



# Managing medicines inventory in hospital pharmacy



04 February 2026

The first stop for professional medicines advice



# Today's speakers

**Tracy McMillan**

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**Andi Swain**

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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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### Investigating incorrect stock levels

- Incorrect quantity
- Open store
- Incorrect use of automation
- Incorrect use of labelling systems

- Stock adjustments
- Diversion of product
- Expired stock
- Short-dated stock

[Update history](#)

### 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 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

#### Received

An order is received 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.

# Managing medicines inventory - introduction

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

Important to understand the consequences of how you correct stock

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## Managing medicines inventory

Published 13 January 2018

Topics: [Procurement](#) [Tools](#)

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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 rapid stock and decommissioned products

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- Stock adjustments
- Decommissioned products
- Excess stock
- Short-dated stock

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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**

These different articles procurement leads can undertake to maintain their inventory, some of which can be accessed via e-Profile. Many may 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, receiving, reworking. It is important to review incorrect stock levels in a timely way to prevent further inaccuracies and maintain patient safety.

# Completing regular and annual stock checks

Published 13 January 2026

Topics: [Procurement](#) [Tools](#)

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## Emphasising the value in committing time to robust stock management processes

This article forms part of a series

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- 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
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- Managing use of critical medicines
- Managing high frequency order lines
- Managing expired stock and decommissioned products

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## Using our advice

Refer to the first article in this series, [Managing medicines inventory \(SPS case\)](#), 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.

### Regular stock checks

Most pharmacy systems will have a basic stock checking function to support regular stock checks. Stock checks would be completed daily or weekly. A list of random products with their stock levels is checked for accuracy in each location.

Healthcare will use this model of inventory management as it is compliant with most legal requirements. An agreed number of items checked per day ensures all medicines have been counted an agreed number of times in a 12-month period. The stock check is completed either at the start or the end of the working day, when there is little or no movement of stock.

Some pharmacy systems can be configured to count high cost products and/or critical medicines on a more regular basis such as four or six times a year to help minimise financial risk by discouraging disorder and supporting patient safety.

This stock check can be resource intensive but provides assurance of accurate stock.

<b>Monitoring slow moving stock and rarely used medicines</b>										
Published 13 January 2005										
Topics: <a href="#">Medicines</a> <a href="#">Stock</a>										
<p>It is important to hold medicines in date and identify where usage of medicines has changed or are only required on an irregular basis.</p> <p>This article forms part of a series:</p> <ul style="list-style-type: none"><li>Managing medicines inventory</li><li>Managing medicines inventory management<ul style="list-style-type: none"><li>— Completing regular and annual stock checks</li><li>— Recalculating stock in automated storage systems</li><li>— Managing slow moving stock and rarely used medicines</li><li>— Managing high value medicines</li><li>— Managing stock of critical medicines</li><li>— Managing high frequency order lines</li><li>— Managing expired stock and decommissioned products</li></ul></li></ul> <p><b>Contents</b></p> <ul style="list-style-type: none"><li><a href="#">Using our advice</a></li><li><a href="#">Using our stock</a></li><li><a href="#">Analysis of slow moving stock</a></li><li><a href="#">Anolis for quality improvement</a></li><li><a href="#">Analysis of rarely used medicines</a></li></ul> <hr/> <p><b>Using our advice</b></p> <p>Refer to the first article in this series, <a href="#">Managing medicines inventory (FDS 249)</a>. If you have not done so already, read the article on <a href="#">Using our stock</a>.</p> <p>The actions discussed are viewed as best practice, but none are mandatory by SPS regional pharmacy procurement leads.</p> <p><b>Slow moving stock</b></p> <p>Slow moving stock can be a financial liability if the products: <b>sell</b> less than is the number of days' stock on hand. Slow moving stock can result in expedited stock that can potentially impact patient care, and needs to be accounted for in the stock holding.</p> <p>Several factors can impact on supply 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 particular product may also result in a reduced stock.</p> <p><b>Analysis of slow moving stock</b></p> <p>Stock can be monitored using a variety of systems, such as a form in excess of 200 lines. Inventory data can be extracted and sorted in financial order to identify the highest value financial liability. Procurement and dosage leads review the product stock accuracy and expiry dates to identify the potential for expired stock.</p> <p>Following the stock analysis, consider potential actions to mitigate risk, in liaison with senior pharmacy managers, and any relevant clinical leads.</p> <p><b>Reducing financial liability</b></p> <p>Stock can be reduced by a Wholesaler Dealer's Authorisation (WDA) which may consider reducing their financial liability by selling redundant stock to another WDA organisation. Systems such as <a href="#">Balding Stock</a> (subscription required) may also be used to support the process.</p> <p>Trusts should consider the optimise approach to managing stock on a clinical system, and the system will optimise the stock holding based on the clinical system's knowledge of the patient population. The following table provides a summary of the key factors to consider when managing slow moving stock. It is suggested on how to best manage the following:</p> <table border="1"><thead><tr><th>Factor</th><th>Consideration</th></tr></thead><tbody><tr><td>Managing slow moving stock and rarely used medicines</td><td>Review the stock holding and identify the potential financial liability.</td></tr><tr><td>Managing high value medicines</td><td>Review the stock holding and identify the potential financial liability.</td></tr><tr><td>Managing high frequency order lines</td><td>Review the stock holding and identify the potential financial liability.</td></tr><tr><td>Managing expired stock and decommissioned products</td><td>Review the stock holding and identify the potential financial liability.</td></tr></tbody></table>	Factor	Consideration	Managing slow moving stock and rarely used medicines	Review the stock holding and identify the potential financial liability.	Managing high value medicines	Review the stock holding and identify the potential financial liability.	Managing high frequency order lines	Review the stock holding and identify the potential financial liability.	Managing expired stock and decommissioned products	Review the stock holding and identify the potential financial liability.
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Managing expired stock and decommissioned products	Review the stock holding and identify the potential financial liability.									

<h2>Managing stock of critical medicines</h2> <p>Published 13 January 2005 Topic: Pharmacy - Tools</p> <p>Essential medicines that must be held in stock or risk assessed for alternatives if unavailable.</p> <p><b>This article forms part of a series:</b></p> <ul style="list-style-type: none"><li>Understanding principles of medicines inventory management</li><li>Comparing regular and annual stock checks</li><li>Reviewing and updating stock control systems</li><li>Monitoring slow moving stock and rarely used medicines</li><li>Managing high value medicines</li></ul> <p><b>Managing stock of critical medicines</b></p> <ul style="list-style-type: none"><li>Managing high frequency radio links</li><li>Managing expire stock and decommissioned products</li></ul> <p><b>Using our advice</b></p> <p>Refer to the first article in this series, <a href="#">Managing medicines inventory (CPS 050)</a>. You have not done so already.</p> <p>The actions described are viewed as best practice, but may also be mandatory by SPS regional pharmaceutical services.</p> <p><b>Critical or operationally essential medicines list</b></p> <p>Many pharmaceuticals will manage an 'at risk' list of medicines that are deemed critical to support a defined number of services or procedures. Critical medicines lists will be agreed with senior clinical pharmacy leads and should be reviewed annually. The list should be kept under review and updated as required.</p> <p>Most pharmaceutical systems will have a feature to add items to the 'at risk' list. It is most efficient adding the least number stock holding to events outside of the parameters to indicate refilling to ensure adequate stock is held.</p> <p><b>Monitoring critical medicines</b></p> <p>Consider the following actions to manage your stock of critical medicines:</p> <ul style="list-style-type: none"><li>• Good stock by location, for example an emergency drug cupboard location</li><li>• Agree actions list of critical medicines, including stock levels and average use. Critical medicines will need to be reviewed annually, or as regular process, and the top 10 or 12 medicines within each category, some systems might require manual ordering</li><li>• Engage with health care users as well as cytotoxic, AEC, antibiotic, ITU pharmaceutical and therapeutic leads to ensure the critical medicines list is appropriate and relevant</li><li>• Consider adding a flag on the pharmacy IT system to alert pharmacy staff that it is essential to hold an agreed quantity in stock at any time.</li><li>• Use more frequent stock checks for critical medicines.</li><li>• Use a 'last in, first out' (LIFO) system for critical medicines. This is particularly important for cytotoxic medicines. This will particularly useful when wanting to hold different qualities of critical medicines such as courses of rarely used antibiotics.</li></ul>
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## Understanding principles of medicines inventory management

