

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Health Select Commission
2.	Date:	Thursday 13 March 2014
3.	Title:	Pharmaceutical and Medicines Waste
4.	Directorate:	Rotherham Clinical Commissioning Group

5. Summary

The report updates Members on work in Rotherham to reduce pharmaceutical and medical waste.

6. Recommendation

That Members:

- **Note the contents of the report and the progress made in Rotherham in reducing costs.**
- **Note the proposed actions to work towards further reductions in waste.**
- **Agree to receive a future update on the progress of the actions outlined in Appendix 1.**

7. Proposals and Details

The Health Select Commission identified excess medication as an area to consider in the work programme for 2013-14. Appendix 1 provides an overview of current work in Rotherham to reduce waste and covers the following areas:

- Extent of the issue
- Savings achieved through service redesign
- Reducing waste in other areas of prescribing
 - Patients
 - Practices
 - Pharmacists
 - Residential and Nursing Care Homes

8. Finance

No direct financial implications from this report, but by reducing unnecessary waste the CCG and ultimately GPs can create savings which can be invested in other areas of healthcare.

9. Risks and Uncertainties

Past work to reduce waste has resulted in challenges from interested parties and it is anticipated that this would also be the case for any future measures to manage medicines waste more actively.

10. Policy and Performance Agenda Implications

Any policies developed to manage medicines waste must be patient focused and improve the patient experience and safety.

As for finance.

11. Background Papers and Consultation

Anecdotal evidence from patients and future engagement are referred to in Appendix 1.

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Appendix 1

Pharmaceutical and Medicines Waste

1. Key questions

How much is there?

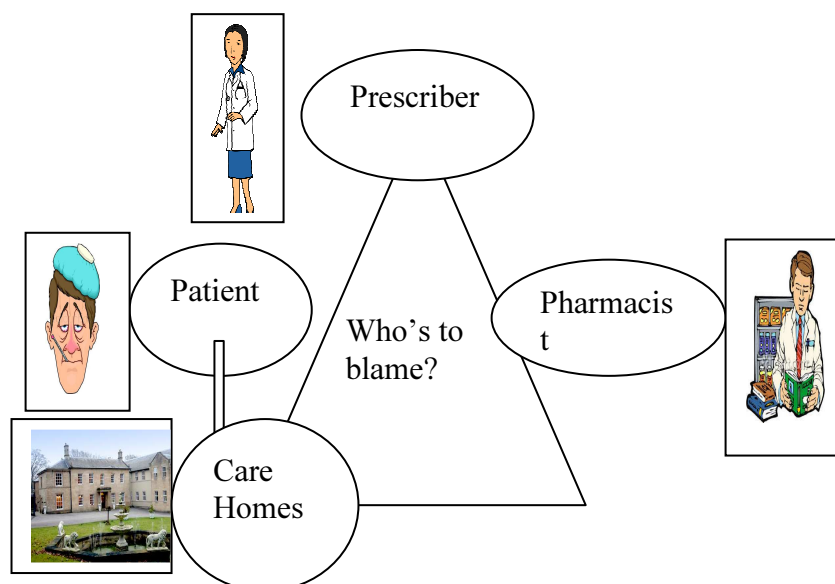
Whose fault is it?

What can we do about it?

