

Guiding principles to support Primary Care (Community Pharmacies and GP Practices) in managing medicines supply shortages

Key issues:

- **Working together with understanding and good communication will help minimise the impact of medicines shortages for patients, community pharmacies and GP practices.**
- All healthcare professionals have professional responsibility where patients receive the treatment and medication they require in a timely manner, to ensure patient safety
- 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 should:

- Register with the [Specialist Pharmacy Service Medicines Supply Tool](#) with a nhs.net email to obtain up to date details of medicines supply shortages.
- Read and action shortage alerts which are shared by DHSC
- Make use of current [Serious Shortage Protocols where appropriate](#).
- Support prescribers to identify potential alternatives that are available (where clinically appropriate).
- Community pharmacists should have access to and utilise the [South East London Joint Medicines Formulary](#) 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/use of Accurx web messaging to GP.
- Check stock availability from alternative wholesalers.
- Support patients by liaising with nearby pharmacies, where practical, to direct them to a pharmacy that has stock.
- If an item can not be supplied due to pharmacy being unable to obtain stock, pharmacy to consider releasing the electronic prescription to allow individual to seek item from another pharmacy
- To endorse prescription as 'not dispensed' for items not supplied
- Any changes to medication due to stock shortages, specifically change to a branded medication should be temporary and not continued once issue is resolved.
- Reason for why prescription can not be fulfilled, should be clearly explained to patient and prescriber.
- Use patient information leaflet to explain shortages -see [here for more information](#)
- Limited availability can lead to significantly inflated prices. Report pricing concerns to [Community Pharmacy England](#).
- Consider developing a SOP or template to support the suggested actions above.

GP Practices should:

- Register with the [Specialist Pharmacy Service Medicines Supply Tool](#) to obtain up to date 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.
- GP Practices should identify potential alternatives that are available (where clinically appropriate). GP Practices have access to and utilise the [South East London Joint Medicines Formulary](#) to support with the identification of first- and second-line choices.
- Read and action shortage alerts which are shared from DHSC directly or via other routes e.g. SEL ICB SELnet
- Any changes to medication due to stock issues should be temporary and as an acute prescription, and not to continue once issue has been resolved.
- 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.
- Consider allowing patients to order medications 7 - 10 days before a prescription is due to run out in order to give sufficient time for processing and stock location.
- Follow and implement ICB and national clinical prescribing guidance for specific medicines supply shortages.
- Consider having time critical medication on a separate prescription to any other medication for individual patients
- For items which have been highlighted to have a long stock issue, practice to consider prescribing that specific item as [EPS Phase 4](#), so individual can check with any pharmacy for stock.
- For medication prescribed under shared care agreements, practices may wish to seek advice from specialist team
- Utilise Ardens Manager searches if available for national supply issues if appropriate to do so.
- Use patient information leaflet to explain shortages – see [here for more information](#)
- Refer to [Prescribing by generic or brand name – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#), for certain medicines which should be prescribed by brand

Background

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, with reasons for supply issues being varied, at a national level and often complex.

Why medicine shortages happen?

The UK medicines supply chains are long, complex and tightly regulated. Whilst many supply issues are localised issues, more recently these has become more of a national issue due to various factors (Brexit, COVID-19, recent war outbreaks and economic instability), which can affect medicines availability and pricing.

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.

Impact of Shortages:

Shortages affect patients, affecting how their conditions are treated and managed. Patients are spending more time trying to find a pharmacy which may have the medication they require, with some going to emergency departments or urgent care centres.

In periods of a challenges with stock availability, it is imperative that Primary Care works together as a system to support patients and mitigate any negative impact of this issue on patient care.

This guidance has been produced to support primary care colleagues to work together in managing medicines supply shortages. 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.

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
- [Community Pharmacy England Medicines Factsheet - Information on medicines supply for patients](#) – Medicines supply and shortages factsheet to support patient information
- [Medicine shortages in community pharmacy | RPS \(rpharms.com\)](#)- (login required)- top tips and key principles for dealing with medicine shortages in community pharmacy
- [NHS England » A guide to the systems and processes for managing medicines supply issues in England](#)
- [Prescribing by generic or brand name – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
- [Defining time critical medicines – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Summary of national reports can be found below- highlight the issues around medication shortages and stock disruptions:

- [RPS: Medicines Shortages—Solutions for Empty Shelves](#) calls for a UK-wide strategy, stronger data-sharing, and a review of the Community Pharmacy Contractual Framework (CPCF) to reduce financial risk for contractors and stabilise supply.
- [House of Lords \(Baroness Morris of Yardley, Chair\): Medicines security—a national priority](#) frames access to medicines as a national security issue and challenges the idea that current shortages are “business as usual.”

Useful links

- [NHS England & DHSC \(2025\) — national guide to managing supply issues](#)
Defines roles, escalation and communication routes across the NHS, aligning actions from local MO teams through to national risk management. [\[pslhub.org\]](#)
- [ABPI](#) & Medicines UK — industry perspectives on longer production timelines, global API dependence and logistics risk; helpful for public and clinician understanding.

Acknowledgments

Acknowledgements to NHS England Northwest, NHS Cheshire and Merseyside, NHS Greater Manchester, NHS Lancashire and South Cumbria and Northwest Local Pharmaceutical Committees

This document has been sighted by the SEL Medicines Safety Network for information and comment (May 2026). Any recommendations within this document are advisory only and subject to clinical judgement.