

# **NHS Community Pharmacy Contractual Framework Essential Service – Disposal of unwanted medicines<sup>1</sup>**

## **1. Service Description**

- 1.1 Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal. PCOs will need to have in place suitable arrangements for the collection and disposal of waste medicines from pharmacies.

## **2. Aims and intended service outcomes**

- 2.1 To ensure the public has an easy method of safely disposing of unwanted medicines.
- 2.2 To reduce the volume of stored unwanted medicines in people's homes, by providing a route for disposal, thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
- 2.3 To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.
- 2.4 To reduce the environmental damage caused by the use of inappropriate disposal methods for unwanted medicines.

## **3. Service outline**

### **3.1 Community pharmacy responsibilities where the PCO has in place suitable arrangements for the collection and disposal of medicines from pharmacies:**

- 3.1.1 Community pharmacies act as a collection point for the public's unwanted medicines. Returned medicines can be accepted from households and individuals. In this instance the term household is taken to include residential homes<sup>2</sup>. However medicines cannot be accepted from nursing homes<sup>3</sup>, who must themselves arrange for their waste medicines to be disposed of appropriately.
- 3.1.2 Returned medication will be stored in UN type containers provided by the waste disposal contractor.
- 3.1.3 Returned solid medicines/ampoules, liquids and aerosols must be separated.
- 3.1.4 Returned liquid medicines should be stored in special containers provided by the waste disposal contractors for that purpose. Aerosol containers should be stored separately from the rest of the returned medicines.
- 3.1.5 Schedule 2 and 3 Controlled Drugs that are subject to safe custody regulations, which are returned by patients, must be segregated from other returned medicines and stored in compliance with the Safe Custody Regulations until they have been rendered irretrievable. All controlled drugs in Schedule 2 and 3 should be rendered irretrievable before they are disposed of (as the company who collects medicines for disposal is not authorised to possess or transport controlled drugs).<sup>4</sup>
- 3.1.6 Waste medicines produced in the pharmacy (which were held in stock to fulfil NHS prescriptions) can be disposed of via this route, but they should be stored in separate containers from waste returned from households and individuals. The Special Waste Regulations 1996 (as amended) indicate that an establishment which collects special waste shall not mix different categories of waste nor mix special waste with waste which is not special waste.

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<sup>1</sup> Some aspects of this service specification require changes in legislation to be completed before the service can be provided as outlined.

<sup>2</sup> i.e. care homes that were previously registered as residential homes.

<sup>3</sup> i.e. care homes that were previously registered as nursing homes.

<sup>4</sup> The Environment Agency (EA) has suggested that the denaturing of CDs is likely to constitute a waste treatment, which would require the pharmacy to hold a waste management license. DH is in discussion with DEFRA and EA to resolve this matter

- 3.1.7 Community pharmacies will comply with all relevant waste management legislation, including:
- Registration of their conditional exemption to store waste pharmaceuticals returned from households and by individuals, with the local office of the Environment Agency (in line with the requirements of paragraph 39 (1) of the Waste Management Licensing Regulations 1994 (as amended). Registration of the conditional exemptions does not currently incur a charge.
  - Securely storing waste medicines (including those which are special waste) which have been returned to the pharmacy from households or by individuals for no longer than six months and not exceeding 5 cubic metres in volume at any time.
  - Retaining Special Waste consignment notes (and any associated lists or schedule) on a register for a period of not less than three years.
  - Retaining descriptions and transfer notes for at least two years.
  - Registration of the pharmacy/company as a waste carrier with the local Environment Agency office if the pharmacy/company carries waste medicines from peoples' homes/residential homes back to the pharmacy.
- 3.1.8 Pharmacy contractors should ensure that their staff are made aware of the risk associated with the handling of waste medicines and the correct procedures used to minimise those risks.
- 3.1.9 Appropriate protective equipment, including gloves, overalls and materials to deal with spillage, should be readily available close to the storage site.

### **3.2 PCO responsibilities:**

- 3.2.1 Pharmacies will only have to act as a collection point for disposal of unwanted medicines if the PCO has in place suitable arrangements for collection and disposal.
- 3.2.2 When a PCO arranges the collection and disposal of returned medicines from pharmacies it is acting as a 'broker'. PCOs will have to register themselves as a broker with the local office of the Environment Agency.
- 3.2.3 To use an appropriately registered specialist contractor to remove waste from pharmacies and convey it to a licensed site for safe disposal.
- 3.2.4 Collections from pharmacies should be on a regular basis, at a frequency agreed by the PCO and the pharmacy contractor. There should also be the ability for the pharmacy to request extra collections if required.
- 3.2.5 The PCO will provide a contact for any queries relating to disposal of returned medicines.