at a care home e.g. discontinued medications, are moved into past drugs in patient records. Detailed instructions must be left with the care home and information regarding the changes written into the consultation notes on clinical system. • If treatment is time-limited, ensure this is clearly documented in the directions e.g. amoxicillin 500mg TDS for 7 days. • Unused medicines which have been prescribed for a resident cannot be re-used for another resident.

References

1. PrescQIPP. Reducing medicines waste in care homes: Information for prescribers. April 2015.
2. Herts Valley CCG & East and North Hertfordshire CCG. Reducing medicines waste in care homes.
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.