



Brighton and Hove LINK Report

Medicine Wastage

December 2010



Cover photo shows wastage in one pharmacy in Hove over a period of 2 weeks

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1. Acknowledgements

Our thanks to the pharmacists and the care home staff in Hove who took part in this project for their assistance and co-operation

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2. Executive Summary

The Local Involvement Network (LINK) is an independent networks of people and groups who help make social and health care better in their local area. Brighton and Hove LINK is interested in medicine wastage because as funding cuts are widespread it seems prudent to avoid wastage. The LINK wants the best health service for the people of Brighton and Hove and by making savings healthcare budgets can go further.

The aims of the project are to

- give an overview of the reasons for wastage gain
- gain an insight into the views of professionals
- make recommendations for further consideration by health professionals.

Any medicine returned to a pharmacy must be destroyed. This is because the quality of the medicine can no longer be guaranteed. The annual waste figure in the UK includes £90 million worth of unused prescription medicines stored in peoples' homes at any one time, £100 million returned to community pharmacies over the course of the year and up to £50 million worth of NHS supplied medicines that are disposed of annually by care homes. The spending on disposal of unused medication in one year (2006) by Brighton and Hove was £20,989. There is some debate amongst professionals about how much could be saved,

LINK looked at research into the causes of medicine wastage and investigated key areas such as 28 day prescribing, patient adherence to treatment, the use of patients own drugs and care home practices in relation to medicine.

Following the desktop research the Brighton and Hove LINK set up a small-scale project with the aim of finding out the views of the three key professional groups: pharmacists, care workers and GPs. A decision was made to do this in a small geographical area, post code-BN3.

- Letters were sent to all 49 GPs in BN3 Hove outlining the project and asking a GP 'champion' to advise and assist. The GP practice managers forum was also informed.
- Visits were made to 8 pharmacies to interview pharmacists and complete a survey (appendix 3)
- A pharmacist who works closely with care homes was interviewed
- A visit was made to a BN3 care home, a care worker interviewed and medicine records viewed
- A telephone interview with the charity Intercare
- A number of materials were produced to support the project (appendices 4-7)

Access to GPs has proved very difficult for LINK and there was no response from this group to the letter requesting assistance with this project. In contrast pharmacists were accessible and engaged. This was clearly an issue of interest and concern to them. One care home in the area was approached and they were also very helpful and interested in the project.

In the BN3 area in excess of 15 bins of medicine wastage are disposed of every week. The pharmacists and Care Home staff who were interviewed suggested a wide range of practical ideas to reduce this level.

In response LINK has produced the following campaign materials

- An MCU leaflet (appendix 4). These has been distributed to 8 pharmacies
- 2 Posters (appendix 5 and 6)
- Tips and tricks (appendix 7) This leaflet is being given to Brighton University pharmacy students

This LINK project has highlighted the complexity of the issues of medicine wastage. The York evaluation (Trueman 2010) suggests that priority should be on considering opportunities for financial savings by focusing on better health outcomes.

To this end LINK recommends local PCT and GPs in Brighton and Hove could consider setting up a working group with representatives from pharmacists, care homes and LINK to find more effective ways of joint working to deliver better targeted support for medicine taking and to plan actions in response to this report and forthcoming government guidance.

Link recommends the following action:

GPs

A working group could consider what advice and guidance might be appropriate for GPs to ensure that:

1. GPs and prescribers should be made aware of the implications of over-prescribing – the LINK will distribute disseminate this report and the York evaluation report to GPs etc.
2. GPs could prescribe small amounts or samples of drinks such as Ensure so that patients do not waste large amounts because they do not like the flavour.
3. All GP practices to consider offering Repeat Dispensing/Batch Prescribing
4. PCT to continue to encourage GPs to undertake medicine reviews under the Quality and Outcome Framework

Patient adherence and review

5. Increased use of Medicine Check Ups (MCUs) to help to identify issues and help patients understand why they need to take medicine.

6. Improved communication and involvement of patients for example extra support for those with low literacy so they understand the dosage correctly and explanations about changes in treatment plans and changes in packaging/brand of medicines.
7. Pilot the employment of a pharmacist to a GP practice to sit in on consultations and check prescriptions.
8. Include in Expert Patients Course information on medicine adherence and have expert input from a pharmacist in delivering this
9. Unpaid carers should be involved in discussions of medicine
10. Wider availability of reminder information (appendix 7) and adherence aids
11. Investigate use of community pharmacists to visit vulnerable older patients in their own homes as in "Pharmacy discharge counselling: who benefits? (Rotherham Health Authority)
12. According to the National Service Framework's Medicines for Older People: By April 2002, all people over the age of 75 should normally have their medicines reviewed at least annually and those taking more than four medicines should have a review 6 monthly. PCT to ensure this is happening and report compliance to LINK.

