Managing medicines inventory in hospital pharmacy

04 February 2026

The first stop for professional medicines advice

Today's speakers

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SPS Regional Pharmacy Procurement Specialist, Midlands

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SPS Regional Pharmacy Procurement Specialist, South West

About this webinar....

Continuing our webinars to support colleagues in operational procurement:

- Induction
- Shortages
- Off contract claims
- Horizon scanning

This webinar will focus on:

- Overarching principles of inventory management
- Newly published guidance notes on SPS website
- Exend & Exend+ to support system improvements
- Where could you focus next?

Note: Nothing is mandatory. Trusts need to review the most appropriate models of managing stock locally

Why is this important?

Patient care
Ensuring the right medicines of the right quality are available at the right time.

Mutual aid requests, out of hours & emergency deliveries

Operationally Effective
Optimise NHS resources in the process of procuring, storing and distributing medicines.

Slow stock turnover, high order frequency, ineffective storage and processing backlogs

Best value for the NHS
Limiting medicines write-off costs, and being prepared for best value opportunities

Delayed switching to best value medicine. Large value expired stock

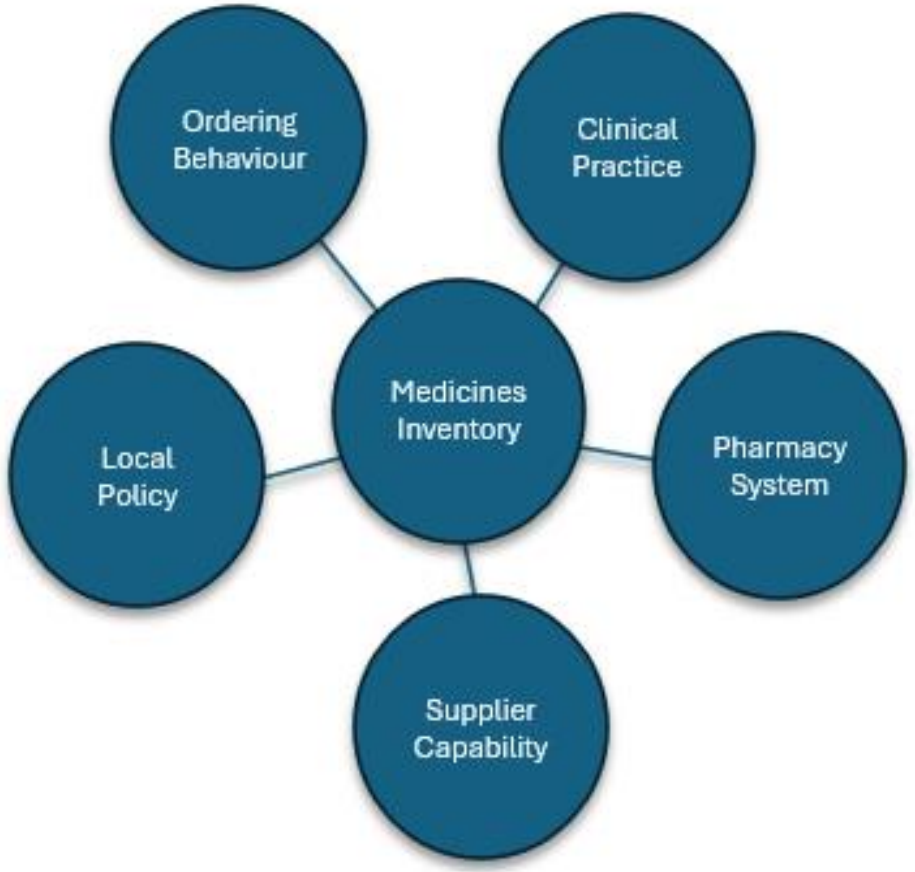
Environmental
Protecting the environment by ensuring that we limit the amount of medicines that are wasted.

Why is this important?

- Inventory is an asset in financial terms and generally reported monthly and yearly.
- Good inventory management supports the delivery of best value medicines - preparation for new transition molecules.
- Large operating surplus of stock is a potential financial liability unless addressed.
- Raise profile of Commercial OPD stock management
- Improves effective team working - variable practices between pharmacy departments
    - Clinical leads
    - Dispensaries
    - Stores
    - Technical services.

Issues affecting inventory

- Pharmacy stock control systems
- Local policies
- Supplier capability
- Humans!
  - Changes in clinical practice
  - Ordering behaviours – manual vs system



Inventory management guides on SPS website

The first stop for professional medicines advice

Managing medicines inventory - introduction

Managing medicines inventory

Published 13 January 2026

Topics: Procurement · Trusts

Approaches to maintain accurate medicines inventory and investigate incorrect stock levels by secondary care pharmacy procurement teams.

This article forms part of a series

Managing medicines inventory

- Understanding principles of medicines inventory management
- Completing regular and annual stock checks
- Reconciling stock in automated storage systems
- Monitoring slow moving stock and rarely used medicines
- Managing high value medicines
- Managing stock of critical medicines
- Managing high frequency order lines
- Managing expired stock and decommissioned products

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Using our advice

To support the continued supply of medicines, hospital pharmacy procurement and store leads need to maintain an accurate inventory.

We encourage you to work with senior leadership, internal and external auditors to establish what the Trust policy requirements are and apply appropriate processes.

Using articles in this series

We discuss different actions procurement leads can undertake to maintain their inventory, some of which can be measured for quality improvement. Many approaches might be viewed as best practice, but none are mandated by regional pharmacy procurement leads.

Optimum medicines inventory processes for individual trusts rely on the accuracy of medicine stock levels. Medicines stock levels are in a constant state of change due to activities such as dispensing, issuing, receipting, it is important to review potential incorrect stock levels in a timely way to prevent further inaccuracies and maintain patient safety.

Investigating incorrect stock levels

Inventory can be incorrect for many reasons, and trusts are urged to undertake reasonable root cause analysis to identify the potential cause for inaccuracies. Procurement and stores leads need to balance the appropriate resources committed to investigate a discrepancy against the value, volume, criticality (controlled drugs) and frequency of occurrence.

It is important to understand charging a medicine discrepancy to a cost centre on the pharmacy system might impact on the product usage profile and ordering of replacement stock. Discrepancies should be be addressed appropriately.

The stock correction processes built into some pharmacy systems will attribute the financial loss or gain of a product to the pharmacy budget. Identifying the cause of a stock discrepancy and applying the appropriate IT processes to resolve the problem is essential.

Hospital procurement leads may want to consider the following list of causes when reviewing stock inaccuracies.

Incorrect quantity

Receipted

An order is receipted and only part of it has been delivered. This can be an issue with standing orders where deliveries are made over a set period of time.

Picked

These can occur in any location, but typically where a dispensing label is not applied, for example picking for ward stock, or requisitioning between locations.

Dispensed

A mix up between boxes of medicines and individual units. For example, a box of 10 ampoules is booked out as 1 individual unit.

Open store

When stock is moved between stores and dispensary locations but stock transfers on IT systems are not used. A closed store generally has processes in place to restrict staff moving stock and ensures better accuracy. Correcting stock discrepancies typically involves counting stock at all locations to identify the cause.

Incorrect use of automation

Most automated storage systems will allow for a manual override to remove a product from storage. If used inappropriately, these systems will generate a reconciliation issue between the automated system and pharmacy IT system.

Incorrect use of labelling systems

Some pharmacy systems allow for relabelling of a dispensed medicine without deducting stock as a registered issue transaction. These systems are sometimes used when stock is inaccurate but can further contribute to stock inaccuracies if not identified and resolved.

Stock adjustments

Adjusting stock without fully investigating its cause can contribute to broader stock discrepancies. This is particularly an issue when stock is regularly moved across multiple storage locations without the correct use of pharmacy systems.

Diversion of product

The term used to describe stock theft.

Expired stock

Disposed stock not booked off the pharmacy IT system.

Short-dated stock

Stock on the pharmacy system but not suitable for use. Robust expiry checking is essential for patient safety.

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Important to understand the consequences of how you correct stock

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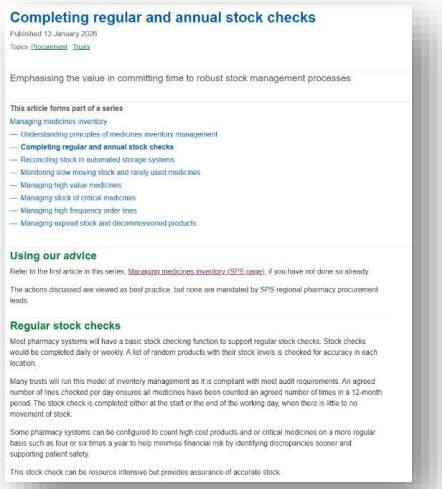
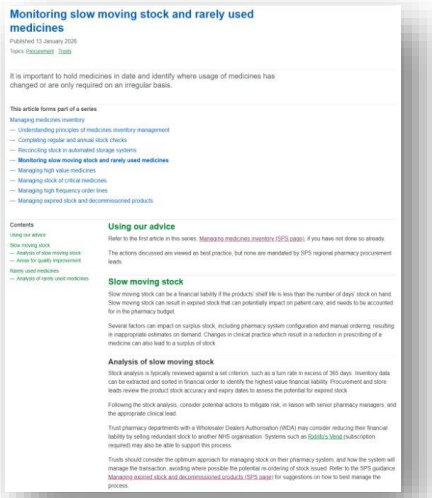
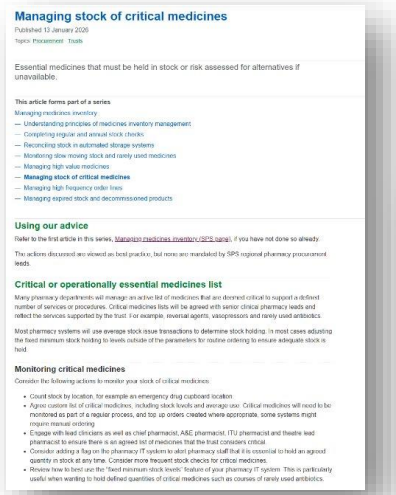
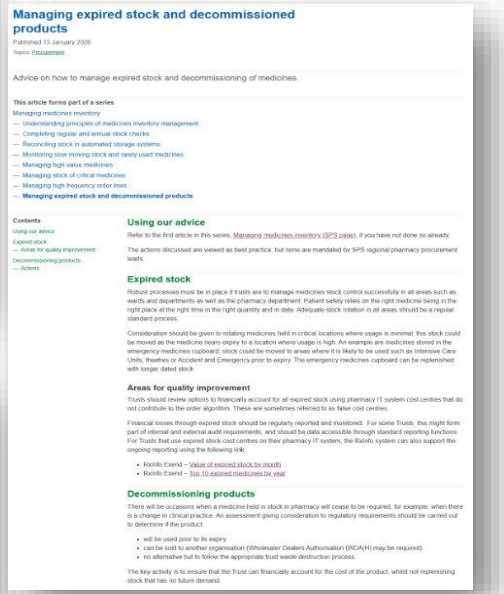
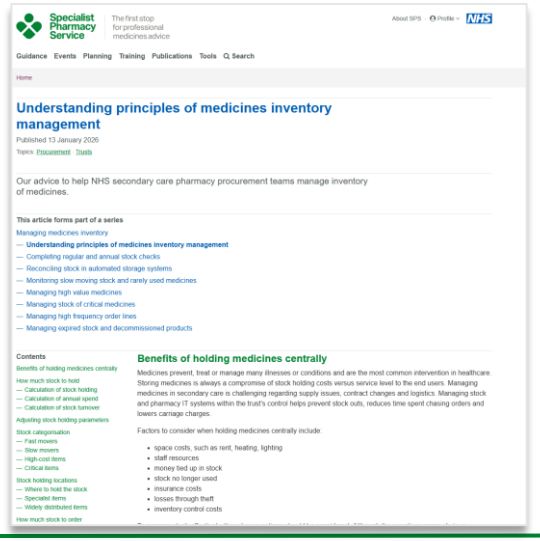
SPS webpages to support procurement

