



# ALL-PARTY PHARMACY GROUP

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*Chair: Dr Howard Stoate MP*

*Vice Chair: Baroness Cumberlege CBE DL*

*Treasurer: Sandra Gidley MP*

*Secretary: Mark Todd MP*

## **All-Party Pharmacy Group Meeting: Medicines shortages: how do we avert a crisis?**

The All-Party Pharmacy Group meeting took place at 15.30 on Tuesday 27<sup>th</sup> October 2009 in the Grand Committee Room in Westminster Hall. Dr Howard Stoate MP chaired the well attended meeting.

The meeting focussed on the implications of medicines shortages on all aspects of the supply chain and patients, and investigated possible solutions to the problem.

Speakers included;

<b>Richard Barker</b>	Director General, Association of the British Pharmaceutical Industry (ABPI)
<b>Mark James</b>	Group Managing Director, AAH Pharmaceuticals and Deputy Chair, British Association of Pharmaceutical Wholesalers (BAPW)
<b>Gary Warner</b>	Community pharmacist, Regent Pharmacy, Isle of Wight

Gerald Heddell, Director of Inspection, Enforcement and Standards Division at MHRA and Luisa Stewart Assistant Director of Pricing and Prescriptions in the Department of Health were also invited to contribute from the audience.

Highlights of the session included:

- The panel of speakers began the session by discussing the seriousness of the medicines shortages problem; RB highlighted that 200 medicines are involved in parallel exporting (worth £30 million). GW claimed that from his experience, out of the 200 medicines cited by ABPI, 60 are affected.
- RB claimed that 1 in 10 pharmacists are involved in parallel exporting, but he couldn't identify whether it was multiple or independent pharmacists.
- All 3 panellists agreed parallel exporting is being driven by the Treaty of Rome, which stipulates free movement of services within Europe and the freedom of Europe to set individual prices.
- Exchange rates have played a key role in parallel exporting; MJ argued that the NHS benefitted from parallel importing when the Sterling exchange rate was strong against the Euro. Therefore the industry needs to recognise that whilst the Sterling is weaker, such exporting will continue.
- All panellists agreed the shortages issue needed to be resolved through a joint effort from the supply chain, primarily through reminding healthcare professionals of their responsibility to deliver services to patients in the UK.
- Article 81 was cited as an avenue to explore by the DH, as a way of ensuring stricter guidelines and promoting best practice among wholesalers, pharmacists and manufacturers, to inhibit medicines shortages.
- GW emphasised that his experience with patients affected by medicines shortages ranged from the annoying to the terrifying. He described his experience with one of his patients who

had a liver transplant, who did not receive their medicines, to demonstrate the seriousness of the issue.

- DH argued that the issue is difficult to tackle because the practice is not illegal and due to the stipulations in the Treaty of Rome. Nonetheless, the DH has met with key stakeholders to discuss potential solutions, including the MHRA, ABPI, BAPW, PSNC, and NPA. The Department is working on improving the existing duties of wholesalers to resolve the problem.
- MHRA said they have the power to suspend wholesalers' licenses to export if there is evidence that parallel exporting directly led to a patient not receiving their medicine.
- DH highlighted that currently most evidence on the problem is anecdotal. LS said there needed to be more validated evidence to really help tackle the problem and to support the MHRA.
- Questions from the floor reiterated the points made by the speakers on the impact the Sterling/Euro exchange rate has over the practice of parallel trading and medicine shortages.
- A representative from the BMA agreed that the most realistic solution is to remind people of their professional responsibility to service the patient – there needs to be a balance between profit making and delivering services.
- Community and hospital pharmacists alike highlighted the number of man hours being spent on managing medicine shortages instead of delivering services and White Paper promises and called for more support from the supply chain.
- EPIG suggested that, as European countries have different pricing regimes and there isn't a single market, the supply of medicines (as a commodity) should be exempt from the Treaty of Rome.
- GH highlighted the MHRA second consultation to review the supply chain, which will be published next month, will address the shortages issue.