Care Homes

13. The British Geriatric Society will publish GP guidance (April 2011) to improve care in nursing and residential homes by tightening up medicines-management arrangements.
14. Training for care staff in line with Skills for Care guidance
15. A lead GP and prescribing pharmacist for care homes should be considered

Patients own drugs (POD) and hospitals

16. A reminder to inpatients in their letter of appointment that they should bring in their medicines to hospital and why this is important

17. Ensuring there are lockable bedside cabinets (for safe medicine storage) by patients' bedside (particularly in new hospital development)
18. The use of green bag scheme, as in the South Central NHS region, should be investigated.

Raise Awareness of environment

19. As in Sweden, the UK could label medicines which are the most toxic to the environment so that people are made more aware that these particularly must be disposed of safely by taking them to a pharmacist

Alternatives to disposal

20. Consideration could be given to joining the Intercare scheme which sends some unused medicines to other countries.

Campaign to raise the public awareness

21. City-wide distribution of LINK materials by the PCT (appendix 4-7) to encourage safe disposal of medicine, increased adherence to medicine and increased take-up of MCUs.

3. Background

Brighton and Hove Local Involvement Network (LINK)

LINKs are statutory bodies established in 2008 under the Local Government and Public Involvement in Health Act 2007. They are independent networks of people and groups who help make social and health care better in their local area. The LINKs help people have their say and make sure that what they say is listened to. Brighton and Hove LINK has powers to monitor and investigate issues relating to publicly funded health and social care.

Medicine and Prescriptions

The average GP prescribes between 250-350 prescription items every week.

There was a rise of 67% in the number of drugs prescribed by GPs in England in the decade to 2009, to 886 million items.

Average number of prescription items dispensed to every man, woman and child in England in 2009 was 17.1, compared with 10.8 in 1999.

The average cost of each prescription item was £9.64, implying an average spend by the NHS of £165 on drugs per person per year.

The number of prescription items received each year by the over-60s in 2007 was 42.4, nearly 50 per cent more than in 1997 (22.3 items), at an average cost of over £400 per person per year

Repeat prescriptions account for around 75% of all prescriptions.

The following are the costs over a year in Brighton and Hove:

- Drugs/medicines £38.347M (Dec 08 - Nov 09)
- Pharmacy payments £9.215M (Sep 08 - Aug 09) - this includes payments from the nationally agreed sum paid by the Department of Health and local payments given to Primary Care Trusts (PCTs) to remunerate pharmacists for specific initiatives.



What is the LINK's interest in medicine wastage?

As funding cuts are widespread it seems prudent to avoid wastage. The LINK wants the best health service for the people of Brighton and Hove and by making savings healthcare budgets can go further.

Medicine wastage is a complex issue with commercial and political implications.

This LINK report aims to

- give an overview of the reasons for wastage gain
- gain an insight into the views of professionals
- make recommendations for further consideration by health professionals.

Definition of medicine waste

Medicine waste refers to items that have been dispensed but are unused or partly used by patients and eventually need to be disposed of either because they are no longer needed or because they are past their sell by date. Waste medicines may remain stored in patients' homes, be informally disposed of as household waste or returned to a community pharmacy or a dispensing GP practice.

What is the extent of the medicine waste problem?

The annual waste figure includes £90 million worth of unused prescription medicines stored in peoples' homes at any one time, £100 million returned to community pharmacies over the course of the year and up to £50 million worth of NHS supplied medicines that are disposed of annually by care homes.

Recent research by the York Health Economics Consortium with The School of Pharmacy, University of London estimated that less than 50% is likely to be cost effectively preventable. The report makes the point that not all medicine waste is avoidable or as a result of poor practice.

Much of the waste identified was not caused by failures on the part of either patients or professionals but by factors such as illnesses progressing and treatment changes being required (Trueman et al 2010).

Allowing for the additional costs of further enhancing existing control measures, it was calculated that the average English Primary Care Trusts (PCTs) seeking further medicine waste reduction would be unlikely to realise more than 0.5 m net annum or between 1 and 2 pounds per head of population served.

The York report (Trueman 2010) acknowledges there is professional and public concern, but also finds that medicine waste has not increased and is not greater than other countries.

It suggests that greater returns could be generated by better monitoring and review of patients as opposed to cutting medicine waste *per se*.

Professor Sir Alasdair Breckenridge, chairman of the Medicines and Healthcare Products Regulatory Agency (MHRA) which licenses drugs for use in the UK, has said that the average 80-year-old patient is taking seven or eight drugs though

many are not needed. Wastage caused by excessive prescribing is compounded by patients who take too few of the drugs they were given, with further losses to the NHS and additional risks to their health. Sir Alasdair argues that huge savings for the NHS and big gains for public health could be made by tightening controls on the £10bn NHS medicines bill.(Laurance 2011)

Destroying medicines

Any medicine returned to a pharmacy must be destroyed. This is because the quality of the medicine can no longer be guaranteed.