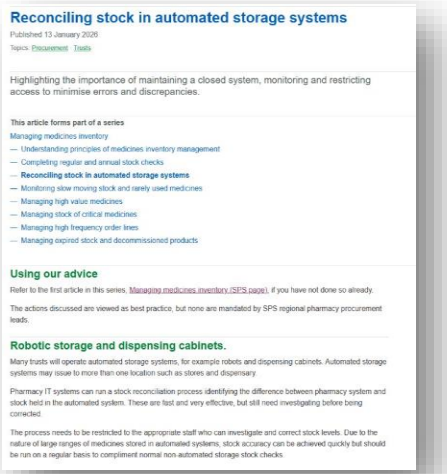


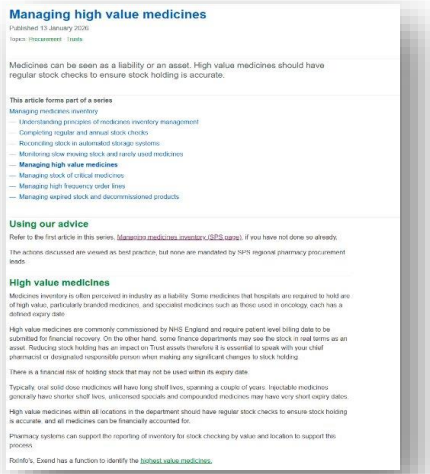


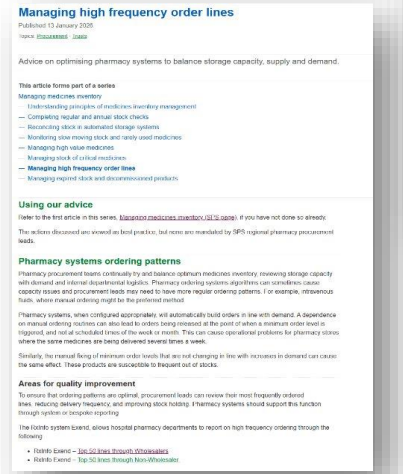






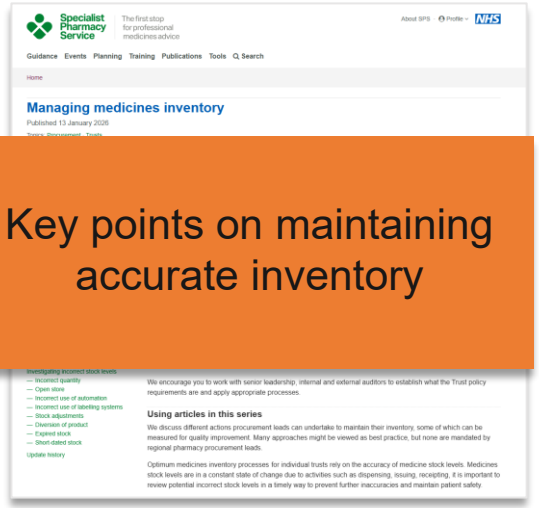




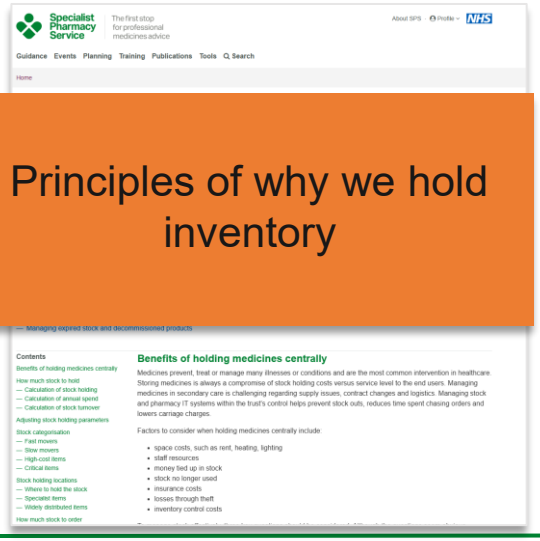


SPS webpages to support procurement

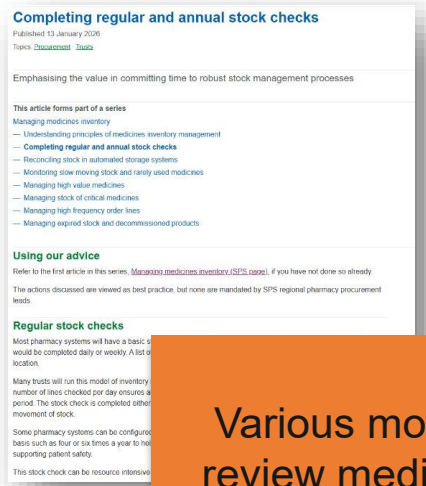
Key points on maintaining accurate inventory

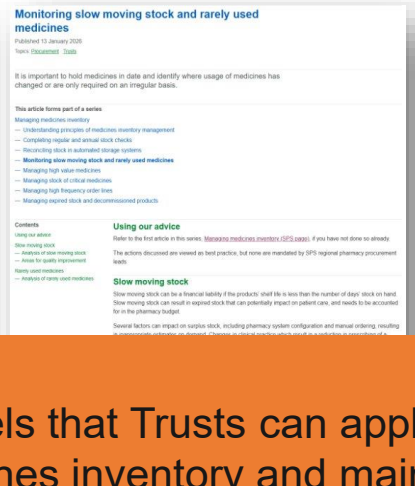


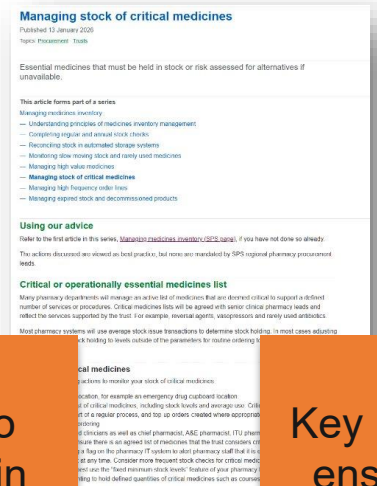
Principles of why we hold inventory

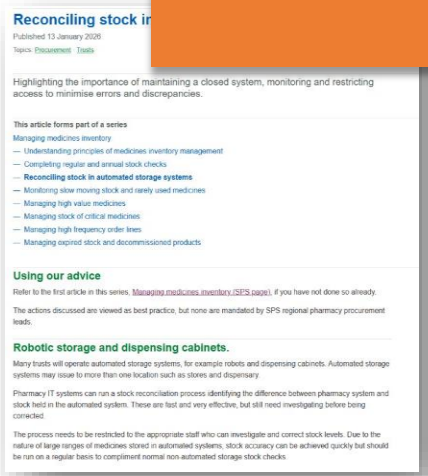


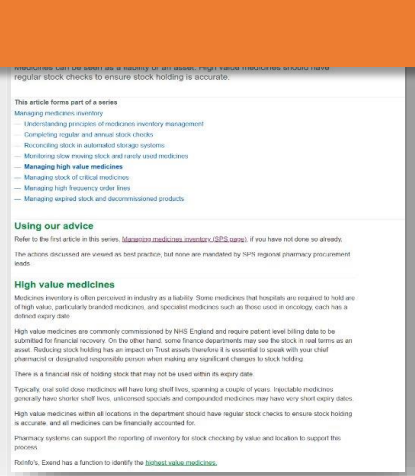
Various models that Trusts can apply to review medicines inventory and maintain accurate and appropriate stock

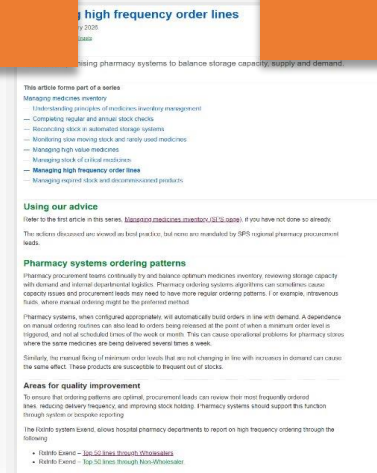




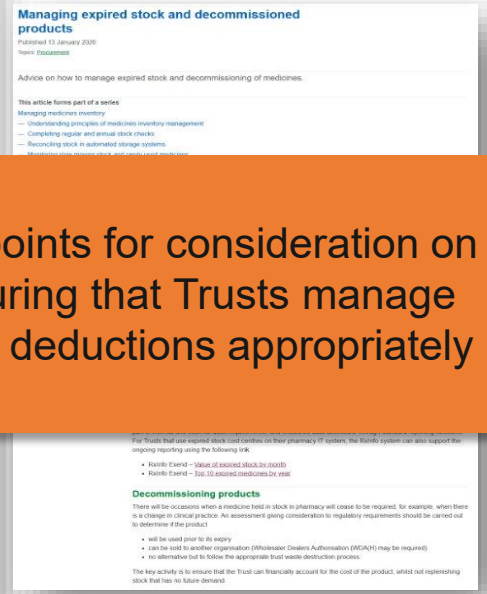








Key points for consideration on ensuring that Trusts manage stock deductions appropriately



Principles of managing inventory

Understanding principles of medicines inventory management

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Topics: Procurement · Trusts

Our advice to help NHS secondary care pharmacy procurement teams manage inventory of medicines.

