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PSNC Briefing 086/13: Medicines Wastage and Prescription Duration

This PSNC Briefing updates a document from 2007 which summarises information on prescription duration and medicines wastage.

Introduction

The NHS spends £8.5 billion a year on prescription drugs in primary care in England and the number of prescription items dispensed in the community per year topped one billion for the first time in 2012. Controlling the inevitable wastage of medicines that will occur is consequently a matter of importance for the NHS.

The scale of the problem

The Department of Health funded report – [Evaluation of the Scale, Causes and Costs of Waste Medicines](#) – published by UCL School of Pharmacy and York Health Economics Consortium in 2010 suggests that the gross annual cost of NHS primary and community care prescription medicines wastage in England is currently in the order of £300 million per year. This includes an estimated £90 million worth of unused prescription medicines that are retained in individuals' homes at any one time, £110 million returned to community pharmacies over the course of a year, and £50 million worth of NHS supplied medicines that are disposed of unused by care homes.

The report highlights the many issues that can lead to medicines wastage, including the major challenge of patient non-adherence to their medicines regimen.

Prescription duration and drug wastage

Many areas of the country have utilised 28 day prescription durations as part of policies to reduce wastage. This approach can also be coupled with use of the repeat dispensing service, which requires pharmacy staff to confirm that patients require their repeat medicines before they are dispensed.

There have been 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 Bradford University study concluded that the NHS cost of prescriptions issued for 56 days' supply is greater than those for 28 days (Gatley, Rooney & Chrystyn; Pharmaceutical Journal supplement 25th Nov 1995).

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 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

80% of returns were POM (cardiovascular and CNS were the two main BNF categories volume-wise, analgesics and non-steroidal were also high) and 90% of returns were from primary care sources. Cost of returns was shown to increase exponentially with age and duration of prescription (Hawksworth, Wright & Chrystyn; Journal of Social & Administrative Pharmacy: Vol 13, No. 4 1996).

A similar project was carried out in Lancashire over four months during which 4800 items were returned at a net ingredient cost of £19k. 95% were prescribed medicines with 90% originating in primary care. 21% of the medicines were returned unopened. CNS and NSAIDs were the highest volume medicines returned.

If you have queries on this PSNC Briefing or you require more information please contact [Alastair Buxton, Head of NHS Services](#).