The Royal Pharmaceutical Society's Code of Ethics for pharmacists states:

Medicines returned to a pharmacy from a patient's home, a nursing or residential home must not be supplied to any other patient. These medicines cannot be used again and have to be destroyed. The reason is that once the medicine has left the pharmacy, storage conditions cannot be guaranteed. Some medicines are sensitive to heat, light or moisture and can become less effective if not stored properly. It is also not possible to guarantee the quality of medicines on physical inspection alone.

The PCT has to pay for medicine waste to be taken from pharmacies for disposal. They also have to pay for medicine and related products to be incinerated and added to landfill. The National Audit Office (NAO) reported that the annual cost of this is estimated at £1.5 million.

The spending on disposal of unused medication in one year (2006) by Brighton and Hove was £20,989 (Shapps 2007).

Environmental concern

The proportion of all supplied waste prescription medicines, which is thrown out as household waste is unknown. It has been suggested that relatively large volumes of in some cases toxic products may be being disposed of in household waste or into drains.

The York evaluation team believes that the harm this does may be small in comparison with that caused by the total amount of noxious material entering the modern environment, but even so it should not be ignored. They suggest that to be more effective the focus could be on stopping the inappropriate disposal of those medicines which have the most environmentally toxic effects. In Sweden the Stockholm County Council has introduced a classification of drugs which allows health professionals and members of the public to gain an improved understanding of the differing potentials of medicines to accumulate in surface water and interfere with aquatic life. For example, this shows that the anti-viral drug Ribavirin persists in the environment, is moderately 'eco-toxic', and has a significant bio-accumulation potential. It may be that a similar guide to environmentally hazardous medicines and allied forms of waste would be valuable for NHS users and practitioners.

Storage and Safety

One potentially dangerous side effect of campaigns to reduce medicine wastage is that people stop taking unwanted medicines to the pharmacy and instead store them at home. There is then a risk that they will not be stored safely away from children and pets.

Every day, almost 20 children are admitted to hospital because it's thought they have swallowed something poisonous. Medicines are the most common cause of accidental poisoning in children. While child-resistant tops are helpful as they slow young children down, they are not completely childproof. Some three and four year-olds can open them within seconds. The Child Accident Prevention Trust has reported that 7,000 under 5 year olds went to Accident and Emergency in 2002 for swallowing medicine accidentally.

Are there any alternatives to destroying unused medicines?

Waste medicines recycling schemes (for example Intercare-appendix 1) collect some unused packs of drugs with suitable expiry dates and send them to

populations in need elsewhere in the world. However, this is an area of ongoing debate and international agencies such as the World Health Authority (WHO) do not support waste medicines 'recycling' because of questions relating not only to safety but also appropriateness and cost effectiveness.

Causes of Medicine Wastage

The root causes of medicine waste identified by the York and London university team were:

- Patients recovering before dispensed medicine has been taken.
- Therapies being stopped or changed because of for example ineffectiveness or side affects.
- Patient's conditions progressing, so new treatments needed.
- Patient's death, which as well as serving to reveal previously unused medicines may involve drugs being changed or dispensed on a precautionary basis during the final stages of palliative care.
- Factors relating to repeat prescribing and dispensing process, which may independently of any patient action cause excessive volumes of medicine to be supplied.
- Care systems failures to support adequately medicine taking by vulnerable individuals living in the community, who cannot adequately adhere fully to their treatment regimes.



Key areas considered by LINK

28 day prescribing

Some medicines are continued for long periods beyond the point when they are needed. A study of the impact of GP's and pharmacists working closely was reported in the Independent (Laurance 2011). When pharmacists sat in on consultations and checked prescriptions, they were able to prune 30 to 40 percent of the drugs saving the NHS money and improving the patient's health

A study conducted by Bradford University in 1995 looked at waste medication returned to 30 out of a possible 76 community pharmacies in the Kirklees area over one month. It revealed that there was a linear correlation between mean values of returns and prescription length. It has been estimated that there would be a reduction of 34% in the cost of waste medication by changing the prescription duration to 28 days (Hawksworth 1996).

Many areas of the country have utilised 28 day prescription durations as it is generally recognised by the NHS as striking the best balance between patient

convenience, minimal drug wastage and good medical practice. This approach can also be coupled with use of the repeat dispensing service, which requires pharmacy staff to confirm that patients require their repeat medicines before they are dispensed.

There have been several schemes which have shown savings when 28 day dispensing has been introduced for example Grampian (16% cost savings), East Surrey (13% cost savings) and New Zealand which saved NZ\$44m in 1995/96 based on 85% of prescriptions dispensed monthly. A Bradford University study concluded that the NHS cost of prescriptions issued for 56 days supply is greater than those for 28 days. (Gatley et al 1995)

The Brighton and Hove LINK asked the PCT if it has any recorded data on GPs who routinely prescribe more than 28 days for newly diagnosed conditions. The PCT explained that information about prescription duration is not available to them. Although GPs are encouraged to prescribe 28 days or less for initial prescriptions, the PCT has no way of monitoring whether this is happening or enforcing it.

