

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 lefthand side under **Provide Services**.

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

Provision 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 enrolment ahead of the live date.

Enrolment Requirements

Preview Service for Commissioner

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.

Practitioner Name

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

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

Patient Lookup via the Personal Demographic Service (PDS)
[More information about PDS \(opens in new tab\).](#)

The commissioner of this service **requires** that the PDS service is used to attempt to verify patient details **at least once**.

Search by patient details

Please provide a minimum of the patient's NHS Number. Press 'Lookup via PDS' to try and find the patients details:

NHS Number
The patient's verified NHS Number

Lookup via PDS

Registered GP

try to filter results by "nearest first" ...
... nearest to either patient postcode (if found)
otherwise your provider postcode

Provision Date

Patient Lookup via the Personal Demographic Service (PDS)
[More information about PDS \(opens in new tab\).](#)

The commissioner of this service **requires** that the PDS service is used to attempt to verify patient details **at least once**.

Search by patient NHS Number

Please provide a minimum of the patient's Date of Birth, Sex and Last Name. Press 'Lookup via PDS' to try and find the patients details:

Date of Birth
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Sex Male Female

Family Name
Last Name

Given Name(s)
First Name or names

Postcode

Lookup via PDS

GP Surgery


try to filter results by "nearest first" ...
... nearest to either patient postcode (if found)
otherwise your provider postcode

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 optimisation and waste reduction.

Consent: Yes Consent given
 No Consent **not** given

Refer to GP Surgery 

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

Patient Counselling

I have spoken to the patient or their carer about the change and they have confirmed they are happy with the change

Please confirm conversation with patient

I have spoken to the patient
 I 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

Is the item a special? No Yes

Cost of the special
£

Medication to be reviewed
Please enter total quantity to enable the value to be calculated

Quantity

Action to be taken

- Remove medication
- Reduce prescribing frequency
- Reduce quantity
- Switch to alternative medication
- Merge drug strengths
i.e. 15mg + 30mg tabs merged to 1x45mg tab
- Other - please provide details

Use the box below (ONLY if required) to send additional info to the practice.

Can be left blank

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 list why the patient no longer needs the medication.

Why does the item need to be removed?

- Stopped taking due to side effects
- No longer suffering with complaint
- Medication is available OTC
- Alternative medicine suggested to treat condition
- Alternative strength of medicine suggested (e.g. merging of 2 strengths)
- Other

Tick all that apply

To ensure you are paid for making the recommendation, please complete the referral claim form which appears in the next steps box after saving this form.

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)

Provision Date

Name

You cannot register new Name

Please tick to confirm that a recommendation has been sent for this patient.

Tick to confirm

Yes