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To Care Home Managers
NHS Tayside

Date	23 November 2016
Your Ref	
Our Ref	DR/UCPGD
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Dear Care Home Manager

NHS Tayside alongside the Health and Social Care Partnerships (HSCPs) are currently under a drive to ensure that we get the best value from medicines and that medication waste is minimised. This will ensure sustainable resources for future working, which very much includes close working with the independent sector, particularly care homes. We are working closely with other partners to address known sources of waste within medicine supply pathways. We would be grateful if you could support us with this in the spirit of working together to ensure cost-effective patient-care.

Medication waste

Medicines are valuable and costly, even though most people do not have to buy their medicines or pay prescription charges; there is a cost to the NHS. All medicines returned to a pharmacy are destroyed. They cannot be used for anyone else. NHS Tayside is keen to ensure we get the best value from medicines and that medication waste is kept to an absolute minimum.

The situations when medicines might need to returned to the pharmacy include:-

• Surplus to requirements, for example a person's treatment is changed or discontinued – the remaining supplies should be disposed of safely (with the person's consent).

• Expired stock - the medicine reaches its expiry date. Some medicine expiry dates are shortened when the product has been opened and is in use, for example, eye drops.

• Deceased resident – Care Inspectorate advice is to keep their medicines under lock and key within the service for at least 7 days in case there are any police investigations into the death.

It is unacceptable to return unused medicines supplied in an original pack which the patient is still currently prescribed / taking unless it has reached its expiry date.

Medication policies, procedures and standard operating procedures in the home should all follow the above guidance. No policy should state that medication remaining in the home after 28 days should be returned to the pharmacy. Instead medication remaining should be carried forward to the next month and annotated on the new MAR chart or eMAR or whatever system is used to record medicines administration.

We have also been given anecdotal information that some care services have been advised by their community pharmacy that they need to discard tubs of emollients/moisturisers, lotions, creams etc. every month and order new ones. Provided the product is still needed, is still within its expiry date and the manufacturer's literature does not include anything about a short shelf-life when the product is opened, there is no need to do this.

The way in which care homes handle medication also has an impact on medication waste. When medicines are supplied dispensed into monitored dosage (MDS) blister packs the shelf life is reduced to 8 weeks. This means medication (usually after it has been in the home for only 4 weeks) will be returned for destruction in the pharmacy, which is still required by the patient and so increases waste and cost – this is not the case with most original packs. It is not appropriate to have 'when required' or rarely used medicines supplied in these packs as this increases the waste and cost. Please do not ask the community pharmacy to supply 'when required' or rarely used medicines in MDS packs. Some medicines are not stable when taken out of their original packs, if your community pharmacy advises you that it is better not to re-dispense into MDS, please accept this if you are still currently using MDS.

Monitored Dosage Systems

NHS Tayside requests that you review your medication procedures, policies and standard operating procedures (SOP) and consider a move towards medicine supply in original manufacturer's packs, instead of MDS.

The use of original manufacturer's packs has several key advantages:

1. Licensed – medication supplied in MDS packs is unlicensed.
2. Errors – dispensing errors, should they occur, have a greater likelihood of being picked up and thus help prevent harm. Medication is easily double-checked when arriving in the home and on administration if it is still in the original packaging – this is not the case once it has been dispensed in an MDS.
3. Generates less waste and is the most cost efficient way of supplying medication as shelf life is maintained, unlike MDS packs which reduce the shelf life of medicines to 8 weeks or less in some cases.
4. Use of original manufacturer's packs complies with NMC policy – expiry dates can be checked, medication can be more accurately checked and the medication is licensed.

Appendix 1 contains further information on the move towards supplying medication in original manufacturer's packs and away from MDS.

Actions

1. **Review policies, procedures and SOPs and ensure that only appropriate medication is returned to the pharmacy; not medication that the patient is currently taking, unless it has reached its expiry date.**
2. **Review the use of MDS; we strongly encourage you to consider the use of original manufacturer's packs if you have not already moved back to this method of medicines administration.**

Your help and support in improving the utilisation of a limited prescribing budget is greatly appreciated. NHS Tayside along with all three HSCPs is truly committed to working together for a better future for all our patients and those who care for them.
If you have any queries with regards to this letter please contact Diane Robertson by email dianerobertson3@nhs.net or by phone mobile 07929052439 or 01382 835151.

