Our Ref: LW/lmw/FOI.348.23
Date: 28th November 2023

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Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 1st November 2023**.** Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

This is a request for information being made under the Freedom of Information Act 2000. It relates to a National Patient Safety Alert ('NatPSA') issued by the Department of Health & Social Care on 27/09/2023: 'Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets.' (Reference no: NatPSA/2023/011/DHSC). According to the Central Alerting System website, this alert was issued to relevant Trusts (see: https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103238). The alert states that required actions should be completed by 11/10/2023.

The alert states that 'prescribers should: not initiate new patients on products affected by this shortage until the supply issues resolve'.

The alert states that 'healthcare professionals in primary care (and secondary care if appropriate) should: identify all patients currently prescribed these products; and make early contact with patients to establish how much supply they have remaining.'

The alert states that 'where patients have insufficient supplies to last until the re-supply date, contact: patient's specialist team for advice on management options if the product cannot be sourced.'

The alert states that 'specialist teams should: support primary care teams seeking advice for patients currently prescribed the affected products; provide individualised management plans, where required; and recommend alternatives in line with NICE guidance, where appropriate.'

Please provide the following information:

1. Did your Trust receive the above NatPSA? If so, on what date was it received? **Yes, 27/09/2023.**

2. Assuming that the answer to the first part of question 1 is yes, was the NatPSA forwarded to relevant specialist teams within your Trust? Which specialist teams was the NatPSA forwarded to? **Pharmacy received and cascaded to all prescribers.**

3. The NatPSA states that 'prescribers should not initiate new patients on products affected by this shortage until the supply issues resolve.' Have any new patients under your care who would ordinarily have been prescribed the affected products not been given prescriptions because of this required action? If so, how many? **The Trust did not record this information.**

4. Where appropriate did specialist teams within your Trust 'identify all patients currently prescribed these products', as required by the NatPSA? If so, how many patients were identified and by what date was this action carried out? **This was undertaken at a team/ individual clinician level and not held centrally.**

5. Where appropriate did specialist teams within your Trust 'make early contact with patients to establish how much supply they have remaining', as required by the NatPSA? If so, how many patients did you attempt to contact? How many patients were successfully contacted? **It was considered this would be a risk approach as this would cause increased stress and anxiety and likely drive behaviours that would result in stockpiling.**

6. Assuming that the answer to the first part of question 5 is 'yes', and that some patients were successfully contacted, how many patients were identified as having insufficient supplies to last until the re-supply date? **No known incidents. Teams supported with advising patients/carers to try multiple pharmacies, and where necessary alternate bioequivalent brands prescribed.**

7. The NatPSA states that healthcare professionals should 'contact patient's specialist team[s] for advice on management options. Have any specialist teams within your Trust been contacted by other healthcare professionals seeking such advice? If so, what advice were specialist teams able to provide? **Yes, they have responded to direct queries. They have also contributed to the development of system-wide communications designed to support primary care clinicians, patients, carers, and schools.**

8. Have specialist teams within your Trust '[supported] primary care teams seeking advice for patients currently prescribed the affected products', as required by the NatPSA? If so, how? **The Trust does hold this information but not in a reportable format, to supply this information would require a manual trawl through patient's notes. We believe that the cost of collating the information in order to respond to your request would exceed the threshold of £450 as defined by the Freedom of Information and Data Protection (Appropriate limit Fees) Regulations 2004. As a result, we are refusing your request under Section 12 of the Freedom of Information 2000.**

9. Have specialist teams within your Trust provided individualised management plans, either to primary care teams or directly to patients? If so, how many? **The Trust does hold this information but not in a reportable format, to supply this information would require a manual trawl through patient's notes. We believe that the cost of collating the information in order to respond to your request would exceed the threshold of £450 as defined by the Freedom of Information and Data Protection (Appropriate limit Fees) Regulations 2004. As a result, we are refusing your request under Section 12 of the Freedom of Information 2000.**

10. Have specialist teams within your Trust recommended alternative products in line with NICE guidance, where appropriate? If so, how many such recommendations have been made? **Guidance to clinicians has been to continue to follow NICE guidance. We are unable to quantify as this would require a manual trawl through all patient notes. We**

believe that the cost of collating the information in order to respond to your request would exceed the threshold of £450 as defined by the Freedom of Information and Data Protection (Appropriate limit Fees) Regulations 2004. As a result, we are refusing your request under Section 12 of the Freedom of Information 2000.