14-day prescriptions have also been considered by some areas. The LINK asked if this could be rolled out in Brighton and Hove. However, the PCT has said although it would be supportive of 14-day prescriptions in theory, in practice it would not be possible to enforce or monitor. In addition, there may be a number of practical difficulties, e.g.:

- some drugs are only available in calendar packs of 1 month or more
- patients paying prescription charges would have to pay more
- GP workload in generating additional prescriptions

The LINK asked the PCT how many GP practices in Brighton and Hove take part in the Repeat Dispensing system (or batch prescribing). Repeat Dispensing is the process by which patients can obtain supplies of their repeat medicines over

a defined period, without the need to contact their GP practice on each occasion a new supply is required. The PCT explained to the LINK that 30 of all the GP practices in Brighton and Hove (48 according to the PCT's website) were offering this system. The synchronising of prescriptions means clinicians can monitor frequency of medicine requests and identify under or over use of medicine.

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Patient Adherence

Patient adherence (a measure of how well a patient follows a treatment plan) is generally considered to be low with an estimated 50% of patients with long-term conditions taking their medicines as intended.

Professor Sir Alasdair Breckenridge, former professor of clinical pharmacology at the University of Liverpool, said his experience in hospital medicine had shown him that what patients told their doctors and what they did were often not the same.

'Adherence is a hobby horse of mine – it is one of the biggest problems we face today. Around 30 per cent of medicines are not taken by patients – either because the prescription is not dispensed or because patients don't take the medicines prescribed, to the detriment of public health and [causing] huge losses to the NHS'. (Laurance 2011)

Common reasons generally cited, for a lack of adherence identified by professionals and patients may include:

- Forgetting to take medicine
- Paternalistic medical approach, patient passively agreeing with doctor during consultation.
- Complexity of treatment regime (taking different medicine at different times of day)

- Cost for those who need to pay for prescriptions
- Changing of medicine brand or packaging
- Lifestyle – those who travel a lot or very busy might find it difficult to stick to a routine of medicine taking
- Perception that once symptoms improve medicine becomes unnecessary
- Perception that the medicine is unnecessary, a sense of stoicism particularly in relation to symptomless conditions
- Lack of confidence in the treatment programme.
- Concern over side-effects (perceived or actual)
- Memory/cognitive difficulties
- Fear of becoming medicine dependent
- Difficulty opening medicine packaging
- Attitude of others, feeling different (particularly an issue for young people)
- Media reports on safety issues e.g. links between Hormone Replacement Therapy and cancer risk

Patient own drugs (PODs) in hospitals

There are advantages in the use of PODS including reduced medicine wastage but there are potentially risks to the patient. To reduce these if patients' own medicines are to be used in a hospital setting, then clear ward procedures are required with clear pharmaceutical responsibility. This must be integrated into the hospital adverse reporting system and clinical risk strategy. (Fradgley S and Oryce A.2002). Some areas of the UK are now using a 'Green bag' scheme (appendix 2)

Care homes

Within homes the use and accuracy of the medication administration record requires constant review. The lack of protocols and adequate staff training remains an issue. Drug rounds are busy and study into care's homes use of medicine found that two thirds of residents were exposed to one or more medical

errors and there was a lack of overall responsibility. Barber et al (2009) suggest that a lead (not sole) GP for each care home should be explored. In addition, to caring for patients they could liaise with other GPs and take responsibility to ensure that all patients' medication is regularly reviewed by a pharmacist. They also suggest that as pharmacists have the skills and knowledge they should be given overall responsibility for medicines in one or more care homes to make better use of their expertise.



4. Project Methodology

Following the desktop research the Brighton and Hove LINK set up a small-scale project with the aim of finding out the views of the three key professional groups: pharmacists, care workers and GPs. A decision was made to do this in a small geographical area, post code-BN3.

- Letters were sent to all 49 GPs in BN3 Hove outlining the project and asking a GP 'champion' to advise and assist. The GP practice managers forum was also informed.
- Visits were made to 8 pharmacies to interview pharmacists and complete a survey (appendix 3)
- A pharmacist who works closely with care homes was interviewed
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Access to GPs has proved very difficult for LINK and there was no response from this group to the letter requesting assistance with this project. In contrast pharmacists were accessible and engaged. This was clearly an issue of interest and concern to them. One care home in the area was approached and they were also very helpful and interested in the project.