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— Completing regular and annual stock checks

— Reconciling stock in automated storage systems

— Monitoring slow moving stock and rarely used medicines

— Managing high value medicines

— Managing stock of critical medicines

— Managing high frequency order lines

— Managing expired stock and decommissioned products

Contents

Benefits of holding medicines centrally

Medicines prevent, treat or manage many illnesses or conditions and are the most common intervention in healthcare. Storing medicines is always a compromise of stock holding costs versus service level to the end users. Managing medicines in secondary care is challenging regarding supply issues, contract changes and logistics. Managing stock and pharmacy IT systems within the trust's control helps prevent stock outs, reduces time spent chasing orders and lowers carriage charges.

Factors to consider when holding medicines centrally include:

- space costs, such as rent, heating, lighting
- staff resources
- money tied up in stock
- stock no longer used
- insurance costs
- losses through theft
- inventory control costs

To manage stock effectively, three key questions should be considered. Although the questions seem obvious, colleagues are often continue 'as normal' and may not be reviewing the basics.

1. How much stock to hold?
2. How much stock to order?
3. How often to order?

We discuss each question in the rest of this article. You should consider incremental changes to the pharmacy ordering system and monitor the impact of change to avoid unintended overstocking or destocking of key medicines.

How much stock to hold

It is important to know how much stock you hold at any time. Pharmacy procurement teams should consider implementing the three calculations discussed in line with local policy.

Calculation of stock holding

Most systems allow this figure to be generated. In addition to pharmacy IT systems, Rx-info has developed software for NHS hospital pharmacies and finance departments, providing them with instant access to high quality business intelligence reports. Secondary care pharmacy procurement teams have access to the RxInfo system. The RxInfo System, Exend provides monthly tracking of inventory value through the following:

RxInfo Exend – Total Stock Value

Calculation of annual spend

Annual spend is vital for effective management. This figure can be obtained from your hospital pharmacy system. The RxInfo Exend Spend Analytics system provides a monthly total value of purchases.

RxInfo Exend – Monthly medicines purchase value
RxInfo Exend – 12 month medicines purchase value

Calculation of stock turnover

This calculation tells you the number of times your stock turns over per year. This can be calculated by dividing the Trust's annual medicines spend by the average stock value.

The typical value for stocks turns is 12 to 16 times a year.

Less than 12

You may have too much stock.

More than 16

You may be generating too many orders. Check your service levels, are they adequate?

Stock turns are often converted into the number of weeks of stock. Divide the stock turn figure by 52 to generate an average. The typical range is 3 to 6 weeks. Different stock categories will move at different rates.

Adjusting stock holding parameters

You may want to consider:

- adjusting the number of weeks stock set in the pharmacy IT system
- adjusting the individual medicine's minimums and maximums and fixing them
- fixing a maximum, if you have a limited amount of storage space, such as fridge items
- reviewing the top 20 medicines by value and monitoring stock levels, reducing or tracking the top 20 medicines may decrease overall stock holding value significantly

Examples of when to fix minimums and maximums:

- holding a set course of rarely used antibiotics
- meeting needs of monthly or quarterly outpatient clinics with multiple patients using the same treatment
- managing limited storage capacity

Stock categorisation

Not all stock is the same. Examples of how medicine can vary include, how frequent medicines are supplied, their criticality to patients (antibiotic versus a vitamin tablet) and cost. You may consider categorisation of these medicines differently.

Principles of managing inventory

Why do we hold inventory?

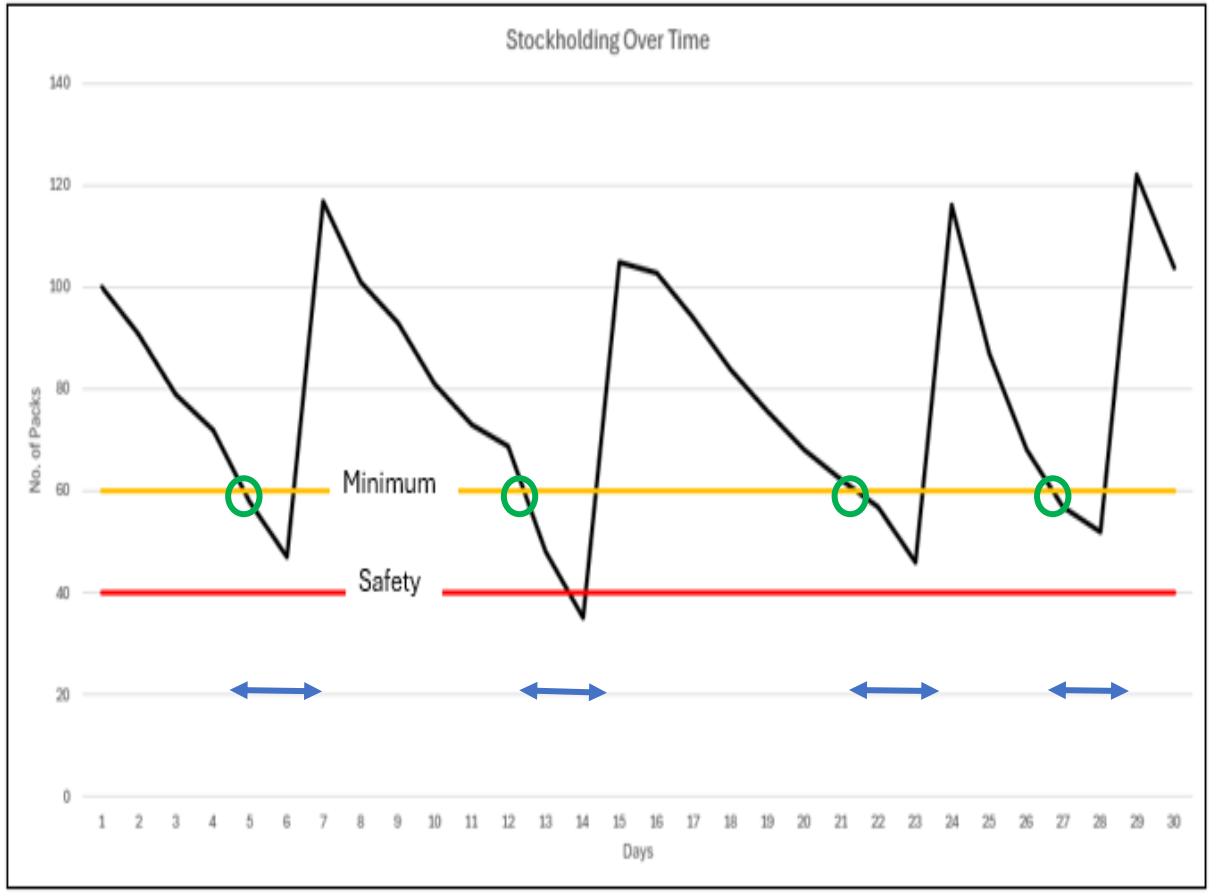
- Satisfy immediate and future demand, and maintain service levels
- Provide a buffer against supply disruptions and increase resilience
- Manage seasonal or unpredictable demand
- Achieve economies of scale and operational efficiency

Principles, models and metrics for managing inventory

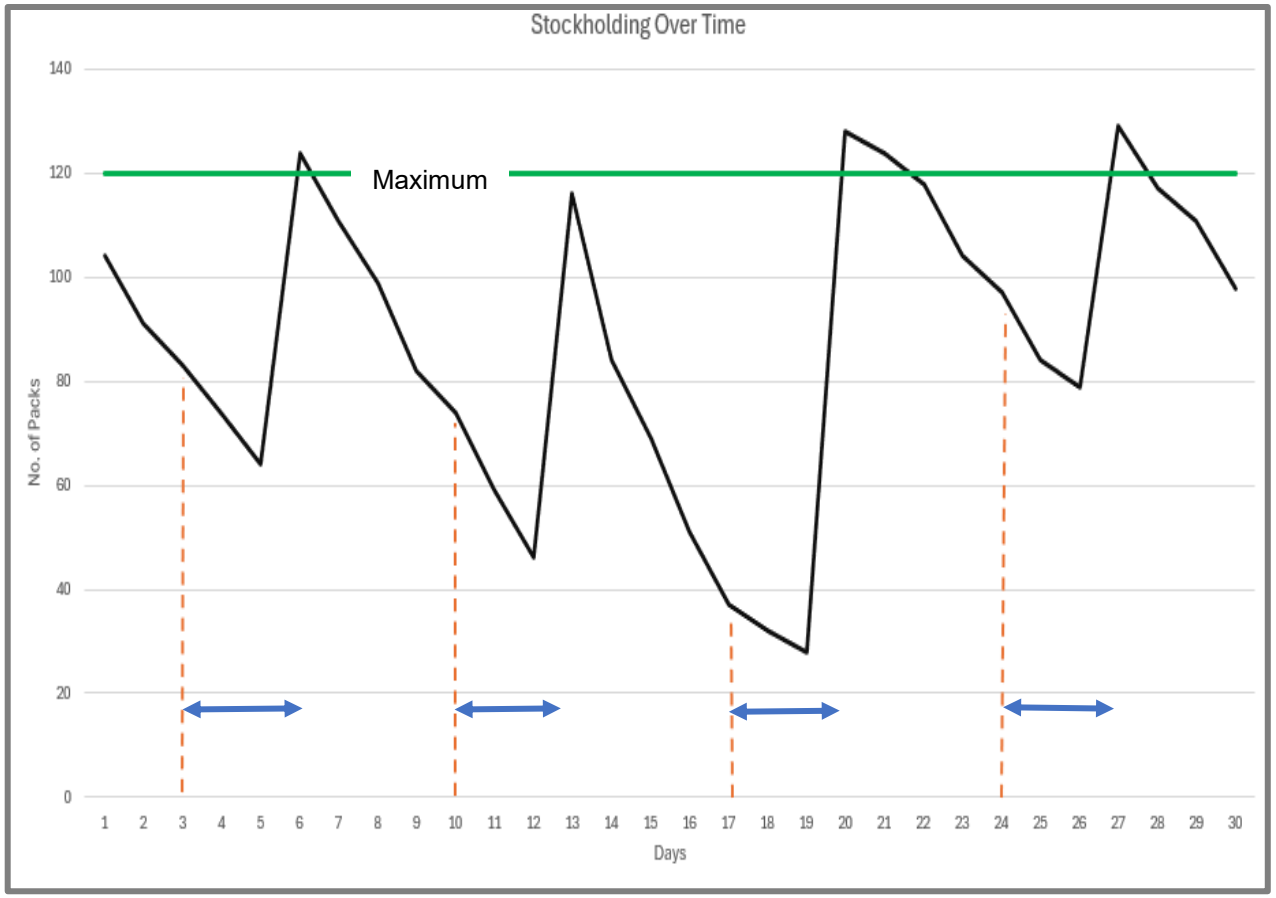
- Order methods
- Inventory categorisation models
- Key Performance Indicators

