

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

General advice and information	<ul style="list-style-type: none"> The care home should retain responsibility for ordering medication; this shouldn't be delegated to the community pharmacist. 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 after 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. The prescription produced by the surgery should be checked against the original request before it is sent to the pharmacy to ensure there aren't any discrepancies. If the prescriptions are sent electronically, the dispensing token (copy of the prescription) can be used to check against the prescription request. If an item is not required or has been prescribed in error, cross the item through on the prescription. 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	<ul style="list-style-type: none"> 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 mid-cycle)	<ul style="list-style-type: none"> 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. 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	<ul style="list-style-type: none"> 'When required' medications should be carried forward onto the next MAR chart each month provided that 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 continually refused. 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	<ul style="list-style-type: none"> Always record the 'date opened' on all liquids/creams/ointments. Once opened, there is a three month shelf life on all tubes, tubs and pump dispensers. Liaise with the GP to review whether it may 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. If topical preparations are prescribed for short-term use, intended duration of treatment should be specified. This will prevent unintended continuation on the MAR chart. Refer to the Hertfordshire 'Emollient Guidelines' for suitable quantities of emollients.
Oral nutritional supplements (ONS)	<ul style="list-style-type: none"> These are supplements and should be given between meals. The ONS prescription request form should be completed every time oral nutritional supplements are requested to be prescribed (weight, BMI, MUST score and treatment goal should be provided). Treatment goals should be reviewed at least monthly to ensure ONS are still appropriate. Check that the resident finds the flavours and consistency of the product acceptable. If a starter pack is used to identify flavours that are palatable, requests for subsequent prescriptions should be for the preferred flavour/s.
Inhalers	<ul style="list-style-type: none"> 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. 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.
Dressings	<ul style="list-style-type: none"> Before ordering a prescription, ensure that a prescription has not already been requested for the same dressing by another health care professional. Request the exact number of dressings required, do not request 'one original pack'. 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. Dressings should not be stored in multiple locations.
Catheters	<ul style="list-style-type: none"> 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.

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Reducing Medicines Waste in Care Homes- Top tips for **PRESCRIBERS**

Regular medicines	<ul style="list-style-type: none"> • 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.
Interim prescriptions (Medication started mid-cycle)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 commonly 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 re-ordered 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.
Topical products	<ul style="list-style-type: none"> • Directions should indicate where the product should be applied and frequency of use. Liaise with care home staff to review possibility 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. • If topical preparations are prescribed for short-term use, specify the intended duration of treatment. This will prevent unintended continuation on the MAR chart. • Refer to the Hertfordshire 'Emollient Guidelines' for formulary choices.
Oral nutritional supplements (ONS)	<ul style="list-style-type: none"> • Initially, issue an acute prescription for 7 days or starter pack to enable assessment of tolerance. • If tolerated and compliant, an ACUTE prescription for preferred flavours should be issued for 28 days. • Avoid adding ONS prescriptions to the repeat template unless a short review date is included to ensure review against goals. • On-going need should be reviewed, based on current weight, BMI and MUST score (usually monitored monthly/ more frequently for individual residents). • It is recommended that ONS are prescribed twice daily, ensuring that calorie and protein intake is sufficient to achieve weight gain. <u>Add directions to the prescription.</u> • To maximise their effectiveness and avoid spoiling appetite, patients should be advised to take ONS between or after meals, not before meals or as a meal replacement. • Patients shouldn't be routinely discharged from hospital on ONS without a dietetic assessment and review process in place. Unless the request to prescribe ONS following hospital discharge is from the dietetic team, it's recommended that the GP does not prescribe without first assessing need in line with the '7 steps to appropriate ONS prescribing.'
Inhalers	<ul style="list-style-type: none"> • Check that the dose and number of inhalers prescribed synchronise with the <u>monthly</u> cycle e.g. if an inhaler contains 120 doses, and the dose is one puff twice daily, one inhaler would be sufficient for two months' supply. • Reliever inhalers intended to be used on a when required basis don't always need to be prescribed every month.
Catheters	<ul style="list-style-type: none"> • Quantities should always be specified. Use of the term 'OP' (original pack) should be avoided. • If a resident is trialling a new product, a small quantity should be prescribed 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 if there is a product change. • Ensure that appliances/accessory supplies that last longer than one month are not supplied on each repeat request.
Dressings	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Ensure any changes made at a care home e.g. discontinued medications, are moved into past drugs in patient records as soon as possible. • 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.

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.

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Expiry Date Guidelines for Care Homes

FORMULATION	EXPIRY DETAILS	COMMENTS
Tablets & capsules - stored in manufacturer's original packaging	Foil strips: Manufacturer's expiry Bottles: Manufacturer's expiry - some products may have a shorter expiry after opening	Medicines kept for use in the next cycle should be recorded in the 'carried forward' section of MAR chart
Tablets & capsules - decanted from original packaging into bottles by pharmacy	6 months from dispensing date unless otherwise specified	Medicines kept for use in the next cycle should be recorded in the 'carried forward' section of MAR chart
Tablets & capsules - stored in Multi-Compartment Compliance Aid	8 weeks from dispensing date	
Oral liquids - stored in original container	6 months from date of opening <u>or</u> manufacturer's recommendation if shorter	Write DATE of opening on dispensing label. Medicines kept for use in the next cycle should be recorded in the 'carried forward' section of MAR chart
External liquids	6 months from date of opening <u>or</u> manufacturer's recommendation if shorter	Write DATE of opening on dispensing label
Emollients - in pump dispensers/tubs/jars/tubes	3 months from date of opening <u>or</u> manufacturer's recommendation if shorter	All emollients should be for named residents. Write DATE of opening on dispensing label
Eye/ear/nose drops or ointments	1 month from date of opening <u>or</u> manufacturer's recommendation if shorter	Write DATE of opening on dispensing label on bottle/tube
Nasal sprays	3 months from date of opening <u>or</u> manufacturer's recommendation if shorter	Write DATE of opening on dispensing label on bottle
Inhalers	Manufacturer's expiry	
Insulin	Unopened stored in fridge: Manufacturer's expiry Opened stored at room temperature: 4 weeks	Write DATE of opening on pen/cartridge. One pen/cartridge will often be sufficient for 1 month

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References

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