11. What policy, if any, exists within your Trust for ensuring compliance with National Patient Safety Alerts? If such a policy exists, please provide a copy of it.

Please see Appendices 1 and 2 attached.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

L. Wrench.

Laurie Wrench
Deputy Director of Governance

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CENTRAL ALERT SYSTEM

Lead executive	Executive Director of Nursing & Quality
Authors details	Head of Patient & Organisational Safety Health & Safety Advisor

Type of document	Policy
Target audience	All staff
Document purpose	Information & Guidance

Approving meeting	Quality Committee Trust Board	Meeting date	8th October 2020 15th October 2020
Implementation date	31st October 2020	Review date	31st October 2023

Trust documents to be read in conjunction with	
5.35	Management of Medical Devices Policy
5.01	Incident Policy

Document change history	
What is different?	Document review and change
Appendices / electronic forms	Appendix 1 – Alert Process Flowchart
What is the impact of change?	-

Training requirements	None

Document consultation	
Directorates	Members of the Health Safety & Wellbeing Group
Corporate services	Members of the Health Safety & Wellbeing Group
External agencies	N/A

Financial resource implications	None

External references
1. Department Of Health Information Services 2. Central Alerting System

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race - Ethnic origins (including gypsies and travellers) - Nationality	No	

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
- Gender - Culture - Religion or belief		
- Sexual orientation including lesbian, gay and bisexual people - Age - Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	No impact	

CONTENTS

1 Introduction

The Central Alert System (CAS) is an electronic cascade system developed by the Department of Health and is a key means by which to communicate and disseminate important safety and device alerts information within the NHS. The CAS supersedes the SABS (Safety Alert Broadcast System) and Public Health Link (PHL). The CAS facilitates distribution of safety alerts, emergency alerts, NHS Improvement Patient Safety Alerts (NHS-PSA), Medical Device alerts (MDAs), Drug alerts, Estates alerts, field safety notices, Chief Medical Officer messages and Dear doctor letters.

Trusts are required to implement and maintain systems for alert dissemination and review in accordance with Care Quality Commission regulations and the DB2011(01) *"Reporting Adverse Incidents and Disseminating Medical Device Alerts".*

This policy is designed to ensure a consistent approach for dealing with the management of alerts received through the Central Alert System (CAS). It is important that all Trust personnel are aware of their roles and responsibilities with regard to dissemination and actions required in complying with alerts.

Alerts originate from the following organisations: -
a) Medicines and Healthcare products Regulatory Agency (MHRA);
b) NHS Commissioning Board Special Health Authority
c) Department of Health Estates and Facilities (DHEF)
d) Department of Health (DH)
e) NHS Improvement

It may also be necessary for the Trust to distribute "internal alerts". These alerts will be used to provide rapid dissemination of information, e.g. medical device/equipment recall.

It is the aim of the Trust to ensure that all alerts are communicated promptly to all relevant members of staff employed within the Trust and that action to comply with alerts is taken within Department of Health timescales in order to safeguard patients, visitors, and staff from harm.

2 Purpose

It is the Trust's intention that there is a robust system for disseminating and providing feedback on the implementation of the Safety Alerts, which may be issued by the MHRA, NHS Improvement and DHEF**,** in conjunction with the Department of Health. This policy will ensure that the Trust has a:

a) Clearly defined identified alert communications system
b) System for distributing alerts and obtaining responses from identified Directorate staff
c) System for monitoring that actions identified in the alerts have been taken, to ensure the safety of all those who deliver and receive services from the Trust.

3 Scope

The policy applies to all members of staff employed within the Trust who are involved in any aspect of alert dissemination, action, and /or review.

4 Duties (Roles and responsibilities)

The success of the system in reducing the risks of adverse incidents and litigation relies upon all relevant staff being aware of and acting on alerts and ensuring appropriate documentation is maintained to provide evidence of actions taken.

The Board acknowledges and accepts it responsibility for ensuring that all CAS Alerts are assessed for their relevance to the Trust, its business and, if appropriate, that action is taken to remedy the requirements of the alert.

The Chief Executive has overall accountability for ensuring that the Trust has the necessary management systems in place to enable the effective management of CAS alerts including a Director responsible (Nurse Director) for ensuring that the requirements of each alert is implemented, managed and monitored within the required timeframes throughout the Trust. The Trust has nominated a CAS Liaison Officer (the Trust Health and Safety Advisor) to support the Trust to comply with the required standards.

