

From the Chief Pharmaceutical Officer
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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.

Dear Colleagues,

SERIOUS SHORTAGE PROTOCOL EXTENSIONS – CEFALEXIN 125MG/5ML AND 250MG/5ML ORAL SUSPENSIONS

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 light of ongoing supply concerns across the UK regarding the availability of **cefalexin 125mg/5ml oral suspension** and **cefalexin 250mg/5ml oral suspension**, a decision has been made to further extend the duration of the current SSPs, [SSP077](#) and [SSP0778](#) to enable community pharmacists in Northern Ireland to supply the alternative products named under these protocols.

These SSPs issued by the Department of Health and Social Care (DHSC) and authorised by the Secretary of State on behalf of the four UK nations will now **expire on Friday 28 November 2025**.

Pharmacists should refer to the latest version of SSPs which are 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/>.

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 [SSP077](#) or [SSP0778](#). The patient/carer will also need to agree to the supply under these SSPs.

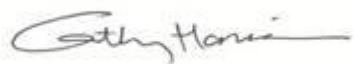
Should the quantity on the prescription be unclear, the pharmacist should consult with the patient and use their professional skill and judgement to make an appropriate supply under these SSPs. Pharmacists should refer to the relevant Summary of Product Characteristics (SPC) and Patient Information Leaflets (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 extensions. I would ask the SPPG to bring this information to the attention of GP Practices and Community Pharmacists directly.

Yours sincerely,



Professor Cathy Harrison
Chief Pharmaceutical Officer