

From the Chief Pharmaceutical Officer  
Mrs Cathy Harrison



## **FOR ACTION**

Deputy Secretary, Strategic Planning and Performance Group  
*(for onward transmission to relevant staff)*  
Chief Executive, Business Services Organisation  
*(for onward transmission to relevant staff)*  
Assistant Director of Integrated Care, Head of Pharmacy and Medicines Management, SPPG  
*(for onward distribution to Community Pharmacies).*  
Head of General Medical Services, SPPG *(for onward distribution to GP Practices)*  
GP Medical Advisers, Strategic Planning and Performance Group.

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Our Ref  
Date: 2 February 2023

Dear Colleagues,

## **FURTHER UPDATES TO SERIOUS SHORTAGE PROTOCOLS – PENICILLIN V PREPARATIONS**

Serious shortage protocols (SSPs) under the Human Medicines Regulations 2012 (HMRs) are an additional tool to manage and mitigate medicines shortages. An SSP enables community pharmacists to supply a specified medicine in accordance with a protocol rather than a prescription, without needing to seek authorisation from the prescriber, saving time for patients, pharmacists and prescribers. They are used in the case of a serious shortage, where a medicine would be likely to be out of stock for some time, and if, in the opinion of ministers, it would help manage the supply situation.

Further to my letters of 15, 19 and 23 December, in which I advised that the Department of Health and Social Care (DHSC) has developed eight SSPs for phenoxymethylpenicillin preparations to help ensure that patients are able to access the treatment they need, I can confirm that the expiry dates for all eight SSPs (**SSP 040 – SSP047**) have now been extended until **Tuesday 28 February 2023**.

In addition, I can advise that **SSP043 – SSP047** have now been updated to remove listed clarithromycin and azithromycin preparations as an additional alternative supply option to substitute for phenoxymethylpenicillin. Only the following oral antibiotics listed in the priority order below can be supplied using these SSPs:

- Amoxicillin
- Flucloxacillin
- Cefalexin
- Co-amoxiclav

Pharmacists should refer to the latest version of these SSPs which are now available on the Business Services Organisation (BSO) dedicated page on its website - [www.hscbusiness.hscni.net/services/3063.htm](http://www.hscbusiness.hscni.net/services/3063.htm).

Before supplying an alternative antibiotic, the pharmacist must firstly consider if a suitable supply can be made by using an alternative formulation of phenoxymethylpenicillin in accordance with the relevant SSP (**SSP040 - SSP042**). Where that is not possible only specified antibiotics can be substituted for prescriptions for duration of no longer than 10 days, in order of preference depending on availability and the dosing needs for the patient (see above and specific SSPs for further details).

Please note that reference in these SSPs (**SSP043 - SSP047**) to notifying GPs within 24 hours of supply and the 'Addendum – Supporting information on notifying other healthcare professionals' does not apply in Northern Ireland. Pharmacists in Northern Ireland should refer to the existing [SSP operational guidance](#) on the BSO website.

Community pharmacists should use their professional skill and judgement to decide whether it is reasonable and appropriate to substitute the patient's prescribed order for a supply under these active SSPs. The patient/carer will also need to agree to supply under the SSP.

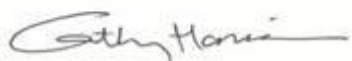
Should the quantity on the prescription be unclear, the pharmacist should consult with the patient and use their professional judgement to make an appropriate supply under these SSPs. Pharmacists should refer to the relevant Summary of Product Characteristics (SPC) and Patient Information Leaflets (PIL) to inform these decisions.

If a patient/carer declines to receive the medicine under these SSPs, the pharmacist should use their professional judgement to determine if other courses of action are appropriate whilst taking into consideration wider supply issues. If this does not address their concerns, the patient/carer should be referred back to their prescriber for advice.

### **Action Required**

All relevant staff should be made aware of these SSP's. I would ask the SPPG to bring this information to the attention of GP Practices and Community Pharmacists directly.

Yours sincerely,



**Cathy Harrison**  
**Chief Pharmaceutical Officer**