The Medical Director is the nominated lead for drug alerts.

The Executive Director of Quality and Nursing is the nominated CAS Lead with authority and expertise to manage the risk areas highlighted in the safety alerts

The Head of Patient and Organisational Safety and the Health and Safety Advisor are the nominated CAS Liaison Officers. The CAS Liaison Officer receives the CAS alerts and notifies the identified responsible staff for assessing the relevance of the alert, ensures that any actions are identified and implemented within required timeframes and that alerts are distributed to the appropriate staff. Within the action complete deadline the CAS Liaison officer ensures that the DOH CAS website is updated within the required timeframes. The CAS Liaison Officer will ensure there are arrangements in place for a deputy who is conversant with the duties outlined and who will continue the distribution of alerts in the event of absence. This role will include the monitoring of the CAS Division leads e-mail grouping on a quarterly basis to ensure that it is up to date and the correct information is being received by the most appropriate leads.

QILNS & Service Managers, for each Directorate - these leads will be responsible for the distribution and returns from their respective Directorate, reporting any areas where there are difficulties in obtaining replies. This role will include the monitoring of their managerial leads to ensure that the CAS Liaison Officers are updated and the correct information is being received by the most appropriate leads.

Clinical Directors/Associate Directorates are responsible for ensuring that the requirements of the CAS is communicated implemented, managed and monitored within the required time frames within their Directorates and that there are recourses to support this process.

Team Leads/Ward Managers are responsible for:

- Ensuring that their local procedures are adhered to in respect of distribution of alerts, required actions and compliance within required timeframes
- The distribution of all alerts whether for information or action to identified staff
- Ensuring that a robust monitoring process is in place and evidence of management per alert is available in the required format
- Ensuring that evidence of compliance with the relevant standards is available for monitoring and audit purposes
- Ensuring that all staff both current and new are aware of their responsibilities in relation to CAS and that the staff are confident and competent in the management and implementation of alerts
- Ensuring that they have a nominated Deputy who will receive the alert, assess whether applicable, ensure action taken as necessary and respond to the CAS Liaison officer in the timescales required.

- Ensuring that any bank/agency or other contractors working for the Trust under their jurisdiction, are aware of their requirements in relation to the CAS alert process

All Staff where appropriate will ensure that they are aware of their responsibilities in relation to the management of CAS alerts and act accordingly:

- Will ensure that on receipt of an alert, they take the necessary actions within the required timeframes and submit responses via the identified processes
- Inform line managers where any gap in personal knowledge or skills are identified in relation to all aspects of the CAS process

5 Definitions

CAS - Central Alert System (CAS) is an electronic cascade system developed by the Department of Health.

6 Management of Alerts

MHRA Medical Device Alerts
All alerts are received via the CAS, and the CAS Liaison Officers must access the CAS and provide acknowledgement no later than 48 hours following the release of the alert.

All alerts received via the CAS relating to medical devices and equipment will be assessed, and advice sought from the Medical Devices Lead and Clinical technology in relation to usage, stock levels and location of devices and equipment in order to assess the relevance of the alert for the Trust.

The alert is then disseminated via email as appropriate to all relevant wards/departments within the Directorates (as directed by the QILNS/Service Managers), to ensure that all areas of the Directorate are reviewed in accordance with the alert. (See **Appendix 1** for process flowchart).

NHS Patient Safety Alerts
When a new alert is received, the CAS Liaison Officers will assess the alert, and escalate to the Executive Director of Nursing and Quality where necessary; to identify a Trust lead(s) for the alert. The CAS Liaison Officers will make contact with the identified lead and discuss the relevance of the alert, and required actions. The CAS Liaison Officers will continue to monitor progress of the alert and provide regular updates to the Health Safety & Wellbeing Group as per the reporting schedule.

Estates & Facilities Alerts
All alerts received via the CAS relating to Estates and Facilities will be forwarded to the Nominated CAS Lead for Estates and the Head of Estates, who will assess relevance of the alert and any implications for the Trust. The Nominated CAS Lead will coordinate the response for action within specified timescales.

PFI Building
The Building Manager responsible for the PFI build will receive a copy of the Estates & Facilities Alert(s) to assess relevance to the building and will coordinate the response for action within specified timescales.

Management of Drug Alerts
Drug alerts are published by the Defective Medicines Reporting Centre at the MHRA with the resulting alerts distributed via a national cascade system.

