

Why do medicines supply issues occur

Richard Bateman, RPPS NW

The first stop for professional medicines advice

Reasons for supply issues

- Regulatory compliance issues and changes to standards
- API supply issues
- Batch testing failures and investigations (OOS results)
- Regulatory approval timescales
- Usage data and clinical guidelines
- Positioning of stock in the supply chain
- Logistical challenges
- Commercial factors
- Unforeseen factors

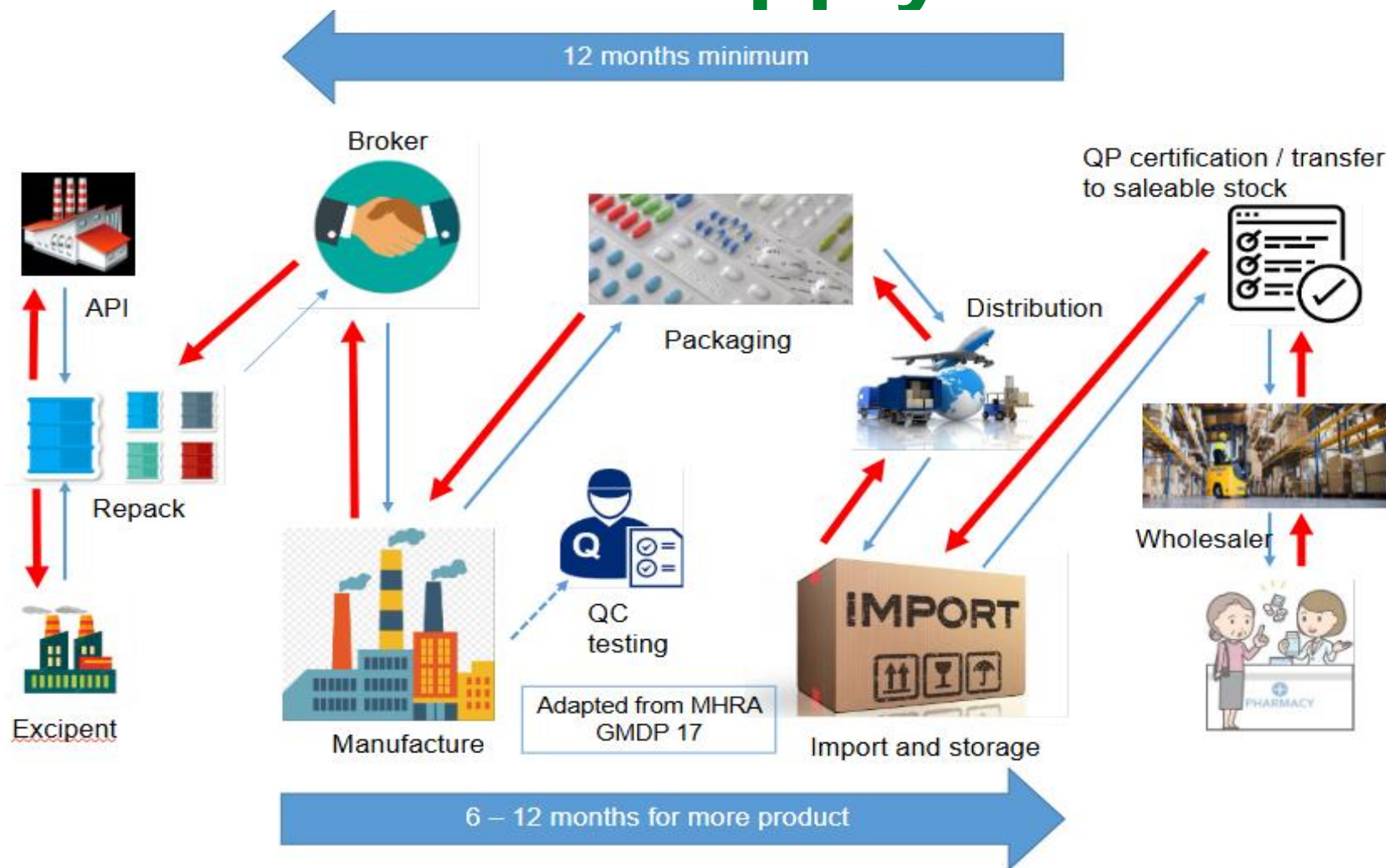
Reasons for supply issues

- Supply chain complexity – time to respond?
- Global market – API, contract manufacture, finished product, testing and release, logistics, wholesale
- Tendering processes and timelines

Examples:

- Desferrioxamine
- Epirubicin
- Pabrinex

Global medicines supply chain





Department
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England

Navigating Medicine Supply Issues in Secondary Care

Ezabella Ayele - Medicines Assurance Manager, MPSC, NHSE
Kate Mitchell - Principal Pharmacist, Medicine Supply Team.
DHSC



