

Saving money and time

What nurses on wards can do to reduce medicines waste and duplication of effort

(Version 5)

Prescribers are sent various versions of a 'Cost Effective Prescribing Tips' document to help minimize costs and wastage on medicine use. This is a similar guide for nursing staff to help them minimize medicines waste and to save staff and patient time.

1. The Trust has a contract with Western Sussex Hospitals NHS Trust (WSHT) to supply medication to the wards. A significant part of the fee charged by WSHT relates to the number of items dispensed and supplied to the wards. The cost varies depending on the type of item; for example, the cost to supply a ward stock is much less than a fully labelled item dispensed for an individual patient, but on average the cost is about £4.00 per item. Any item ordered that is not needed is therefore wasting money. Also, items ordered and not needed either have to be moved to another mental health ward, or disposed of. This wastes time and money. So, to help minimize the costs relating to supply:
 - Avoid duplicating orders by double checking that the medicines you want are not already in the drug trolley, drug fridge or in the drug cupboard. The pharmacy system is not fool proof, but we have many more instances of orders being duplicated than we do of orders not being sent.
 - If your ward uses the 'one stop' system and a patient is assessed as low risk, use 'one stop' stocks when the patient goes on leave and on discharge. Because it takes as much work to dispense one day's leave supply of medicine as 28 days of medicine, a leave supply of five medicines from pharmacy will cost over £20 in dispensing fees alone.
2. Patient's own drugs, brought in by the patient on admission or afterwards by a carer or relative should not be wasted if suitable for reuse. The medicines management technician or pharmacy assistant for your ward will usually check them for reuse, but there is a checklist for nurses to use outside of normal pharmacy hours to assess the suitability of any patients own medicines. The checklist is available on the Trust's Medicines Code on the website at the link: www.sussexpartnership.nhs.uk/node/1628/attachment
3. When the discharge medicines are dispensed by pharmacy sometimes pharmacy sends a note saying that the patient already has an item on the ward labelled for them that needs adding to the discharge medication supplied. This relates in particular to non-oral medications like inhalers, eye drops and creams. Despite these notes these items are often not given to the patient on discharge and they are then wasted. This not only wastes NHS resources, e.g. a Seretide 250 Evohaler® costs £62, but can mean the patient goes without or urgent work is created for the GP. All this will damage the Trust's reputation with the patient and the GP. Please act on these notes.
4. There have been several incidents reported of patients being transferred between our units without the patient's medicines (usually their medicines for physical conditions) being sent with them, resulting in omitted doses, pharmacy and doctor call outs and potential harm to patients. A

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notable example occurred when a ward failed to send a patient's insulin with them. As a result the patient was not able to eat anything until 10.30pm after arriving late in the afternoon and eating last at lunchtime. It also created a lot of work for the ward and the on-call doctor. Therefore, when patients are transferred:

- Make sure any patient's own medicines are sent with them, not just those in the trolley, but also any extra that may be in the drug cupboard or drug fridge.
 - Unless the patient is using their own medicines they brought in, make sure a supply of any physical medicines supplied by the hospital pharmacy are transferred with them.
 - Patients on 'one stop' should have all the medicines labelled up for them transferred with them, including commonly used mental health medicines.
5. New medicines, suddenly needed outside normal pharmacy hours, can create a lot of work for a ward and bring additional costs, especially if taxis are used to get a supply via the on call pharmacist. If a medicine is prescribed that is not brought in by the patient, or is deemed unsafe to use, or is not stocked by the ward, then the following steps should be taken:

Actions to take if a new medicine is prescribed or runs out after the pharmacy is closed

1. Check the emergency cupboard for a supply if one exists on site.



2. Check if some stock (medicines labelled for patients should not be shared) is available on another ward in the same unit or in a neighbouring unit.



3. Ring the 'on call' pharmacist to see if the medicine can be safely omitted until the next delivery from pharmacy can be made or a local community pharmacy is open.



4. If still needed before the pharmacy can deliver, get a FP10 prescription written to get a supply from a local community pharmacy.



5. **Only as a last resort** should a supply be obtained via the on call pharmacist and a taxi sent to collect it from an agreed hospital pick up point, (often in extremely busy A & E).

I hope you find this a useful aide memoir. If you have any comments or other cost effective tips relating to medicines you would like to share, please email them to me at the email address below.

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