The Medical director/ Chief Pharmacist will action all drug alerts as received, and in accordance with, the national cascade system.

There are four types of Drug Alerts:

- **Class 1** - Action now (including out of hours)
- **Class 2** – Action within 48 hours
- **Class 3** – Action within 5 days
- **Class 4** – Caution in use

Internal Alerts

On occasions, internal alerts may need to be issued within the Trust to provide rapid and effective distribution of information, e.g. following failure of a piece of equipment or other serious adverse event. The distribution process will follow that of the alerts procedure. An internal alert will only be distributed following consultation with necessary parties. The CAS Liaison Officers will be responsible for coordinating the internal alerts and dissemination of the recall information will be done using the appropriate form.

Reporting of adverse incidents to external agencies

Adverse events will initially be reported by members of staff in accordance with the Trust's Management and Reporting of Accidents and Incidents Policy. In addition, in certain circumstances, incidents may require reporting to external agencies as detailed below:

- The Medical devices Lead which incorporates the role of the Medical devices Safety Officer (MDSO) will be responsible for reporting adverse incidents involving medical devices in accordance with the published MHRA guidance.

- Head of Estates will be responsible for reporting defects and failures involving non-medical devices to the Department of Health Estates and Facilities Division.

- The Medical Director will ensure that adverse blood safety incidents are reported to the MHRA via the online reporting system - Serious Adverse Blood Reactions and Events (SABRE) in accordance with guidance issued by the MHRA.

- The Trust Chief Pharmacist will ensure that adverse medication incidents are reported to the MHRA in line with the guidance issued by the MHRA.

Non- compliance with alerts

Where there is non-compliance with the alert(s) and completion of actions will be past the stipulated deadline, the CAS Liaison Officers will raise a risk entry into the Trust risk register detailing areas of non-compliance against the alerts or notices. The information included on the risk register must include recommendations of how the areas of non-compliance will be met, any financial implications associated with implementing the recommendations and the consequences of failing to implement the identified actions.

7 Training

Within all the Trust Directorates that are subject to CAS alerts, managers at all levels must ensure that appropriate staff, (including new staff) are aware of their responsibilities in relation to the management of CAS alerts. There is no specific training required for this purpose.

8 Monitoring

The CAS Liaison Officer will ensure that all identified areas are monitored for their responses

to CAS alerts within the required timeframes. Where there are responses out of time, the CAS Liaison Officer will discuss these issues with the appropriate manager. The CAS Liaison Officer will provide reports to the Health, Safety & Wellbeing Group and when required to Quality Committee, Executive Team and Trust Board.

An agreed number of random audits will take place of the whole process in relation to specific alerts annually to ensure compliance with identified standards.

Yearly reviews and audits of CAS alerts will be completed to ensure continued compliance.

Central Alert System Procedure Flowchart

Appendix 1

CAS Alert received by CAS Liaison Officer/Nominated Deputy (and is automatically forwarded to P&O Safety Team)

CAS Liaison Officers /nominated deputy logs onto CAS website to acknowledge receipt of alert (https://www.cas.mhra.gov.uk/Home.aspx)

CAS Liaison Officer decides whether alert is applicable and requires action, if unsure seeks advice from most relevant person based on the type of alert.

If alert not applicable CAS Liaison Officer will then log onto the CAS website and respond 'Action not required'

Additional Information

For all actions required by CAS Liaison Officer – Nominated Deputy will cover during any period of absence.

All timescales are detailed within the initial CAS Alert and must be adhered to.

If the alert is/may be applicable, CAS Liaison Officer will then forward the alert to the CAS Alerts Directorate Lead & relevant staff (CAS Liaison Officer will advise who he/she believes within the email grouping is the most appropriate person to respond). CAS Liaison Officers will update CAS Alerts database on X drive (X:\CAS Alerts) to reflect date cascaded to Directorate Lead & relevant staff.

QILNS/Service Managers to monitor managers within Directorates for action and response within set timescale. (CAS Liaison Officer will facilitate circulation if required within Corporate Services). Where applicable QLNS and service managers may provide the CAS Liaison Officer with an overview of action taken within their directorate.

Responses chased and collated by QILNS/Service Managers and returned to CAS Liaison Officer prior to CAS deadline. Corporate responses chased and collated by CAS Liaison Officer.