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England

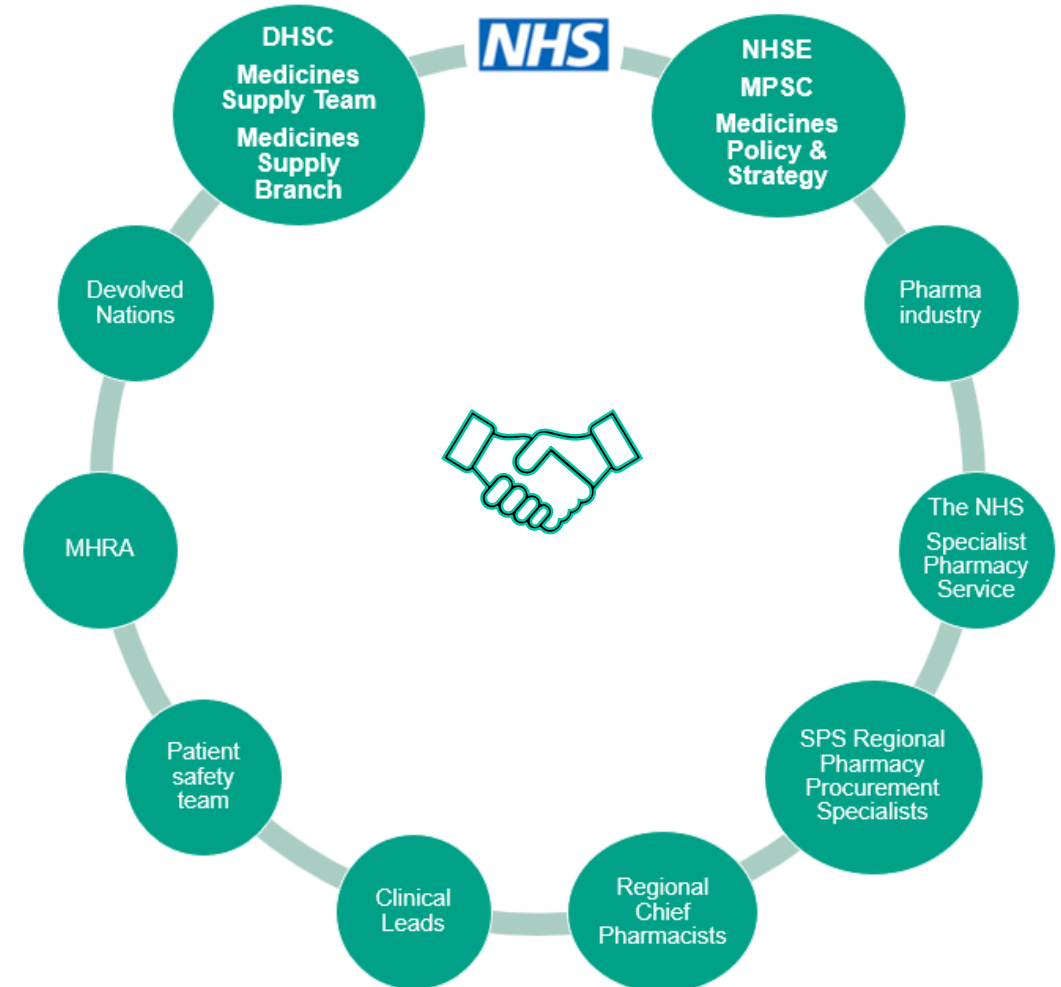
Who is involved in managing shortages



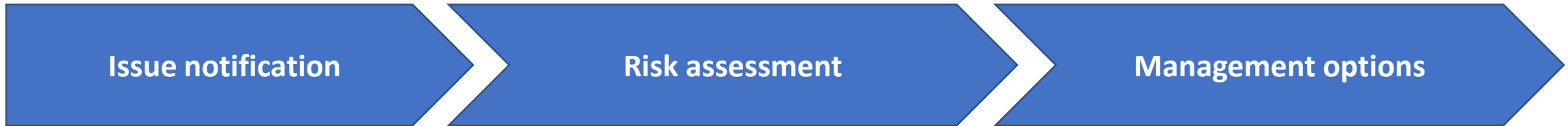
Who's who

- ❑ **DHSC** is responsible for the overall continuity of supply of medicines to the NHS and day-to-day management of medicine supply issues across primary and secondary care
- ❑ **NHS England** Medicines Procurement & Supply Chain (MPSC) has specific responsibilities relating to any secondary care medicines and certain homecare services procured on MPSC frameworks
- ❑ The **Medicines Shortage Response Group (MSRG)** is a multidisciplinary cross-sector group, chaired by the Head of the Specialist Pharmacy Service, that provides governance and oversight, as well as support, to the DHSC Medicines Supply Team and the NHSE MPSC Pharmacy and Supply Team, in the management of medicines shortages

None of these bodies has the power to buy medicines



Medicines Shortages Response Group (MSRG)



A clinically chaired decision-making body to oversee and support both MST and MPSC

Commissions expert advice from NCDs, GIRFT leads, CRG chairs and or Royal Colleges / other professional bodies.

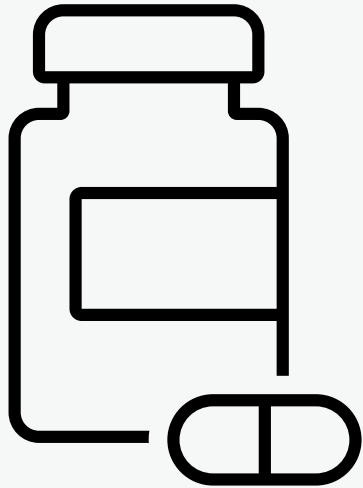
A key role of MSRG is to determine and oversee escalation and de-escalation

Agrees the content and dissemination routes for communications to 'the system' and

Provides sign off for management plans

Representatives from patient safety, primary care, RPPS, H&J, Comms, SPS, DAs, MHRA

