

PRESCRIPTION MEDICINE WASTE DEBATE, WEDNESDAY 9 NOVEMBER 2011

RCN position

The Royal College of Nursing (RCN) firmly believes that much medicines waste can and should be reduced. Indeed, at the RCN UK Congress in 2011, delegates voted 99.78% in favour of the motion: “*That RCN Congress asks Council to investigate and promote ways to reduce the cost of prescribed medication and unnecessary wastage*”. During the debate on the issue, many nurses gave examples of the waste they see every day, such as patients arriving at hospital with carrier-bags full of repeat-prescription drugs they no longer use. For reasons of safety, prescribed drugs cannot be re-used, even if they are returned to a pharmacy or GP surgery unopened.

Through our Frontline First campaign, RCN Scotland is lobbying for NHS waste of all forms to be reduced. Nurses, many of whom are independent prescribers, are central to this debate on medicines waste.

Prescribing budgets and efficiency

Unaudited figures obtained by RCN Scotland through Freedom of Information requests show that Scotland’s fourteen territorial health boards overspent their GP prescribing budget alone by over £17.5m at the end of 2010-11. This was an improvement on their combined overspend of around £22m the previous year. However, boards had actually increased their GP prescribing budgets by an average of 4% showing that the costs of prescribing could still not be contained despite injecting extra money. According to the document *NHS Scotland Efficiency and Productivity: Framework for SR10 2011-15*, the overall annual cost of prescription drugs to the NHS is around £1.3bn or 14.2% of total spend.

However, at the same time as prescribing budgets were being overspent nursing posts were being cut from NHS Scotland’s books. Reductions to the workforce mean that whole-time equivalent nursing and midwifery staff in post are now at their lowest level since 2006 and, over the course of this year, we have seen acceleration in this loss of posts¹.

Clearly the implications of combined budget pressures on pharmaceutical spend – including waste, but also variations in prescribing practice, increasing drug cost pressures and the introduction of expensive new technologies – are particularly significant when boards are faced with decisions on how to meet their financial obligation to break even.

Alongside board activity to encourage the public to be mindful of their medicines use, NHS Scotland has identified prescribing as a high impact area for reducing inefficiency, particularly through reducing prescribing variation. For example, looking at significant variations in statin prescribing practice, in its *Efficiency and Productivity* framework, NHS Scotland estimated “productive opportunities” of £8.5m if all boards prescribed in the same way as the most cost effective quartile.

RCN Scotland welcomes an invigorated focus on reducing waste in all its forms. Failing to tackle pharmaceutical cost pressures, including waste, will impact on the quality of patient care as other NHS budgets, such as staffing costs, will have to be cut to make up the overspend.

Nurse prescribing

Despite the acceleration in the loss of nursing posts at this time, nurses are central to the solution and can contribute significantly to reducing prescriptions waste. Nurses have been able to train as prescribers in Scotland since 1996, with significant role expansions delivered in 2001 and again in 2006.

According to the report *An Evaluation of the Expansion of Nurse Prescribing in Scotland* carried out for the Scottish Government by Stirling University in 2009, nurse prescribers have improved treatment access, patient experience and care. In this research, patient representative groups were clear that nurses have an important role to play in improving speed of access and ongoing review of medication use, particular for those with long-term or chronic conditions.

A recent paper from the York Health Economics Consortium and London University's School of Pharmacy, *Evaluation of the Scale, Causes and Costs of Waste Medicines*, stated "...in welfare terms significantly greater returns could be generated by better medicines use, as opposed to waste reduction *per se*. Improving adherence in medicine taking can improve health outcomes." This is precisely where nurse prescribers can effectively work alongside patients, particularly in the community, to teach them how to manage and administer their complex pharmacy regimes and monitor usage – ensuring prescribing waste is minimised, safety is enhanced and health outcomes improved.

The York / London research clearly sets out the scale of the waste issue in England, which may well be comparable in Scotland. An estimated £1 in every £25 spent on primary care and community pharmaceuticals and allied product use in England is wasted. However, as the Scottish Parliament takes forward this debate in the context of wider discussions on public sector finances, it should be pointed out that the conclusions of the researchers are not simple.

- The researchers state that not all waste is avoidable, that the NHS in England does no worse than other comparable countries, and that less than 50% of medicines waste is cost-effective to prevent. This equates to £1 to £2 of potential savings per head of population served in Primary Care Trusts in England
- "...patients should not be blamed for the problems they experience in medicines taking, or for medicines wastage.... most drug wastage is not primarily the result of deliberate patient action"
- There was no evidence that "introducing more extensive charges for prescription medicines would be likely significantly to reduce current levels of NHS medicines waste"
- To "motivate clinicians and service users to use medicines as cost effectively as possible, decision makers and managers should place emphasis on improving health outcomes rather than waste cost reduction alone"

Conclusion

There is no doubt that there is significant medicines wastage in the NHS, and this arises for a range of reasons. Now that the NHS budget is under so much pressure, reducing this waste has become a matter of urgency. Failing to do so will result in the need for other important budgets, such as clinical staffing, to get cut.

While there is still some way to go to reduce medicines waste, where it is possible and cost-effective to do so, some important work has already been done by NHS Scotland and by other organisations. This must now be further developed, with the involvement of all staff who are involved in prescribing and with patients, to ensure that waste is minimised. This in turn will benefit the NHS as the money saved can be used to support other services.

¹ Figures released on 30 August 2011 show that: there has been a decrease of 485.7 nursing and midwifery whole time equivalent (WTE) posts in the first quarter of this financial year between 31 March 2011 and 30 June 2011. The decrease over the last quarter shows an acceleration in loss of posts, following a decrease of 711.3 WTE over the previous six months from 30 September 2010 to 31 March 2011, and a decrease of 550.2 WTE between September 2009 and September 2010. Nursing and midwifery WTE is now at the lowest level since 2006 (56,783.9 WTE in Sept 2006 compared with 56,681.2 WTE in June 2011). See: <http://www.isdscotland.org/Health-Topics/Workforce/Publications/index.asp#836>

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