CAS Liaison Officer logs onto CAS website and updates with appropriate response (ensuring within set timescale). CAS Liaison Officer updates the shared database on X drive

Directorate CAS Lead will escalate any failure to respond via Associate Director and Head of Patient and Organisational Safety

North Staffordshire Combined Healthcare Response to Shortage of Various ADHD Medication

Situation

On the 27th September 2023, a National Patient Safety Alert was issued highlighting shortages of various medications used to manage Attention Deficit Hyperactivity Disorder (ADHD). The following medications are stated as being affected:

Methylphenidate:
- Equasym XL® 10, 20 and 30 mg capsules
- Concerta XL® 54 mg prolonged-release tablets
- Xaggitin XL® 18 and 36 mg prolonged-release tablets
- Xenidate XL® 27 mg prolonged-release tablets

Lisdexamfetamine:
- Elvanse® 20, 30, 40, 50, 60 and 70 mg capsules
- Elvanse® Adult 30, 50, and 70 mg capsules

Guanfacine:
- Intuniv® 1, 2, 3 and 4 mg prolonged-release tablets

In addition to the medications listed, we are currently experiencing a shortage of atomoxetine, and we are expecting no further supply until February 2024 of this.

Background

NSCHT has various services that assess, diagnose, and manage children, adolescents, and adults with ADHD. Services that are commonly involved are community paediatrics, Child, and Adolescent Mental Health (CAMHs), Community Mental Health Teams (CMHT's) and the new adult ADHD Diagnosis and Treatment service. Some prescribing may also seen in adult Learning Disability and adult Eating Disorder services.

Part of the management is with medication which are prescribed via the 'FP10' route and dispensed by community pharmacies. Primary care (GP practices) will also be issuing the affected medication under shared care agreements.

Assessment

Even prior to this alert, there have been several medication shortages in the last 12 months or so that have affected the availability of ADHD medication. Thankfully, these occurrences have been relatively short-lived and limited to some products or strengths only – this has allowed for the situation to be managed by temporarily switching to similar alternatives without too much disruption to patient care and the services that provide it. However, the situation described in this alert presents a significant challenge due to the breadth of the issue; several medications used to manage ADHD are affected together so there is little by the way of alternatives.

There is a separate Medicines Supply Notification concerning atomoxetine 40mg and 60mg being out of stock, so this SBAR will cover this too.

Action required from national alert	Local assessment
Prescribers should: [1] not initiate new patients on products affected by this shortage until the supply issues resolve.	Each service will have patients waiting to be initiated on medication; some will be waiting longer than others. It is unhelpful starting new patients on products affected by this shortage as it will add more pressure to the supply chain and cause undue stress to parents / patients in trying to obtain it. The alert does not include Medikinet XL, immediate release methylphenidate or our new preferred 12-hour option, Affenid XL. However, from previous experience, we've seen shortages in one area quickly spill into other similar products as clinicians search for alternatives. At this time secondary care clinicians have been asked to retain prescribing of patients on ADHD medications until the supply chain stabilises.
Healthcare professionals in primary care (and secondary care if appropriate) should: [2] identify all patients currently prescribed these products, and	As of July 2023, an estimated 1600 ADHD medication items were issued for the treatment of patients within the Staffordshire and Stoke-on-Trent ICS. Unfortunately, we do not know exact numbers as they will sit across a broad expanse of services. This is a large cohort to contact, even if the numbers are spread neatly across GP practices.
[3] make early contact with patients to establish how much supply they have remaining.	The merits of contacting patients / parents would be to forewarn them and allow better rationing of their existing supply (if clinically safe), however, the opposite effect could be widespread panic, a scramble for prescriptions and stock piling. NSCHT pharmacy are exploring procuring a sensible quantity of the affected medication, as it is noted providers should also not be stock piling due to the destabilising effect. Unfortunately, as NSCHT does not possess a wholesaler dealer license it is not possible to make onward supplies to community pharmacy or dispensing GP practices.
Where patients have insufficient supplies to last until the re-supply date,[NOTE A] contact: [4] community pharmacies, hospital pharmacy departments, or other dispensing pharmacy services, to establish availability of supply; and	Whether prescribed by NSCHT or GP, community pharmacies are the mainstay for dispensing prescriptions for ADHD medication. They also have real-time access to stock availability from their suppliers. There are 100s of community pharmacies, some may hold residual stock that can be supplied. Community pharmacies therefore remain the best contact point for patients / parents. They will need to 'shop around' to find supply. NOTE: NSCHT pharmacy will dispense where other avenues have been exhausted where possible, but this dispensary does not have the capacity to cope with dispensing significant volumes of

