



# Waste Reduction Scheme Webinar

Thursday 27th November 2025

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## Housekeeping!

 **Stay on mute** – Please keep your microphone muted unless invited to speak. This helps reduce background noise for everyone.

 **Use the chat** – Got a question or comment? Pop it in the chat! We'll monitor it throughout and address questions during the Q&A.

 **Session recording** – This session is being recorded and will be shared on our website after the event.

 **Resources and slides** – Any links or materials mentioned will be shared in the chat and/or emailed after the session.

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## Tonight's Agenda

Background & why the service is being commissioned

Overview of the service

Using PharmOutcomes to send recommendations

Questions



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Background - why the service is being commissioned

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## Background

- £10million (estimated) waste medicines across WY each year.
- Excess medicines in the home are a safety risk to patients and others
- Several recommendations to help reduce medicines waste including the “*only order what you need*” **public facing** campaign.
- A collaborative waste reduction scheme aims to maximise the benefits of the high number of patient contacts made by community pharmacy alongside the PCN/practice pharmacists.



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## Utilising Community Pharmacy to Reduce Prescribing Waste (The Avon Scheme)

- Based on a scheme previously run in Avon which demonstrated a clear ROI (£4.28 for every £1 spent).
- The most common type of recommendation was to switch from one medication to another, followed by removal of medication, reducing the quantity on the prescription and reducing the frequency of prescribing. **The removal of medication achieved the biggest savings.**
- Main outcome = reduced waste and reduction in ICB prescribing costs. However, an unforeseen benefit was enhanced working relationships between community pharmacy teams and practice support pharmacists.



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## Benefits of a Collaborative Waste Reduction Scheme

Aims to:

- Reduce medicines waste across West Yorkshire
- Reduce excess medication in patient's homes and improve safety.
- Positively impact the ICB prescribing budget
- Environmental benefits to reducing unnecessary medication
- Support collaborative working between community pharmacy and general practice



**Reducing  
Medicine  
s Waste  
Together**

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Service Overview

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# Waste Reduction Scheme Reducing Medicines Waste Together



- Expected to run for 6 months (to end of July). Will be reviewed at this point.
- **Eligibility** – patients registered with a Leeds or Bradford & Craven GP.
- **Excluded** – patients who have repeat meds managed through eRD (review of medicines is part of eRD).
- **Consent** – informed verbal consent to receive the service must be sought from the patient, or their representative and recorded in the pharmacy's record.



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## Waste Reduction Scheme – Overview



The service involves:

- Speaking to the patient to check if there are any items being ordered or dispensed that the patient has stopped taking or no longer needed.
- The pharmacist or pharmacy technician informing the GP practice of any subsequent recommendations/suggested changes to the patient's repeat medication record. Examples might include:
  - ❖ To remove the item as it is no longer required
  - ❖ To lengthen the prescription interval so that it can be ordered less frequently (particularly for "when required" or non-oral preparations such as creams or inhalers e.g., changing salbutamol inhaler duration from 28 to 180 day repeat interval)
  - ❖ To synchronise prescription duration (i.e. all items on 28 or 56 days).
- The practice makes appropriate amendments after checking clinical suitability.  
\*Note: members of the ICB Med Opt team are supporting with engagement at practice level including ensuring recommendations are actioned within 21 days of the recommendation
- Provision of the service is supported by PharmOutcomes.



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# Waste Reduction Scheme – Overview



- All members of the dispensing team can identify items which are potentially unnecessary medicines.
- Pharmacists and pharmacy technicians must carry out the consultation with the patient and take accountability for making the recommended change to the GP practice.
- Care records should be reviewed in conjunction with Pharmacy PMR for each recommendation (patient consent is required for access to records).
- **Interventions may be made even if the prescription item is required to be dispensed on that occasion.** If the patient states they do not need the item at the time of the intervention, then it must be marked as not dispensed on the FPIO



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# Payment Structure



- Payment of **£30** for each actioned recommendation. Broken down:
  - £5 for each recommendation submitted (even if declined by the practice).
  - £25 for each recommendation accepted and implemented by the practice.
- Where a recommendation is 'not actioned' by the practice, feedback should be made available to the community pharmacy team (via PharmOutcomes).
- If more than 10 recommendations have been sent to one practice and feedback not received, the practice will temporarily be removed from the service, and no further recommendations can be sent (the practice will be unavailable for selection via PharmOutcomes). CPWY will escalate to the ICB Meds Opt Team.
- Remuneration is per drug e.g. if the recommendation is a change to dose **and** frequency this counts as one intervention



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## Example Interventions



*"A medicine item on a patient repeat prescription which can be removed from the patient's prescription altogether or the quantity of medicines can be reduced by a significant quantity."*

- Removing duplicates of items that are no longer required e.g. patient has Sukarto SR 500mg and metformin SR 500mg listed on repeat. Remove the branded generic to avoid duplication and risk of double dose.
- Wastage from over ordering e.g. patient gets 60 Laxido on repeat but only uses them occasionally. Suggest reduction in quantity to 30.
- **Mainly about stopping medicines** but could also include formulation changes, brand to generic switching, medication alignment/synchronisation (think about margin!)