5. Findings

Amount of wastage per week in pharmacies in BN3

	Level of waste	Pharmacist's view of the origin of the waste
1	Unsure	Mostly individuals
2	8 bins a week.	Mostly care homes Recent increase in repeat prescriptions from 10 to approximately 60 people.
3	Unsure but often run out of storage space until collection	Mostly individuals
4	Half a bin a week	Much less now as care homes in the area transferred to another pharmacist. Some from patients who have died
5	Half a bin a week	Individuals
6	3 bins a week	Individuals
7	2 bins a week	Care homes-they dispense and collect from 30 homes across the county. Returns are mostly where patients have died or if medication no longer needed. The waste is unavoidable
8	Half a bin a week	Individuals

Patients return medicines because they think they can be put back into stock

Some GPs surgeries are worse than others for over prescribing

PRNs [medicine taken when needed] are the big offenders

Care homes regularly return unopened containers of Diprobase lotion still in date then collect another lot

Bagged Medicines

LINK have been advised by the community pharmacy development manager that the legal position is that prescriptions should not normally be dispensed after six months. Pharmacies may deal with uncollected prescriptions differently but they all tend to have a system in place. Uncollected medicines (if they are not out of date) go back into stock although one pharmacist pointed out that if medicines have been decanted from larger bottles they cannot be returned. Some tried to contact customers. The amount of time uncollected medicines are left before being checked varied from 6 weeks to 6 months. One pharmacist sent letters to the GPs to let them know when medicine had not been collected. He reported that some GPs sent letters back as they are unsure why they have received them.

Medicine Check Ups (MCUs)

Patients are encouraged to have Medicine Check ups (sometimes called Medicine Use Reviews) with a pharmacist to discuss how they are getting on with their medicines. Seven of eight pharmacists in the area researched, offered MCUs; the only one that did not do MCUs was unable to do so because they did not have an interview room.

Patients think they don't need a review as they get that at the doctors or that the review will take a long time.

I used to give written feedback to GPs. but this was 'binned'

MCUs are not backed by GPs.

Patients afraid to say if not they are not taking medicine

Summary of pharmacist's recommendations to decrease medicine wastage

It was suggested by three pharmacists that everyone should have to pay for medicines and that there should be a nominal payment for over 60s. One felt there should be a charge because 'anything free has no value'. Another said that in the republic of Ireland there is little wastage because people pay for prescriptions.

GPs monitoring at surgery is the only way to have an impact, they are handing out medicines 'willy nilly'. Sometimes when we tell them that the patient is collecting more than needed, GPs say they did not realise.

6 pharmacists identified need to change GPs practice. Ideas included:

- focusing on prescribing rather than bringing back unused medicines
- Stop GPs over prescribing
- Ensure GPs monitor and discuss with patients if they are overstocking

Repeat prescriptions are better for us –we can keep an eye on them and get to know the patient.

- Repeat prescriptions so they don't have until needed
- 14 days only for new prescriptions

One pharmacist said that there is a need to educate residential homes to use existing stock before reordering.

The majority of pharmacists also thought patients should be encouraged to take more responsibility and only take what they need.

Patients take every item even if don't need them -such as paracetamol

We use the computer system to monitor. It prompts discussion with patient if needed

Two pharmacists said they like to monitor and discuss medication with patients if they were collecting more than was needed.

Several pharmacists recommended regular checking of uncollected medicines to return to stock while still in date

Several pharmacists suggested

- Greater use of Ensure drinks samples to check which flavours they like before prescribing them
- Drinks are prescribed monthly rather than the usual 3 months in one go.

Two pharmacists suggested increased use of blister bags (which are free) to ensure medicines taken correctly

There was concern about medicine wastage in local hospitals. Patients reported to one pharmacist that if they take their medicine into hospital with them it is disposed of and they are given new identical medicine.

Care Home

A member of the LINK team interviewed a care worker. She described the processes in the home and showed the records and robust monitoring undertaken.

Regular medication is delivered in blister packs once a week.

Residents sometimes bought their own medication such as cough medicines or vitamin pills. If they do not use these before they become out of date, they are returned to the pharmacy with all the other medicine returns.

Reasons for medicine returns from the care home's current record book:

- Medicine out of date
- Blister pack broken

- Checks show errors in blister pack packing
- Over prescribing
- Resident in hospital
- Resident is refusing to take the medication
- Pills dropped on the floor
- Resident too ill to take medicine (vomiting)
- Resident out of home

It was the care worker's view that there was very little avoidable wastage but there could be a reduction if:

- medicines did not go out of date so quickly
- GPs reviewed more regularly

GPs sometimes continue to prescribe when medicine is not needed. An example was a resident who transferred from another home where he had been prescribed large quantities of laxatives. This was reviewed on transfer and the home decided to only give this when needed. For a while the prescription continued and the medicine was returned unopened

Intercare interview

The Royal Pharmaceutical Society's Code of Ethics currently precludes the re-use of returned medicines even for humanitarian purposes. There is currently a working party looking at this code of ethics.

GPs can register with Intercare for the collection and re-distribution of surplus or returned medicines that are unused, undamaged, intact with all the necessary information leaflets and have at least 15 months' shelf life remaining. They can also accept donations of supplies such as syringes and surgical gloves.

Although most medicines are accepted the most pressing needs are for antibiotics, painkillers, anti-malarials and anti-retroviral medicines.

For practical reasons they cannot re-use any medicines that have to be stored at controlled temperatures, e.g. in the fridge, or medicines in liquid form.

There are around 750 GPs signed up for the scheme and Intercare would be pleased to sign up GPs in Brighton and Hove.



6.Actions by LINK

The PCT will be undertaking a waste audit in pharmacies and the LINK awaits the results with interest.