2. Background

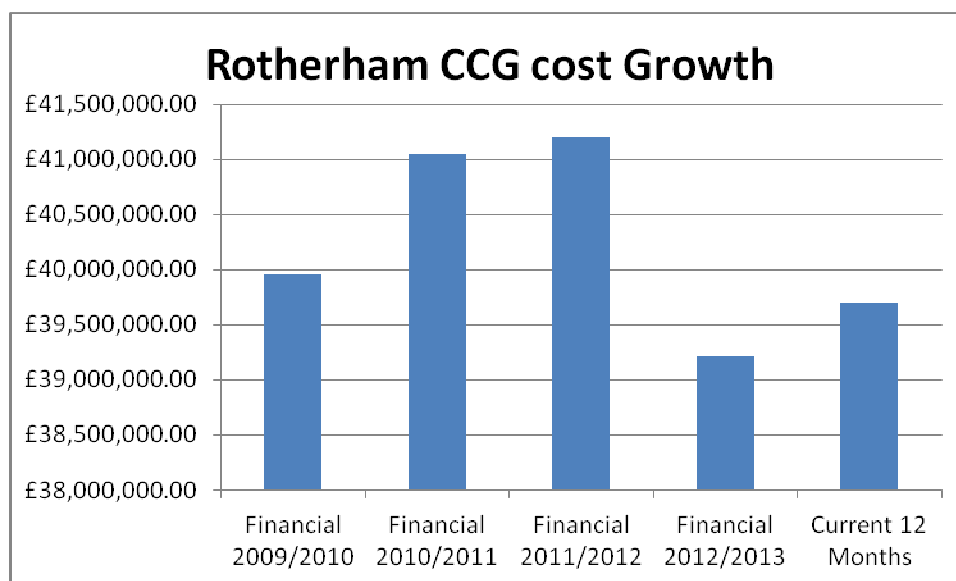
Medicines waste is a well documented problem, it is estimated that in England £300m of medicines are wasted each year, and that half of this is avoidable (Lin-Nam Wang The Pharmaceutical Journal Feb 2012).

That would equate to 1.5 million in Rotherham every year. However, it is not just about patients over ordering or patients requesting medication that they do not require, it is more complicated than that.



3. What's been achieved?

a Prescribing Costs



Five year prescribing cost growth = -0.63%

b Service redesign projects

Nationally 10.7% (£831,292,864.99/annum) of prescribing expenditure is on appliances (continence\stoma), nutritional supplements and wound care products.

In this area Rotherham has managed to significantly decrease the cost of prescribing whilst improving the patient experience.

Prescribing area	Management transferred to	Date
Nutrition Supplements & tube feeds	Dieticians	April 2006
Continence appliances	Continence advisor	April 2009
Gluten Free/Low Protein Products	Dieticians	September 2009
Stoma appliances	Expanded continence service	April 2012
Wound Care	District Nursing	Project ongoing

Summary of savings

Nutrition

It is estimated that if NHS Rotherham's nutritional expenditure had increased in line with national cost growth trends since the service redesign, then expenditure in 2012/13 would have been 89% higher resulting in a potential saving of £468,125/annum.

Continence

In the four years since the project started continence prescribing costs in England increased by 21.56% whereas in Rotherham costs decreased by -8.99%.

It is estimated that if NHS Rotherham's continence expenditure had increased in line with national cost growth trends, costs in 2012/13 would have been 30% higher resulting in a potential saving of £239,591.

Gluten Free

The management of the prescribing of gluten free products by the dietician resulted in a decrease in expenditure of - 19.61%, whereas nationally costs have increased by 20.63% resulting in a saving in 2012/13 of £107,998.

Stoma Prescribing

During 2012/13 in Rotherham stoma prescribing costs decreased from £964,687 in 2011/12 to £748,159 in 2012/13, a cost reduction £216,528, -22.45%, and average monthly expenditure was still trending strongly downwards at the end of the project. Whereas, across England EPACT data suggests cost increased by 6.48% over the same period.

If Rotherham costs had increased in line with those of England then expenditure for 2012/13 is predicted to have been £1,027,198 compared to the actual expenditure of £748,159 a potential saving of £279,039 27%.

Service redesign summary

These savings have been achieved by the improved management of prescriptions. In the case of appliances the GPs had lost control of the prescribing to the Direct Appliance Contractors (DACs). By regaining control considerable savings have been made which have been reinvested into service development. There is no restriction on product choice; in Rotherham patients get the product that is most suitable for them. Patient choice has probably been widened as patients now have access to a wider range of products by utilising the knowledge base of the continence nurses. In the case of nutrition the issue was inappropriate prescribing with patients not being appropriately assessed or reviewed. With dieticians managing the caseload these issues have been resolved.

