

**From the Chief Pharmaceutical Officer
Professor Cathy Harrison**



FOR ACTION

Chief Operating Officer, 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.

Castle Buildings
Stormont
BELFAST
BT4 3SQ
Tel: 028 90 523219
Email: cathy.harrison@health-ni.gov.uk

Date: 10 December 2024

Dear Colleagues,

**SERIOUS SHORTAGE PROTOCOL– CEFALEXIN ORAL SUSPENSIONS
SUGAR FREE**

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.

I am writing to inform you that in response to supply concerns across the UK regarding the availability of **cefalexin 125mg/5ml and 250mg/5ml oral suspensions sugar free** the Department of Health of Social Care (DHSC) has today issued two SSPs.

Effective from today, [SSP077](#) provides that for **every 5ml of cefalexin 125mg/5ml oral suspension sugar free that is originally prescribed, 5ml of cefalexin 125mg/5ml oral suspension (non sugar free) can be supplied.** [SSP078](#) provides that for **every 5ml of cefalexin 250mg/5ml oral suspension sugar free that is originally prescribed, 5ml of cefalexin 250mg/5ml oral suspension (non sugar free).**

These SSPs are due to expire on **Friday 31 January 2025**. Pharmacists should refer to the latest version of this SSP which is available on the Business Services Organisation (BSO) dedicated page on its website:

<https://bso.hscni.net/directorates/operations/family-practitioner-services/pharmacy/contractor-information/drug-tariff-and-related-materials/serious-shortage-protocols-ssps/>.

SSP077 and **SSP078**, authorised by the Secretary of State on behalf of the four UK nations, have been developed by clinicians and provides pharmacists with procedures to follow in providing this suitable alternative product to help reduce the number of patients having to return to their prescriber for a replacement prescription.

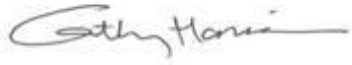
Key Points:

- These SSPs do not allow for the quantity supplied to be less than the number of days prescribed on the original prescription.
- Ensure that the patient/carer is aware that the preparation of cefalexin being supplied in accordance with the SSP contains a small amount of sugar.
- For patients with diabetes, pharmacists should supply sugar free options where possible. If this is not available, patients/ carers should be informed that there is a small amount of sugar contained in the product supplied, but treatment should not be withheld. Pharmacists may wish to check the patient information leaflet or summary product characteristics if patients are concerned.
- 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 SSPs. The patient/carer will also need to agree to supply under the SSP.
- Pharmacists do not need to routinely notify the prescriber and/or GP practice where an alternative pharmaceutical form has been supplied under an SSP. Please refer to '[Outline of Operational Guidance for Dispensers in response to issue of a Serious Shortage Protocol](#)' on the BSO website for more information.
- If a patient/carer declines to receive the medicine under these protocols, 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 SSPs. I would ask the SPPG to bring this information to the attention of GP Practices and Community Pharmacists directly.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Cathy Harrison". The signature is fluid and cursive, with a long horizontal stroke at the end.

Professor Cathy Harrison
Chief Pharmaceutical Officer