Order Methods

- Order only on request

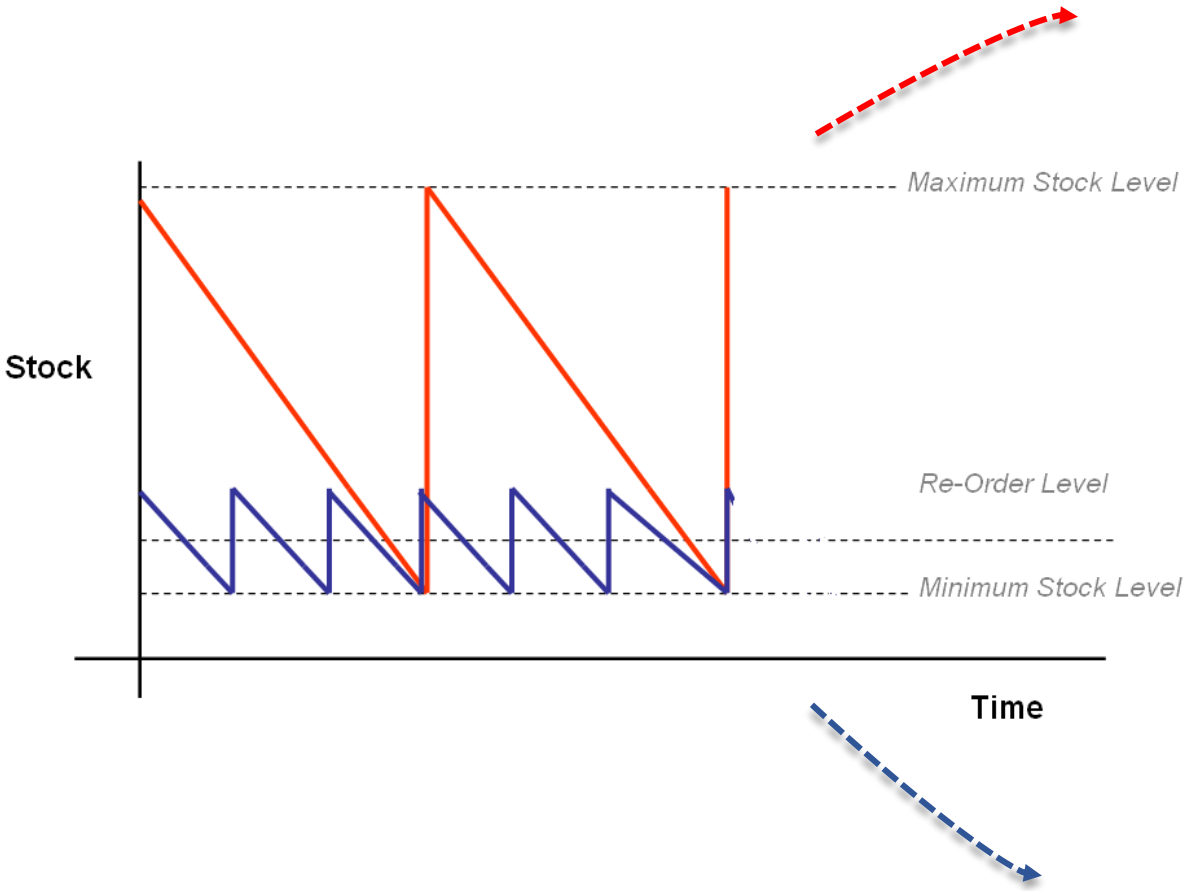


- Fixed Order Quantity



- Periodic Review

Order Methods



Slow Ordering Patterns

- High volume / value of stock
- Large deliveries that exceed capacity
- Increased risk expired stock

Fast Ordering Patterns

- Based on “Just In Time” (JIT) model
- Frequent deliveries of low quantities of stock
- Resource intensive
- Risk frequent out of stocks with little buffer

Identifying contributing factors

Managing high frequency order lines

Published 13 January 2026

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Advice on optimising pharmacy systems to balance storage capacity, supply and demand.

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Using our advice

Refer to the first article in this series, Managing medicines inventory (SPS page), if you have not done so already.

The actions discussed are viewed as best practice, but none are mandated by SPS regional pharmacy procurement leads.

Pharmacy systems ordering patterns

Pharmacy procurement teams continually try and balance optimum medicines inventory, reviewing storage capacity with demand and internal departmental logistics. Pharmacy ordering systems algorithms can sometimes cause capacity issues and procurement leads may need to have more regular ordering patterns. For example, intravenous fluids, where manual ordering might be the preferred method.

Pharmacy systems, when configured appropriately, will automatically build orders in line with demand. A dependence on manual ordering routines can also lead to orders being released at the point of when a minimum order level is triggered, and not at scheduled times of the week or month. This can cause operational problems for pharmacy stores where the same medicines are being delivered several times a week.

Similarly, the manual fixing of minimum order levels that are not changing in line with increases in demand can cause the same effect. These products are susceptible to frequent out of stocks.

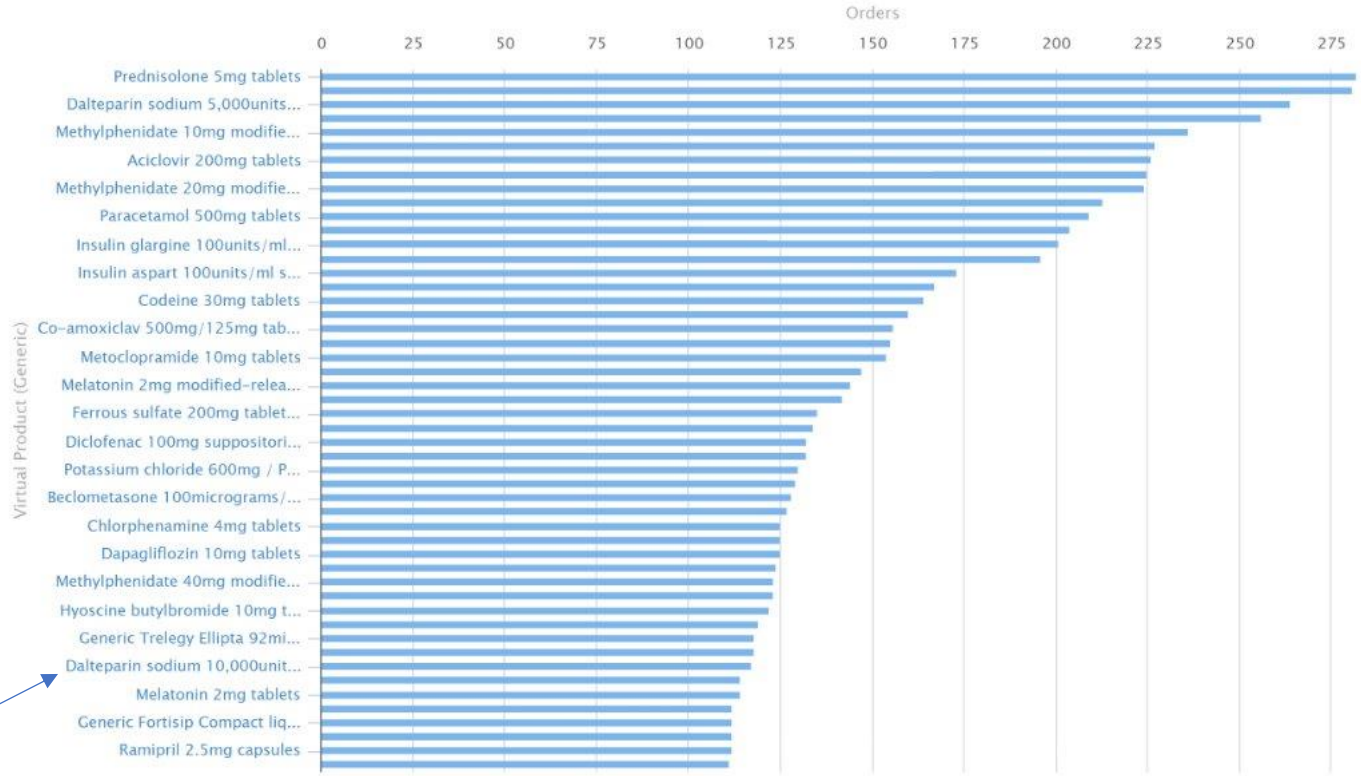
Areas for quality improvement

To ensure that ordering patterns are optimal, procurement leads can review their most frequently ordered lines, reducing delivery frequency, and improving stock holding. Pharmacy systems should support this function through system or bespoke reporting.