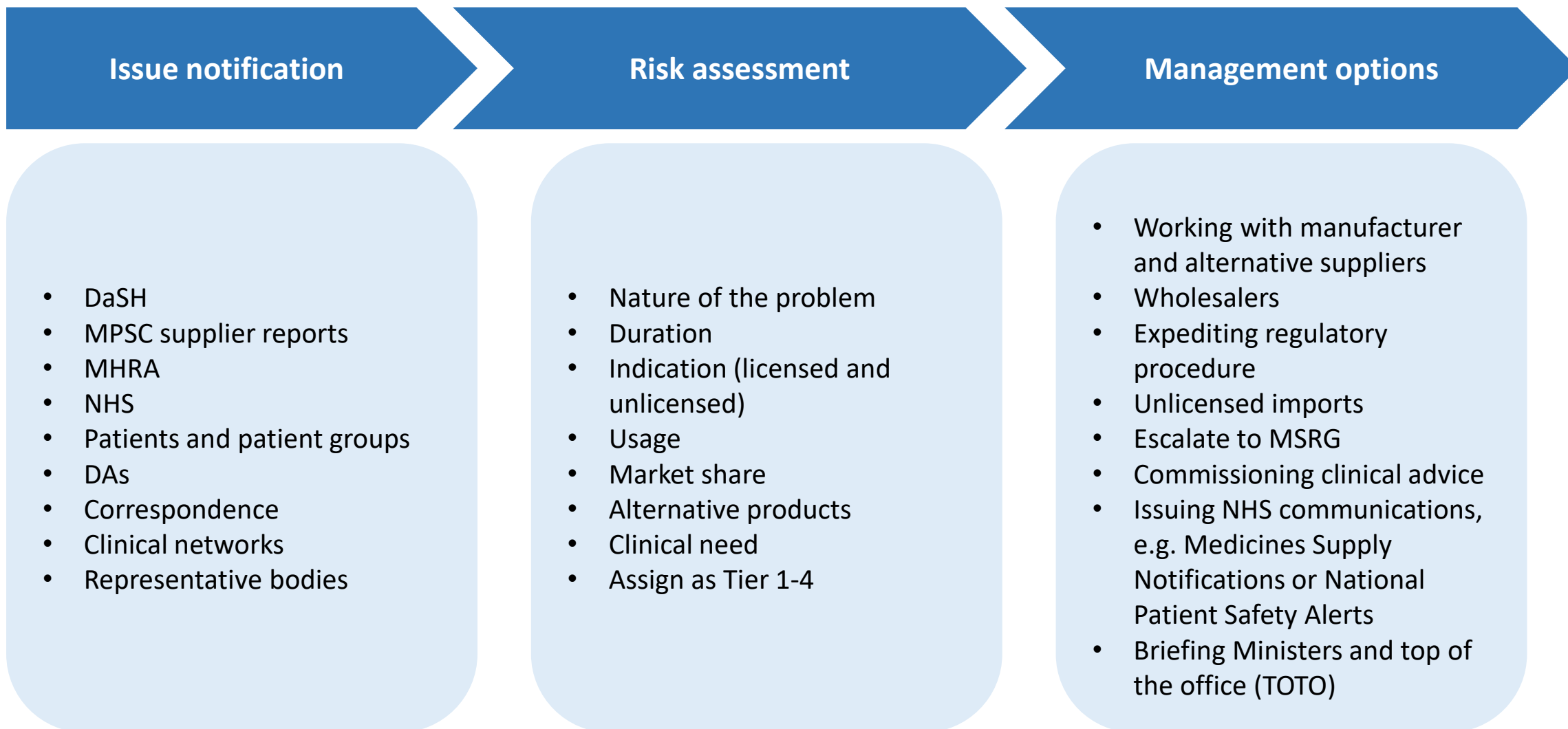
Pharmacy & Medicines and Supply Chain team



Responsibilities

- Team of 4, 2 pharmacists and 2 pharmacy technicians
- Delegated responsibility for managing secondary care MPSC framework medicine supply issues
- Supplier engagement and performance management of suppliers in relation to medicine supply and professional issues
- Data collection and creation of reports that support supply chain decisions e.g. COVID-19
- Supply chain reports – KPI reporting and supply system level confidence to stakeholders
- Leading NHSEs long term supply chain resilience plans
- Professional pharmacy support to MPSC category teams and external stakeholders

Process for managing a supply issue



Medicines Supply Issue Tier System & mitigating actions

| Tier | Definition | Characteristics | Decision making authority |
|--------------------|---|--|--|
| 1: Low Impact | Likely to carry low risk. Management options should result in patients being maintained on the same licensed medicine. | <ul style="list-style-type: none"> Supply problems with a short expected duration and where temporary supply controls are expected to manage available stock. Other suppliers of the same medicine are likely to fulfil supply gap. Quantities of an alternative strength or formulation of the same medicine are available to meet the full supply gap and the switch is considered very low risk | DHSC Meds Supply Team or NHS MPSC |
| 2: Medium Impact | Require more intense management options which may carry a greater risk, but considered safe to be implemented locally without further escalation. | <ul style="list-style-type: none"> Require clinical guidance in decision Therapeutic alternatives are available, and Specialist Pharmacy Service MI function has deemed that there are limited clinical risks associated with switching. Unlicensed imports of the same medicine are available in sufficient quantities to meet a supply gap. | |
| 3: High Impact | Considered more critical than tier two issues, with potential patient safety implications that may require clinical advice to the system. | <ul style="list-style-type: none"> No or limited clinical alternatives The product is one designated by the MHRA where a patient should be maintained on the same brand or where switching between preparations is particularly difficult. The process of switching a patient to a therapeutic alternative requires monitoring. The medicine is used in life saving conditions such as anaphylaxis. The patient group affected is likely to be considered a vulnerable population | MSRG |
| 4: Critical Impact | Cannot be resolved as a level three shortage, and which requires additional support from outside the health system. | <ul style="list-style-type: none"> A supply gap remains (and no viable therapeutic alternatives exist) following the exhaustion of supply and clinical management plans at previous levels of escalation. Likely to have a life-threatening impact on patients. Requires the support of agencies outside the health system (e.g. Department for Transport, police services) to support its management. | ORC / EPRR / Ministers, based on MSRG advice |

DHSC MST leads on investigations into potential medicines shortages, working with MPSC and other stakeholders. Tier 1 & 2 cases managed by DHSC MST and the MPSC, will undertake the following activities to investigate the disruption and develop recommendations for resolution (Note some higher level Tier 2 issues could be managed by MSRG).

Tier 1-2 incidents



Manufacturer: Investigate cause of supply issue and explore increasing production of affected product / sourcing alternatives



Logistics: NSDR Case Assistant and Freight Desk assess whether disruption can be addressed via 'specials' express freight solutions



MHRA: Support the resolution of supply issues (e.g. expedite regulatory approval for critical products / alternatives)



Specialist Pharmacy Services / Clinical Experts: Provide guidance on clinical management of disruption



Regional Pharmacy Procurement Specialists: Assess regional product usage and stock duration



Wholesalers: Work with suppliers to manage supply of existing stocks in the country to mitigate disruption

Tier 3 & 4 cases are escalated by DHSC MST and the NHSE MPSC to MSRG who will oversee and provide input into management, escalation and communication dissemination plans. MST and MPSC may call upon solutions for Tier 1-2 incidents to also resolve Tier 3-4 incidents, such as working with wholesalers.

