



Out of stock medication – why is it increasing?

Our dispensary team is busier than ever. The number of individual items dispensed every month is up from 9,100 items in 2012 to 11,681 items in 2022. This is an increase of 28%. Over the same 10 years our patient population only grew by just under 4%.

We are all living longer and being prescribed more medication for an increasing number of long-term conditions.

In the last few years in particular we have experienced the additional challenge of out of stock medication. We are a small purchaser with less buying power than some of the big chains and saw an increase in restricted lines. We believed these pressures were down to Brexit and uncertainty within the market. Before this settled down the Covid pandemic happened. China shut down ports and other countries that export base products for medications were obviously restricted. Some companies switched to producing medication for pandemic specific purposes. All of this led to severe shortages of some medications.

The current waiting times for routine hospital outpatient appointments has also led to an increase in prescribing as we try to help patients manage their conditions whilst waiting for further treatment.

Some really important medications were either not available or only available in small quantities / particular brands. This understandably led to concerns for both us and patients. The long-term availability issue with HRT has been particularly troubling.

There is a further issue which is a bit more complex. There are two schemes run by the Department of Health and Social Care which control the prices of branded medicines supplied to the NHS; the 'statutory scheme' and 'The Voluntary Scheme for Branded Medicines Pricing and Access' (VPAS). Companies supplying eligible branded medication to the NHS are subject to the statutory scheme unless they join the voluntary VPAS scheme. Both schemes work by limiting the growth in allowed sales of branded medication by effectively taxing the profits of drug companies. This 'tax' has increased dramatically in the last few years and from 1 April 2023 the statutory scheme had increased to 27.5%.

This has meant that previously profitable lines for drug companies were no longer cost effective. Manufacturers started buying and selling the manufacturing rights for products/product lines or stopping production altogether. It is also much more profitable for drug companies to sell their drugs privately and when there is an increasing private market this means that particular medication is then unavailable on the NHS.

All of this has led to problems with finding alternatives where a drug is no longer made, substantial swings in the price of drugs, different manufactureres signing sole provider agreements with different wholesalers and huge volatility in the market. Large chain pharmacies are closing significant numbers of their outlets.

Currently, (July 2023) as well as HRT we are experiencing challenges in obtaining Atorvastain (which many patients are prescribed) and also, what is almost certainly a longer term issue, obtaining ozempic / semaglutide which is prescribed to diabetic patients. We know that we have not always done well in communicating with patients regarding unavailable medication and we have heard your feedback. We are working on improving our communication and ensuring you know what your choices are.