It is estimated that these projects achieved savings totally £1,094,753 against Rotherham's 2012/13 prescribing costs.

4 Going forward - reducing waste in the remaining 90% of prescribing

a Patients

There is plenty of anecdotal evidence from health care professionals and pharmacy returns of patients stockpiling medication in their own homes.

The literature is full of articles that have counted, photographed and weighed this waste but there is next to nothing published on successful interventions that have effected a change in patient behaviour to prevent over ordering.

There are a number of advertising agencies that are selling CCGs medicines waste campaigns, but these campaigns lack outcome data. They can demonstrate that

patient awareness of the campaign and the issues of medicines waste as been raised. But they are unable to demonstrate that they have changed patient behaviour to prevent waste occurring.

But are patients solely to blame?

Patients understand that medicines waste is a waste of NHS resources; the majority of patients want the NHS to work well, patients are tax payers too.

Approximately 300 patient questionnaires were sent directly to patients in 2012. The returns did not reveal waste as an extensive problem and neither did it identify any causes of waste.

Continence and stoma patients reported that they were often in receipt of products that they did not require or in quantities that they did not need, but they were powerless to stop it, as requests to practices to change the prescription or to appliance companies not to order went unheeded.

Patients also report similar issues with pharmacists ordering medication but again requests to the pharmacist not to order or the practice to remove it from prescription are not acted upon.

Patients are also genuinely resistant to tell their doctor that they are not taking a particular medication; this mindset needs to be addressed.

This is however, all anecdotal evidence, work needs to be undertaken to ascertain how we can engage with patients in order to develop systems that will reduce the amount of medication that is wasted.

Action

- Working with NHS Rotherham's Patient Engagement lead it is intended to canvass patients views to get an understanding from the patient's perspective how and why waste happened.
- To plan a local communication campaign, to raise awareness about the problem and to encourage patients to report to practices medicines that they are receiving but not using.
- To ensure that practices are ready to act, if a patient informs them of medicines that they are not taking, will the practice.
 - Remove the item from the patient's prescription.
 - Have all "PRN" medication (pro re nata – as required) on the acute medicines screen to be ordered by the patient only.
 - Instigate a medication review with the patient if the medication that they report they are not taking is deemed important for their well-being.
- Establish a CCG helpline and e-mail where patients can report medicines waste in confidence, enabling them to enlist help from the Medicines Management Team (MMT) if they have been unable to prevent waste from occurring.

b Practices

The only intervention demonstrated to reduce medicines waste is the adoption of a 28 day prescription policy.

Research conducted in 2007 by the National Audit Office has shown home excess medicine stock values for patients who were prescribed a 28 day supply of a medicine to be one third less than those for patients receiving prescriptions to cover 56 days. By reducing unnecessary waste, the CCG and ultimately GPs can create savings which can be invested in other areas of healthcare.

Several schemes which have shown drug cost savings when 28 day dispensing has been introduced – 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 further study conducted by Bradford University in 1995 looked at waste medication returned to 30 out of a possible 76 community pharmacies in the Kirklees (Huddersfield) area over one month. It revealed that there was a linear correlation between mean values of returns and prescription length. It was estimated that there would be a reduction of 34% in the cost of waste medication by changing the prescription duration to 28 days. On extrapolation of the total cost of returned waste medication, it was concluded that the total waste per annum throughout Kirklees would be in the region of £80k and if extrapolated through the region would amount to in excess of £4.2m. The cost of returns was shown to increase exponentially with the duration of the prescription, in other words the longer the prescription length the greater the amount of waste.

(Source: Hawksworth, Wright & Chrystyn; Journal of Social & Administrative Pharmacy: Vol 13, No. 4 1996.)

