

Medicines Wastage and Medicines Use Reviews

Pharmacists can play a vital role in helping patients get the most from their medicines and reduce medicines wastage which costs the NHS hundreds of millions of pounds.

Medicines Wastage: the Scale of the Problem

The cost of NHS medicines and appliances supplied in primary care is in excess of £8billionⁱ every year. However, a significant proportion of these drugs are wasted because they are either not taken correctly or because they are never taken at all. It is estimated that up to 50% of patients do not take their medications correctly.ⁱⁱ

Patients who do not take their medicines correctly are less likely to receive the intended health benefits and more likely to suffer complications with significant implications for their health and for NHS finances. The cost of hospital admissions as a result of incorrect medicine usage could be up to nearly £200 million a yearⁱⁱⁱ.

Many medicines are simply never taken. A recent York Health Economics Consortium and School of Pharmacy report found that NHS primary and community care prescription medicines waste costs £300 million a year. This figure includes £90 million worth of unused prescription medicines stored in individuals' homes at any one time, £110 million returned to community pharmacies over the course of a year, and up to £50 million worth of NHS supplied medicines that are disposed of annually by care homes^{iv}.

Medicines Use Reviews: Tackling Medicines Wastage

A Medicines Use Review (MUR) provides an opportunity for a patient to meet with an accredited pharmacist and discuss the medicines they have been prescribed. The pharmacist will help patients to understand how their medicines should be used, why they have to take them, and to identify any problems. MURs are already available nationwide as part of the advanced services of the community pharmacy contract.

Changes to the Pharmacy Contract for 2011/12 introduced national target patient groups for MURs ensuring they are provided to those who will benefit the most. Three patient groups have been identified for initial focus; those taking high-risk medicines, patients recently discharged from hospital and patients with respiratory disease.

The new contract also introduces a New Medicine Service (NMS) for people with long-term conditions newly prescribed a medicine to improve medicines adherence. The aim of the service is to improve adherence and reduce waste. The service includes a semi-structured interview between the pharmacist and patient at 7-14 days after medication starts, with a follow up 14-21 days later.

Ensuring that medicines are being taken properly and working best for a patient reduces waste and improves outcomes, delivering better value for the NHS. It is vital that these new services are appropriately resourced and promoted by the Department of Health if they are to achieve their objectives.

ⁱ National Audit Office (2007) Prescribing costs in primary care

ⁱⁱ World Health Organization (2003) Adherence to long-term therapies: evidence for action

ⁱⁱⁱ The Bow Group (2010) Delivering Enhanced Pharmacy Services in a Modern NHS

^{iv} School of Pharmacy and York Health Economics (2010) Evaluation of the Scale, Causes and Costs of Waste Medicines