As part of this project LINK have taken the opportunity to produce some campaign materials.

- An MCU leaflet (appendix 4). These has been distributed to 8 pharmacies
- 2 Posters (appendix 5 and 6)
- Tips and tricks (appendix 7) This leaflet is being given to Brighton University pharmacy students



7. Recommendations

This LINK project has highlighted the complexity of the issues of medicine wastage. The York evaluation (Trueman 2010) suggests that priority should be on considering opportunities for financial savings by focusing on better health outcomes.

To this end LINK recommends local PCT and GPs in Brighton and Hove could consider setting up a working group with representatives from pharmacists, care homes and LINK to find more effective ways of joint working to deliver better targeted support for medicine taking and to plan actions in response to this report and forthcoming government guidance.

The York evaluation report referred to in section 2 made a number of useful recommendations which could be considered as follows:

- providing targeted medicines taking adherence support for patients starting new therapies, and those on unusually costly and/or difficult to take treatments;
- encouraging the flexible and informed use of 28 day and – where it benefits patients – other longer or shorter prescribing periods;
- targeting Medicines Use Reviews conducted by pharmacists more towards groups and individuals at special risk of having difficulties with their medicines taking, and of developing problems like ‘treatment hoarding’. This includes providing better quality home care for isolated people and individuals developing memory problems; caring better for groups such as ‘treatment resistant patients’, who may not be taking their medicines correctly;
- auditing the use of MDS (monitored dosage system) medicines taking aids, which help some patients but in other instances cause avoidable waste; and

- further enhancing hospital and primary care liaison in contexts such as improving the quality of medicines management at around the time of hospital admission and discharge.

These are to be the subject of government round table discussions early in 2011

Link also recommends the following action:

GPs

A working group could consider what advice and guidance might be appropriate for GPs to ensure that:

1. GPs and prescribers should be made aware of the implications of over-prescribing – the LINK will distribute disseminate this report and the York evaluation report to GPs etc.
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Alternatives to disposal

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Campaign to raise the public awareness

21. City-wide distribution of LINK materials by the PCT (appendix 4-7) to encourage safe disposal of medicine, increased adherence to medicine and increased take-up of MCUs.



8.LINK Next Steps

- The LINK will distribute the posters, MCU leaflets and Tips and Tricks across the BN3 (Hove) area.
- Press release (appendix 9) circulated to local media
- Circulation of report (as below).
- Make formal recommendations to the PCT.

Circulation of Report:

NHS Brighton and Hove (Chief Executive, Pharmaceutical Team and PPI Lead)

Sussex Community NHS Trust (Chief Executive and Communications Lead)

Sussex Partnership Chief Executive and PPI lead)

Care Quality Commission

GPs via their bulletin

GP practice managers via their bulletin or PCT correspondence

Practice Nurses via their bulletin

Pharmacies via PCT bulletin

Hove (BN3) Pharmacies

Caroline Lucas, MP

Brighton and Sussex University Hospitals NHS Trust (PPI lead and CEO)

Brighton and Hove Health Overview and Scrutiny Committee

BH LINK website and BH LINK social media

National Pharmacy Association (Simon Wills, Communications Executive)

The Royal Pharmaceutical Society

National Association of LINKs Members (NALM)

Department of Health LINKs Leads (via South East region lead)

Media

The Pharmaceutical Society

Chemist and Druggist Magazine

The Patients' Association

Age Concern, Brighton and Hove

Jeremy Laurance Heath Editor The Independent newspaper

9.Glossary

GP A general practitioner or GP is a medical practitioner who treats acute and chronic illnesses and provides preventive care and health education for all ages and both sexes.

Patient adherence. A measure of how well a patient follows a treatment plan.

POD Patients own Drugs

PRN drugs. From the Latin *pro re nata* meaning *as the circumstance arises* used of medicine taken *as needed*. Most often PRN medications are analgesics such as paracetamol, also known as acetaminophen, hydrocodone (Vicodin), laxatives such as docusate, antianxiety medicines such as lorazepam (Ativan), hypnotics such as eszopiclone(Lunesta) and antiemetics such as ondansetron or dimenhydrinate (Gravol).

MCU Medicine Check up sometimes called MUR Medicine Use Review

A medicines use review is an appointment with a pharmacist to focus on how patients are getting on with their medicines. It usually takes place in the local pharmacy. It is an NHS service.

MDS (monitored dosage system)

NHS National Health Service

Pharmacist

A pharmacist is an expert in medicines and their use. The majority of pharmacists practice in hospital pharmacy, community pharmacy or in primary care pharmacy, working to ensure that patients get the maximum benefit from their medicines. They advise medical and nursing staff on the selection and appropriate use of medicines. They provide information to patients on how to manage their medicines to ensure optimal treatment. Pharmacists are able to undertake additional training in order to allow them to prescribe medicines for specific conditions.

