

# Care Homes Good Practice Guidance

Reducing Medicines Waste in Care Homes –  
GP Practice Staff & Prescribers



## 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 GP PRACTICE STAFF & PRESCRIBERS

- Having dedicated, trained member(s) of staff who are familiar with the care home and residents, enables not only reduction of time but also substantial waste reduction when processing prescription requests from the care home
- Consider setting up online (proxy) ordering to reduce prescription waste and to improve communication
- If treatment is time-limited, ensure this is clearly documented in the directions on the prescription
- Ensure any new medications started are synchronised with the current cycle. Please carefully check if a full month's supply is requested mid-cycle by contacting the home
- Include clear dosage instructions for all PRN medicines on the prescription
- Avoid adding ONS prescriptions to the repeat template and only prescribe as an acute prescription if a dietitian has recommended.
- Wound care products must not be added to repeat prescriptions. In exceptional and individual patient cases this may be necessary and will be agreed with the nurse managing the wound care.
- Where there may be a number of different health professionals visiting a patient, efforts should be made to avoid over ordering by ensuring that there are not multiple orders/prescriptions generated for the same dressings.



## Top tips for GP PRACTICE STAFF & PRESCRIBERS

<p><b>Regular medicines</b></p>	<ul style="list-style-type: none"> <li>• Prescribe correct quantities of medication to fit within the 28-day cycle.</li> <li>• 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.</li> </ul>
<p><b>Interim prescriptions (Medication started mid-cycle)</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• If the monthly prescription request has already been submitted by the care home, a prescription for the next cycle should also be generated.</li> <li>• 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.</li> </ul>
<p><b>When required 'PRN' medicines</b></p>	<ul style="list-style-type: none"> <li>• Include dosage instructions for PRN medicines, so that this can be included on the medicine's label.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<p><b>Topical products</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• If topical preparations are prescribed for short-term use, specify the intended duration of treatment. This will prevent unintended continuation on the MAR chart.</li> </ul>
<p><b>Oral nutritional supplements (ONS)</b></p>	<ul style="list-style-type: none"> <li>• Care homes should follow the <a href="#">Care Home Malnutrition Management Pathway</a> and use <b>food first</b> measures for at least 1 month <b>before</b> considering whether referral to the dietitian is appropriate.</li> <li>• Follow <a href="#">Adult ONS prescribing quick guide</a> 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.</li> <li>• In care homes there are very few reasons why food/food ingredients can't be used to meet malnourished residents' nutritional needs. Exceptions are usually tube feeding, lactose intolerance or need for thickened fluids due to diagnosed dysphagia.</li> <li>• If ONS is prescribed, recommended frequency of administration is twice daily. <u>Add these directions to the prescription.</u></li> <li>• Prescribe 7 days' supply initially to enable assessment of tolerance. If tolerated and compliant, issue as <b>ACUTE</b> prescription for 28 days (= 56 x bottles/sachets). Avoid adding ONS prescriptions to the repeat template unless a short review date is included to ensure review against treatment goals.</li> <li>• On-going need should be reviewed, based on current weight, BMI and MUST score (usually monitored monthly/ more frequently for individual residents).</li> <li>• To maximise their effectiveness and avoid reducing food intake, staff should be advised to offer/encourage ONS between or after meals, and not before or with meals, or as a meal replacement.</li> </ul>
<p><b>Inhalers</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Reliever inhalers intended to be used on a when required basis don't always need to be prescribed every month.</li> <li>• Every patient with a pressurised Metered-Dose Inhaler (pMDI) should have a SPACER device which they use for routine and emergency treatment. This is especially important if the patient cannot self-administer.</li> </ul>



