

What good looks like: Guiding principles to support Community Pharmacies (including Dispensing Doctors) and GP Practices in managing medicines supply shortages

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1. Introduction

The issues causing medicines supply shortages are out of the control of community pharmacies and GP practices.

Medication supply shortages have become increasingly common over the last few years. The reasons for supply issues are varied, at national level and often complex. Therefore, there is not “one size fits all” solution to the problem.

Issues which can cause medication supply shortages include:

- impact of global supply chain issues
- manufacturing problems
- raw material shortages
- regulatory issues.

Supply issues can also arise on a more localised basis owing to issues affecting specific depots of wholesalers.

Some medicines manufacturers have introduced wholesaler quotas with the intention of better managing the supply of UK medication to improve patient access. However, problems in the supply chain can arise when a pharmacy has exceeded their quota, owing to prescription volumes. This results in varying availability between community pharmacies and confusion over overall stock availability.

In anticipation of a challenging winter for the NHS and social care services, it is imperative that Primary Care works together as a system to support patients and mitigate any negative impact of this issue on patient care.

This guidance has been produced to support primary care colleagues to work together and support systems in managing medicines supply shortages. The guidance has been produced with a focus upon community pharmacy and GP practices, as the primary care services with the key remit for prescribing and supply of medicines. However, the guidance is also applicable to dispensing doctors, wider primary care services and secondary care services who prescribe medicines dispensed in primary care.

2. Summary and Key Principles

Key issues:

- **Working together with understanding and good communication will help minimise the impact of medicines shortages for patients, community pharmacies and GP practices.**
- Medicines supply issues are a growing national problem and affect all sectors of the ICS (Integrated Care System) and can lead to frustration and concern for patients.
- Shortages are caused by a wide range of factors; common examples include manufacturing problems and global market issues.
- Pharmacies are spending a significant amount of time sourcing medicines, sometimes by having to contact multiple wholesalers. It is not always easy to understand the current stock status of a medicine as the stock situation changes rapidly, sometimes within hours.
- GP practices are spending a lot of time changing prescriptions, often without knowing what alternatives are available.

Community Pharmacy (including Dispensing Doctors) should:

- Register with the [Specialist Pharmacy Service Medicines Supply Tool](#) to obtain details of medicines supply shortages.
- Make use of current [Serious Shortage Protocols where appropriate](#).
- Support prescribers to identify potential alternatives that are available (where clinically appropriate). Community pharmacists should have access to and utilise ICS agreed medicines formularies to support with the identification of first- and second-line choices.
- Ask the GP practice for an alternative phone number to avoid using patient lines and/or arrange a set time of day when a prescriber can be available for queries.
- Liaise with nearby pharmacies, where practical; to direct patients to a pharmacy that has stock.
- Use patient information leaflet to explain shortages -see [here for more information](#).
- Limited availability can lead to significantly inflated prices. Report pricing concerns to [Community Pharmacy England](#).
- Consider developing a SOP or template to support the suggested actions above.

GP Practices should:

- Register with the [Specialist Pharmacy Service Medicines Supply Tool](#) to obtain details of medicines supply shortages.
- Prescribe generically **where appropriate** to allow pharmacies to dispense any brand that is appropriate and in stock.
- 28 days prescribing whenever possible - prescribing for longer periods can exacerbate supply issues.
- Arrange a set time of day when local community pharmacy can bring issues and/or give them an alternative phone number to avoid using patient lines. Review changes to prescriptions when stocks are available again.
- Act upon advice from community pharmacies when informed about medicines shortages and do not continue to prescribe the brand / medication which has been notified as out of stock.
- Use patient information leaflet to explain shortages – see [here for more information](#).
- Consider allowing patients to order medications 7 - 10 days before a prescription is due to run out in order to give sufficient time for processing and stock location.
- Follow ICB and national clinical prescribing guidance for specific medicines supply shortages.

3. The Impact of Medicines Supply Shortages

Medicines supply shortages have significant impacts upon patients / carers, community pharmacies, GP practices and the wider ICS.

From the patient / carer perspective a key impact is that of anxiety and stress, particularly if shortages apply to critical medicines and those for management of long-term health conditions. If medicines cannot be sourced, this could lead to poor adherence or non-adherence to treatment regimes, potentially leading to poor health outcomes. A further impact is the poor patient experience of multiple contacts with numerous community pharmacies to try and source medicines and trying to access prescribers to access alternative treatments. Sometimes patients feel passed between community pharmacy and GP practices.

