

Board 27 September 2024

Public Question – Charlotte Summerbee.

- 1. What steps is the ICB taking to ensure that individuals with ADHD and other long-term conditions can access their prescribed medication promptly, particularly when there are known shortages at local pharmacies?**
- 2. Can the ICB review the current GP policy regarding dispensing medication ‘only in an emergency,’ and provide clarity on what constitutes an ‘emergency’ in practice? How can this policy be made more flexible to address real-world challenges like medication shortages?**
- 3. In situations where a GP has the medication in stock but refuses to dispense it due to policy restrictions, what mechanisms are in place to support patients and prevent harm resulting from delayed access to essential medication?**
- 4. How does the ICB plan to ensure that its policies are aligned with its stated goals of ‘prevention’ and reducing ‘health inequalities,’ particularly in cases where rigid policies are having an adverse impact on patients’ health and well-being?**
- 5. What is the ICB doing to address the wider issue of NHS staff following policies in a way that may feel robotic and uncompromising, with little consideration for the human cost or the wider determinants of health?**
- 6. Can the ICB provide any guidance or intervention for GPs who are in a position to dispense medication but are constrained by rigid policy language, such as the ‘emergency-only’ clause, which may not reflect the urgency of a patient’s real-world needs?**
- 7. What actions will the ICB take to prevent similar issues for other patients in the future, ensuring that they don’t endure delays or denials in accessing vital medication due to policy rigidity?**

Response from Nicky Poulain, Chief Primary Care Officer

- The first and most important thing to say is that we understand how frustrating it can be when it feels like barriers are placed between themselves and the help and support that they need. We’re working hard to reduce as many of those barriers as we can.
- I have asked our Associate Director of Pharmacy, (Fiona Garnett), to reach out to Charlotte to discuss the specific issues she has raised with us today.
- Charlotte has asked seven questions, covering the following themes: access to medication (specifically but not solely for ADHD), speeding up that access and how our approach to prescribing supports our stated aims of health prevention and reducing health inequalities.
- I will today provide single, collated response to the questions Charlotte has asked.

Answer:

- I want to be clear that, unfortunately, the shortage of medication for ADHD is an ongoing national supply issue. The Department of Health have a dedicated team that work at national level with suppliers to try and resolve shortages.
- As an ICB we have worked closely with our GP practices and local specialists in ADHD management and have co-produced guidance for prescribers on suitable alternatives to ADHD medications that are not available at the time of prescribing.
- Due to on the ongoing shortages there may be times when alternative medications are also not available and there are pathways for people to be referred to their ADHD

specialists for advice on an alternative product if an equivalent product cannot be sourced.

- The ICB have also established WhatsApp groups that pharmacies and GP surgeries can join in each of our four Places. These are used to share information on stock shortages and when a pharmacy cannot source a medication. They can message all the other pharmacies in the group to determine if another pharmacy has the item in stock so they can signpost the patient as appropriate. These Groups are used hundreds of times every week in BLMK.
- The Dispensing Doctors contract is a National contract that some General Practices hold that enables them to dispense to individuals that do not live near a pharmacy. The GP practice can only dispense to people that meet one of two criteria:
 - a patient satisfies the ICB or a predecessor organisation that they would have serious difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist; or
 - a patient is resident in an area which is rural in character, known as a controlled locality, at a distance of more than one mile (1.6 km) from pharmacy premises.
- The National Contract does not allow for an item to be dispensed by a GP practice for any other reason than when a medication is immediately necessary and all local pharmacies are closed, for example an antibiotic which is required the same day.
- The ICB are keen to support patients having timely access to prescribed medication, and local staff work hard to achieve this every day.
- I have set out some of the national challenges we face – both in terms of responding to shortages, and the contractual conditions under which medication can be supplied.
- It is our ambition that all of our residents are well supported to manage their long-term health conditions through both medical and non-medical means, and several items on the Board's agenda today – like the NHS app – are part of doing that well.
- Fiona will meet with *Charlotte to ensure all her issues are discussed.*