PCT Primary Care Trust

An NHS primary care trust (PCT) is a type of NHS trust, part of the National Health Service in England. PCTs provide some primary and community services

or commission them from other providers, and are involved in commissioning secondary care NHS Brighton and Hove is the name used Locally instead of Brighton and Hove City Teaching Primary Care Trust, as it's considered a more accurate description of the organisation.

On 12th July 2010, Andrew Lansley, Secretary of State for Health, unveiled a new health White Paper describing significant structural changes to the NHS under the Conservative/Liberal coalition government. Among the changes announced, PCTs are to be wholly abolished by 2013 with GPs assuming the commissioning responsibilities they formerly held. The public health aspects of PCT business will be taken on by local councils.

Repeat Prescribing/ Batch Prescribing - patients get their repeat medicines for up to a year from their community pharmacy without having to contact their GP surgery

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11. Appendices

1. Intercare
2. Green bag
3. Survey form
4. MCU leaflet
5. Poster 1
6. Poster 2
7. Tips and tricks
8. Press release

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Dear Healthcare Professional,

Join the hundreds healthcare professionals who support Inter Care
**YOUR PATIENTS' UNWANTED MEDICINES CAN
SAVE THOUSANDS OF LIVES**

Have you heard about Inter Care?

We are the only organisation with a Government license that permits us to collect unwanted medicines that would otherwise be wasted and use them to help people who visit our network of over 100 clinics in Africa.

When you consider over 10,000 tonnes of unwanted medicines worth a staggering £120 million go to landfill every year, you will understand why healthcare professionals who support Inter Care are so vital

Quite simply we are able to redistribute life-saving medicines that would otherwise be dumped to clinics serving 8.5 million of the world's poorest people.

Taking part costs you nothing. All you have to do is:

1. **Register by filling in the Registration Form**
2. **Display the Inter Care Collection Point poster and Medicines Accepted list** so your patients know which medicines they can return.
3. **Collect the unwanted medicines**
All you need is a box behind your reception counter.
4. **Call to have the medicines collected from you**
Phone UPS, quote our account number (see Parcels Label Sheet for details) and send a completed 'Duty of Care Transfer Note' with the medicines

So register today or find out more by visiting our web site at www.intercare.org.uk.
We look forward to welcoming you and your patients as Inter Care supporters whose thoughtful generosity helps save lives in Africa.

Yours sincerely,

Mr Alan Mellor
Inter Care Chair of Trustees



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Patient's Medicines Green Bag

Frequently Asked Questions

Q: What is a Green Bag?

A: A Green Bag is an easily identifiable bag used for transporting your medicines when ever you move from home to a health care environment a 'Bag for Life'.

Q. Who should use it?

A. Any person who is on regular medicines

Q. How should I use it?

A. You should put all your own medicines (in their original containers) and any medicines you buy yourself, such as pain relief or herbal remedies, in the bag with any medicine related information such as repeat prescription.

Q. Where do I get one from?

A. A Green bag can be given to you at pre assessment clinic (at hospital), on discharge from hospital and after receiving a medicines use review at your community pharmacy. Ambulance services also carry Green bags for collecting your medicines in an emergency.

Q. What are the benefits?

A. The scheme aims to improve communication about your medicines between you and healthcare professionals who are caring for you. It allows you to continue with medicines you are used to and helps with discharge from hospital

Q. When do I use it?

A. When you visit your GP, have a hospital appointment, go to your community pharmacy or residential or respite care and when you go holiday.

The Green Bag is made of biodegradable material, has a grip seal, carrier handle, gusset, two punched holes and is available in 2 sizes. It advises patients what to put in the bag.



LINK Medicine wastage survey
BN3 Autumn 2010

QUESTION	PHARMACIST'S RESPONSE
How many waste containers approx. do you have per quarter?	
How do you dispose of controlled drugs?	
Where does most of the waste come from?	
Where prescriptions are bagged up what happens when its not collected.	
Do you do MURs?	
What suggestions do you have to improve medicine wastage?	
Any other comments	

Brighton
& Hove

LINK

**MAKE IT
HAPPEN!**



Medicines Check Up (MCU)

Have you ever wanted to find out more about your medicine? What it does? How long will you need to take it for? When is the best time to take it? What the side effects are? Whether it comes in containers which are easier to open? If the answer to any of these questions is yes, then you can arrange to see your local pharmacist for a free Medicines Check Up.

What is a Medicines Check Up (MCU)?

An appointment to discuss how you are getting on with your medicines:

- what they do
- how well they work for you
- how to get the most out of them

The MCU is confidential and held in the private consultation area of your pharmacy. You will be given a written copy of everything you have talked about, your GP may also receive a copy.

What's the purpose of an MCU?

Helps you to find out more about the medicines you are taking

Picks up any problems you are having with your medicines

Improves the effectiveness of your medicines as there may be easier ways to take them, or you may find you need fewer medicines than before

It is also a chance to discuss any concerns you may have about your medicines

Do I have to pay for an MCU?

It's a NHS service, so you don't have to pay.

How long does it take?