The RxInfo system Exend, allows hospital pharmacy departments to report on high frequency ordering through the following:

- RxInfo Exend – Top 50 lines through Wholesalers
- RxInfo Exend – Top 50 lines through Non-Wholesaler

Supplier (Common): A A H Pharmaceuticals Ltd, Alliance Healthcare (Distribution) Ltd, Mawdsley-Brooks & Company Ltd, Phoenix Healthcare Distribution Ltd,
Excluding VMP: -None-, **Show Top**: 50 Categories only



Trusts can review and monitor ordering patterns, and develop local quality improvement plans as appropriate

Identifying contributing factors

Exend+

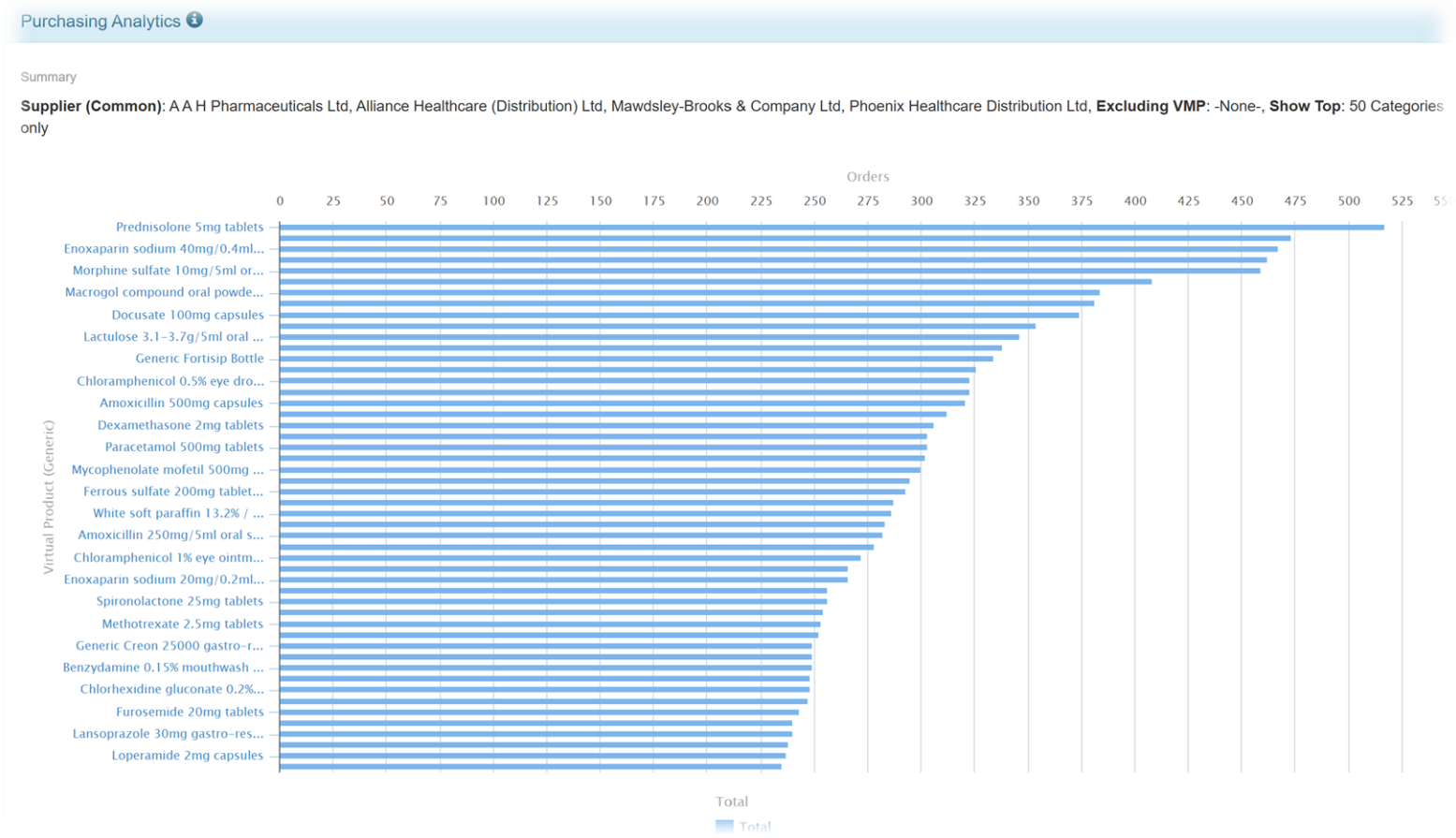
Spend Analytics

Analysis of purchasing

Purchasing Analytics

Purchase data from your Trust.

- Top 10 Products
- Top 10 Suppliers
- Top 10 Suppliers - Excluding Homecare
- Top 30 ATC Chemicals
- Top 10 BNF Chapters
- Over Time
- Contract vs Off-Contract Purchases
- Top 20 Off-Contract Products
- Price Index
- Custom, Total
- Custom, By Month
- Activity per wholesaler type / non-wholesaler
  - Orders per full-line wholesaler
  - Orders per supplier, excluding full-line wholesalers – top 50
  - Orders per short-line wholesaler
  - Top 50 lines through full-line wholesalers
  - Top 50 lines through short-line wholesalers
  - Top 50 lines NOT through full-line wholesalers (excluding homecare)
- Cost per supplier
  - Cost per Supplier Type
- Ordering efficiency
  - Number of order lines per order (denominator = orders), top 100 – past month
  - Number of order lines per order (denominator = orders), top 100 – past 12 months
  - Number of orders, top 30 – past month
- Pre-labelled lines
  - Cost and number of orders, top 50 lines
- Compounding
  - Cost and number of orders, top 50 lines including "none" VMPs



- Might indicate minimum order levels set too low, causing frequent outages

Inventory categorisation models

- **Pareto** – the '80:20 rule'
- **VEN categories** – Vital Essential Necessary or ABC analysis
  - A = highest value, risk or stock turn
  - B = medium value, risk or stock turn
  - C = lowest value, risk or stock turn

Inventory categorisation models

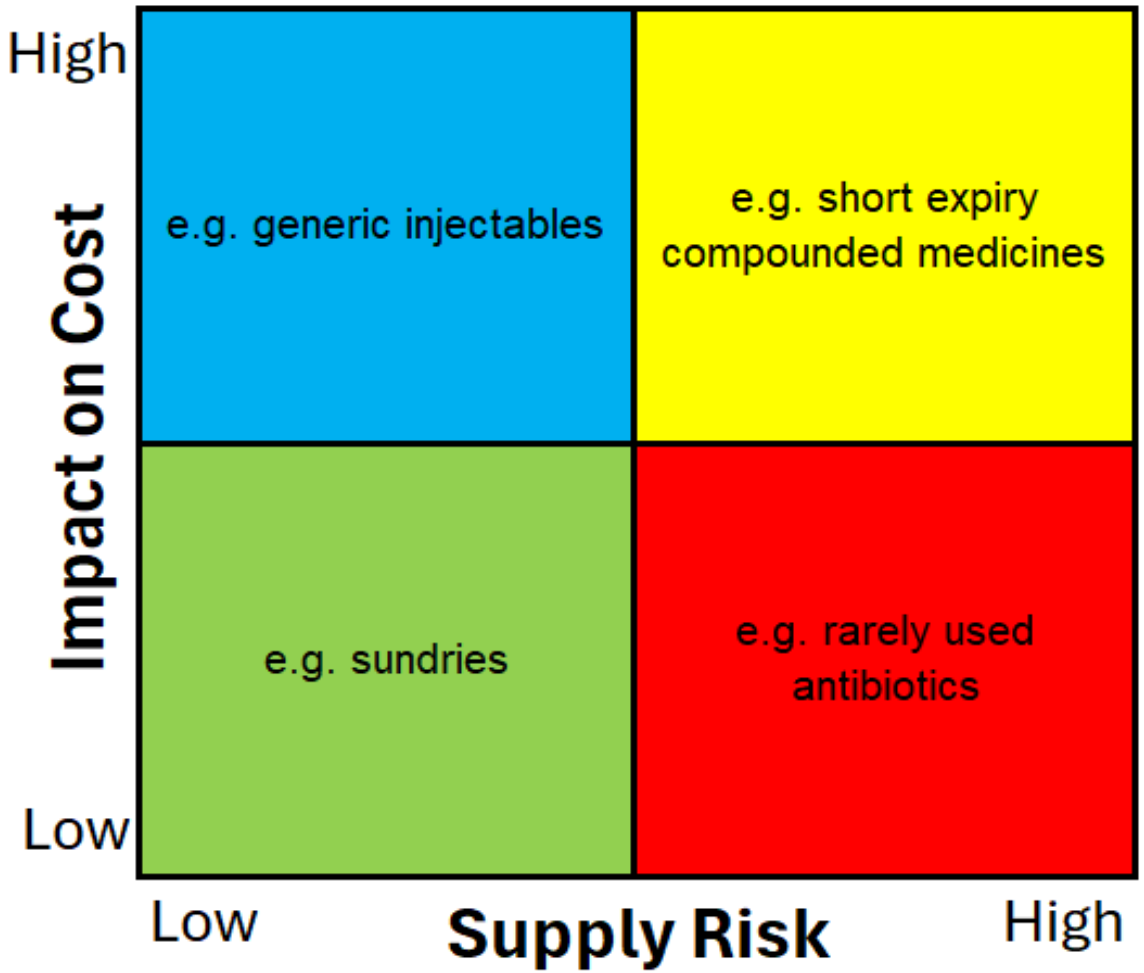
Product Matrix

Many suppliers and near substitutes
? Bulk purchasing

Few suppliers and near substitutes
? Fixed quantities / Regular stock checks

Many suppliers and near substitutes
? Higher stock levels / Well managed back-orders