Published 13 January 2008

Topic: [Procurement](#) [Tools](#)

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

The article forms part of a series:

- Managing medicines inventories
  - [Understanding principles of medicines inventory management](#)
  - [Comparing regular and annual stock checks](#)
  - [Reconciling stock in automated storage systems](#)
  - [Monitoring slow moving stock and rarely used medicines](#)
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**Benefits of holding medicines centrally**

Medicines present, that's manage many different types of conditions and are the most common intervention in healthcare. Strong 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 costs](#)
- [money tied up in stock](#)
- [stock no longer used](#)
  - [insurance costs](#)
  - [losses through theft](#)
  - [inventory control costs](#)

## Reconciling stock in automated storage systems

Published 13 January 2028

Topics: [Pharmacy](#) | [Tools](#)

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Highlighting the importance of maintaining a closed system, monitoring and restricting access to minimise errors and discrepancies.

**This article forms part of a series**

- Managing medicines inventory
  - Understanding the principles of medicines inventory management
  - Performing 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

Refer to the first article in this series, [Managing medicines inventory \(SES page\)](#), 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.

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### Robotic storage and dispensing cabinets

Many trusts will operate automated storage systems, for example robots and dispensing cabinets. Automated storage systems may issue from one location such as stores and dispensary.

Pharmacy IT systems can track reconciliation processes, identifying the difference between pharmacy system and stock held in the automated system. These are fast and very effective, but still need investigating before being corrected.

The process needs to be restricted to the appropriate staff who can investigate and correct stock levels. Due to the nature of large ranges of medicines stored in automated systems, stock accuracy can be achieved quickly but should be run on a regular basis to complement normal non automated storage stock checks.

**Managing high value medicines**  
Published 13 January 2020  
Topics: [Pharmacy](#) [Tools](#)

Medicines can be seen as a liability or an asset. High value medicines should have regular stock checks to ensure stock holding is accurate.

This article forms part of a series:  
[Managing medicines inventory](#)

- Understanding principles of medicines inventory management
- Case study: how to annual stock checks
- Reconciling stock in automated storage systems
- Monitoring slow moving stock and rarely used medicines
- Managing high value medicines**
- Managing high value off-patent medicines
- Managing high value order lines
- Managing wasted stock and decommissioned products

## Using our advice

Refer to the first article in this series: [Managing medicines inventory \(SBS.aspx\)](#). If you have not done so already, the actions discussed are viewed as best practice, but none are mandated by NPSI regional pharmacy procurement leads.

### High value medicines

Medicines inventory is often perceived in industry as a liability. Some medicines that hospitals are required to hold are of high value, particularly branded medicines, and specialised medicines such as those used in oncology, each has a different safety profile.

High value medicines are commonly commissioned by NHS England and system partners using lists like the [High Value Medicines List](#). On the other hand, some medicines may see the stock in real time as an asset. Reducing stock holding has an impact on Trusts' cashflow. It is essential to speak with your chief pharmacist or designated responsible person when making any significant changes to stock holding.

There is a financial risk of holding stock that may not be used within the expiry date.

Typically, slow sold-out medicines will have long expiry dates, spanning a couple of years. Inappropriate medicines management can result in waste, and unused medicines may have very short expiry dates.

High value medicines within all categories in the department should have regular stock checks to ensure stock holding is accurate, and all medicines can be financially accounted for.

Pharmacy systems can support the reporting of inventory by stock checking by value and location to support the process.

Roofline, Evident has a function to identify the [highest value medicines](#).

**Managing high frequency order lines**

Published 13 January 2008  
www.ebsm.org.uk

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

This article forms part of a series

- Managing medicines inventory
- Managing high frequency order lines
- Managing low frequency order lines
- Managing regular and annual stock checks
- Rescuing stock in automated storage systems
- Managing slow moving stock and rarely used medicines
- Managing stock in clinical medicine
- Managing stock of critical medicines
- Managing high frequency order lines**
- Managing required stock and discontinued products

**Using our advice**

Refer to the first article in this series, *Managing medicines inventory (1/12/2008)*. If you have not done so already, the actions described are viewed as best practice, but notes are made by BPSI regional pharmacy procurement teams.

**Pharmacy systems ordering patterns**

Pharmacy systems receive daily or weekly batches of minimum medicines inventory, reviewing storage capacity with demand and internal departmental logistics. Pharmacy ordering systems algorithms can consider, dosage, capacity issues and procurement levels to help make more regular ordering patterns. If, for example, numerous medicines are required in small quantities, this can be accommodated.

Pharmacy systems, when configured appropriately, will automatically treat orders in the item demand. A dependence on manual ordering routines will need to be treated on a case by case basis when a pattern of when a re-order is triggered, and not at scheduled times of the month or week. This can cause operational problems for pharmacy sites when there is a significant increase in demand for certain items.

Similarly, the pattern of item re-orders may result in the same medicine being placed on the system to meet the same effect. These products are susceptible to frequent out of stocks.

**Areas for quality improvement**

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

The total system takes a holistic approach to hospital pharmacy departments to react on high frequency ordering through the following:

- Rethink Events – Top 50 lines through Wholesalers
- Rethink Events – Top 50 lines through Non-wholesalers

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## Managing medicines inventory

Published 13 January 2016

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# Key points on maintaining accurate inventory

## Key points on maintaining accurate inventory

Investigating incorrect stock levels

- Open boxes
- Increase time of automation
- Increase number of counting systems
- Stock adjustments
- Ownership of product
- Optimize storage
- Shorten stock check
- Update policy

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 restocks, dispensing, receiving, re-cycling. It is important to move potential incorrect stock levels in a timely way to prevent further inaccuracies and maintain patient safety.

## Principles of why we hold inventory



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# Principles of why we hold inventory

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- How much stock to order

**Benefits of holding medicines centrally**

Medicines prevent, treat or manage illness 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:

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

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

# Completing regular and annual stock checks

Published 13 January 2026

Topics [Medicines](#) [Inventory](#)

## Emphasising the value in committing time to robust stock management processes

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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.

