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Dear Colleague

I am writing to update you on the work on the continuity of supply of medicines as part of the Government's contingency preparations for a 'no deal' EU exit. As you know, the Department of Health and Social Care (DHSC) has been leading contingency planning and work is well advanced across all sectors of the medicines supply chain.

Going forward, the priority is for us all to continue to work together across the NHS to ensure patients continue to have access to the medicines they need. To ensure that you are best placed to provide advice to your patients on the supply of medicines to the NHS in the event of a 'no deal' EU exit, I have set out a summary of the work underway across government and the NHS:

- **Medicine Supply Assessment:** The government has undertaken a comprehensive assessment of medicines supply to identify products that have a manufacturing touch point in the EU or wider European Economic Area (EEA) countries.
- **Six Week Stockpile:** DHSC has received very good engagement from industry on developing a six-week stockpile of prescription only medicines and pharmacy medicines to ensure supply for patients is maintained across the NHS. DHSC has also secured contract agreements for additional warehouse space for stockpiled medicines, including ambient, refrigerated and controlled drug storage.
- **Alternative Transport Routes:** Government has reviewed transport routes for all medicines and plans are being developed with industry for re-routing where necessary. The government has agreed that medicines and medical products will be prioritised on alternative routes to maximise the ability for supply to continue unimpeded after 29 March 2019. In the event of a 'no deal' scenario this additional transport capacity and prioritisation includes prescription only medicines and pharmacy medicines, general sales list medicines and unlicensed medicines, including specials and investigational medicinal products used in clinical trials and vaccines.

- **Vaccines:** Public Health England manages significant stockpiles of vaccine for the national immunisation programme and in addition is working closely with vaccine suppliers to ensure replenishment of stockpiles continues in the event of supply disruption in the UK. In addition, DHSC is leading separate contingency plans outlined above, which includes locally procured vaccines.
- **Clinical Research including Trials:** Participation of and recruitment into clinical research including trials should continue as normal unless specific instructions from an individual sponsor or formal communications are received. Investigational medicinal products (IMPs) have been prioritised on alternative routes to ensure that the flow of all these products continues unimpeded after 29 March 2019.
- **Unlicensed Medicines:** DHSC have met all key unlicensed and specials suppliers and asked them to ensure that by March 2019 they have a minimum of six weeks additional supply in the UK in case of a 'no deal' scenario. In addition, unlicensed medicines and specials manufactures to ensure sufficient ingredients in the UK to ensure continuity of supply.
- **Operational Guidance:** National operational guidance for the NHS has been produced in December 2018 by DHSC, with support from NHS England and NHS Improvement.
- **Serious Shortage Protocol:** The government has also put in place legislation to enable Ministers to issue protocols that, where appropriate, enable community pharmacies to dispense against a protocol instead of a prescription without going back to the prescriber first. Any protocol will be developed with input from clinicians and could cover dispensing a different quantity, pharmaceutical form, strength or a generic or therapeutic equivalent.

Crucially I want to reiterate, it is not helpful or appropriate for anyone to stockpile medicines locally. Registered pharmacy professionals must always consider the consequences for patients of their actions. As we know from managing normal medicines shortages, instances of individual organisations stockpiling can risk additional pressure on the availability of medicines for patients in other areas of the country.

To ensure we manage supply effectively across the NHS, any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly. I am expecting senior pharmacy leaders to ensure local collaboration to meet patient needs wherever necessary.

NHS pharmacy leaders are also well placed to provide information and advice to patients and other health professionals about the plans for continuity of supply, and this should be a priority over the coming weeks.

I hope this information is useful in allowing you to understand the work underway and provide information to your patients. To develop EU exit preparation and guidance in your area, please contact the relevant individual below who will be working closely with Regional Pharmacists:

Region	EU Exit Lead	Email Account
North East	Jo Richardson	England.euexitnortheast@nhs.net
North West	Jo Richardson	England.euexitnorthwest@nhs.net
Midlands	Sue Hart	England.mids-euexit@nhs.net
East of England	Veronica Gee	England.eoe-euexit@nhs.net
London	Richard McEwan	England.london-euexit@nhs.net
South East	Andy Wapling	England.se-euexit@nhs.net
South West	Ian Phillips	England.sw-euexit@nhs.net

Thank you in advance for your continued support and work on this important issue.

Yours sincerely



Dr Keith Ridge CBE
Chief Pharmaceutical Officer