

Reducing medicines waste isn't as simple as it seems

In order to minimise waste of all types, a fully integrated approach to providing high quality clinical and social care will be needed

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Waste of any sort, most people would agree, is wrong. The research the Universities of York and London are publishing in November 2010 shows that, for pharmacists and many members of the public, medicines waste (defined as the volume of prescribed NHS treatments that are ultimately incinerated or disposed of in drains or rubbish bins and its associated costs) is especially wrong.

The fact that our new report "Evaluation of the scale, causes and costs of waste medicines" shows that the NHS in England is spending about £300m on drugs that are not used could be taken to indicate careless professional and patient behaviour.

At worst, this is a public scandal. The existence of waste on such a scale might even be regarded as a reason for ending free NHS prescriptions, because of the (unfounded) belief that people do not waste what they pay for. It could, in addition, seem to provide an open-and-shut case for investing more in pharmaceutical services aimed at raising awareness of prescribed drug wastage and extending the authority of pharmacists to enable them to exercise firmer control over medicines supply and use.

However, the true picture is more complicated than is sometimes appreciated. There is, of course, a robust case for further improving repeat prescription dispensing, medicines use reviews and many other medicines management services. But ill-informed approaches to cutting waste at any cost could have unintended consequences that might not only harm pharmacists' interests but patients directly.

There is evidence, for example, that increasing the proportion of more vulnerable NHS users required to pay prescription charges could have this effect.

Our research also indicates that the NHS is presently — through professional and managerial effort at many levels — controlling the medicines waste problem better than ever before, given that, with an ageing population, medicines use measured in terms of prescription items dispensed per capita is today more than twice that recorded in 1990. For the UK, average use is now 18 items per person per year, compared with seven items two decades ago.

Indeed, we conclude that the NHS in England does not have a serious systemic problem with medicines wastage that marks it out from other healthcare systems. The way ahead towards even better performance lies in building on existing NHS pharmacy and wider service improvement initiatives, which are, in a number of respects, already world-leading.

This will, in part, involve praising rather than criticising the responsibility and care already being displayed by not only most doctors, nurses and pharmacists, but also by most NHS users.

Improving health, not just saving money

How can it be that, if NHS primary care and allied community care services materially waste £300m worth of medicines a year, this does not mean there is a major systemic problem? Why might pharmacists ultimately put their position in the health service at risk if they focus too much effort on cutting medicines waste as a goal in its own right?

The answers to such questions are not easily summarised. But relevant facts include:

- The NHS in England spends in the order of £8bn on primary care medicines and £100bn overall. Against these totals, the cost of wasted drugs is relatively limited, at about 4 per cent of all pharmaceutical outlays. It is comparable with the figures for countries such as Sweden.
- Not all medicines waste is practically or desirably avoidable. If, for example, a patient experiences unwanted side effects (or recovers from an acute complaint), it may well be appropriate to “waste” the remainder of the dispensed treatment. And given that the cost of most generic medicines is now low relative to that of labour, not all potentially avoidable over-supply episodes are economically avoidable. In our report, Nick Barber and Yogini Jani explore this reality in the care home context. It is also reflected in our call for flexibility in relation to 28-day prescribing and dispensing.
- Reducing medicines waste and improving medicines taking are overlapping goals. However, they are not the same thing. The contributions of Paul Trueman and his colleagues to our joint research show that the value of the health gains that better medicines taking could generate is likely to outweigh significantly any savings waste reduction programmes such as, say, DUMP (Dispose Unwanted Medicines Properly) campaigns might offer, even if academic research on adherence has not as yet been translated into practices that community pharmacists or others can use on a daily basis to realise better health.

Care quality

High-profile stories about people with potentially frightening conditions, such as asthma or chronic obstructive pulmonary disease, hoarding costly inhalers, or individuals living with early-to-moderate dementia or patients who have died being found to have bin bags full of unused drugs, raise questions about overall health and social care quality.

We argue that medicines waste in such circumstances can be seen as an indicator of care failure that may, on occasions, stem from under-investment rather than factors such as prescriber profligacy or perverse dispensing incentives.

Hence, although our report strongly supports the further development of pharmacy-based innovations, such as the “My new medicines” service recently outlined by pharmacy minister Earl Howe, our final finding is that seeking better pharmaceutical care alone is not enough.

To truly minimise waste of all types, from the supply of drugs that are not used to the funding of unproductive human activity, a fully integrated approach to providing high quality clinical and social care will be needed. Establishing this will be an important challenge for the “new NHS” and the professional groups working in it in the coming decade.

27 November 2010