

Care Homes Good Practice Guidance

Reducing Medicines Waste in Care Homes – Care Home Staff



Introduction

Numerous factors contribute to medicines waste in care homes. A joint effort involving care home staff, community pharmacy staff and GP practice staff is required to ensure effective systems of communication and appropriate training are in place for everyone involved in the prescription ordering process.

Key Messages for CARE HOME STAFF

- It is important to only request items that are needed for the next medication cycle
- If a medication is not routinely being taken as prescribed due to refusal/non-adherence, request a medication review
- Ensure any new medications started are synchronised with the current cycle by requesting an interim prescription for the remainder of the cycle
- 'When required' medications should be carried forward and not discarded/re-ordered each month.
- Oral Nutritional Supplements (ONS) should not normally be prescribed in care homes. If a dietitian has requested ONS, to maximise the effectiveness and avoid reducing food intake, staff should be advised to offer/encourage ONS between or after meals. Follow [Adult ONS prescribing quick guide](#) for guidance on identification and treatment of malnutrition; when it is (and is not) appropriate to prescribe ONS and the most cost effective ONS to prescribe.



Top tips for CARE HOME STAFF

<p>General advice and information</p>	<ul style="list-style-type: none"> • The care home should retain responsibility for ordering medication; this should not 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 <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. • 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) if available 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.
<p>Regular medicines</p>	<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 practice to review.
<p>Interim prescription(Medication started mid-cycle)</p>	<ul style="list-style-type: none"> • Ensure any new medication started is 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 the 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 to the pharmacy.
<p>When required 'PRN' medicines</p>	<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 and changing to a smaller pack size when appropriate • 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.
<p>Topical products</p>	<ul style="list-style-type: none"> • Always record the 'date opened' on all liquids/creams/ointments. • Liaise with the GP to review whether it may be possible to change to a smaller pack size if product is not used before shelf life expiry, e.g. generally only a fingertip amount of barrier cream is required when it is used. • 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.
<p>Oral nutritional supplements (ONS)</p>	<ul style="list-style-type: none"> • Correctly completed MUST score will identify risk of malnutrition. Follow Care Home Malnutrition Management Pathway to treat identified malnutrition using 'food first'. • Food first measures including homemade supplements instead of ONS should be provided for at least 1 month before considering whether referral to the dietitian is appropriate. • If ONS are prescribed (usually only appropriate if pre-thickened or powder made up as a compact): <ul style="list-style-type: none"> ○ These should be given between meals, not before or with meals or as a meal replacement. ○ Check that the resident finds the flavours of the product acceptable. If a starter pack is used initially to identify residents' flavour preference, requests for subsequent prescriptions should be for the preferred flavour/s.



<p>Inhalers</p>	<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 is due to run out.
<p>Catheters</p>	<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.
<p>Dressings</p>	<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 in line with ICB wound care formulary • 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. • To avoid waste do not prescribe or request excessive quantities or issue for long term repeats. A maximum of 14 days' supply should be sufficient. • Dressings should not be stored in multiple locations.



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	Community Pharmacy to label with batch number and expiry date from the original packaging. If not present, contact Community Pharmacy.	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 or 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 or manufacturer's recommendation if shorter	Write DATE of opening on dispensing label
Liquids - decanted from original packaging into bottles by pharmacy	Community Pharmacy to label with batch number and expiry date from the original packaging. If not present, contact Community Pharmacy.	
Emollients - in pump dispenser/tubes	6 months from date of opening or manufacturer's recommendation if shorter	All emollients should be for named residents. Write DATE of opening on dispensing label
Emollients - in tubs/jars	3 months from date of opening or manufacturer's recommendation if shorter	All emollients should be for named residents. Write DATE of opening on dispensing label
Ear/nose drops and sprays	3 months after opening unless manufacturer advises otherwise	Write DATE of opening on dispensing label on bottle
Eye drops/ointment	1 month after opening unless manufacturer advises otherwise	Write DATE of opening on dispensing label
Inhalers	Manufacturer's expiry	
Insulin	Unopened stored in fridge: Manufacturer's expiry when stored in a fridge at temperature between 2°C and 8°C. Opened stored at room temperature: 28 days	Write DATE of opening on pen/cartridge. One pen/cartridge will often be sufficient for 1 month



References

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6. Derby and Derbyshire Integrated Care Board. Expiry dates of medication within community care settings. September 2023. Accessed December 2023
7. Frimley CCG. Good Practice Guidance for Care Homes: Expiry dates for medication. April 2022. Accessed December 2023

Version:	2.0
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Date Ratified:	July 2024, Medicines Optimisation & Prescribing Delivery and Implementation Group
Review Date:	July 2026