### Monitoring slow moving stock and rarely used

<h2>Monitoring slow moving stock and rarely used medicines</h2> <p>Published 10 January 2005 Topics: <a href="#">Document</a> <a href="#">Tools</a></p> <p>It is important to hold medicines in date and identify where usage of medicines has changed or are only required on an irregular basis.</p> <p>This article forms part of a series:</p> <ul style="list-style-type: none"><li>Managing medicines inventory</li><li>Using software to facilitate medicines inventory management</li><li>Completing regular and annual stock checks</li><li>Recording stock in automated storage systems</li><li><b>Monitoring slow moving stock and rarely used medicines</b></li><li>Managing stock of controlled medicines</li><li>Managing stock of critical medicines</li><li>Managing high frequency order lines</li><li>Managing expired stock and discontinued products</li></ul> <p><b>Contents</b></p> <ul style="list-style-type: none"><li><a href="#">Using our advice</a></li><li><a href="#">Slow moving stock</a></li><li><a href="#">Managing slow moving stock</a></li><li><a href="#">Area for quickly implemented</a></li><li><a href="#">Rarely used medicines</a></li><li><a href="#">Analysis of items with medicines</a></li></ul> <p><b>Using our advice</b></p> <p><a href="#">Refer</a> is the first article in this series. <a href="#">Manage medicines inventory (SIS2.2.0)</a> is the next article to already have been published. The actions discussed are based on practice, but none are mandatory by SPS-regulated pharmacy procurement leads.</p> <p><b>Slow moving stock</b></p> <p>Slow moving stock can be a financial liability if the products: stock held 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.</p> <p>Several factors can contribute to surplus stock, including pharmacy system configuration and manual ordering. Resulting in slow moving stock can be a financial liability.</p>
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## Managing stock of critical medicines

**Managing stock of critical medicines**  
Published 13 January 2005  
Topic: Pharmacy - Tools

Essential medicines that must be held in stock or risk assessed for alternatives if unavailable.

This advice forms part of a series:  
Managing medicines inventory

- Understanding principles of medicines inventory management
- Compiling regular and annual stock checks
- Recording stock in automated storage systems
- Recording stock in manual and easily used medicines
- Managing high value medicines
- **Managing stock of critical medicines**
- Managing high frequency order lines
- Managing expired stock and decommissioned products

**Using our advice**

Links to the rest of the series: [Managing medicines inventory \(GCP range\)](#). If you have not done so already, these actions described are viewed as best practice, but none are mandatory under SPS regional pharmacy procurement terms.

**Critical or operationally essential medicines list**

Key medicines in your system will manage as part of a medication list that are required to support a defined number of services or procedures. Critical medicines lists will be agreed with senior clinical pharmacy leads and reflect the services supported by the trust. For example, several agents, vaccinations and rarely used antibiotics.

Most pharmacies will use separate stock issue transactions to determine stock holding in most cases, adjusting

## Managing expired stock and decommissioned products

Published 15 January 2008  
Issue: [Estuaries](#)

**Advice on how to manage expired stock and decommissioning of medicines.**

**This article forms part of a series**  
Managing medicines  
— [Introducing principles of medicines inventory management](#)  
— [Completing regular end of stock checks](#)  
— [Revaccinating stock in automated storage systems](#)  
— [Decommissioning of medicines](#)

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

# odels that Trusts can apply icines inventory and mainte te and appropriate stock

For Trusts that use assigned stock codes on their pharmacy IT system, the Ratiopharm system can also support the ongoing reporting using the following link:

- Ratiopharm Client – Value of expected stock (3 month)
- Ratiopharm Exec – List of expected medicines by rest

### Decommissioning products

There will be occasions where a medicine held in stock in pharmacy will cease to be required, for example, when there is a change in practice. An assessment giving consideration to regulatory requirements should be carried out to determine if the product:

- will be used prior to its expiry
- can be sold to another organisation (Wholesaler Dealer Authorisation (WDA/H) may be required)
- or alternative arrangements can be made to appropriate that unused stock destruction process.

The key activity is to ensure the Trust can financially account for the cost of the product, whilst not expending stock that has no future demand.

# Principles of managing inventory

## Understanding principles of medicines inventory management

Published 13 January 2026

Topics: [Procurement](#) · [Trusts](#)

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

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

[Benefits of holding medicines centrally](#)

[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.

### 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?

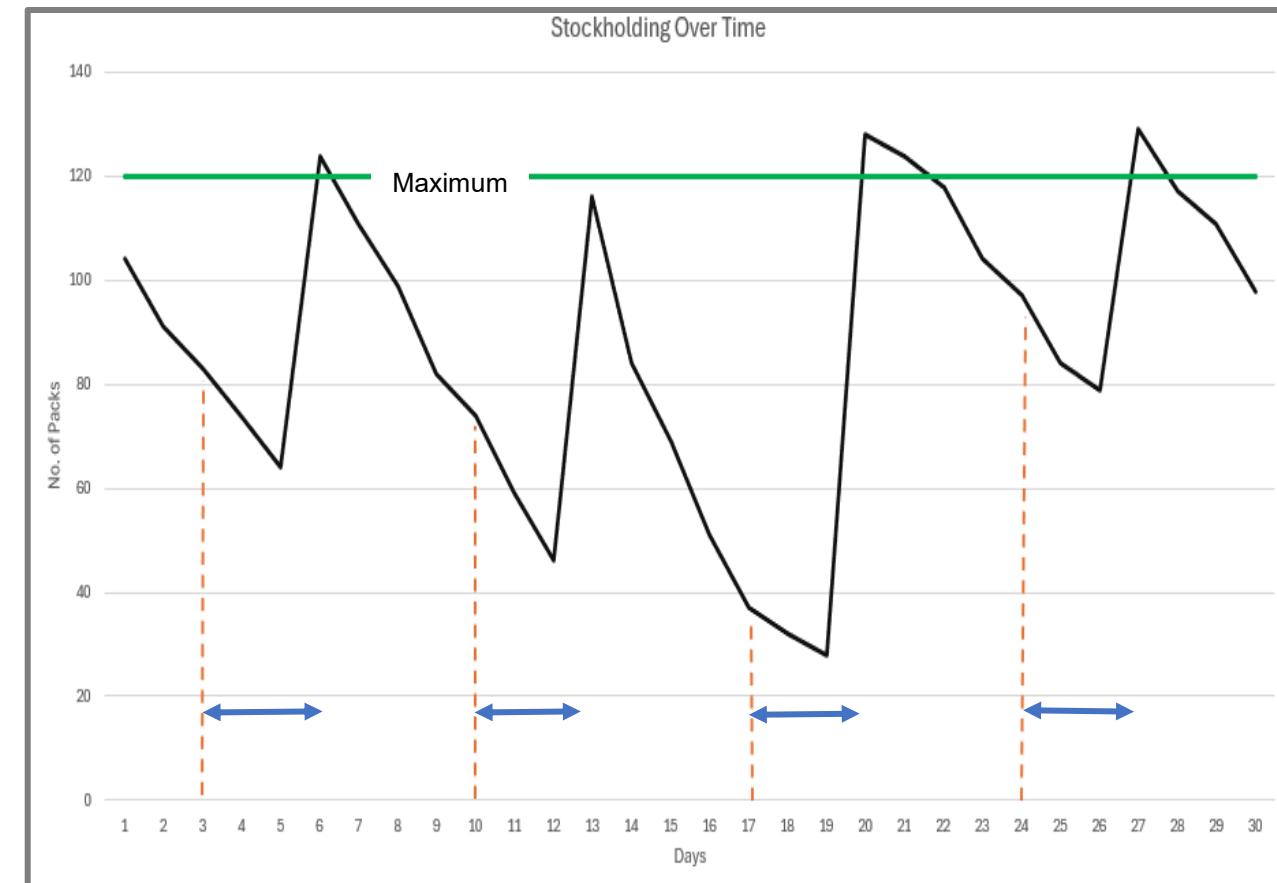
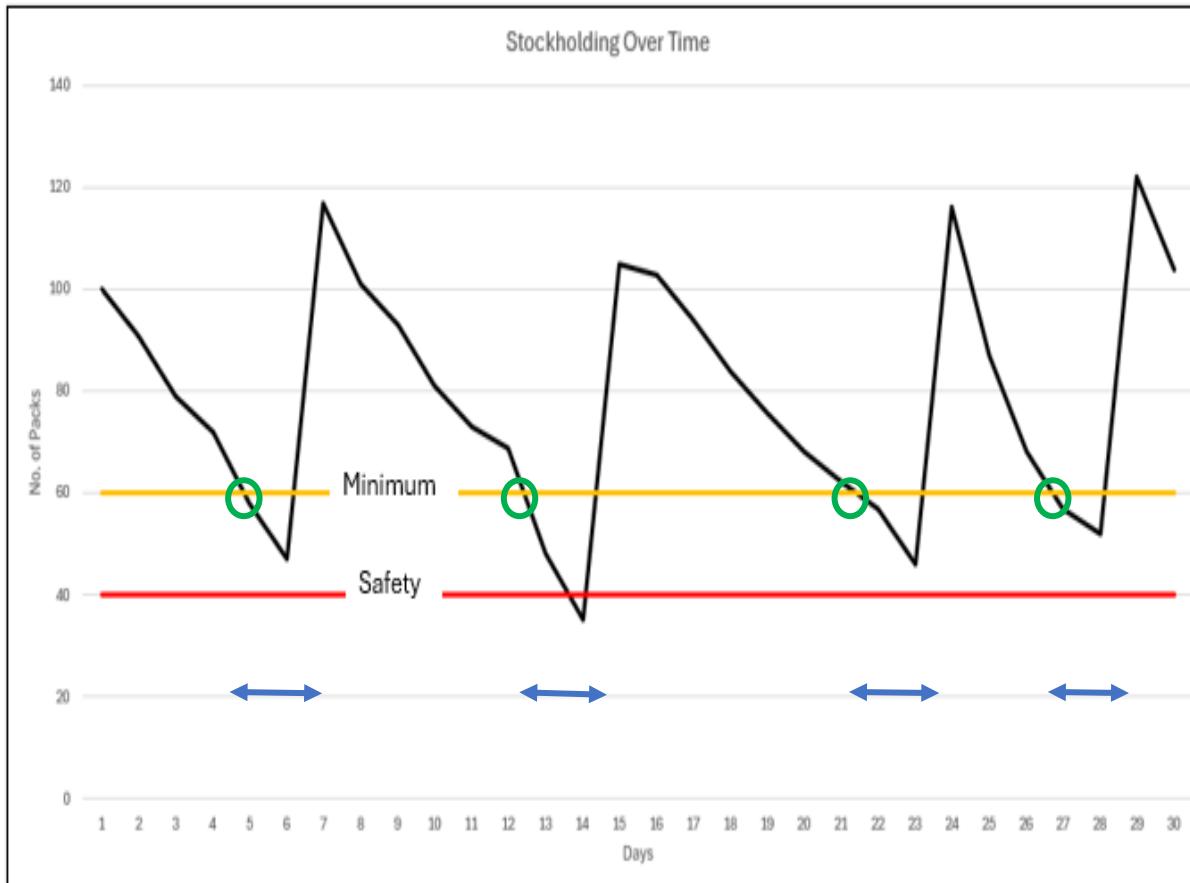
- Satisfy immediate and future demand, and maintain service levels
- Provide a buffer against supply disruptions and increase resilience
- Manage seasonal or unpredictable demand
- Achieve economies of scale and operational efficiency