About 10 to 20 minutes.

Why does a pharmacist offer an MCU?

The pharmacist has more time to talk and he/she is an expert in medicine. Pharmacists study for a degree in pharmacy for four years followed by a year's practical training. Pharmacists who offer MCUs have also had extra training.

Where can I have an MCU?

You can only ask for an MCU at your regular pharmacy (chemist), which is the one where you have been getting your prescriptions for three months or longer. Not all pharmacies offer this service. To find your nearest pharmacy please see www.nhs.uk or just ask your pharmacist next time you are passing.

Brighton and Hove Local Involvement Network (B&H LINK) is an independent network of people and groups who want to help make health and social care better in their local area. It aims to give citizens a stronger voice in how their health and social care services are delivered. More information on the LINK is on our website www.bhlink.org or you can phone 01273 810235.



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Wasted medicine means wasted NHS money

- Only order medicine you need
- If you have repeat prescription medicine, please check what medicine you have at home before ordering
- If you have any questions about your medicines talk to your doctor or pharmacist
- Returned medicine cannot be re-used and has to be destroyed

Brighton & Hove **LINK**
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Unwanted medicine costs lives and NHS money

- ✓ Always return unwanted medicine to your pharmacy, it's safer
- ✗ Never throw medicine in the rubbish - children and pets may find it
- ✗ Do not flush medicine down the toilet, as it goes into the water supply



Tips and Tricks to Remember to Take Your Medicine

Sometimes it can be difficult to remember to take your medicine, we've provided a list of ideas to help you. Everyone is different so find the way that works best for you and if it stops working try another way. If you find it hard to remember whether you have taken your medicine, use a system where you can tick off you have taken it, as it can be dangerous to take double doses.

- Take your medicine at a regular time
- Take your medicine at when you do a regular activity (if appropriate) e.g. meal time, shower/bath/TV/radio programme
- Notes on the fridge, bathroom mirror or prominent place "have you taken your pills?"
- Set an alarm on your phone or use an alarm clock
- If you live with others, ask them to remind you
- Use a pill dispenser
- Ask others to telephone you reminders
- Put your medicine where you can see it (but in a safe place, away from children and pets)
- Touch your head or wood etc just before you take your pills can help you remember your medicine everyday. By adding this in, you'll increase your chances of developing a habit of taking your medicine at that time
- Keep a chart with stickers, black board, check list etc
- Set a reminder on your computer e.g. Outlook
- Pack more medicine than you need when you are travelling as you never know when you may be delayed etc.

Speak to your pharmacist who may be able to give you more advice or a device to help you take your medicine.

Produced by Brighton and Hove LINK, the independent health and adult social care watchdog for the city.

www.bhlink.org

01273 810 235

Press Release January 2011

New Brighton and Hove LINK Report Highlights Medicine Wastage

Brighton & Hove Local Involvement Network (LINK) has just issued their report on medicine wastage.

Brighton and Hove LINK is calling on GPs, NHS Brighton and Hove (PCT), health professionals and the public to work together to cut medicine wastage. Wastage currently costs the NHS about £300 million each year, which could be used to fund other health services.

The LINK produced this report to highlight the wastage problem and to look at practical solutions:

“...the LINK wanted to help the NHS reduce the level of wastage so the money could be spent on healthcare in the community. In these times of cuts, the NHS needs to do everything it can to spend money wisely.”

Iaire Stevens, B&H LINK Manager

Even the disposal of medicine is expensive; the PCT spends £20,989 each year safely disposing of medicine and this has an environmental impact.

“We were shocked to see the number of bags of unused medicine waiting for disposal in some of the pharmacies. It is literally money down the drain.”

Mick Lister, LINK Steering Group member

Everyone has a part to play in reducing the level of wastage and a number of recommendations have been made to GPs such as encouraging them to spend

more time with patients discussing their medicine and to prescribe more efficiently using the Repeat Dispensing System.

The LINK urges patients who take medicine to:

- Only order what you need
- Arrange a discussion with your pharmacist about your medicine (Medicine Check Up/Medicine Use Review) which is free and only takes about 20 minutes
- Check what you have at home before re-ordering more medicine
- If you have stopped taking your medicine, let your GP know
- If you go into hospital, remember to take all your medicine with you
- Always take medicine back to a pharmacy for safe disposal

The LINK has produced a number of posters which will be displayed in GP practices and pharmacies aimed at reducing wastage. The LINK has also produced some useful information for patients on the MCU and Tips and Tricks to help patients remember to take their medicine. If you would like any of these leaflets please contact the LINK office on 01273 810 235 or see the LINK website: www.bhlink.org

The LINK, which acts as the independent health and adult social care watchdog for the area has been operating since 2008 and gives local residents the chance to have their say on how services should be run. If you have any experiences or suggestions around local health and adult social care services that you would like to share with them, contact (01273) 810 235 info@bhlink.org

- ENDS -

EDITORS NOTES

(1) For a copy of the LINK report see www.bhlink.org or call 01273 810 235