

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Medicine Shortages

Lead Cabinet Member(s) or Responsible Person:

- Dan Leveson (BOB ICB Place Director for Oxfordshire)
- Julie Dandridge- Head of Primary Care Infrastructure, Head of Pharmacy, Optometry and Dentistry, Lead for Primary Care across Oxfordshire, BOB ICB.
- Claire Critchley- Medicines Optimisation Lead Pharmacist.
- David Dean- Chief Executive Officer, Community Pharmacy Thames Valley.
- Bhulesh Vadher- Clinical Director of Pharmacy and Medicines Management, Oxford University NHS Hospital Trust.

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Tuesday 26th November 2024

Response to report:

The recommendations made in the report have been noted and partially accepted; most of the recommendations are either already in place or are better met at a national level.

Response to recommendations:

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Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
<p>1. To ensure that policies are in place to recognise and identify patients with cliff-edge conditions, and to ensure that mitigations are in place to reduce the risk of harm to these patients in the event of supply disruptions.</p>	<p>Accepted</p>	<p>The Department of Health and Social Care (DHSC) Medicines Supply Team is responsible for supporting management of supply issues nationally. They publish regular updates for primary and secondary care which can be found on the Specialist Pharmacy Service (SPS) website which includes some of the known supply issues, potential impact and recommended actions.</p> <p>MIMS also has an on-line drug shortages tracker which clinicians can access to find out information on current shortages and recently resolved issues. The tracker also suggests possible alternatives where appropriate.</p> <p>The Commercial Medicines Unit (CMU), on behalf of NHS England, is responsible for negotiating the regional contracts of thousands of medicines each year. Manufacturers are required to inform them if they anticipate any potential supply issues with their contracted products. CMU are informed of anticipated shortages, timeframes and reasons for delay and this information is shared with the NHS Trusts monthly.</p> <p>Following an impact assessment, shortages deemed higher risk or those that are expected to have the most impact are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). Serious Shortage Protocols (SSPs) are sometimes put in place to enable community pharmacists to supply patients with specific alternative medicines; these are available to view on the NHS</p>

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		Business Service Authority's <u>dedicated SSP web page</u> , along with supporting guidance.
2. To ensure effective communication, coordination, and transparency within and between the local and national levels to help mitigate risks associated with medicine shortages. It is recommended that there is escalation to national levels as to the importance of national transparency with community pharmacy and patient stakeholders.	Accepted	<p>The ICB Medicines Optimisation Team provides advice to local practices and community pharmacies on medicine shortage and communicates current shortages and suitable alternatives via its regular newsletter and website, both of which are available to all primary care clinicians. The team is also able to add certain information to ScriptSwitch which is a software tool used by prescribers to provide real-time information and recommendations at the point of prescribing.</p> <p>Community Pharmacies often have links with other pharmacies and are able to share stock information enabling individuals to be redirected where a medicine is out of stock. However, it should be noted that most pharmacies use similar wholesalers meaning a medicines in short supply would impact a number of pharmacies.</p> <p>Since 2023, the OUH Pharmacy Department has had a dedicated medicines supply shortages practitioner to identify and manage potential supply issues in the Trust by working with clinical areas and procurement teams and implementing various strategies to mitigate the impact of the supply shortage. The successful management of these shortages has been aided by having a supply shortages database on the Trust intranet where everyone can be kept up to date.</p>
3. To work on reducing any prospect of additional excessive workloads on both clinical and administrative staff in the event of medicine shortages, and to	Partially accepted	The ICB and OUHFT is committed to ensuring that the impact on staff workloads is minimised as a result of medicines shortages. The use of national resources will help to support this aim as

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provide meaningful support for staff as well as additional resource if need be for the purposes of tackling any additional demand/burdens. It is recommended that there is escalation to the national level as to the extent of workload across all health settings in the management of shortages and to seek national enablers.		<p>does the dedicated Medicines Supply Shortages practitioner at the OUHFT.</p> <p>We continue to work with both national and regional teams to reduce impact. However, the ongoing unpredictability of medicines shortages will, inevitably, continue to have an impact on staff resources.</p>
4. To continue to improve sharing of information and transparency, engaging across all health settings, including through a potential digital local database, for helping professionals to easily identify where supply issues exist. It is recommended that there is escalation to the national level on the need for; leadership on transparency with all stakeholders and the public; attracting the pharmaceutical industry to the UK market; and ensuring the sustainability of community pharmacy through improvements to the community pharmacy contract.	Partially accepted	<p>Local teams will continue to share information using the intelligence available via the various national routes including the Department of Health and Social Care (DHSC), Specialist Pharmacy Service (SPS) and MIMS drug shortages tracker. As these information sources are regularly updated, a local digital database would be a duplication and would be resource heavy.</p> <p>Following an impact assessment, shortages deemed higher risk or those that are expected to have the most impact are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). Serious shortage protocols (SSPs) NHSBSA are sometimes put in place to enable community pharmacists to supply patients with specific alternative medicines; these are available to view on the NHS Business Service Authority's dedicated SSP web page, along with supporting guidance.</p> <p>The ICB is unable to influence the national pharmacy contract.</p>
5. To work on improving communication and coproduction with patients, and involving the third-sector for those with cliff-edge or long-term conditions, regarding pharmacy	Partially accepted	<p>Current processes and mitigations will continue to be reviewed and adapted as necessary in order ensure communication with all parties is optimal. Advice will continue to be provided to both primary and secondary care prescribers as well as local</p>

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services and the availability of medicines (including through the use of frequently asked questions). It is also recommended that patients are signposted to any support that could be available from pharmacy services and the wider voluntary sector.		community pharmacies on medicine shortages and suitable alternatives via newsletters and websites.
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