Few suppliers and near substitutes
? Close monitoring

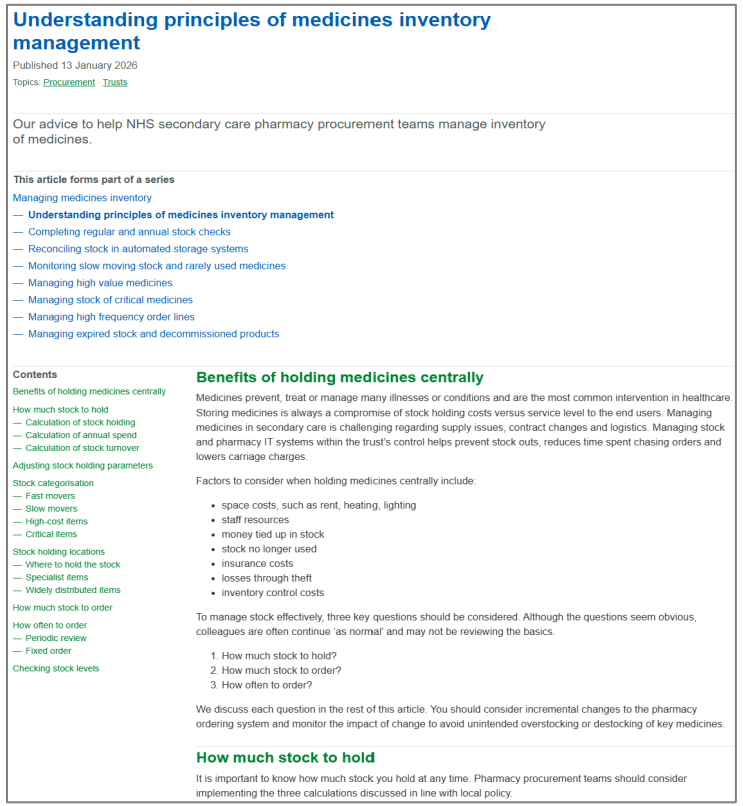


Key Performance Indicators

Stock Service Level Service Level % = $\frac{\text{demands fully satisfied}}{\text{demands made}} \times 100$

Stock Turn Rate Stock Turn = $\frac{\text{annual spend value}}{\text{average stock value}}$

Aim: to achieve good Stock Service Level with optimal Stock Turn Rate.



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How much stock to hold
— Calculation of stock holding
— Calculation of annual spend
— Calculation of stock turnover
Adjusting stock holding parameters
Stock categorisation
— Fast movers
— Slow movers
— High-cost items
— Critical items
Stock holding locations
— Where to hold the stock
— Specialist items
— Widely distributed items
How much stock to order
How often to order
— Periodic review
— Fixed order
Checking stock levels

Benefits of holding medicines centrally

Medicines prevent, treat or manage many illnesses or conditions and are the most common intervention in healthcare. Storing medicines is always a compromise of stock holding costs versus service level to the end users. Managing medicines in secondary care is challenging regarding supply issues, contract changes and logistics. Managing stock and pharmacy IT systems within the trust's control helps prevent stock outs, reduces time spent chasing orders and lowers carriage charges.

Factors to consider when holding medicines centrally include:

- space costs, such as rent, heating, lighting
- staff resources
- money tied up in stock
- stock no longer used
- insurance costs
- losses through theft
- inventory control costs

To manage stock effectively, three key questions should be considered. Although the questions seem obvious, colleagues are often continue 'as normal' and may not be reviewing the basics.

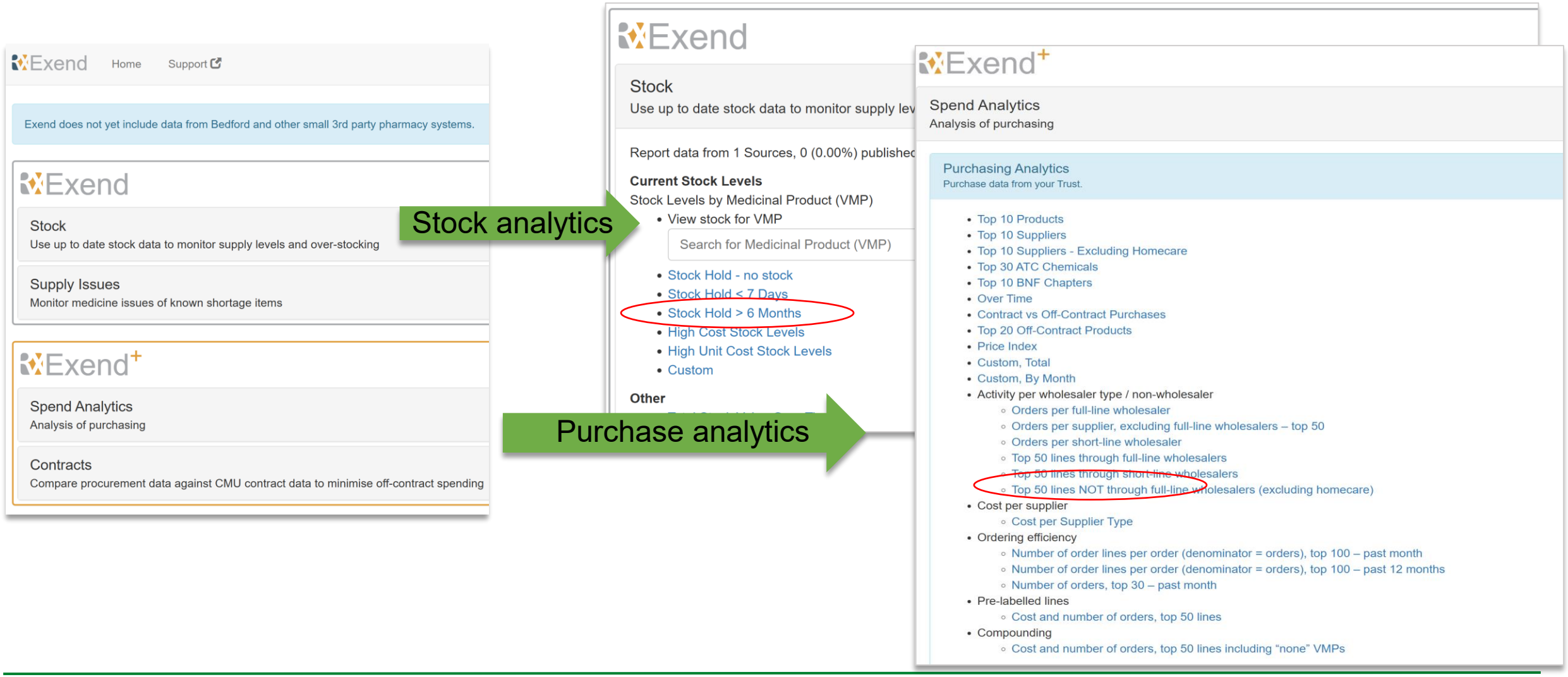
1. How much stock to hold?
2. How much stock to order?
3. How often to order?

We discuss each question in the rest of this article. You should consider incremental changes to the pharmacy ordering system and monitor the impact of change to avoid unintended overstocking or destocking of key medicines.

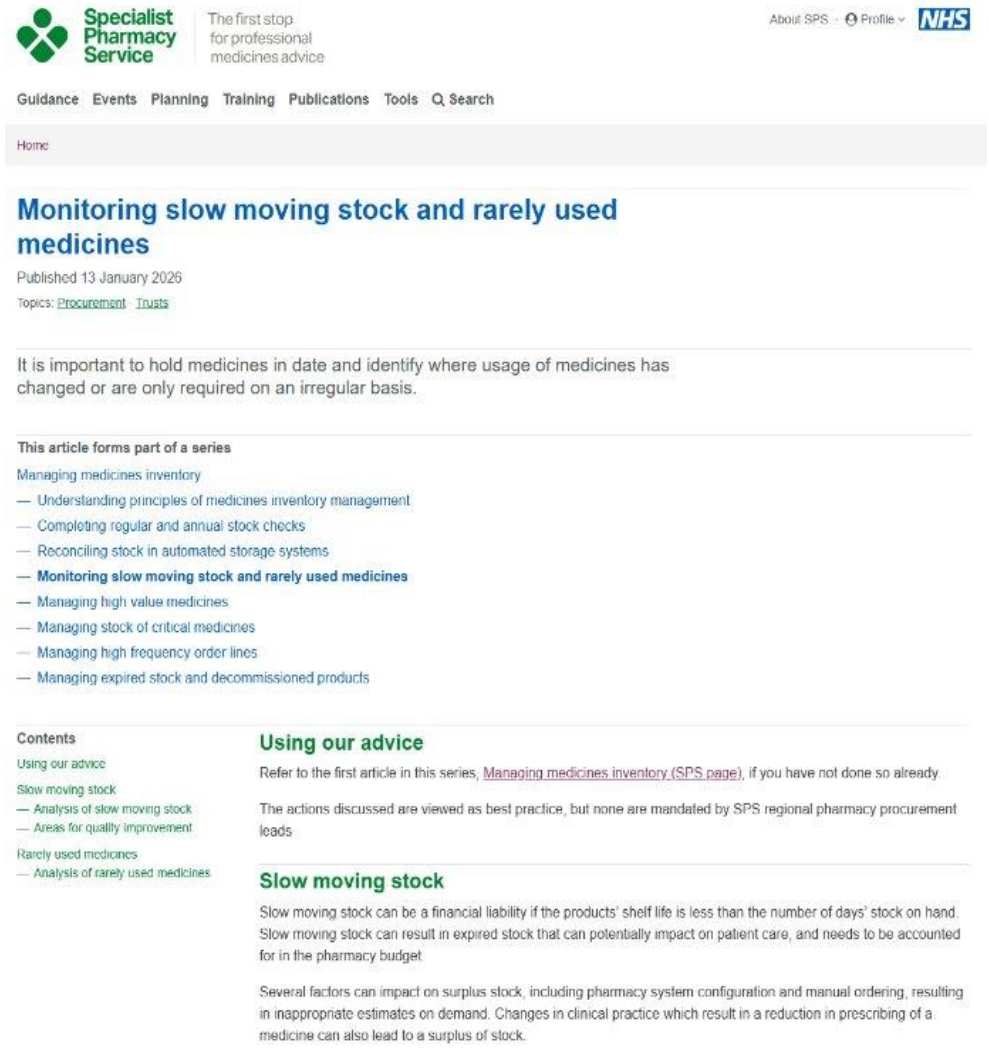
How much stock to hold

It is important to know how much stock you hold at any time. Pharmacy procurement teams should consider implementing the three calculations discussed in line with local policy.