34 of Rotherham's 36 GP practices have a 28 day prescribing policy.

Are practices repeat prescribing systems robust enough to prevent waste?

Patients have reported that when they inform a practice that they are no longer taking a particular medication it still keeps coming. Clearly if we are successful in empowering patients to report waste practices must have systems in place to respond.

Action

- MMT to work with practices to review repeat prescribing policies to ensure
 - They do not encourage waste
 - As required medication is not issued regularly
 - If patients report waste if can be acted upon

c Pharmacists

Pharmacies' ordering on behalf of the patient has become widespread over recent years.

Pharmacies promote this as a convenience for the patient and will defend the patient's choice to allow them to order their medication.

The advantage to the pharmacy is that they have guaranteed custom. As the patient no longer sees their prescription it is difficult for them to take back control once it has been surrendered.



Anecdotally patients report

- That they never requested for the pharmacy to start ordering their medication.
- They signed up for a service that was not explained to them.
- Pharmacies fighting over patients each claiming that the patient is theirs.
- Receiving of medication that they do not require.

Practices report the same issues but in addition

- Pharmacies requesting prescriptions for items no longer on the patient's prescription due to a medication change, because the prescription had been dispensed in advance in anticipation of the prescription.
- Problems occurring with pharmacies not ordering medication that has been recently initiated as it is not present on the right hand side of the original prescription.

The MMT have audited pharmacy ordering across six Rotherham practices. The issues uncovered are.

- Pharmacists failing to contact the patient before ordering to clarify what is required.
- Pharmacists regularly keeping the right hand side of the prescription, resulting in the patient missing practice messages and failing to make appointments.
- Prescriptions being ordered 28 days in advance of when required.
- Medicines waste due to the regular ordering of as required medication.
- Patients complaining of a loss ownership over their medication.

These failings were not consistent across pharmacies; some demonstrated more robust ordering systems than others.

However, pharmacy patient ordering systems have been developed independently of GP practice repeat prescribing systems and these together are not always serving the patients well.

One Rotherham practice has stopped pharmacies ordering for patients. The MMT is working with this practice to ascertain the effect this policy has on;

- Patients, the practice has requested details from the pharmacy of any vulnerable patients that may require assistance in ordering their medicines.
- Impact on waste
- Patient's opinion on not allowing pharmacy's to order medication.
- Impact on the practice workload.

Action

- Evaluate the outcomes of the practice that has taking back patient medicines ordering.
- To undertake a patient engagement exercise with patients to ascertain how they value pharmacists ordering medication for them
- Develop with practices and pharmacies "A Pharmacy patient ordering policy" that is patient centred.
- Develop an audit process to ensure adherence to any future NHS Rotherham CCG pharmacy patient ordering policy

d Residential and Nursing Homes

Most care homes order a complete new prescription for every item on a patient's prescription each month. Any unused medication, sometimes even unopened medication, is returned to the pharmacy for disposal. Such systems have developed for ease and often patient safety is cited, with medication dispensed in a monitored dosage system (MDS). These practices can be very wasteful but there is no incentive for care homes to invest resources into managing or reducing medicines waste and CCGs have no mechanisms available to them to insist that care homes manage medicines differently.

5 Barriers

The English community pharmacy contract and the funding mechanism for care homes and carers provide no incentives for reducing medicines waste.

The work that NHS Rotherham CCG has undertaken on nutrition, appliances and wound care faced a number of challenges from interested parties and the threat of legal action was made by several commercial companies and a trade association.

Any measures to manage medicines waste more actively would likewise be challenged by interested parties.

NHS Rotherham CCG to take this work forward must;

- Actively engage with patients and seek their opinion and ensure that any policies developed to manage medicines waste are patient focused and improve the patient experience and safety.
- Ensure that prescriptions are not directed to any particular pharmacy, all contractors must be treated with equity.

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