

# Pacific Case Study

## Pharmaceutical waste reduction in care homes

**Approximately £50 million worth of NHS supplied medicines are disposed of every year by care homes.** This represents 17% of the total prescription medicine wastage in England each year. Current figures suggest that over 350,000 people reside in UK care homes. With the number of people aged 65 and over forecast to increase in the next few years, it is reasonable to predict that the cost of medicine waste created by care homes will also rise unless changes are made. It's believed that many causes of medicine waste are due to care home residents having multiple conditions that require complex treatments (polypharmacy). Polypharmacy is the use of four or more medications by a patient, predominantly adults aged over 65.

### Example

A pilot exercise led by Dr Wasim Baqir, a research and development pharmacist working on behalf of Northumbria Healthcare Trust, demonstrated an innovative approach to care home medication reviews.

Using experienced, independent pharmacists forming the core of a multidisciplinary team, Dr Baqir was able to deliver bespoke medication reviews on a patient-by-patient basis, while also driving net annualised savings of £184 per resident. In short, **for every £1 invested, £2.38 could be released from the medicines budget.**

In order to understand how CCGs are currently addressing the issue of pharmaceutical waste, the Pacific Programme team carried out a short survey. We contacted medicine optimisation managers in all 209 CCGs with questions related specifically to care homes and sip feeds. The survey results indicated that relevant activities were already being replicated across CCGs to drive out waste.

### Next step

We are working with colleagues in NHS England to identify the most efficient way to identify patients who reside in care homes. We are looking to improve our data provision to CCGs, understanding prescribing spend and use for residents in care homes by making use of our upgraded technology and data systems which will provide better features and access to increased data sets. We are also currently working with the Care Quality Commission (CQC) to understand how they might use our data to identify care home residents who may be at risk.