## Principles, models and metrics for managing inventory

- Order methods
- Inventory categorisation models
- Key Performance Indicators

# Order Methods

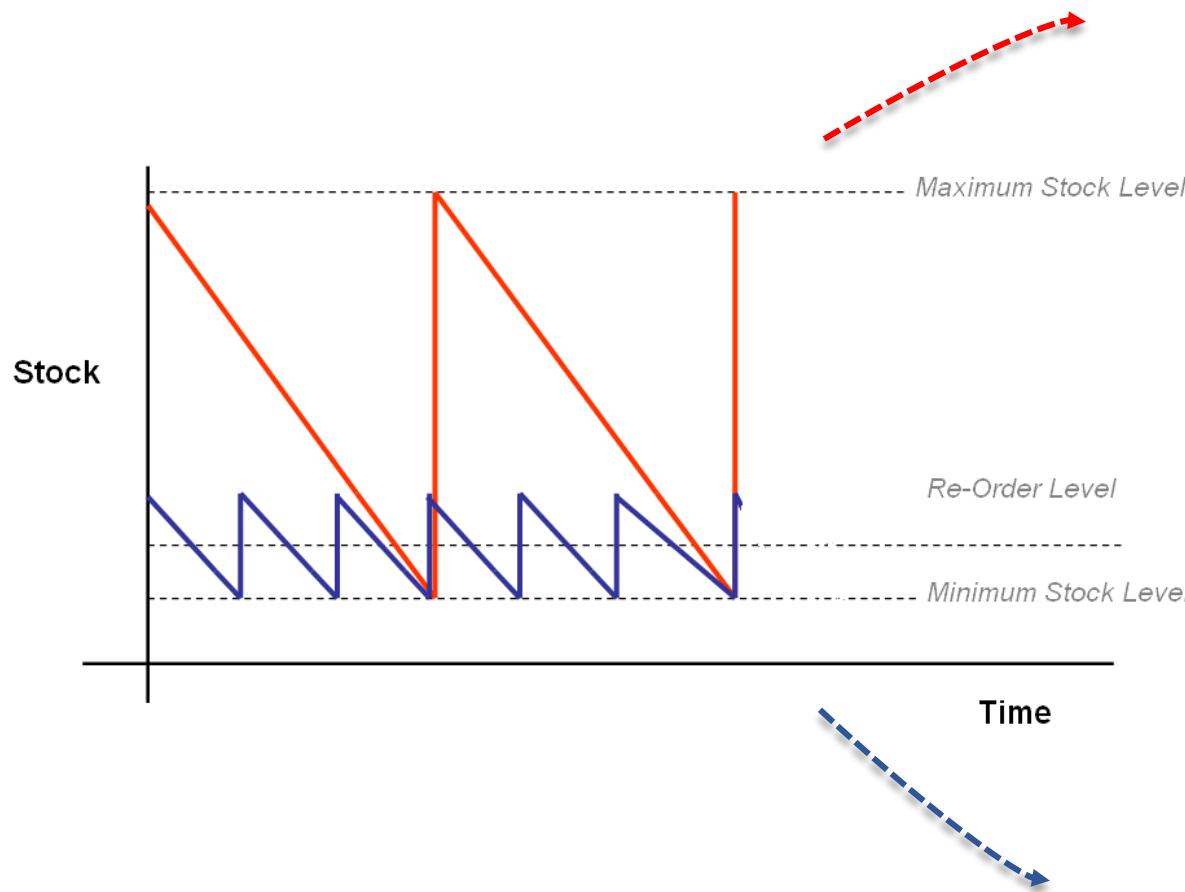
- Order only on request



- 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

Topics: [Procurement](#) · [Trusts](#)

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

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](#)

