

Quality and Productivity: Proven Case Study

Medicines management assistants: reducing medicine wastage

Provided by: University Hospitals of Leicester (UHL) NHS Trust

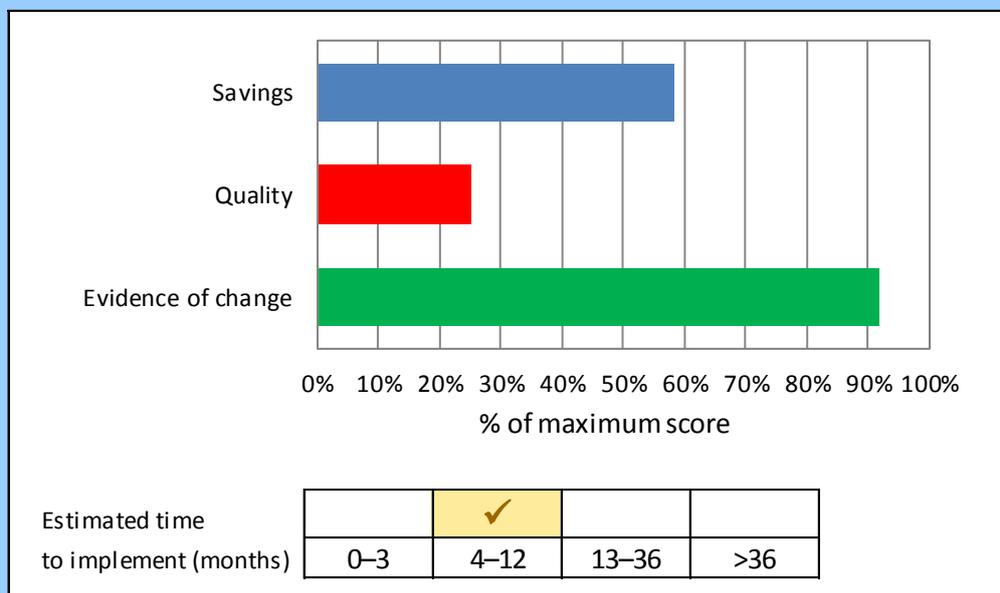
Publication type: Quality and productivity example

Sharing good practice: What are 'Proven Quality and Productivity' case studies?

The NICE Quality and Productivity collection provides users with practical case studies that address the quality and productivity challenge in health and social care. All examples submitted are evaluated by NICE. This evaluation is based on the degree to which the initiative meets the NICE Quality and Productivity criteria: savings, quality, evidence and implementability. The assessment of the degree to which this particular case study meets the criteria is represented in the summary graphic below.

Proven Quality and Productivity examples are case studies that show evidence of implementation and can demonstrate efficiency savings and improvements in quality.

Evidence summary



Changes since the previous version

Published Quality and Productivity case studies are reviewed annually. One year after the case study has been published in the Local Practice Collection, the submitter of the case study is contacted to ask if there is further information relevant to the case study, and the case study updated as required. The case study has been amended and additional changes are outlined in the table below.

Case study section	Update
Introduction	No change. The project continues to make savings as described in the case study.
Savings	Annual savings continue as described in the case study. Annual savings have varied. The main influence is the number of dedicated staff available to process medicines that have been returned.
Quality	No change.
Evidence	Annual savings were £708,079 in 2014 and £450,000 from January 2015 – November 2015. A drop in savings has occurred when there has been a staff vacancy and it is easier to destroy the returned medicines rather than process them.
Implementation	No change.

Quality and Productivity: Proven Case Study

Details of initiative

Purpose	To reduce the amount of medicines destroyed by reusing them where appropriate, ideally at ward level.
Description (including scope)	<p>The destruction of wasted medicines is a huge problem within hospitals and is very costly to the NHS. Traditionally, unused medicines are sent by wards to the pharmacy department and placed in clinical waste bins for incineration. Sometimes medicines are saved for reuse, but because of lack of time and the use of robots that only take full packs, reuse is limited.</p> <p>Medicines issued to inpatients that are no longer required by the ward are placed in a 'return to pharmacy' bin. The MMA visits the ward on a regular basis and empties the bin, sorting out waste medicines against agreed criteria for reuse. Suitable medicines are either returned to the pharmacy for reuse, sent to another ward to be kept as stock or placed in pharmacy-only cupboards/satellites to be dispensed by clinical teams at ward level. All waste is costed and details are recorded on a central database.</p> <p>Medicines that are the patient's own are not included in this scheme; these are used during their stay and returned to the patient on discharge. If the medicine is no longer required, it will be destroyed.</p>
Topic	Medicines use and procurement.
Other information	Supplied as evidence: <ul style="list-style-type: none">• Two-page summary used for business case.• Summary of criteria for reuse.• Presentation delivered by one of the post holders.