For community pharmacy, the procurement and sourcing of medicines is a fundamental part of their day-to-day business. The increases in widespread shortages have led to the scenario whereby many pharmacies have key staff members now dedicated to trying to source medications in short supply. Therefore, they are not able to complete other tasks within the pharmacy. Causing additional pressure to an already very strained workforce. Pharmacists and their teams are spending considerably more time with patients / carers reassuring them and supporting with shortages. There is a significant administrative burden and challenges in accessing GP practices and/or prescribers to arrange prescriptions for alternative medicines. A further impact is the financial burden to community pharmacy when a medicine is in short supply, as NHS payment mechanisms take time to account for increased costs. This can often lead to community pharmacies having to dispense at a loss.

GP practices are impacted significantly by an increased burden upon an already strained clinical and administrative workforce. Increasing numbers of patients are contacting the practice for alternative treatments and some also require additional medication reviews and specialist clinical input. There is also an impact on the practice in responding to requests from community pharmacists and their teams seeking prescription changes to alternative medications.

Within the context of wider ICS systems there are various larger scale impacts. A key impact is the need to develop supporting clinical guidelines for specific medications, co-ordinating with providers and clinical leaders. Medicines optimisation work-streams may be disrupted, reducing planned efficiencies, and impacting medicines quality work-streams. ICS agreed medicines formularies could also be impacted. A further impact is a considerable, but unavoidable financial burden when price concessions are agreed for medicines in short supply. Impacting wider ICB financial decisions and considerations.

4. Community Pharmacy and Medicines Supply

Whilst community pharmacies are part of the NHS family and are primary care contractors, community pharmacies are individual businesses. The sector comprises a mixture of large chains, smaller chains, and independent pharmacies with one or more premises. Community pharmacies purchase medicines in advance and are reimbursed after the prescription has been claimed once the medicines are dispensed.

The medicines wholesale market is independent of the NHS and there are a variety of wholesalers available for community pharmacies to purchase from. Owing to commercial arrangements, routinely larger chain pharmacies will be linked to specific wholesalers. Typically, many community pharmacies will have a mainline wholesaler, but will access other wholesalers too. Therefore, it may arise that some pharmacies can obtain a medicine when others cannot.

Widespread medicines supply shortages will usually impact across all wholesalers over a prolonged period. When a medicine comes back into supply from the manufacturer, it must be noted that whilst supply is made available swiftly across wholesalers, this is not instantaneous, and some pharmacies may be able to re-stock before others, depending on their commercial arrangements.

Stock levels can change rapidly and therefore it is becoming increasingly difficult for pharmacies to recommend alternatives. It can also be difficult to recommend an alternative for a medicine that can be used for more than one clinical indication.

The Medicines Act prevents a community pharmacy from supplying a medication that is different to that which is specified by a prescriber on the prescription. For example, a community pharmacy cannot:

- substitute a generic drug if the prescriber has written the medicine by its “Brand” name; the prescription would need to be rewritten as a “Generic”, e.g., Clintas gel changed to carbomer 980 0.2% eye gel.
- legally substitute a different strength of the product to make up the strength that has been prescribed, e.g., dispense two Atorvastatin 10mg tablets where 20mg are unavailable.

The exception to the above, is when the pharmacist is acting within the premise of a Serious Shortage Protocol (SSP). SSPs are nationally agreed and have been introduced to help community pharmacies to manage serious shortages of medicine, without the need to refer patients back to prescribers. The SSP will specify the alternative medicine that is to be supplied. However, SSPs are time limited and only available for specified medicines.

The decision to classify a medicine to be in serious shortage and develop a SSP lies with the Department of Health and Social Care.

5. Key Principles

As outlined above, medicines supply shortages can have significant negative impacts on patients, community pharmacies, general practice, and the wider NHS. It is imperative that all stakeholders work together in the best interest of the patient. We must never forget that there is a patient related to every prescribed medicine.

Many community pharmacies and GP practices routinely undertake the following activities to support their patients with medication supply shortages.

Community pharmacy:

- Liaising with other local pharmacies, where possible, to see if they can source the required medicines and subsequently arrange for the patient to have the prescription dispensed from that pharmacy. Some pharmacies may also be able to arrange for stock to be transferred from another pharmacy. They can also liaise with prescribers regarding alternative brands, strengths, formulations, and medicines that are available and may be clinically appropriate for the patient, requesting a new prescription to be sent to the pharmacy.
- Maintaining regular dialogue with GP practices that you dispense large volumes of prescriptions for, so that both parties are aware of key supply issues.
- Reviewing the medication supply shortage with the patient and check the urgency of the need for the medication, including how long current supply will last. This includes other items on the prescription which may be required. If a patient is not taking the medication as prescribed, this could prompt a referral to the patient's GP practice for a medication review.
- When medication is urgently needed returning a prescription to the NHS spine (if electronic) or to the patient (if a paper prescription / token), so that the patient can try to access it at another pharmacy.
- Requesting a replacement prescription from the GP practice. If the prescription has been prescribed by brand it may be appropriate to request the generic. If alternative strengths or other alternatives are available this may be useful information to supply to the GP practice to support their decision-making.