Exend & Exend +


Exend
Home
Support
Exend does not yet include data from Bedford and other small 3rd party pharmacy systems.
Exend
Stock
Use up to date stock data to monitor supply levels and over-stocking
Supply Issues
Monitor medicine issues of known shortage items
Exend+
Spend Analytics
Analysis of purchasing
Contracts
Compare procurement data against CMU contract data to minimise off-contract spending
Stock analytics
Purchase analytics
Exend
Stock
Use up to date stock data to monitor supply lev
Report data from 1 Sources, 0 (0.00%) publishe
Current Stock Levels
Stock Levels by Medicinal Product (VMP)
View stock for VMP
Search for Medicinal Product (VMP)
Stock Hold - no stock
Stock Hold < 7 Days
Stock Hold > 6 Months
High Cost Stock Levels
High Unit Cost Stock Levels
Custom
Other
Exend+
Spend Analytics
Analysis of purchasing
Purchasing Analytics
Purchase data from your Trust.
Top 10 Products
Top 10 Suppliers
Top 10 Suppliers - Excluding Homecare
Top 30 ATC Chemicals
Top 10 BNF Chapters
Over Time
Contract vs Off-Contract Purchases
Top 20 Off-Contract Products
Price Index
Custom, Total
Custom, By Month
Activity per wholesaler type / non-wholesaler
Orders per full-line wholesaler
Orders per supplier, excluding full-line wholesalers – top 50
Orders per short-line wholesaler
Top 50 lines through full-line wholesalers
Top 50 lines through short-line wholesalers
Top 50 lines NOT through full-line wholesalers (excluding homecare)
Cost per supplier
Cost per Supplier Type
Ordering efficiency
Number of order lines per order (denominator = orders), top 100 – past month
Number of order lines per order (denominator = orders), top 100 – past 12 months
Number of orders, top 30 – past month
Pre-labelled lines
Cost and number of orders, top 50 lines
Compounding
Cost and number of orders, top 50 lines including “none” VMPs

Slow moving stock and rarely used medicines



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Monitoring slow moving stock and rarely used medicines

Published 13 January 2026

Topics: Procurement · Trusts

It is important to hold medicines in date and identify where usage of medicines has changed or are only required on an irregular basis.

This article forms part of a series

Managing medicines inventory
- Understanding principles of medicines inventory management
- Completing regular and annual stock checks
- Reconciling stock in automated storage systems
- **Monitoring slow moving stock and rarely used medicines**
- Managing high value medicines
- Managing stock of critical medicines
- Managing high frequency order lines
- Managing expired stock and decommissioned products

Contents

Using our advice

Slow moving stock
- Analysis of slow moving stock
- Areas for quality improvement

Rarely used medicines
- Analysis of rarely used medicines

Using our advice

Refer to the first article in this series, Managing medicines inventory (SPS page), if you have not done so already.

The actions discussed are viewed as best practice, but none are mandated by SPS regional pharmacy procurement leads.

Slow moving stock

Slow moving stock can be a financial liability if the products' shelf life is less than the number of days' stock on hand. Slow moving stock can result in expired stock that can potentially impact on patient care, and needs to be accounted for in the pharmacy budget.

Several factors can impact on surplus stock, including pharmacy system configuration and manual ordering, resulting in inappropriate estimates on demand. Changes in clinical practice which result in a reduction in prescribing of a medicine can also lead to a surplus of stock.

Analysis of slow moving stock

Stock analysis is typically reviewed against a set criterion, such as a turn rate in excess of 365 days. Inventory data can be extracted and sorted in financial order to identify the highest value financial liability. Procurement and store leads review the product stock accuracy and expiry dates to assess the potential for expired stock.

Following the stock analysis, consider potential actions to mitigate risk, in liaison with senior pharmacy managers, and the appropriate clinical lead.

Trust pharmacy departments with a Wholesaler Dealers Authorisation (WDA) may consider reducing their financial liability by selling redundant stock to another NHS organisation. Systems such as RxInfo's Vend (subscription required) may also be able to support this process.

Trusts should consider the optimum approach for managing stock on their pharmacy system, and how the system will manage the transaction, avoiding where possible the potential re-ordering of stock issued. Refer to the SPS guidance Managing expired stock and decommissioned products (SPS page) for suggestions on how to best manage the process.

Areas for quality improvement

There are several ways to review inventory value and identify whether stock is moving too fast or too slow. For example, compare all stock versus all expenditure to determine a turnover rate, or at an individual product level.

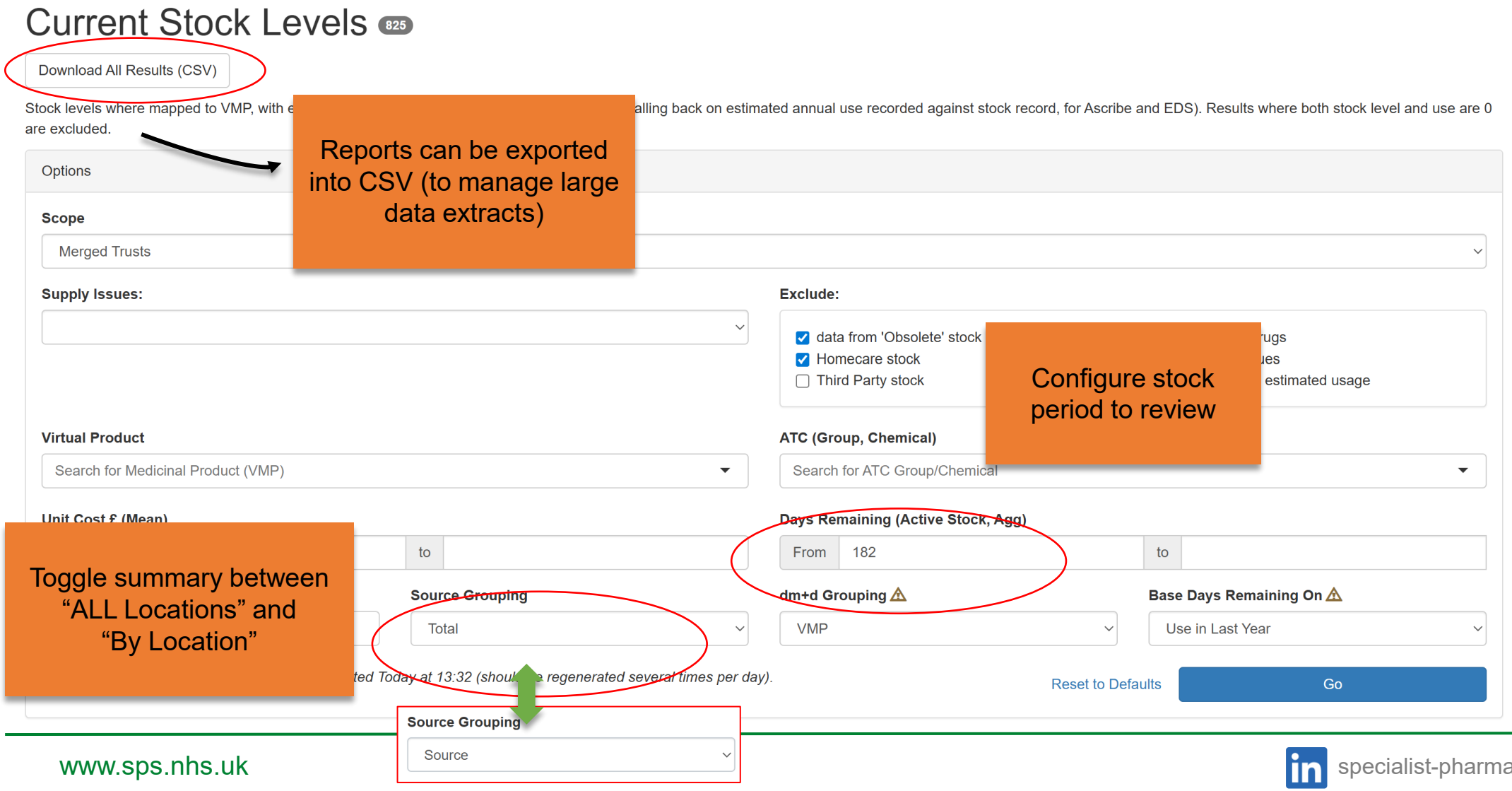
Most trust pharmacy systems will support the analysis of slow-moving stock, by measuring stock on hand against a rate of issue. Stock opening and closing values should be produced as part of a month end reconciliation routine. It can be compared to a total expenditure value to develop a stock value, but this will only represent an average of all stock.

Trust procurement and stores leads may consider developing monthly routines to identify and assess surplus stock at a product level to help mitigate the financial liability of potential expired stock and reduce patient safety concerns. Pharmacy systems can produce reports to interrogate the system to support managed processes.

NHS colleagues with the relevant user capabilities are able to utilise the slow moving stock reports available in RxInfo. The reports below can identify slow moving stock and stock that is not expected to be issued by a defined period such as six months or one year. The user can detemine the length of time as part of the reporting parameters.

- RxInfo Exend – All stock not expected to moved within 365 days
- RxInfo Exend – Slowest Moving stock based on the average number of days

Slow moving stock



Slow moving stock

Sorted by HIGHEST "Number of days stock"

Note report sorting options ⇧ ⇩

The product VMP is the common name used to sticth all local Trust descriptors to one national descriptor.

Look for variation between average usage periods. Could be an indicator of rarely used medicines or changes in clinical practice.