### 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.

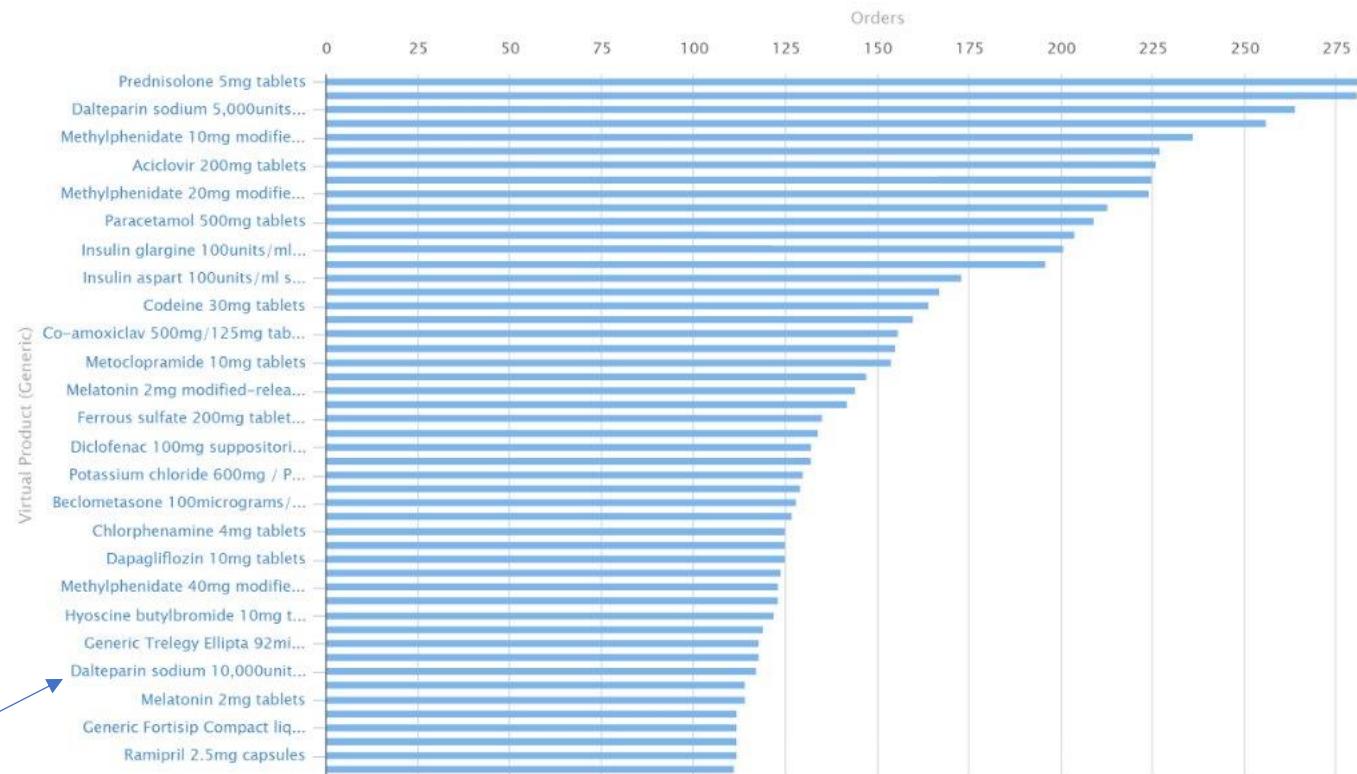
### Areas for quality improvement

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:

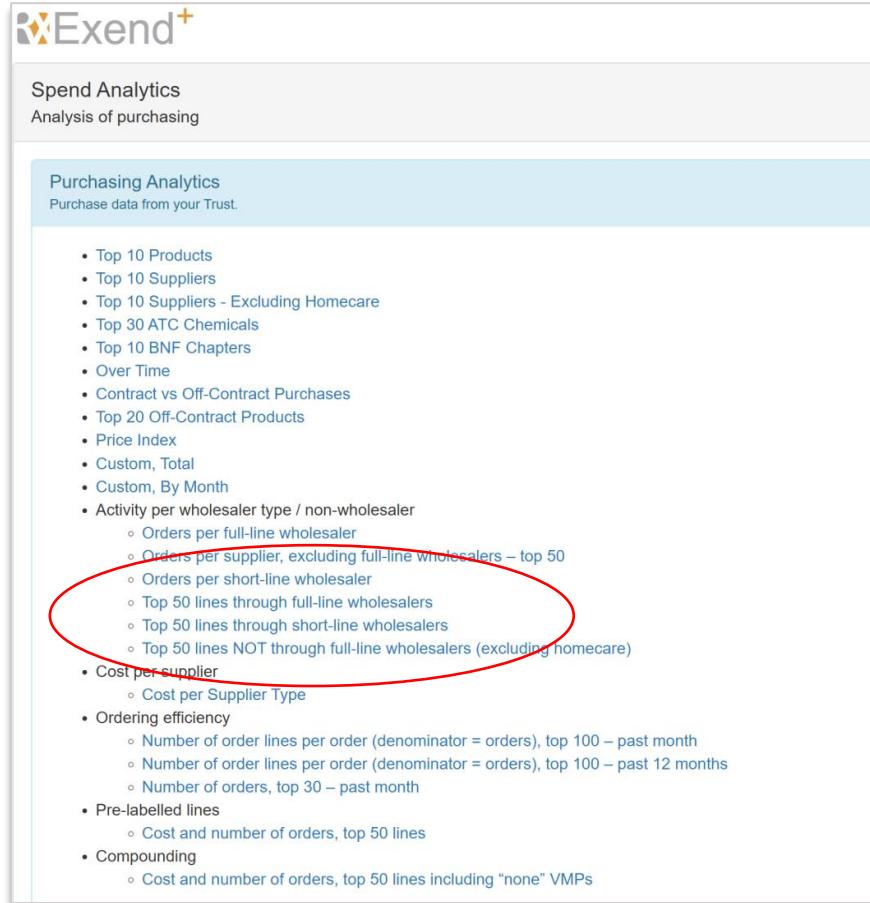
- RxInfo Exend – [Top 50 lines through Wholesalers](#)
- RxInfo Exend – [Top 50 lines through Non-Wholesaler](#)