Tier 3-4 incidents



MSRG: Commission advice from Medical Directorate, guide NHS communications, decide on EPRR escalation.

Allocation and distribution group. Sub-group of MSRG. Works with RPPS and DAs to move medicines between trusts to prevent shortages arising.



ORC / EPRR: MSRG escalate to the ORC and EPRR via the NSDR Office



NHSE Medical Directorate: Clinical advice from NCDs, GIRFT leads, CRG chairs and Royal Colleges.

Communications

| Catalogue reference | Issues reference | Tender | Supplier | Tender2 | Region | Description | Prod |
|-----------------------------------|-----------------------------------|--------|-----------------------------|----------|--------|--|------|
| SCC029ZENTIVA | CCC029ZENTIVA | 100% | ZENTIVA PHARMA UK LIMITED | 567201 | CSW | ALIMEMAZINE ORAL SOLUTION SUGAR FREE 30MG/5ML (200ML) | 1 |
| ZAB042TEVA UK LIMITED | DAB042TEVA UK LIMITED | 100% | TEVA UK LIMITED | CM/PHG/2 | CSW | ADUFINE CITRATE CAPSULES 120MG | 60 |
| DEC035MEDRECH PLC | DEC035MEDRECH PLC | 100% | MEDRECH PLC | 567201 | CSW | CO-AMOXICLAV ORAL SUSPENSION 400MG/575MG/5ML (70ML) | 1 |
| DFC044GLENMARK PHARMACEUTICALS UK | DFC044GLENMARK PHARMACEUTICALS UK | 100% | GLENMARK PHARMACEUTICALS UK | 567201 | CSW | DEXAMETHASONE SOLUBLE TABLETS 4MG | 50 |
| REB017RELONCHEN LTD | REB017RELONCHEN LTD | 100% | RELONCHEN LTD | 567201 | CSW | DONAZOLIN TABLETS 5MG | 28 |
| DGB030SUN PHARMA UK LIMITED | DGB030SUN PHARMA UK LIMITED | 100% | SUN PHARMA UK LIMITED | 567201 | CSW | ESTRADIOL PESSARIES/VAGINAL TABLETS 10MICROGRAMS | 24 |
| DEA028KENT PHARMACEUTICALS | DEA028KENT PHARMACEUTICALS | 100% | KENT PHARMACEUTICALS | 567201 | CSW | FLUCLOXACILIN CAPSULES (PRE-PRINTED DIRECTIONS) 500MG | 28 |
| SKD027MILPHARM LIMITED | SKD027MILPHARM LIMITED | 100% | MILPHARM LIMITED | 567201 | CSW | GALANTAMINE MODIFIED-RELEASE CAPSULES 24MG | 28 |
| DAH031MEDRECH PLC | DAH031MEDRECH PLC | 100% | MEDRECH PLC | 567201 | CSW | GLUCIACIDE TABLETS 40MG | 28 |
| DAU067RELONCHEN LTD | DAU067RELONCHEN LTD | 100% | RELONCHEN LTD | 567201 | CSW | BUPROPION TABLETS 200MG | 24 |
| DMF035SUN PHARMA UK LIMITED | DMF035SUN PHARMA UK LIMITED | 100% | SUN PHARMA UK LIMITED | 567201 | CSW | ISOTRETININOL CAPSULES 10MG | 30 |
| DMF035SUN PHARMA UK LIMITED | DMF035SUN PHARMA UK LIMITED | 100% | SUN PHARMA UK LIMITED | 567201 | CSW | ISOTRETININOL CAPSULES 20MG | 30 |
| DB0004MEDRECH PLC | DB0004MEDRECH PLC | 100% | MEDRECH PLC | 567201 | CSW | IVABRADINE TABLETS 5MG | 56 |
| DGC087MARTINDALE PHARMA | DGC087MARTINDALE PHARMA | 100% | MARTINDALE PHARMA | 567201 | CSW | PARACETAMOL SUPPOSITORIES 120MG | 10 |
| DB0036SANDOX LTD | DB0036SANDOX LTD | 100% | SANDOX LTD | 567201 | CSW | PROPRANOLOL HYDROCHLORIDE MODIFIED RELEASE CAPSULES 30MG | 28 |
| DOB023SUN PHARMA UK LIMITED | DOB023SUN PHARMA UK LIMITED | 100% | SUN PHARMA UK LIMITED | 567201 | CSW | ROSIGLITONE OROSUCCURABLE TABLETS SUGAR FREE 2MG | 28 |
| DDK045TEVA UK LIMITED | DDK045TEVA UK LIMITED | 100% | TEVA UK LIMITED | 567201 | CSW | RIVASTIGMINE TRANSFERMAL PATCHES 13.3MG /24 HOURS | 30 |
| DGG026MARTINDALE | DGG026MARTINDALE | 100% | MARTINDALE | 567201 | CSW | SODIUM CITRATE ORAL SOLUTION | 10 |



Shortage of GLP-1 receptor agonists

Date of issue: 18-Jul-23 Reference no: NatPSA/2023/008/DHSC

This alert is for action by: All organisations involved in prescribing and dispensing GLP1-RA medicines

This is a safety critical and complex National Patient Safety Alert. Implementation should be co-ordinated by an executive lead (or equivalent role in organisations without executive boards) and supported by clinical leaders in diabetes, GP practices, pharmacy services in all sectors, weight loss clinics, private healthcare providers, those working in the Health and Justice Sector.

Explanation of identified safety issue:

There are very limited, intermittent supplies of all glucagon-like peptide-1 receptor agonists (GLP-1 RAs) ^{NOTE A}.

Supplies are not expected to stabilise to meet full market demand until at least mid-2024.

The supply issues have been caused by an increase in demand for these products for licensed and off-label indications.

The off-label use of these agents for the management of obesity is strongly discouraged. Existing stock must be conserved for use in patients with diabetes. These shortages have serious clinical implications in the management of patients with type 2 diabetes. The clinical implications include erratic blood glucose control, with the potential to increase diabetes-related complications, including the risk of future cardiovascular events and diabetic ketoacidosis.