Yours faithfully

Frances Rooney
Director of Pharmacy

Dr Michelle Watts
Associate Medical Director

Appendix 1

Monitored Dosage Systems

Move towards medicine supplied in original manufacturer's packs/MDS

In July 2013 The Royal Pharmaceutical Society issued a document called "Improving Patient Outcomes: the better use of multi-compartmental compliance aids" – see link below.

http://www.rpharms.com/unsecure-support-resources/improving-patient-outcomes-through-the-better-use-of-mcas.asp

Recommendations 1-3 and 5 of the document state:

"1. The use of original packs of medicines with appropriate support is the preferred option of supplying medicines to patients in the absence of a specific need requiring an MCA as an adherence intervention.

2. In support of independence and re-ablement, patients who can safely self-administer their medicines should be encouraged to do so and where they are unable to do so, there must be appropriate training for carers so that they are able to administer medicines from original packaging."

3. Every patient identified as having medicines adherence issues should have a robust individual assessment to identify the best intervention based on their needs and the evidence currently available. This assessment should incorporate a clinical medication review, any reasons for nonadherence, medicines suitability, a consideration of all possible options to support the patient and follow up.

5. Where a patient assessment indicates an MCA is the intervention of choice, it is important that this is supported with the provision of information, appropriate counselling and follow up for the patient and that the health or social care professional is aware of the legal, professional and practice considerations. Practice considerations for the use of MCA are given in appendix 3 of the document.

Information in the document about when required medicines includes:-

MCA are generally only used for oral solid dosage forms and are usually restricted to medicines taken at regular times during the day. This necessitates the supply of other types of dosage forms, such as suppositories, oral liquids, creams, ointments, eye drops, inhalers, and medicines considered to be unsuitable for inclusion in an MCA such as "when required" medication and effervescent medicines, being supplied in traditional dispensing containers or their original packaging. See also appendix 2.

MCA systems are often unable to accommodate dosing instructions, for example when medicines must be taken with, after or before food, medicines taken 'when required', or if doses are likely to vary according to response, or the patient"s condition is unstable. This raises the risk of medicines being administered incorrectly, increasing the likelihood of adverse effects or potentially being ineffective and impacting upon patient safety and health outcomes.

Have an agreed plan for how the self-administration/prompting or administering of medicines not suitable for inclusion in an MCA (e.g. when inhalers eye or ear drops or 'when required' are prescribed) will be managed and who will do this.

This document is a direction of travel document but it is timely to consider the implications (see staff training/competency below also).

The Care Inspectorate could not normally require a Care Provider to use any specific supply format, and the decision on which medicine supply system to use is one for the Care Provider and Pharmacy. However the Care Inspectorate response in a press release at the time of the document launch was that they supported the move to original packs as a way forward.

The NHS Review into pharmaceutical care for patients in the community (see link below) also supported this initiative.
http://www.scotland.gov.uk/Publications/2013/08/4406

The position of the Care Inspectorate (and formerly Care Commission) is that staff should be trained to administer medicines safely in whatever format they are supplied.

See below from the best practice document The Handling of Medicines in Social Care for more information.

http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf

"MDS has been promoted as a safe system of medicine administration in care homes, but MDS are merely a convenient form of packaging for a limited group of medicines. **Safe practice is not guaranteed by use of a system alone but is promoted by only allowing care workers who are trained and competent to give medicines.**

MDS do improve some procedures including:
• The system of organising repeat prescriptions for residents
• Supply to the care home of printed MAR charts
• A visual check whether medicines have been prepared and given to the resident.

MDS can only be used for tablets and capsules, but there are exceptions and **the following should not be put into MDS:-**
• Medicines that are sensitive to moisture, e.g. effervescent tablets
• Light-sensitive medicines, e.g. chlorpromazine
• Medicines that should only be dispensed in glass bottles, e.g. glyceryl trinitrate (GTN)
• Medicines that may be harmful when handled, e.g. cytotoxic products like methotrexate
• Medicines that should only be taken when required, e.g. painkillers
• Medicines whose dose may vary depending on test results, e.g. warfarin.

Liquid medicines, creams, eye drops, inhalers must be supplied in traditional containers. Therefore, **any care home that uses MDS will have two different systems operating.**

MDS work well when a person's medication is regular and does not change frequently. Care Providers must consider carefully how any changes that the prescriber makes to the person's medicines can be dealt with by the supplying pharmacy quickly. This may involve:
• Introducing new medicines into the pack
• Removing medicines from the pack.

Packaging of medicines for 'as required' use in MDS is not suitable.