Savings delivered

Amount of savings delivered	Savings were extrapolated to be £491,000 in 2015. This equates to around £51,100 per 100,000 population.
Type of saving	The savings are cash-releasing from a reduction in expenditure on medicines.
Any costs required to achieve the savings	This submission required an investment of £75,000 for 4 WTE band 2 medicines management assistants. On current projections, this was anticipated to be repaid within 2 months.
Programme budget	Other.
Supporting evidence	The savings reduce when MMAs have left or been assigned to do other jobs. The greatest savings have been made when

Quality and Productivity: Proven Case Study

expensive injectable medicine was involved that was not routinely stocked on the ward, especially in intensive care, oncology, medical and renal wards. Surgery and maternity tend to have fewer savings.

Quality outcomes delivered

Impact on quality of care or population health	No impact anticipated.
Impact on patients, people who use services and/or population safety	None expected.
Impact on patients, people who use services, carers, public and/or population experience	No effect likely.
Supporting evidence	Patient experience and quality and safety are not affected by the initiative. There is a benefit to patients because medicines that previously could have been destroyed may now be available.

Evidence of effectiveness

Evidence base for case study	Evidence is from one teaching hospital trust's experience demonstrating savings as evidence of effectiveness. NICE guidance is available in this area: National Institute for Health and Care Excellence (2015) Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes . NICE guideline NG5 National Institute for Health and Care Excellence (2009) Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence . NICE guideline CG76
Evidence of deliverables from implementation	The initiative has been implemented in 100 wards across 3 different sites of 1 hospital trust.
Where implemented	UHL NHS Trust.

Quality and Productivity: Proven Case Study

Degree to which the actual benefits matched assumptions	<p>More than expected. Anticipated savings of £300,000 before implementation of this case study.</p> <p>Annual savings were £708,079 in 2014 and £450,000 from January 2015 – November 2015. A drop in savings has occurred when there has been a staff vacancy and it is easier to destroy the returned medicines rather than process them.</p>
If initiative has been replicated how frequently/widely has it been replicated	<p>No replication yet.</p>
Supporting evidence	<p>No further evidence provided.</p>

Details of implementation

Implementation details	<p>UHL NHS Trust has approximately 100 wards across 3 sites. To help deliver the initiative, 4 WTE pharmacy MMAs were recruited: 2 to the Leicester Royal Infirmary (the largest site) and 1 each to Glenfield and Leicester General. Implementation included training of the MMAs.</p> <p>A standard operating procedure (SOP) for recycling, returning and disposing of medicines is available to support this initiative, which was approved by pharmacy quality and safety committee. Any non-adherence to the SOP is recorded on Datix (an electronic incident reporting system). An example of an incident reported is when non-returnable medicines have been returned; this has been extremely rare and always picked up by the pharmacy dispensing staff.</p>
Time taken to implement	<p>Implementation is estimated to take between 3 and 12 months. Successful implementation depended on the recruitment and training of 4 WTE MMAs.</p>
Ease of implementation	<p>The initiative primarily involves MMAs. Cooperation of ward-based nurses and pharmacy staff is required.</p>
Level of support and commitment	<p>Key influencers have been supportive of the initiative. The pharmacy service manager responsible for the MMAs needed to ensure time was protected in order to deliver the initiative.</p>
Barriers to implementation	<p>Funding for the posts (initially).</p>
Risks	<p>Risk that posts would be used for other routine services within the pharmacy departments if under pressure. Posts were protected and managed by the service managers.</p>

Quality and Productivity: Proven Case Study

Supporting evidence No further evidence provided.

Further evidence

Dependencies No further evidence provided.

Contacts and resources

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If you require any further information please email: qualityandproductivity@nice.org.uk and we will forward your enquiry and contact details to the provider of this case study. Please quote reference 10/0052 R1 in your email.

National Institute for Health and Care Excellence (2015) [Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes](#). NICE guideline NG5

National Institute for Health and Care Excellence (2009) [Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence](#). NICE guideline CG76

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