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



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

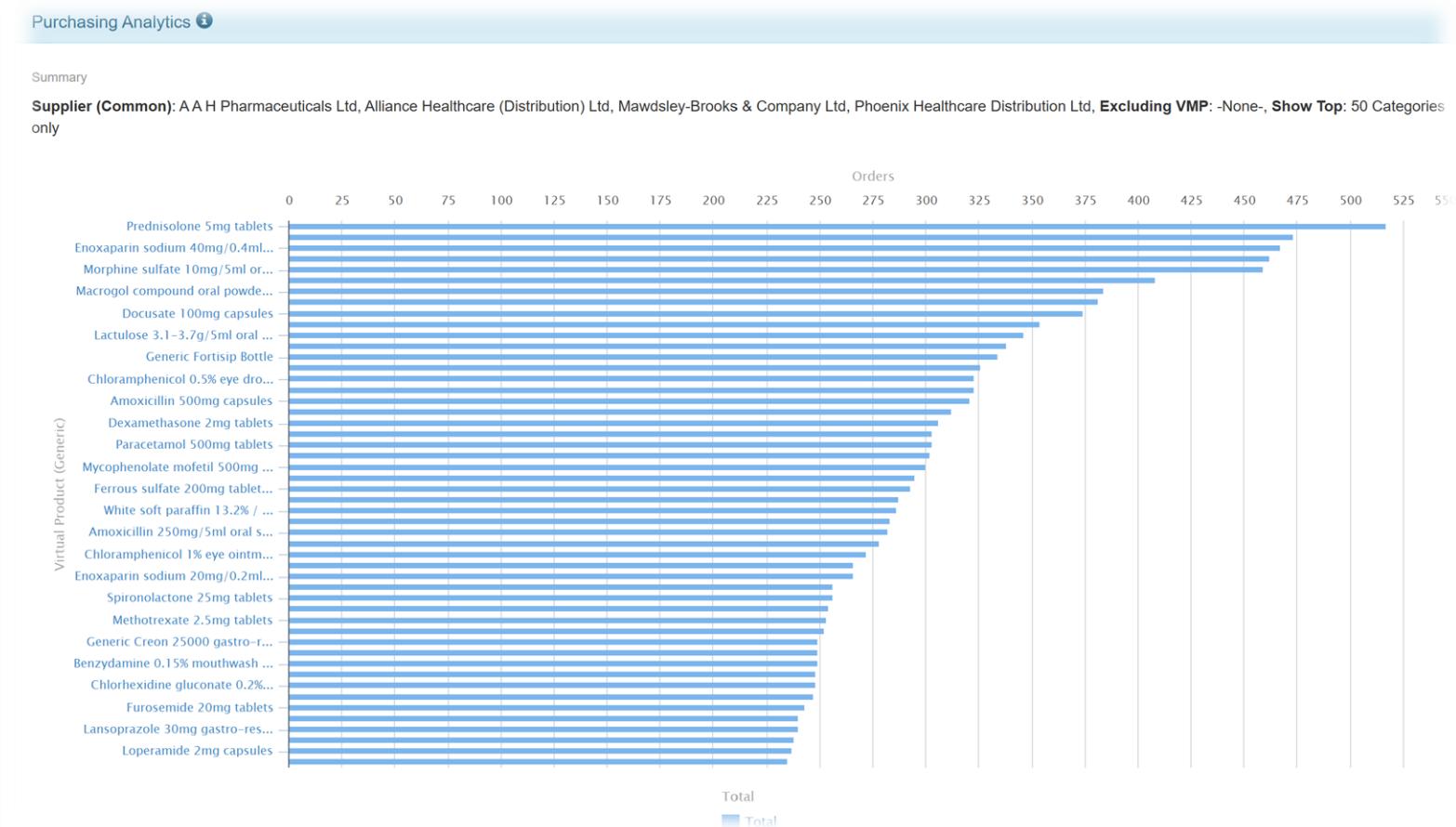
# Identifying contributing factors



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

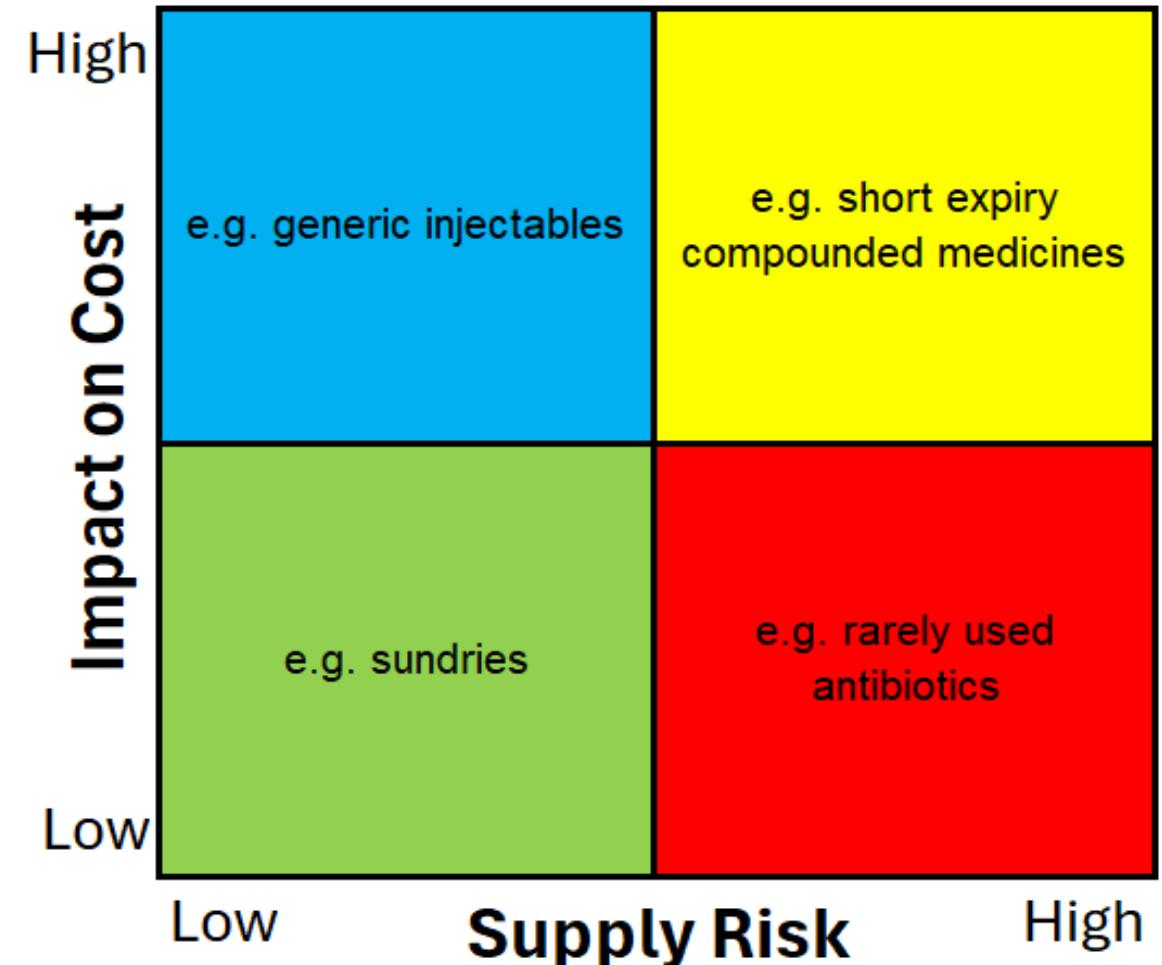
# Inventory categorisation models

- **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



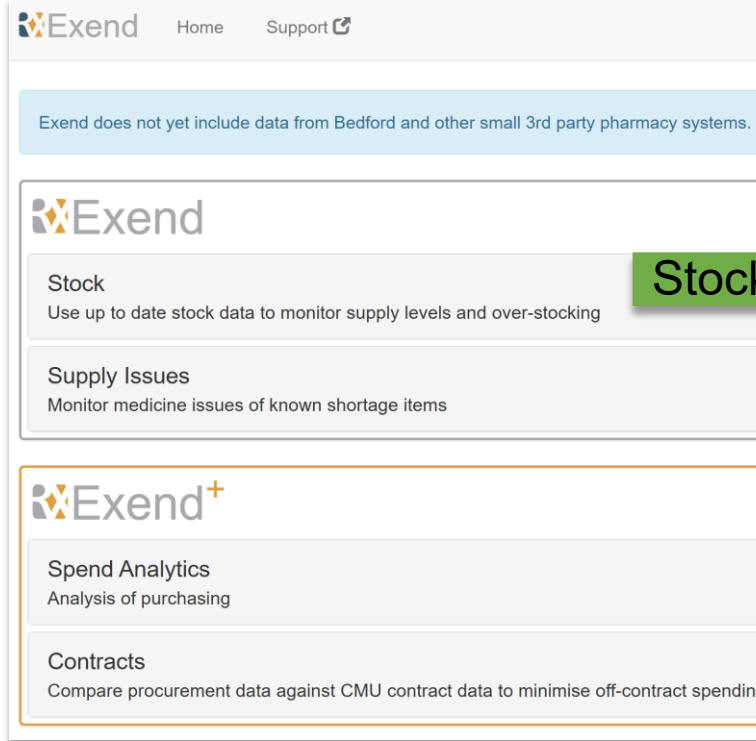
# Key Performance Indicators

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

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

# Understanding principles of medicines inventory management

# Exend & Exend +



Exend Home Support

Exend does not yet include data from Bedford and other small 3rd party pharmacy systems.