Patients established on GLP-1 RA products may not be able to access products which could result in treatment failure and/or a loss of blood glucose control. Some patients established on GLP-1 RA therapy for type 2 diabetes may need to be switched to alternative treatments including insulin. Initiating insulin therapy requires training and education alongside a potential need for enhanced glucose monitoring to ensure patients are aware of how to recognise and manage hypoglycaemic events.

Saxenda (liraglutide), a GLP-1 RA licensed for weight loss is unavailable until mid-2024.

Actions required

Actions to be completed as soon as possible, and not later than 18/10/2023

Actions for clinicians and prescribers of GLP-1 RAs until supply issues have resolved.

- Only prescribe GLP-1 RAs for their licensed indications.
- Do not initiate new patients on GLP-1 RAs for the duration of the shortage.
- Proactively identify patients established on affected GLP-1 RAs and consider prioritising for review based on the criteria set out in the clinical guidance and
 - discuss stopping treatment with patients who have not achieved treatment targets as per [NICE NG28](#) or [NICE CG189](#)
 - do not switch between brands of GLP-1 RAs, including between injectable and oral forms.
 - do not double up a lower dose preparation where a higher dose preparation of GLP-1 RA is not available.
 - do not prescribe excessive quantities; limit prescribing to minimise risk to the supply chain whilst acknowledging the needs of the patient.
- Use the principles of shared decision making where an alternative agent needs to be considered, as per NICE guidelines² and in conjunction with the clinical guidance.^{2,4}
- Support patients to access structured education and weight management programmes where available.
- For type 2 diabetics; If switching a patient on to insulin, please ensure an insulin is chosen as per information on the SPS page on prescribing available insulins as not all suppliers are able to manage an uplift in demand.⁴

For further detail, resources and supporting materials see: [Enter specific webpage provided by alert issuer](#)

For any enquiries about this alert contact: DHSCmedicinesupplyteam@dhsc.gov.uk

Failure to take the actions required under this National Patient Safety Alert may lead to CQC taking regulatory action



Medicine Supply Notification



MSN/xxxxxx

Generic drug name (brand name*) strength formulation

Tier 2 – medium impact*

Date of issue: dd/mm/yyyy.

Link: [Medicines Supply Tool](#)

Summary (add/delete as appropriate)

- Name (brand name*) strength form is out of stock until date month year.
- Alternate strengths of name (strength) form remain available and will be able to support increased demand.
- Alternate brand(s)/another formulation remains available. Where these are not suitable, unlicensed supplies may be sourced, lead times vary. (delete if not appropriate).

Actions Required (adapt/delete as appropriate)

Where patients have insufficient supplies to last until the re-supply date, clinicians/prescribers should:

- review patients to determine if this is still the most suitable therapy;
- work with local pharmacy teams to understand availability of alternative strengths and issue a prescription to make up the required dose of drug name;
- consider prescribing xxx which is able to support the market during this time, ensuring that the patient is not intolerant to any of the excipients and is counselled on the appropriate dose and volume required (see supporting information below);
- consider prescribing unlicensed products only where licensed alternatives are not appropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see supporting information below); and
- if the above options are not considered appropriate, advice should be sought from specialists on management options.

If the patient is deemed ineligible or does not consent to receive an alternative product via the SSP, clinicians can consider prescribing:

- xx drug; or
- a suitable alternative medicine.

Supporting information (add/delete as appropriate)

Clinical information

- Include SPS MI advice if provided

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

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SERIOUS SHORTAGE PROTOCOL (SSP)

Reference Number: SSP057


This SSP applies to the following medicine:

| | |
|---|--|
| Name of medicine (including strength and formulation) | Estradot® (Estradiol (as hemihydrate)) 100 microgram patch |
| Legal category | POM |

1. Details of medication to be supplied under this SSP


| | |
|--|--|
| Name of medicine (including formulation and strength) to be supplied | Evorel® 100 microgram patch OR Estraderm MX® 100 microgram patch |
| Quantity of this formulation (if applicable) | Total quantity supplied under this protocol to be equivalent to the number of days supplied on the original prescription. For every Estradot® 100 microgram patch, the following quantity must be supplied in accordance with this protocol: 1 x Evorel® 100 microgram patch |

<https://www.sps.nhs.uk/home/tools/medicines-supply-tool/>

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One stop shop on current medicines shortages

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Monitoring **Medicines Supply** MCA Stability Fridge stability tool

Shortage Type

All Shortages Discontinued Unavailable Supply Returning Resolved

Filters

Last updated Impact tier BNF chapter

Filter medicines

| Medicine | Impact tier | Status | Anticipated re-supply date | Last updated |
|--|-------------------|-----------------|----------------------------|--------------|
| Levemir InnoLet (insulin detemir) 100units/ml solution for injection 3ml pre-filled disposable devices | 2 · Medium impact | Discontinuation | — | 3 Apr 2024 |
| Fiasp FlexTouch (insulin aspart) 100units/ml solution for injection 3ml pre-filled pens | 2 · Medium impact | Unavailable | 3 Jan 2025 | 3 Apr 2024 |
| Tresiba (insulin degludec) FlexTouch 100units/ml solution for injection 3ml pre-filled pens | 3 · High impact | Unavailable | 31 Dec 2024 | 3 Apr 2024 |
| Insulatard InnoLet (insulin isophane human) 100units/ml suspension for injection 3ml pre-filled disposable devices | 2 · Medium impact | Discontinuation | — | 28 Mar 2024 |

Prescribing available medicines to treat ADHD

Published 27 September 2023 · Last updated 30 April 2024 · [See all updates](#)

Topics: Atomoxetine · Dexamfetamine · Guanfacine · 5 more

The availability of medicines used to treat Attention Deficit Hyperactivity Disorder (ADHD) varies currently. Supply content is maintained regularly by DHSC.