<p><b>Catheters</b></p>	<ul style="list-style-type: none"> <li>• Quantities should always be specified and the care home should be contacted to find out how often the catheter is being changed. Use of the term 'OP' (original pack) should be avoided.</li> <li>• If a resident is trialling a new product, prescribe a small quantity to avoid waste, although original packs cannot be split.</li> <li>• Residents only need to keep two catheters in stock at any one time in case of catheter insertion failure.</li> <li>• Repeat catheter orders should be for no more than one month supply to avoid waste.</li> <li>• Repeat prescriptions that are no longer required must be removed from the repeat if there is a product change.</li> <li>• Ensure that appliances/accessory supplies that last longer than one month are not supplied on each repeat request.</li> </ul>
<p><b>Dressings</b></p>	<ul style="list-style-type: none"> <li>• Do not prescribe excessive quantities or issue for long-term repeats. A maximum of 14 days' supply should be sufficient.</li> <li>• Before issuing a prescription, ensure that a prescription has not already been generated for the same dressing by another healthcare professional.</li> <li>• If the dressing type or size is altered, ensure that these changes are reflected on the clinical records.</li> </ul>
<p><b>General advice and information</b></p>	<ul style="list-style-type: none"> <li>• Ensure any changes made at a care home e.g. discontinued medications, are moved into past drugs in patient records as soon as possible and the community pharmacy are made aware of the changes. If the care home has medication supplied in a Monitored Dosage System these will need to be amended.</li> <li>• If treatment is time-limited, ensure this is clearly documented in the directions e.g. amoxicillin 500mg TDS for 7 days.</li> <li>• Unused medicines which have been prescribed for a resident cannot be re-used for another resident.</li> </ul>



## Expiry Date Guidelines for Care Homes

FORMULATION	EXPIRY DETAILS	COMMENTS
<b>Tablets &amp; capsules</b> - stored in manufacturer's original packaging	<b>Foil strips:</b> Manufacturer's expiry <b>Bottles:</b> 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
<b>Tablets &amp; capsules</b> - decanted from original packaging into bottles by pharmacy	Community Pharmacy to label with <b>batch number</b> and <b>expiry date</b> 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
<b>Tablets &amp; capsules</b> - stored in Multi-Compartment Compliance Aid	8 weeks from dispensing date	
<b>Oral liquids</b> - stored in original container	6 months from date of opening <b>or</b> manufacturer's recommendation if shorter	Write <b>DATE</b> of opening on dispensing label. Medicines kept for use in the next cycle should be recorded in the 'carried forward' section of MAR chart
<b>External liquids</b>	6 months from date of opening <b>or</b> manufacturer's recommendation if shorter	Write <b>DATE</b> of opening on dispensing label
<b>Liquids</b> - decanted from original packaging into bottles by pharmacy	Community Pharmacy to label with <b>batch number</b> and <b>expiry date</b> from the original packaging. If not present, contact Community Pharmacy.	
<b>Emollients</b> - in pump dispenser/tubes	6 months from date of opening <b>or</b> manufacturer's recommendation if shorter	All emollients should be for named residents. Write <b>DATE</b> of opening on dispensing label
<b>Emollients</b> - in tubs/jars	3 months from date of opening <b>or</b> manufacturer's recommendation if shorter	All emollients should be for named residents. Write <b>DATE</b> of opening on dispensing label
<b>Ear/nose drops and sprays</b>	3 months after opening unless manufacturer advises otherwise	Write <b>DATE</b> of opening on dispensing label on bottle
<b>Eye drops/ointment</b>	1 month after opening unless manufacturer advises otherwise	Write <b>DATE</b> of opening on dispensing label
<b>Inhalers</b>	Manufacturer's expiry	
<b>Insulin</b>	<b>Unopened stored in fridge:</b> Manufacturer's expiry when stored in a fridge at temperature between 2°C and 8°C.  <b>Opened stored at room temperature:</b> 28 days	Write <b>DATE</b> of opening on pen/cartridge. One pen/cartridge will often be sufficient for 1 month



## References

1. PrescQIPP. Reducing medicines waste in care homes: Information for care home staff. April 2015. Accessed November 2023
2. PrescQIPP. Reducing medicines waste in care homes: Information for prescribers. April 2015. Accessed December 2023
3. NICE Social Care Guideline [SC1]. Managing medicines in care homes. March 2014. Accessed December 2023
4. Bristol CCG. Expiry date guidelines for care homes with nursing. July 2018. Accessed November 2023
5. Rotheram CCG. Good Practice Guidance on Expiry dates of medicines. June 2023. Accessed December 2023
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

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