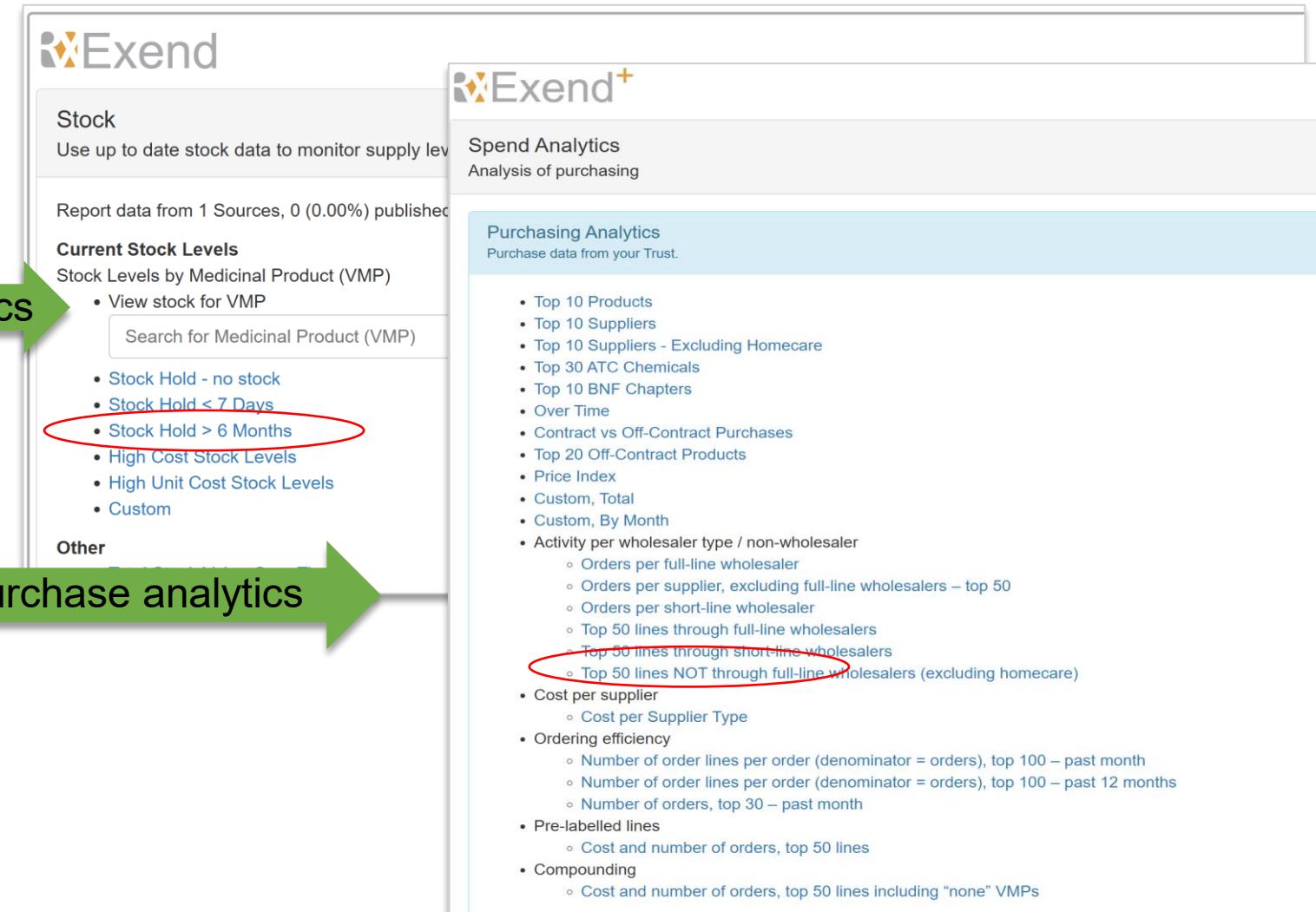
**Stock**  
Use up to date stock data to monitor supply levels and over-stocking

**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



**Exend**

**Stock**  
Use up to date stock data to monitor supply levels

**Report data from 1 Sources, 0 (0.00%) published**

**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
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- Pre-labelled lines
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- Compounding
  - Cost and number of orders, top 50 lines including “none” VMPs

# Slow moving stock and rarely used medicines

Specialist  
Pharmacy  
ServiceThe first stop  
for professional  
medicines advice[About SPS](#) · [Profile](#) · [Guidance](#) [Events](#) [Planning](#) [Training](#) [Publications](#) [Tools](#) [Q](#) [Search](#)[Home](#)

## 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
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- Managing expired stock and decommissioned products

Contents

[Using our advice](#)

### 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 determine the length of time as part of the reporting parameters.

- RxInfo Exend – [All stock not expected to move within 365 days](#)
- RxInfo Exend – [Slowest Moving stock based on the average number of days](#)

# Slow moving stock

## Current Stock Levels 825

[Download All Results \(CSV\)](#)

Stock levels where mapped to VMP, with estimated annual usage (calculated back on estimated annual use recorded against stock record, for Ascribe and EDS). Results where both stock level and use are 0 are excluded.

Reports can be exported into CSV (to manage large data extracts)

Options

Scope

Merged Trusts

Supply Issues:

Virtual Product

Search for Medicinal Product (VMP)

Unit Cost £ (Mean)

Toggle summary between "ALL Locations" and "By Location"

Source Grouping

Total

dm+d Grouping ⚠

Days Remaining (Active Stock, Agg)

