

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

Summary Document

Acknowledgments

This document has been compiled with the support of NHS England Northwest, NHS Cheshire and Merseyside, NHS Greater Manchester, NHS Lancashire and South Cumbria and Northwest Local Pharmaceutical Committees

Special thanks to:

Judith Smith, Northwest Pharmacy Integration and Sustainability Pharmacy Technician, NHS England

Stephen Riley, Northwest Deputy Regional Chief Pharmacist – Pharmacy Integration, NHS England

Paula Cowan, Northwest Medical Director for Primary Care and Interim Director Commissioning, NHS England

Alison Scowcroft, Community Pharmacy Clinical Lead, NHS Greater Manchester

Pam Soo, Clinical Lead for Community Pharmacy Integration, NHS Cheshire and Merseyside

Julie Lonsdale, Clinical Lead for Community Pharmacy Integration, NHS Lancashire and South Cumbria

Kath Gulson, Pharmacy LPN Chair, NHS Lancashire and South Cumbria

Northwest Integrated Care Boards Chief Pharmacists and Medicines Optimisation Leads

Chief Officers of the Cheshire and Merseyside Local Pharmaceutical Committees, Community Pharmacy Greater Manchester and Community Pharmacy Lancashire and South Cumbria

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 ongoing medicines shortages and medicine supply notifications, it is imperative that Primary Care works together as a system. Supporting patients and mitigating negative impacts of this issue on patient care.

This guidance has been produced to support primary care colleagues to work in collaboration across the ICB systems; to ensure patient access to medicines. 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.
- Prescribing budgets are under pressure as prices of medicines increase.

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](#).
- Become familiar with the Royal Pharmaceutical Society (RPS) [Medicines Shortages](#) report.
- 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 [We're all community pharmacy](#)
- Limited availability can lead to significantly inflated prices. Report pricing concerns to [Community Pharmacy England](#).
- Consider developing a SOP or template to support the actions above and sharing with GP practices.

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.
- Become familiar with the Royal Pharmaceutical Society (RPS) [Medicines Shortages](#) report.
- Use patient information leaflet to explain shortages – see [We're all community pharmacy](#)
- Consider 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.
- Follow ICB and national clinical prescribing guidance for specific medicines supply shortages.

3. 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
- [We're all community pharmacy](#) – Medicines supply and shortages factsheet to support patient information
- [Medicines Shortages](#) – Royal Pharmaceutical Society medicines shortages 2024 report.

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 \(lancsmmg.nhs.uk\)](#)