

Brexit Preparedness: Medicines Supply

February 2019

The purpose of this paper is to provide an update on National and local actions in relation to medicines supply issues within the EU exit planning agenda. National direction and contingency is in place in relation to how medicines should be handled following exit from the EU. Our organisation is working in line with national expectations, details of which are given below:

Stockholding

The UK receives 80% of medicines via EU routes and hence robust arrangements are being put in place to mitigate against potential problems with ongoing supply. Nationally all medicines suppliers have been identified by DHSC and have been directed to undertake a Medicines Supply Assessment to determine state of readiness. Specific concerns have been followed up with relevant suppliers and high risk suppliers flagged for further actions. DHSC has also requested that suppliers maintain an extra 6 weeks' buffer stock. Additional freight routes have been identified and will prioritise medicines imported into the UK.

Within SFH systems are in place to manage stock shortages and these would continue at an augmented level should the EU exit exacerbate the situation further. SFH currently holds on average 20 days' stock of medicines at present. Within Model Hospital the target stockholding was set at 15 days; however attempts to reduce to this level caused an increase in stock-out problems and hence we aim to continue to maintain the current level of stock within the Trust.

In relation to Brexit specific direction has been given not to stockpile any medicines and not to over-supply medicines to patients and other users. The organisation remains in-line with these requirements. A communication relating to not over-supplying medicines has been issued to Pharmacy staff and a similar message will be issued to the wider clinical staff alongside Trust Brexit communications.

Within Pharmacy communication channels there has been no requirement to receive deliveries outside normal working hours. At present we do not have the facilities to receive deliveries of medicines into Pharmacy outside normal working hours; however an on-call pharmacist is available until 10pm at night and can receive emergency orders when necessary. If out of hours deliveries became more routine alternative arrangements would need to be implemented.

All NHS Trusts are being directed to use Rx-info's software, Define, which has been augmented to allow sharing of information between local Trusts and on a national basis. National funding has been provided. We have been using the software for a number of years and the information is already utilised to feed into the Model Hospital dataset. In the event of local shortages of medicines Trusts will be able to interrogate Define and contact other organisations to share medicine supplies. The system will also provide information nationally on stockholding and usage within organisations.

For organisations that do not hold an MHRA Wholesale Dealers Licence (WDL) onward provision of stock medicines would not normally be allowed, but the MHRA are to issue "letters of comfort" that will permit sharing of medicines. Although SFH does hold a WDL we may be required to share stock non-wholesale stock.

Regional Medicines Panels

Regional pharmacists have been requested to convene virtual Regional Medicines Panels to connect different sectors of the pharmacy service

- Surveillance
- Early warning of potential shortages at local level
- Receiving intelligence on supply issues
- Key communication link and conduit for information between national and regional teams and local health economies
- Linking with all parts of the healthcare system including prescribers and community pharmacies
- Triaging and handling low level queries
- Escalating emerging issues to national teams
- Oversight of implementation of serious shortages protocols
- Facilitating any necessary movement of medicines

As chair of the East Midlands Chief pharmacists the SFH Chief pharmacist undertakes a fortnightly telephone conference with the Midlands and East Regional Pharmacist. It is expected that any outputs from the Regional Panel will be cascaded within existing networks.

Serious Shortage Protocols

National work is in progress that will allow supply of medicines against prescriptions where said medicines are no longer available. At present this is anticipated that these protocols will be medicine-specific and direct pharmacists to provide a different quantity, pharmaceutical form, strength or a generic or therapeutic equivalent. Protocols will be developed with requisite input from clinicians. Legislative changes will be required before these protocols can be implemented. It would be expected that hospitals would follow the essence of these protocols, but hospital pharmacy works with greater freedom already in our ability to undertake minor substitutions. It is not expected that schedule 2 &3 controlled drugs will be included within these protocols.

In the event of serious shortage protocols being enacted we would need to ensure patients and prescribers receive clear communication that a substitution has been made to help prevent patients taking and/or being prescribed both original and substituted medicines.

Steve May, Chief Pharmacist