From 182 to

VMP

Base Days Remaining On ⚠

Use in Last Year

Reset to Defaults

Go

Configure stock period to review

Source Grouping

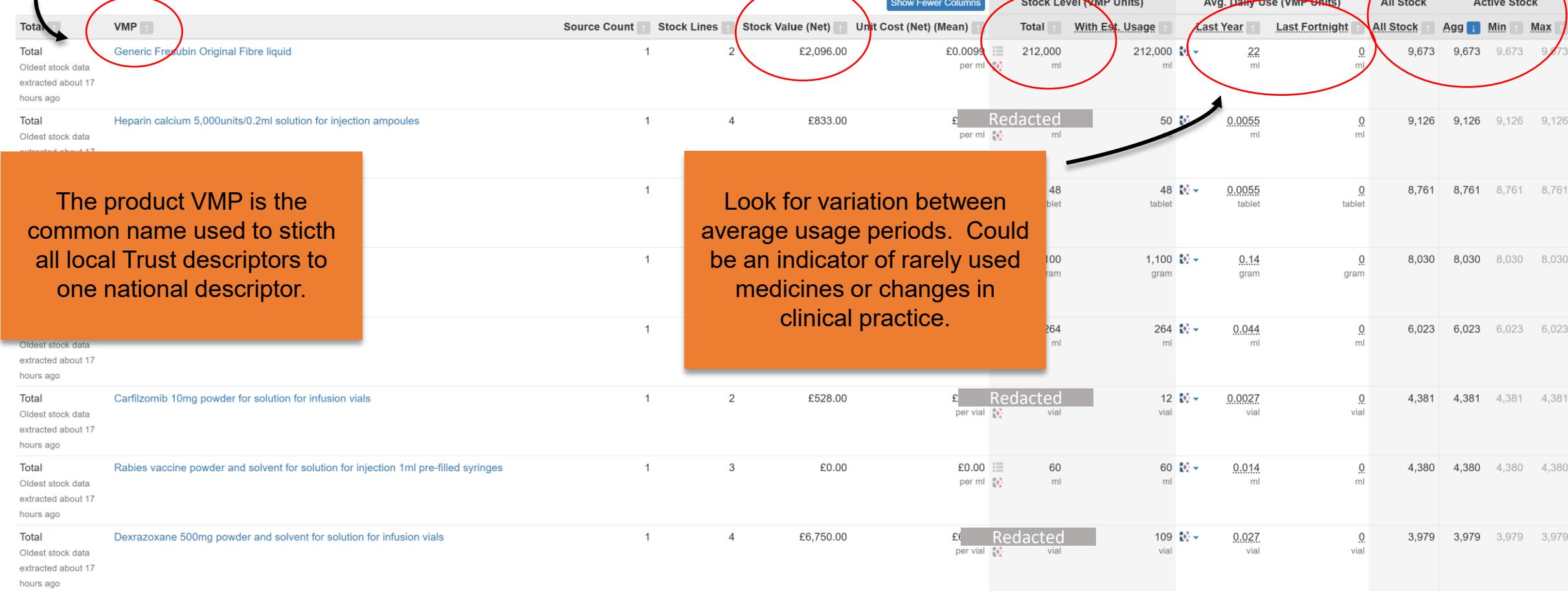
Source

Estimated Today at 13:32 (should be regenerated several times per day).

# Slow moving stock

Sorted by HIGHEST “Number of days stock”

Note report sorting options 



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

Total	VMP	Generic Fresubin Original Fibre liquid	1	2	£2,096.00	£0.0095 per ml	212,000 ml	212,000 ml	22 ml	0 ml	All Stock	Active Stock
Total	Oldest stock data extracted about 17 hours ago	Heparin calcium 5,000units/0.2ml solution for injection ampoules	1	4	£833.00	£ Redacted per ml	50 ml	0.0055 ml	0 ml	9,126 ml	9,126	9,126
Total	Oldest stock data extracted about 17 hours ago		1	48 tablet	0.0055 tablet	0 tablet	8,761	8,761	8,761	8,761	8,761	8,761
Total	Oldest stock data extracted about 17 hours ago	Carfilzomib 10mg powder for solution for infusion vials	1	2	£528.00	£ Redacted per vial	12 vial	0.0027 vial	0 vial	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	0.014 ml	0 ml	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	109 vial	0.027 vial	0 vial	3,979	3,979	3,979

# Highest value stock

Hide / Unhide  
“Value” columns

											Days Remaining (based on use Last Year)					
Total	VMP	Source Count			Stock Lines	Stock Value (Net)	Unit Cost (Net) (Mean)	Stock Level (VMP Units)			Avg. Daily Use (VMP Units)		All Stock		Active Stock	
Total	Pembrolizumab 100mg/4ml solution for infusion vials	1			£176,536.00	£ per ml	Redacted	Total	With Est. Usage	Last Year	57 ml	64 ml	11	11	11	11
Oldest stock data extracted about 18 hours ago								ml	ml	ml	ml	ml				
Total	Daratumumab 1.8g/15ml solution for injection vials	1			£ Redacted	£ per ml	Redacted	Total	With Est. Usage	Last Year	46 ml	61 ml	21	21	21	21
Oldest stock data extracted about 18 hours ago								ml	ml	ml	ml	ml				
Total	Faricimab 21mg/0.175ml solution for injection pre-filled syringes	1			£ Redacted	£ per ml	Redacted	Total	With Est. Usage	Last Year	3.7 ml	6.2 ml	13	13	13	13
Oldest stock data extracted about 18 hours ago								ml	ml	ml	ml	ml				
Total	Daunorubicin liposomal 44mg / Cytarabine liposomal 100mg powder for solution for infusion vials	1	2		£78,060.00	£ per vial	Redacted	Total	With Est. Usage	Last Year	0.2 vial	0 vial	120	120	120	120
Oldest stock data extracted about 18 hours ago								vial	vial	vial	vial	vial				
Total	Ruxolitinib 20mg tablets	2			£75,524.00	£ per tablet	Redacted	Total	With Est. Usage	Last Year	20 tablets	50 tablets	98	98	0	107
Oldest stock data extracted about 18 hours ago								tablet	tablet	tablet	tablet	tablet				
Total	Pertuzumab 600mg/10ml / Trastuzumab 600mg/10ml solution for injection vials	1			£28.00	£ per ml	Redacted	Total	With Est. Usage	Last Year	22 ml	8.6 ml	20	20	20	20
Oldest stock data extracted about 18 hours ago								ml	ml	ml	ml	ml				
Total	Blinatumomab 38.5micrograms powder and solution for solution for infusion vials	1			£1,088.00	£ per vial	Redacted	Total	With Est. Usage	Last Year	2.2 vial	5.5 vial	20	20	20	20
Oldest stock data extracted about 18 hours ago								vial	vial	vial	vial	vial				
Total	Nivolumab 600mg/5ml solution for injection vials	1			£1,088.00	£ per ml	Redacted	Total	With Est. Usage	Last Year	6 ml	14 ml	41	41	41	41
Oldest stock data extracted about 18 hours ago								ml	ml	ml	ml	ml				

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

# Highest value stock over 365 days

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

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

“Infinity”  $\infty$  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

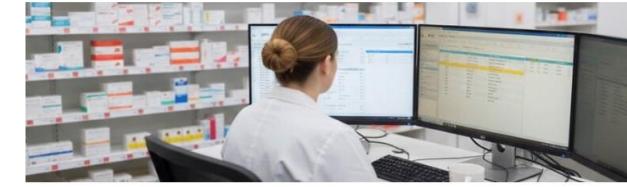
- Identify top 20 high frequency order lines
- Review for pharmacy system configurations / limitations
- Identify the order methods being used to purchase the stock ... is this warranted?
- Review storage capacity options
- Review direct to location orders versus ordering into a single location
- Review 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.

**Pharmacy Technology Hub**

sample SOPs across the different hospital pharmacy systems in use across the UK. Please bear with us while we collate and develop the material to support you.



Welcome to the Pharmacy Technology Hub

This site brings together sample SOPs and user guides to support people working in medicines procurement. The resources are based on practical experience and focus on helping you use your systems. All of the material has been generously volunteered by colleagues working in hospital pharmacy, with the aim of supporting the wider community of pharmacy procurement staff. Whether you're new to a system or looking to improve how it's already configured, the material here is designed to help you work more efficiently and get the most out of your setup. It is intended that materials can be adapted to fit local processes and governance requirements, and compliment the resources developed on the Specialist Pharmacy Service website.

**Disclaimer**

The sample SOPs and guidance provided on this site are shared for information and support only. They are intended as examples of good practice and should be reviewed, adapted, and approved locally before use. The content may not reflect current local, organisational, or regulatory requirements, and responsibility for ensuring safe, compliant use remains with the individual organisation and users.

**CMM / JAC / System C**



**EMIS/ Optum / AScribe**



**EPIC**



**GHX Powergate**



**Medecator Plus**



**Document Archive**



**HOW TO GET INVOLVED**

Submit your user guides and SOPs to be hosted here

SUPPORT YOUR COLLEAGUES

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The first stop for professional medicines advice

ONLINE RESOURCES FOR HOSPITAL PHARMACY PROCUREMENT

# Thank you for attending the webinar



Questions?