This article forms part of a series

- Continuing management of the ADHD medicines shortage
- Supporting system response to the ADHD medicine shortage
- Considerations when prescribing guanfacine
- Considerations when prescribing modified-release methylphenidate
- Prescribing available medicines to treat ADHD**

Searchable tool for all presentations of a molecule that may be in short supply, e.g. insulin

Medicines grouped by indication for complex shortages and clinical prescribing guidance provided, e.g. ADHD medicines

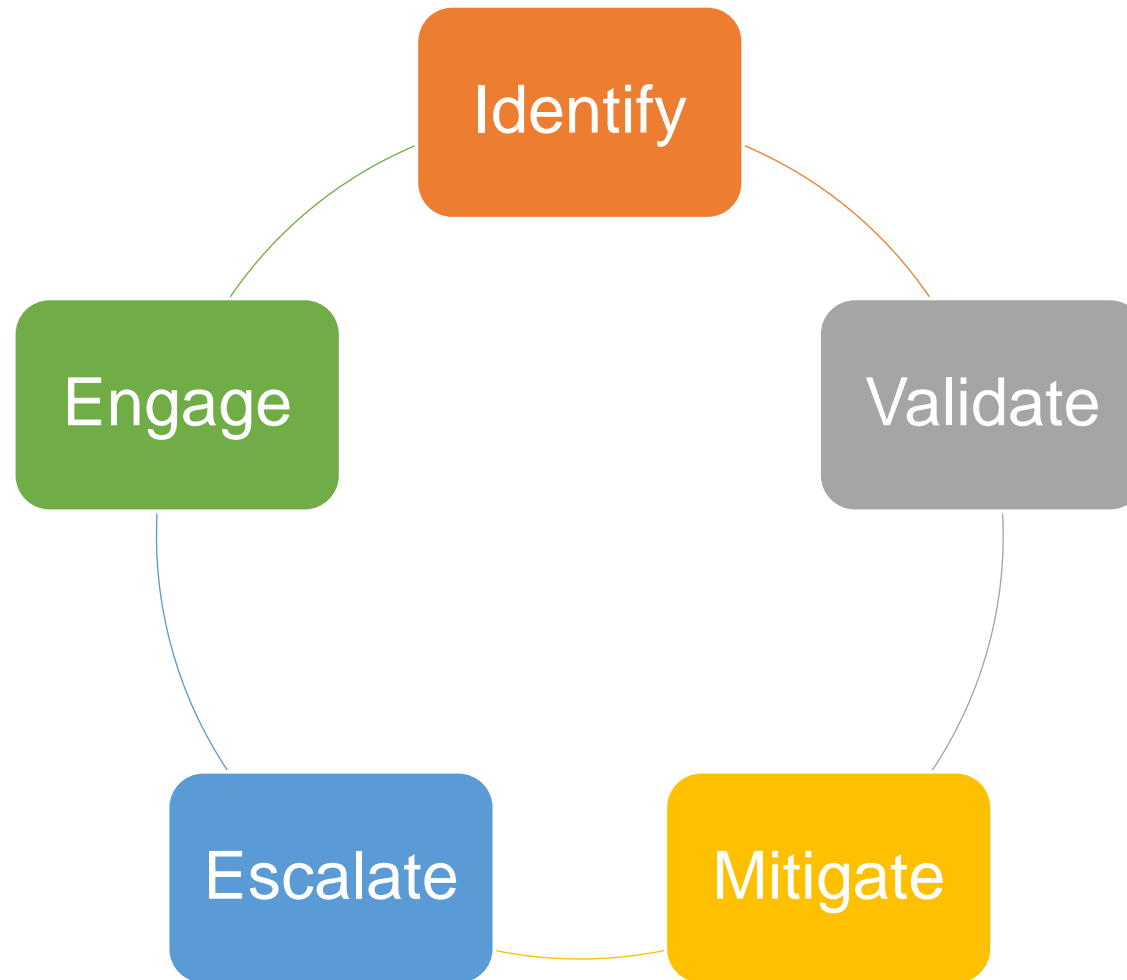
Steps to Manage a Supply Issue

Andy Stewart, ARPPS NW

The first stop for professional medicines advice

November 2025

Steps to Manage a Supply Issue

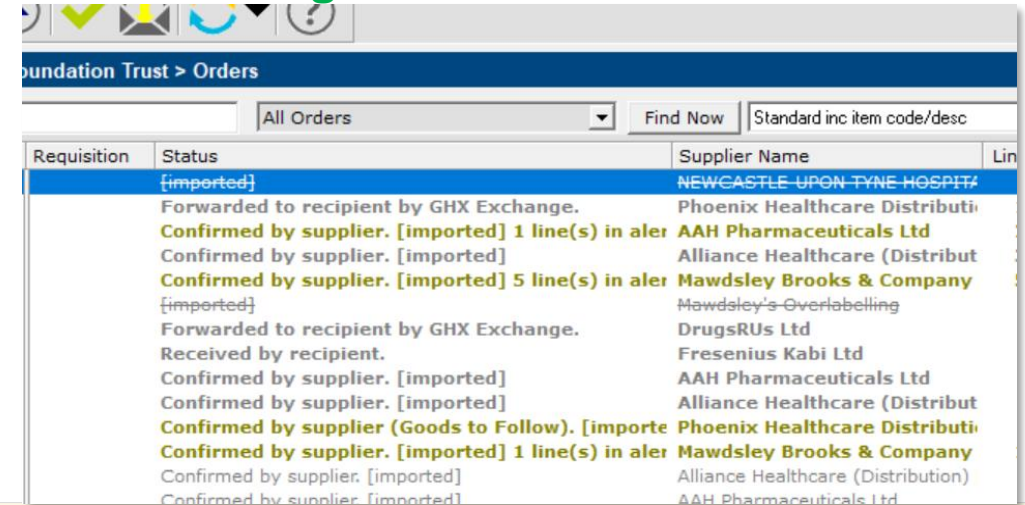


Identification

Send orders through eCommerce platforms
(Powergate or Medecator)

- Review order replies from full EDI suppliers.
- Ensure back orders are activated with your wholesalers or that you have a process for manually putting contract lines on back order.
- Robust process in place for reviewing Goods Ordered Not Received.

