

Oxfordshire Joint Health Overview and Scrutiny Committee

Date of meeting: 12 September 2024	Paper no:
---	------------------

Title of paper: Medicine Shortages

Paper is for:	Discussion	✓	Agreement		Information	✓
----------------------	-------------------	---	------------------	--	--------------------	---

<p>Purpose of paper: To inform committee members of issues faced as a result of medicines shortages and some of the steps taken to mitigate the effect on patients.</p>

<p>Recommendations</p> <p>Members of HOSC are invited to note the contents of this paper.</p>
--

Authors:	Julie Dandridge. Head of Primary Care Infrastructure Head of Pharmacy, Optometry and Dentistry, Claire Critchley Medicines Optimisation Lead NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
-----------------	---

Date of paper: 28 August 2024

Medicine Shortages

1. Background and the national context of medicine shortages

- 1.1 Medicines shortages affect healthcare systems worldwide. They can be caused by several complex and interacting factors and can occur at short notice and change rapidly, making forward planning difficult. In recent years, there has been an increase in shortages due to global issues: for example, COVID-19 caused a significant reduction in manufacturing capacity, the UK's exit from the European Union affected the distribution supply chain and recent global conflict has caused further instability.
- 1.2 The proportion and type of medicines affected by supply shortages can vary but it generally impacts only a small percentage of the total medicines available.
- 1.3 Community Pharmacy England conducted a survey with pharmacy teams across England which highlighted how critical the situation has become: 97% of pharmacy teams reported patients being inconvenienced as a result of medicine supply issues and 79% reported that patient health is at risk due to these issues.

2. Reasons for medicine shortages

- 2.1 Shortages can be due to various factors as described above and often cannot be attributed to one reason. Reasons may include:
- manufacturing issues
 - changes in NHS contract or pricing strategies
 - distribution issues
 - withdrawal or discontinuation
 - demand fluctuations
 - stockpiling or panic buying.

Response to the shortage of one medicine can lead to shortage of the replacement medication.

3. The impact of medicine shortages

- 3.1 Medicine supply issues affect all areas of healthcare. In the last 3 years, Oxford University Hospitals NHS Foundation Trust has been affected by 369 supply shortages of which an average of 60 (range 45 to 80) are active at any one time. Many of these shortages will affect patients accessing prescriptions in the community. The HealthWatch research found that 42% of patients have experienced problems getting their medicine with almost a quarter of patients experiencing their medication being out of stock in the past 12 months.
- 3.2 Patients are often significantly impacted by medicine shortages; for example, prescription switches to an alternative medication may not suit the patient as well as their previous, regular medicine, and experience anxiety worrying about shortages

affecting their treatment, and they may spend time trying to access a medicine which is in short supply.

- 3.3 Community Pharmacy England report that medicine supply issues not only disrupt the timely dispensing of medications but also impose significant strain on community pharmacies operationally and financially. Supply issues also increase burden on General Practice as pharmacy teams frequently need to contact GPs for alternative prescriptions when items are unavailable.
- 3.4 The effects of a medicine shortage on patients and clinicians can range from a low impact, where a cost-neutral suitable substitute medicine can easily be substituted, to a critical situation involving potentially life-saving medication where harm to the patient is likely if an alternative is not readily available. Response will vary depending upon the medicines involved, the duration and extent of the issue and the suitability of alternatives.
- 3.5 Supply disruptions affect medicines across a range of therapeutic areas with recent examples including treatment for diabetes (e.g. semaglutide, Insulin Humulin S®), epilepsy (e.g. carbamazepine), pancreatic enzyme replacement therapies (PERT) (e.g. Creon® capsules) and Hormone Replacement Therapy (HRT).

4. National Mitigations

- 4.1 The Department of Health and Social Care (DHSC) Medicines Supply Team is responsible for supporting management of supply issues nationally and they publish regular updates for primary and secondary care which can be found on the [Specialist Pharmacy Service](#) (SPS) website. This tool was launched in 2022 in response to increasing shortages and includes some of the known supply issues, potential impact and recommended actions.
- 4.2 MIMS has also launched 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. Users need to register and log in to view but registration is free for GPs and nurses.
- 4.3 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.
- 4.4 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 Business Service Authority's [dedicated SSP web page](#), along with supporting guidance.
- 4.5 Issues will vary from region to region and, in general, there is not one individual source that can provide the panacea to aid supply management so various information sources must be used. Although these tools are useful, the advice and recommendations can quickly become outdated, and recommendations must be interpreted before they can be implemented.

5 Local mitigations

- 5.1 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.
- 5.2 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.
- 5.3 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.
- 5.4 The ICB Medicines Optimisation Team works together with local system partners to help manage supplies for our patients when there are significant issues. Recent examples include ADHD drugs, where the ICB worked with Oxford Health to try to ensure supplies were available wherever possible and with the current PERT shortage, where the team is working with OUH and OH to try to establish local back up stock for the BOB population. In some cases, the Area Prescribing Committee (APC) is required to discuss and approve guidance on what to do in the event of a medicine shortage.

6. Summary

- 6.1 Medicines supply problems can affect many patients across England and have become a daily occurrence.
- 6.2 The management of these medicines shortages requires a coordinated and proactive approach involving multiple stakeholders. By implementing the above robust strategies and maintaining effective communication, the NHS aims to mitigate the impact of shortages and ensure that patients continue to receive the necessary treatments.
- 6.3 Whilst the coordination of these supply disruptions at national levels have helped create a more uniform approach across the NHS, interpretation in the local context is an important prerequisite before they can be implemented at a local level. Ongoing coordination of supply problems across Oxfordshire will help to further reduce potential harm from shortages, particularly for medicines prescribed in both hospital and primary care.

7. Reference sources and further reading

- [Community Pharmacy England; Pharmacy Pressures Survey 2024](#)
- [A Guide to Managing Medicines Supply and Shortages - NHS England](#)

- [A Guide to Managing Medicines Supply and Shortages](#)
- [Medicines shortages: regulatory processes to manage supply disruptions](#)
- [Healthwatch Briefing](#)

August 2024