GP Practice:

- Routinely prescribing medications generically (where clinically appropriate and in line with ICB prescribing policies). This provides community pharmacies with more options to obtain a supply of the required medication from a wider range of suppliers.
- All patients who are prescribed medicines should have a regular medication review (depending upon patient and long-term conditions routinely would be every 6 to 12 months). This is important to ascertain if patients are taking their medicines as prescribed, review health outcomes and to avoid waste.
- Liaising with community pharmacy teams to work together to resolve medicines supply shortages and providing prescriptions for alternative medicines as appropriate.
- Ensuring community pharmacy teams have mechanisms to raise and discuss medicines supply shortages, such as back-office numbers for the GP practice.
- Ensuring GP practice team members who manage patient prescription requests are aware of medicines shortage issues and are working with community pharmacy teams to support patient care.
- Allowing patients to order medications 7 - 10 days before a prescription is due to run out to give sufficient time for processing and stock location.

Collaborative working and effective communication will be the main driver to ensure that we drive down inefficiencies and barriers, supporting the frontline workforce in both community pharmacy and general practice to work more effectively and efficiently, and building capacity to better support patients.

To this end, to support more effective communication at a local level we have some key principles for community pharmacy and general practice outlined below. The suggested key principles provide a general approach for community pharmacy and general practice staff to provide patient-centred care:

- Register with the [Specialist Pharmacy Service Medicines Supply Tool](#) to obtain details of medicines supply shortages.
- Communication pathways are essential. If not already done so share “back office” telephone number/s and email addresses that will link the key personnel and clinicians in the GP practice with the community pharmacy. (Also, review numbers to ensure up to date and correct). These contact details should already be in use for local level clinical liaison such as patient escalations via GPCPCS and will allow the management of any issues with a particular prescription that requires urgent attention. (Note – due to the nature of

community pharmacies in some cases there may only be one main telephone line into the pharmacy).

- If a local agreement is not in place to share contact details, then a recommendation to develop an agreement between the GP practice and community pharmacy is advised. This will enable prioritisation of those queries needing urgent attention, with an agreed protocol for queries that are of lower priority.
- Agreed timeslots between community pharmacies and GP practices to discuss issues can reduce workforce burden and support pharmacists to access clinicians in a timely fashion.
- Pharmacies have up to date access to their wholesaler network for stock availability, that can and does change daily. Having a named point of contact within both the practice and the pharmacy will allow for continued collaborative and professional conversations around the supply situation and would also support the sharing of the most up-to-date information. PCN and GP practice pharmacists could be a key point of contact at the GP practice.
- When a community pharmacy advises of a substantial medicine shortage issue, ensure that this is communicated to clinicians in the practice and to GP practice support staff who deal with prescription requests so that alternative arrangements when prescribing for other patients who would have required that medication can be made.
- Including local community pharmacies and pharmacy PCN leads (where in place) as part of PCN meetings can support timely information regarding the development of widespread medicines supply shortages and local plans to support patients.
- If a change in medication has been made, inform the patient, and discuss any clinical or medicines use implications. Both GP practice and community pharmacy teams should support patients with medication changes. This may provide an opportunity to actively refer the patient into additional services, such as the New Medicines Service, when prescribing the new medication. Supporting the patient to utilise the new medicine effectively and identify any issues sooner.
- Both GP practice and community pharmacy teams should advise patients to ensure they order medications in enough time. Giving additional time during bank holidays, Easter, and Christmas periods.

6. Resources

The following resources will support community pharmacy, GP practice teams and other prescribers / dispensers:

- [NHS Service Finder](#) - For health and care professionals - accurate, real-time information to help signpost patients to available services. Includes non- public contact details
- [Specialist Pharmacy Service Medicines Supply Tool](#) - List of known, enduring shortages - does not cover all short-term problems (anyone with nhs.net email can register)
- [Community Pharmacy England Serious Shortage Protocols](#) - Details of current Serious shortage protocols SSPs
- [Community Pharmacy England Medicines Factsheet - Information on medicines supply for patients](#) – Medicines supply and shortages factsheet to support patient information

ICB Area Prescribing and Medicines Optimisation Committee links:

- NHS Cheshire and Merseyside - [Prescribing - NHS Cheshire and Merseyside](#)
- Greater Manchester - [Welcome to GMMMG - GMMMG](#)
- Lancashire & South Cumbria - [Home - Lancashire and South Cumbria Medicines Management Group \(lancsmmq.nhs.uk\)](#)