Powergate & Medecator Order



| Requisition | Status | Supplier Name |
|-------------|---|------------------------------------|
| [imported] | | NEWCASTLE-UPON-TYNE HOSPITAL |
| | Forwarded to recipient by GHX Exchange. | Phoenix Healthcare Distributi |
| | Confirmed by supplier. [imported] 1 line(s) in aler | AAH Pharmaceuticals Ltd |
| | Confirmed by supplier. [imported] | Alliance Healthcare (Distribut |
| | Confirmed by supplier. [imported] 5 line(s) in aler | Mawdsley Brooks & Company |
| | [imported] | Mawdsley's Overlabelling |
| | Forwarded to recipient by GHX Exchange. | DrugsRUs Ltd |
| | Received by recipient. | Fresenius Kabi Ltd |
| | Confirmed by supplier. [imported] | AAH Pharmaceuticals Ltd |
| | Confirmed by supplier. [imported] | Alliance Healthcare (Distribut |
| | Confirmed by supplier (Goods to Follow). [importe | Phoenix Healthcare Distributi |
| | Confirmed by supplier. [imported] 1 line(s) in aler | Mawdsley Brooks & Company |
| | Confirmed by supplier. [imported] | Alliance Healthcare (Distribution) |
| | Confirmed by supplier. [imported] | AAH Pharmaceuticals Ltd |

⚠ This order contains 2 stock exceptions. [Click here](#) for more details


Stock Exceptions (2)

| Line no. | Local code / Product code | Product | Ordered qty | Reply |
|----------|----------------------------------|--|-------------|--|
| 7 | D16207{00001{255{110 GEM0059G | GEMCITABINE 1 g in 10ml concentrate soln | 40 | ⚠ SUPPLIER DELIVERY FAILURE ⚠ TO FOLLOW View To Follow list |
| 2 | D15475{003.5{8{104 BOR167L | BORTEZOMIB 3.5 mg in 1.4ml Solution for | 15 | ⚠ REGRET NO STOCK ⚠ TO FOLLOW View To Follow list |

Validation


When you find an issue with a contracted line it's important to establish the scale and duration of the issue

- Review all distribution routes available for MPSC contracted line e.g. is it available from another wholesaler or direct from supplier.
- Refer to MPSC supplier issues spreadsheet (distributed fortnightly)
- Review SPS Medicines Shortages Tool



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Medicines Supply Monitoring MCA Stability Fridge stability tool Asepsis Stability KME

Shortage Type

Filters

| Medicine | Impact tier | Status | Anticipated re-supply date | Last updated |
|---------------------------------|-------------|----------|----------------------------|--------------|
| 3CC029ZENTIVA PHARMA UK LIMITED | 100% | Supplier | 20-Oct-25 | 15/11/2025 |
| 3AB042TEVA UK LIMITED | 100% | Supplier | 20-Oct-25 | 21/11/2025 |
| 3FC105MDFREICH PLC | 100% | Supplier | 27-Oct-25 | 10/11/2025 |
| 3FC044GLENMARK PHARMACEUTICALS | 100% | Supplier | 31-Oct-25 | 28/11/2025 |
| 3B0673RELONCHEM LTD | 100% | Supplier | 17-Oct-25 | 01/11/2025 |
| 3G0030SUN PHARMA UK LIMITED | 100% | Supplier | 04-Nov-25 | 19/11/2025 |
| 3EA758KENT PHARMACEUTICALS | 100% | Supplier | 22-Oct-25 | 14/11/2025 |
| 3DK027MILPHARM LIMITED | 100% | Supplier | 03-Nov-25 | 03/11/2025 |
| 3AH031MDFREICH PLC | 100% | Supplier | 20-Oct-25 | 05/11/2025 |
| 3IA067RELONCHEM LTD | 100% | Supplier | 17-Oct-25 | 10/11/2025 |
| 3DM1031SUN PHARMA UK LIMITED | 100% | Supplier | 28-Oct-25 | 02/11/2025 |
| 3DM1012SUN PHARMA UK LIMITED | 100% | Supplier | 28-Oct-25 | 05/11/2025 |
| 3B0004MEDREICH PLC | 100% | Supplier | 13-Oct-25 | 27/11/2025 |
| 3DG387MARTINDALE PHARMA | 100% | Supplier | 03-Nov-25 | 03/11/2025 |
| 3B0036SANDOZ LTD | 100% | Supplier | 12-Nov-25 | 01-Mar-26 |
| 3DB237SUN PHARMA UK LIMITED | 100% | Supplier | 04-Nov-25 | 01/02/2026 |
| 3DK049TEVA UK LIMITED | 100% | Supplier | 17-Oct-25 | 19/11/2025 |
| 3GD283MARTINDALE | 100% | Supplier | 11-Nov-25 | 11/11/2025 |

Validation

Manufacturer or Pharmaceutical company

- Check company website.
- Contact customer services to ascertain:
 - their stock position
 - resupply position
 - wholesaler depot restocking schedule
 - is supply available directly from the manufacturer or via moving stock in wholesalers



Wholesalers

- Check website or portal – consider searching via GTIN or EAN, PIP code or brand name.
- Contact Customer Services or account manager – this could be a depot restocking issue rather than a supplier shortage.

Mitigation

Number of steps that can be taken locally to mitigate the supply issue:

- checking stock across all hospital locations
- correcting any discrepancies in the pharmacy stock control system
- checking if an alternative strength or form can be supplied from local stockholding
- sourcing non-contracted alternatives from wholesalers. Consider checking other distributors, such as direct from Alloga or Movianto.
- check [dm+d browser](#) for potential alternatives
- Utilise local/regional contacts e.g. via Team Channel/Chat

If you are still unable to source the medicines:

- check Vend on [Rx-Info](#)
- check availability of parallel imports from trusted suppliers



Mitigation

If an alternative can't be sourced and will result in a zero stock position escalate to your regional SPS Procurement Team to seek assistance as you may need to consider:

- Requesting mutual aid from regional or national Trusts
- Sourcing a commercial special
- Sourcing a special from an NHS Manufacturing Unit. [Pro-file](#) can be used for list of products
- Sourcing an imported medicine

Escalation

Regional SPS Procurement team can support through,

- having visibility of regional wholesaler stockholding via regional network
- utilising manufacturer and wholesaler contacts
- engaging with DHSC and MPSC and weekly calls
- having visibility of regional and national stockholding to support mutual aid requests



Trusts should provide key information regarding the supply issue such as medicine name, form, strength and confirm any steps already taken, information gained and urgency of request.