Total	VMP	Source Count	Stock Lines	Stock Value (Net)	Unit Cost (Net) (Mean)	Stock Level (VMP Units) Total	Stock Level (VMP Units) With Est. Usage	Avg. Daily Use (VMP Units) Last Year	Avg. Daily Use (VMP Units) Last Fortnight	Days Remaining (based on use Last Year) All Stock	Days Remaining (based on use Last Year) Active Stock Agg	Active Stock Min	Active Stock Max
Total Oldest stock data extracted about 17 hours ago	Generic Fresubin Original Fibre liquid	1	2	£2,096.00	£0.0099 per ml	212,000 ml	212,000 ml	22 ml	0 ml	9,673	9,673	9,673	9,673
Total Oldest stock data	Heparin calcium 5,000units/0.2ml solution for injection ampoules	1	4	£833.00	£ Redacted per ml	ml	50 ml	0.0055 ml	0 ml	9,126	9,126	9,126	9,126
		1				48 tablet	48 tablet	0.0055 tablet	0 tablet	8,761	8,761	8,761	8,761
		1				00 ram	1,100 gram	0.14 gram	0 gram	8,030	8,030	8,030	8,030
Oldest stock data extracted about 17 hours ago		1				264 ml	264 ml	0.044 ml	0 ml	6,023	6,023	6,023	6,023
Total Oldest stock data extracted about 17 hours ago	Carfilzomib 10mg powder for solution for infusion vials	1	2	£528.00	£ Redacted per vial	vial	12 vial	0.0027 vial	0 vial	4,381	4,381	4,381	4,381
Total Oldest stock data extracted about 17 hours ago	Rabies vaccine powder and solvent for solution for injection 1ml pre-filled syringes	1	3	£0.00	£0.00 per ml	60 ml	60 ml	0.014 ml	0 ml	4,380	4,380	4,380	4,380
Total Oldest stock data extracted about 17 hours ago	Dexrazoxane 500mg powder and solvent for solution for infusion vials	1	4	£6,750.00	£ Redacted per vial	vial	109 vial	0.027 vial	0 vial	3,979	3,979	3,979	3,979

Highest value stock

Hide / Unhide "Value" columns

Sorted by HIGHEST value medicines in stock

Look for indicators of slow movement. Could be indicators of:

- Change in clinical practice
- Stock not routinely booked out (Tech services)
- Manual ordering

Total	VMP	Source Count	Stock Lines	Stock Value (Net)	Unit Cost (Net) (Mean)	Stock Level (VMP Units) Total	Stock Level (VMP Units) With Est. Usage	Avg. Daily Use (VMP Units) Last Year	Avg. Daily Use (VMP Units) Last Fortnight	Days Remaining (based on use Last Year) All Stock	Active Stock Agg	Active Stock Min	Active Stock Max
Total Oldest stock data extracted about 18 hours ago	Pembrolizumab 100mg/4ml solution for infusion vials	1	7	£176,536.00	£ per ml	Redacted ml	ml	57 ml	64 ml	11	11	11	11
Total Oldest stock data extracted about 18 hours ago	Daratumumab 1.8g/15ml solution for injection vials				£9 per ml	Redacted ml	ml	46 ml	61 ml	21	21	21	21
Total Oldest stock data extracted about 18 hours ago	Faricimab 21mg/0.175ml solution for injection pre-filled syringes				£ per ml	Redacted ml	ml	3.7 ml	6.2 ml	13	13	13	13
Total Oldest stock data extracted about 18 hours ago	Daunorubicin liposomal 44mg / Cytarabine liposomal 100mg powder for solution for infusion vials	1	2	£78,060.00	£ per vial	Redacted vial	vial	0.2 vial	0 vial	120	120	120	120
Total Oldest stock data extracted about 18 hours ago	Ruxolitinib 20mg tablets	2	3	£75,534.00	£38.00	1,988	1,988	20 tablet	50 tablet	98	98	0	107
Total Oldest stock data extracted about 18 hours ago	Pertuzumab 600mg/10ml / Trastuzumab 600mg/10ml solution for injection vials	1						22 ml	8.6 ml	20	20	20	20
Total Oldest stock data extracted about 18 hours ago	Blinatumomab 38.5micrograms powder and solution for solution for infusion vials	1						2.2 vial	5.5 vial	20	20	20	20
Total Oldest stock data extracted about 18 hours ago	Nivolumab 600mg/5ml solution for injection vials	1			per ml	ml	ml	6 ml	14 ml	41	41	41	41

Highest value stock over 365 days

						Show Fewer Columns	Stock Level (VMP Units)		Avg. Daily Use (VMP Units)		Days Remaining (based on use Last Year)			
											All Stock	Active Stock		
Total	VMP	Source Count	Stock Lines	Stock Value (Net)	Unit Cost (Net) (Mean)		Total	With Est. Usage	Last Year	Last Fortnight	All Stock	Agg	Min	Max
Total Oldest stock data extracted about 17 hours ago	Generic Vosevi 400mg/100mg/100mg tablets	1	1	£47,980.00	£1 per tablet		Redacted tablet	tablet	0.15 tablet	0 tablet	2,190	2,190	2,190	2,190
Total Oldest stock data extracted about 17 hours ago	Belantamab mafodotin 70mg powder for solution for infusion vials	1			£1 per vial		Redacted vial	14 vial	0.0082 vial	0.071 vial	1,703	1,703	1,703	1,703
Total Oldest stock data extracted about 17 hours ago	Obeticholic acid 5mg tablets	1			£ per tablet		Redacted tablet	0 tablet	0 tablet	0 tablet	∞	n/a	n/a	n/a
Total Oldest stock data extracted about 17 hours ago	Sofosbuvir 200mg / Velpatasvir 50mg tablets	1	1	£18,228.00	£ per tablet		Redacted tablet	0 tablet	0 tablet	0 tablet	∞	n/a	n/a	n/a
Total Oldest stock data extracted about 17 hours ago	Hydroxocobalamin 5g powder for solution for infusion vials	1	4	£14,931.00	£ per vial		Redacted vial							730
Total Oldest stock data extracted about 17 hours ago	Quizartinib 26.5mg tablets	2	4	£14,137.00	£ per tablet		Redacted tablet							1,237
Total Oldest stock data extracted about 17 hours ago	Generic SMOFlipid emulsion for infusion 500ml bottles	1	4	£13,643.00	£ per ml		Redacted ml	5						368

Sorted by HIGHEST value medicines in stock – over 365 days average use.

"Infinity" ∞ sign that indicates no average usage. Might relate to:

- Surplus stock
- A new medicine with no usage.
- Rarely used medicine

Before you start….

- Read the SPS web content
- Understand how your system creates orders for medicines – speak to your System Manager or software provider.
- Engage with your colleagues - Needs to be a learning / reflective process
- Important to understand the consequences of how you maintain stock accuracy - Quick fixes often lead to more work! Avoid contributing to the problem - Break the cycle
- Consider developing routine stock monitoring as Business As Usual:
  - Regular stock checks – Daily / weekly
  - Top 20 highest value medicines

Suggested local workplan: High value / slow moving stock

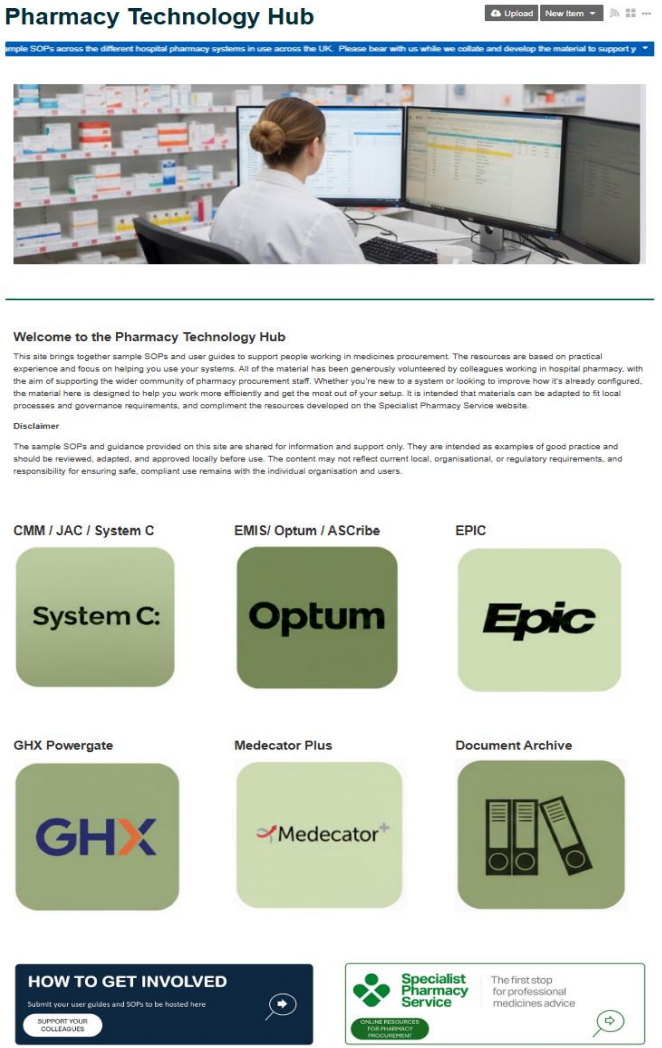
- Nominate an accountable person(s)
- Review top 20 slowest highest value medicines in excess of 365 days … highest financial risk
- Identify what kind of stock category it might fall into
- Review stock with appropriate lead:
  - Clinical leads
  - Dispensary lead
  - Tech services leads
  - Operational leads
  - Finance
- Agree a plan to manage accuracy, and expiry dates to identify risks to the Trust.
- AVOID reordering where appropriate [written off, booked to a cost centre, transferred or sold]
- Monitor progress

Suggested local workplan: High frequency ordering

- Identify top 20 high frequency order lines
- Review for pharmacy system configurations / limitations
- Identify the order methods being used to purchase the stock … is this warranted?
- Review storage capacity options
- Review direct to location orders versus ordering into a single location
- Review stock with appropriate lead:
  - Clinical leads
  - Dispensary lead … especially when discussing reorder levels
  - Tech services leads
  - Operational leads
  - Finance
- Agree a plan to manage changes in ordering patterns – optimising pharmacy system where possible
- Monitor progress

Futures hub to support sample material

- Developing a document store to support operational procurement.
- Sample Trust SOPs, User Guides and Case Studies.
- Contact your regional procurement team if you want to share your work.



Thank you for attending the webinar