



Good Practice Guidance: Reducing Medicines Waste in Care Homes

For care home staff, prescribers and pharmacists working with care homes

Key Recommendations

If medication is still being prescribed for a resident and is in date:

- Do not throw it away at the end of the month, carry it over and use it for the **same** resident the following month*
- Do not re-order medication if it is not needed

*This does not apply to part used Monitored Dose Systems. These should be disposed of at the end of the month. Any unused medication should be reviewed.

Medication	Recommended expiry date
Tablets and capsules:	
• In Monitored Dose System (MDS)	Eight weeks
• In original packs	Manufacturers expiry date
• Loose	Six months from the dispensing date or manufacturer's recommendation where shorter
• Glyceryl trinitrate	Eight weeks after opening (spray - manufacturer's expiry date)
Ointments:	
• In a pump dispenser	Manufacturer's expiry date or manufacturer's recommendation where shorter
• In tube	Six months once opened or manufacturer's recommendation where shorter. If unopened, follow manufacturer's expiry date
• In tub with lid	Three months once opened or manufacturer's recommendation where shorter. If unopened, follow manufacturer's expiry date
Creams:	
• In pump dispenser	Manufacturer's expiry date or manufacturer's recommendation where shorter
• In tube	Three months once opened or manufacturer's recommendation where shorter. If unopened, follow manufacturer's expiry date
• In tub with lid	One month once opened or manufacturer's recommendation where shorter. If unopened, follow manufacturer's expiry date
Others:	
Liquids	Six months once opened or manufacturer's or pharmacist's recommendation where shorter
Suppositories/pessaries/rectal tubes/patches	Manufacturer's expiry date
Ear and nose drops and sprays	Three months once opened, unless manufacturer advises otherwise. If unopened, follow manufacturer's expiry date.
Eye drops	28 days once opened. If unopened, follow the manufacturer's expiry date.
Insulin	28 days once opened, can be stored outside of the fridge. If unopened and stored in a fridge between 2° and 8° follow manufacturer's expiry date
Inhalers	Manufacturer's expiry date

**Adapted from Oxfordshire Clinical Commissioning Group Guidance

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Background

The research report *Evaluation of the scale, causes and costs of waste medicines*, highlighted the residential and care home sector as the contributor of a discrete, but significant element of 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.

All members of staff involved or responsible for the management of medicines within care homes have a responsibility to ensure NHS resources allocated for medicines are used efficiently. Care home residents are often on eight or more medicines. Having good procedures for ordering, storing, administering and reviewing medicines can help reduce waste. Local issues include:

- Unused medicines that the resident is currently prescribed are being thrown away at the end of the month
- Medicines are being prescribed that are rarely used to ensure supply is available when it is needed
- Medicines are being over ordered and stockpiled

Practical considerations to support the key recommendations

1. When required (PRN) medication

- Should be dispensed in their original packs whenever possible to give their longest shelf life
- Can be carried forward each month following the expiry guidance detailed in **table 1**. This can be recorded on the Medicines Administration Record (MAR) chart
- Should be stock rotated to ensure that the oldest medicines are used first

2. Ordering medication

- Care home providers should retain responsibility for ordering medicines from the GP practice. The responsibility should not be delegated to the community pharmacy
- The care home should have a monthly ordering system for medicines
- Ordering processes should ensure previous usage of medicines is reviewed before re-ordering. If the medication is not needed it should not be ordered
- Medication can be used until the expiry date recommended in **table 1** and does not need to be reordered automatically each month. The waste log should be reviewed regularly to ensure medicines are not being returned and re-ordered each month

3. Medication review

- Any medication that the resident is no longer taking should be crossed off the MAR chart. GP and community pharmacy records should be updated to reflect this. The communication around this needs to be specified in the ordering process

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