	prescriptions themselves nor will it likely have access to the quantities of stocks that would be needed.
[5] patient's specialist team for advice on management options if the product cannot be sourced.	The supply shortage is widespread, leaving very few options. We also know from previous shortages that switching to alternatives causes strain and disruption on its' supply too, exacerbating the problem further. In this situation, contacting the patients' specialist team will yield little benefit, unless there is a significant concern. The specialist service itself will struggle to cope with the influx of calls, which could compromise care delivery to other patients. There is however a wider choice and capacity with the 12-hour methylphenidate tablet preparations (i.e., alternatives to Xaggitin XL and Xenidate XL) owing to the number of bio-equivalents available. See Specialist Pharmacy Service for availability information: Prescribing available medicines to treat ADHD – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice . Systems wide communication is being developed to support consistent messaging. Special care is needed for guanfacine m/r (Intuniv®) as abrupt stopping and starting is not recommended.
Specialist teams should: [6] support primary care teams seeking advice for patients currently prescribed the affected products, [7] provide individualised management plans, where required; and [8] recommend alternatives in line with NICE guidance, where appropriate	NSCHT and MPFT will collaborate to produce clear guidance to help the wider system manage the challenges from these widespread shortages. Behavioural management is already consistently advocated. Omitting medication on weekends and non-school days is possible and routinely practiced. It can prolong supply for the days that it is most necessary. There may be some risks with this approach though (e.g., risk of accidental injury to self or others as a result of uncontrolled ADHD). With the exception of the 12-hour methylphenidate tablet preparations, there are few alternatives. The destabilisation of symptoms and potential adverse effects as a result of switching needs to be carefully weighed against other conservative options. By virtue of shared care, changes of this type will require significant additional appointments and time from LPT services for follow up; this will stretch capacity and compromise care delivery for other patients.

Recommendation

After careful consideration of the alert and local analysis, NSCHT recommends the following actions / guidance:

1. All NSCHT services providing care for ADHD will defer new initiation of all ADHD medication until January 2024 at the earliest. This Situation, Background, Assessment, Recommendation (SBAR) will be sent to all leads for further cascade.
2. NSCHT services and primary care will continue to manage requests for repeat medication as and when parents / patients call (i.e., reactively). Further prescriptions for medication affected by this shortage can be issued, but parents / patients must be warned of the widespread shortage. They'll need to 'shop around' or be patient for supplies to become available.
    - There is a national list of ADHD medicines currently available at https://tinyurl.com/cwshortadhd. Just because something is on the list today, it does not automatically mean that a local pharmacy can obtain a supply.
    - Health care professionals can register for access to a Medicines Supply Tool at https://tinyurl.com/cwshortadhd. The Medicines Supply Tool gives more detailed information on the dates that ADHD medications may come back into stock.

3. NSCHT pharmacy will endeavour to procure a sensible quantity of the affected medication and assist where possibly for urgent supplies when other supply routine exhausted. Patients/carers should not be directed to contact Harplands Pharmacy themselves as this will overload capacity and also give the patients/carers unrealistic expectations that a supply can be dispensed.
4. As before, community pharmacy shall remain the main source of dispensing and supply. Community pharmacies in receipt of such prescriptions should take a contact number for the patient / parent and advise them that they'll be informed when a supply becomes available, or the prescription expires (controlled drug prescriptions have a shorter expiry) - this will avoid unnecessary calls.
5. Patients who are on the 12-hour methylphenidate tablet preparations can be prescribed a bio-equivalent at the same dose by primary care. Suitable alternatives unaffected by this shortage (so far) are (in order of preference): all strengths of Affenid XL, all strengths of Matoride XL, then consider Xenidate XL (18mg, 36mg or 54mg are available).
6. Primary care can advise patients / parents to undertake planned omissions of stimulant medication (i.e., all remaining methylphenidate- containing preparations affected and lisdexamfetamine) and atomoxetine; this may not be ideal but will prolong the supply. NOTE: it is not advised to abruptly stop or start guanfacine m/r (Intuniv®).
7. Patients / parents who remain concerned, despite all the above, can be referred to their specialist service for further advice and support.

Approved by: Pharmacy Medicines Team