Mutual Aid

Mutual aid is a form of voluntary cooperation where people support each other to meet shared needs.

NHS hospitals can transfer medicines between each other when standard supply routes can't deliver quickly enough.

The MHRA accepts that hospital pharmacies may need to obtain small quantities of medicine from other pharmacies to meet a specific patient's needs. MHRA considers the activity of mutual aid to fall within the definition of the provision of healthcare services.

In such circumstances, provided the transaction meets all the following criteria, MHRA will not deem such transactions as commercial dealing. Hospital pharmacies will not be required to hold a Wholesale Dealer's Licence (WDA(H)) if:

- the transaction takes place on an occasional basis
- the quantity supplied is small
- the supply is made on a not-for-profit basis
- the supply is not for onward wholesale distribution

Not a replacement for the normal supply chain. The main aim is to provide timely access to medicines for specific patients.

Local Management

Trusts need to have local processes in place to communicate and manage supply issues.

Some suggested approaches:

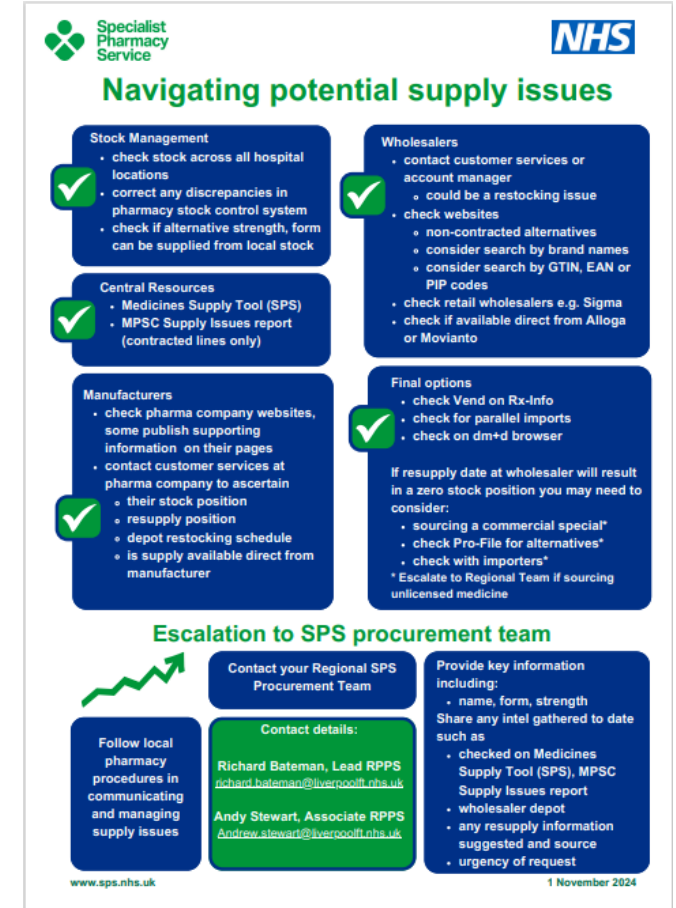
- Regular method of communicating issues e.g. weekly updates
- Host a spreadsheet on Sharepoint/Formulary webpage
- Ensure clinical engagement and ownership inside & outside of Pharmacy
- Involve Medicines Advice/Medicines Safety Officers
- Utilise and participate in regional networks



Ensure processes in place for back order management and placing of off-contract claims to mitigate financial loss from sourcing off-contract alternatives.

Further Support

- Further information on managing a potential supply issue, mutual aid can be found here:
- Navigating a potential supply issue Procurement Guidance
- Mutual aid – understanding best practice principles
- Everything you need to know about off-contract claims



Specialist Pharmacy Service **NHS**

Navigating potential supply issues

- Stock Management**
 - check stock across all hospital locations
 - correct any discrepancies in pharmacy stock control system
 - check if alternative strength, form can be supplied from local stock
- Central Resources**
 - Medicines Supply Tool (SPS)
 - MPSC Supply Issues report (contracted lines only)
- Manufacturers**
 - check pharma company websites, some publish supporting information on their pages
 - contact customer services at pharma company to ascertain
 - their stock position
 - resupply position
 - depot restocking schedule
 - is supply available direct from manufacturer
- Wholesalers**
 - contact customer services or account manager
 - could be a restocking issue
 - check websites
 - non-contracted alternatives
 - consider search by brand names
 - consider search by GTIN, EAN or PIP codes
 - check retail wholesalers e.g. Sigma
 - check if available direct from Alloga or Movianto
- Final options**
 - check Vend on Rx-Info
 - check for parallel imports
 - check on dm+d browser

If resupply date at wholesaler will result in a zero stock position you may need to consider:

 - sourcing a commercial special*
 - check Pro-File for alternatives*
 - check with importers*

* Escalate to Regional Team if sourcing unlicensed medicine

Escalation to SPS procurement team

- Follow local pharmacy procedures in communicating and managing supply issues**
- Contact your Regional SPS Procurement Team**
- Contact details:**
 - Richard Bateman, Lead RPPS**
richard.bateman@liverpoolft.nhs.uk
 - Andy Stewart, Associate RPPS**
andrew.stewart@liverpoolft.nhs.uk
- Provide key information including:**
 - name, form, strength
 - Share any intel gathered to date such as
 - checked on Medicines Supply Tool (SPS), MPSC
 - wholesaler depot
 - any resupply information suggested and source
 - urgency of request

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