

Medicines Adherence and Waste

This briefing and associated resources provide guidance, advice and examples of good practice for Integrated Care Boards (ICBs) and Health Boards (HBs) to develop local initiatives and campaigns on medicines adherence and waste. This bulletin is part of a [PrescQIPP adherence and waste webkit](#), which includes tools such as a project planning document, webinars, prevent medicines waste campaigns, and public and professional materials, for example, posters, leaflets, animations and media messages. Refer also to the [PrescQIPP bulletin 325. Empowering patients to manage their repeat prescriptions](#).

Key recommendations

- ICBs/HBs should review the good practice examples and supporting resources available within the [PrescQIPP adherence and waste webkit](#) and implement and evaluate the impact of medicines waste campaigns for the public and healthcare professionals.
- ICBs/HBs should consider utilising a social media marketing and communication strategy for medicines waste campaigns.
- ICBs/HBs should engage with other stakeholders to maximise the impact of medicines waste campaigns, such as community pharmacies, GP practices, secondary care, care homes, local community services, patient participation groups, third sector organisations (not-for-profit organisations and charities) and local councils.
- GP practices and community pharmacies should consider utilising the repeat prescription ordering campaign materials available as part of the [PrescQIPP adherence and waste webkit](#).
- GP practices should consider utilising the care homes checklist and GP receptionist checklist under 'resources for professionals' as part of the [PrescQIPP adherence and waste webkit](#).
- Prescribers should consider the use of electronic prescribing to support the reduction of medicines waste.
- GP practices should undertake appropriate medicines optimisation audits in addition to regular medication reviews for patients to optimise treatment, improve adherence and reduce medicines waste.
- Community pharmacists should undertake appropriate reviews in accordance with their service specifications, where available, to assist with improving adherence and reducing medicines waste.
- Both clinical and non-clinical staff should be made aware that they have an individual responsibility for managing waste sustainably (e.g. recycling cardboard packaging instead of disposing of it as clinical waste) to reduce costs to the NHS and lessen the environmental impact.
- GP practices and community pharmacies should source environmentally friendly and reusable alternatives to single-use plastics, such as medicine spoons, medicines cups, oral syringes and plastic compliance aids, where possible, and ensure the appropriate management and recycling of medicines packaging and pharmaceutical waste.

Summary

- The causes of medicines waste are multifaceted. Consequently, medicines waste and adherence projects and initiatives need to be multi-layered and long term in their approach. Standalone posters and leaflets campaigns will not change behaviours. An extensive social marketing and communication strategy is essential and partnership working across many organisations and stakeholders is encouraged.
- Both clinical and non-clinical staff should be aware that they have an individual responsibility for managing waste sustainably to reduce costs to the NHS and lessen the environmental impact.
- Implementing the NICE guidance on medicines optimisation¹ and using shared good practice and case studies to build up a business case to support investing in medicines adherence projects can be used to reduce medicines waste.

References

1. NICE. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE guideline [NG5]. Published March 2015. <https://www.nice.org.uk/guidance/ng5>

Additional PrescQIPP resources, including implementation tools and data:

<https://www.prescqipp.info/our-resources/bulletins/bulletin-366-medicines-adherence-and-waste/>

Support with any queries or comments related to the content of this document is available through the PrescQIPP help centre <https://www.prescqipp.info/help/>

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