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## "House-Keeping" & Synchronisation Examples



- Patient prescribed co-codamol 30/500mg on repeat before a knee operation but no longer needed – recommend unwanted/legacy item removed (reduces risk of being prescribed inadvertently)
- Patient getting 1 item as 56 days and the rest as 28 but ordering the 56 every month – recommend to reduce this 1 item to 28-day supply.



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## Leeds 25/26 QIPP

ONS	Improve compliance with ONS formulary choices - <a href="#">Aymes</a>
Biosimilars	<a href="#">Novorapid</a> - <a href="#">Trurapi</a> & Humalog – <a href="#">Admelog</a> Denosumab once available
Low Dose Vitamin D	Stop in line with WY commissioning statement
Gliptins	1st choice - sitagliptin
DOAC	Switch <a href="#">edoxban</a> to apixaban
Blood Glucose Testing Strips	Cost effective choice
Fostair	<a href="#">Luforbec</a> / <a href="#">Proxor</a>
Specials	Reduce
Items not for routine prescribing	Stop
Calcipotriol/betamethasone foam	Switch to gel
Topiramate Capsules	Switch to tablets
Gaviscon Advance	Switch to <a href="#">Acidex Advance</a>
Venlafaxine 75mg & 150mg MR Capsules	Switch to tablets
<a href="#">Dovobet</a>	Switch to generic
SGLT2i	1st choice - dapagliflozin
FSL2	FSL2+



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PharmOutcomes

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# Using PharmOutcomes (Pharmacy Section)

## How to Use PharmOutcomes for the Waste Reduction Scheme

Click on the **Services** tab to take you to the service delivery screen, you will find the service down the left hand side under **Provide Services**.

### Meds Waste Reduction and Meds Optimisation Scheme - Pharmacy Section (Preview)

Prescription recording for this service is not live yet (Recording starts on 28 Nov 2025)

This preview allows you to familiarise yourself with details in the recording form, and perform your workflow ahead of the live date.

**Registration Requirements**  
The commissioner requires that the individual delivering this service meets certain criteria. Enter either your name or registration number in the box below and select from the list that appears.

Registration Number: \_\_\_\_\_

OR  
Enter your full name in the box above. Then either select your name where it appears, or select "New Practitioner" if you have not recorded before.

Enter patient details using the PDS. Click the **green** buttons to toggle between searching by NRG Number or patient details.

In the **Referral Information** section, ensure that consent has been confirmed and specify the GP surgery to which the referral should be directed.

### Referral Information

Consent to share information  
For medicines substitution and waste reduction.

Consent:  Yes  No (Select next page)

Refer to GP surgery: \_\_\_\_\_

Confirm that you have discussed the change with the patient or their carer.

### Patient Counseling

Have spoken to the patient or their carer about the change and they have confirmed their wish to proceed with the change.

Please confirm conversation with patient:

Have spoken to the patient

Have spoken to the carer

Complete the **Medication Review** section by entering the relevant medication details and selecting the appropriate action(s) to be taken. Multiple options may be selected.

### Medication Review

Medication Name: \_\_\_\_\_

Quantity: \_\_\_\_\_

Strength: \_\_\_\_\_

Formulation: \_\_\_\_\_

Indication: \_\_\_\_\_

Frequency: \_\_\_\_\_

Route: \_\_\_\_\_

GP Surgery: \_\_\_\_\_

For certain actions, such as **Reduced Quantity**, an additional field will appear where you can provide further details—for example, suggesting a revised quantity.

Complete the final **Audit Question** by indicating the reason(s) the patient no longer requires the medication. You may select more than one applicable reason.

### Audit Question

Please select from the following for why the patient no longer needs the medication:

Why does the item need to be reviewed?

Stopped taking due to side effects

No longer suffering with condition

Medication is available OTC

Alternative medicine suggested to treat condition

Alternative strength of medicine suggested (e.g. strength of 2 strengths)

Other: \_\_\_\_\_

Year of last use: \_\_\_\_\_

To ensure you are kept for making the recommendation, please complete the referral status form which appears in the next steps. See what saving looks like.

**IMPORTANT** - once the referral has been saved, as outlined in the blue box above, ensure the referral claim form is also completed to secure payment.

### Waste Reduction - Claim Form (Preview)

Prescription Date: 01/Nov/2025

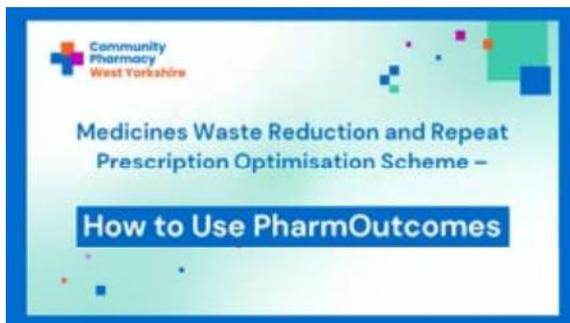
Name: \_\_\_\_\_

Has consent been given:  Yes  No

Patients risk to continue that a recommendation has been sent for this referral:  Yes  No

Tick to confirm:  Yes  No

# Using PharmOutcomes (Practice Section)



## How to Use PharmOutcomes for the Waste Reduction/Repeat Prescription Optimisation Scheme

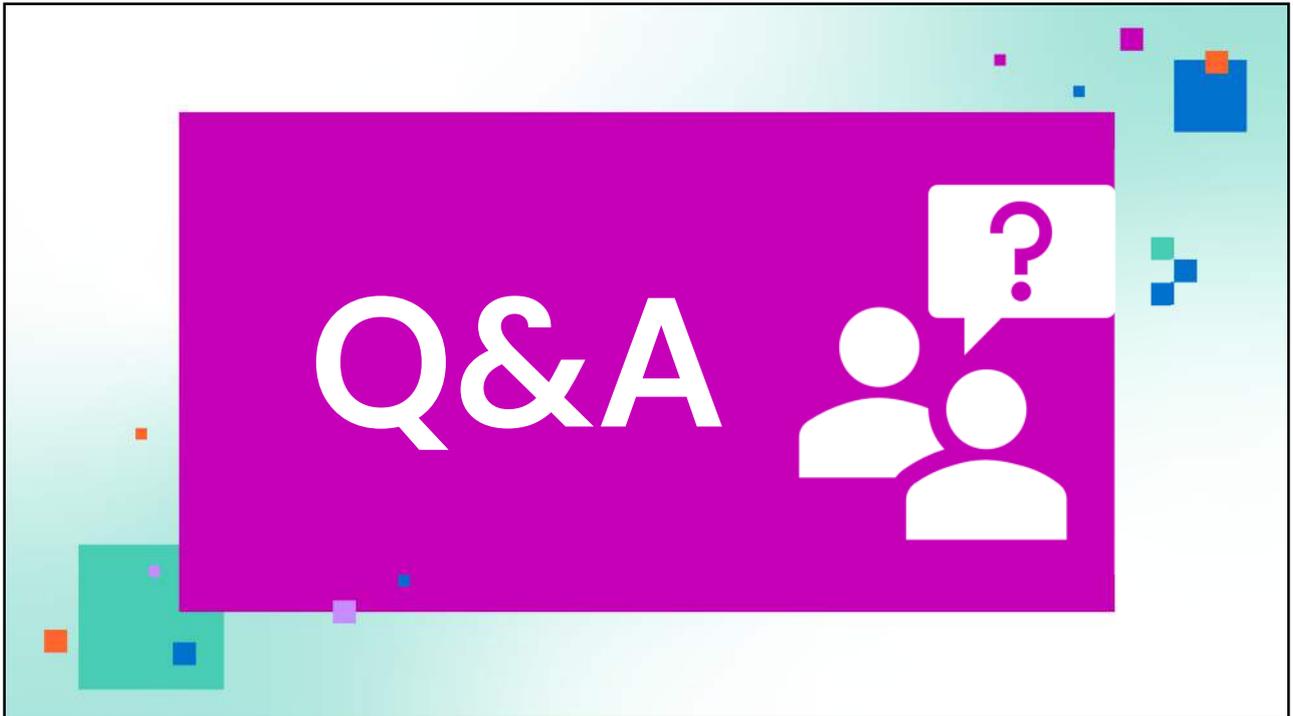
Go to **PharmOutcomes** on your internet browser and log in.

Once logged in click on the **Services** tab to take you to the service delivery screen.



Referrals that require action will appear at the top of the PharmOutcomes Services page under

Click on a referral to view the information sent by the referring organisation



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