December 2022

**Dispensing and**

**Supply**

**Points to consider when using SSPs for Pen V**

Recently, DHSC has issued 8 Serious Shortage Protocols (SSPs) for specified Phenoxymethylpenicillin (Penicillin V) formulations and below are some key points to note for contractors.

**Introduction**

1. SSPs issued by DHSC are published on the [**NHS Business Services Authority (NHSBSA) website**](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps) with guidance for each SSP and may be updated to a new version (All 8 SSPs have been updated this week and have moved from version 1 to version 1.1 – the update is identified at the end of the SSP).
2. Each SSP has a unique number which is relevant to the labelling of and claiming for the supply, and is valid for a set period of time, which may be extended, as stated in the SSP.
3. Supply against an SSP is provided for in the Human Medicines Regulations and Terms of Service of the CPCF – its use is part of pharmacy practice and should be included within normal professional indemnity arrangements. PSNC has issued [**guidance on SSPs and claiming for SSPs**](https://psnc.org.uk/briefings/psnc-briefing-023-19-serious-shortage-protocols-ssps-a-guide-for-community-pharmacy-teams-june-2019/).

**Supply**

1. Supervising pharmacists must be familiar with the relevant SSP and the RPS has issued a [**protocol**](https://www.rpharms.com/publications/pharmacy-alerts/details/Further-5-Serious-Shortage-Protocols-SSPs-phenoxymethylpenicillin-products-to-enable-the-supply-of-alternative-antibiotics)to assist.
2. Supply of a different formulation or antibiotic is limited to the extent permitted by the scope, criteria for inclusion and exclusion, cautions and special conditions, listed in each SSP. These and the dosing information in the SSP annexes are clinically important.
3. All 8 SSPs apply to Penicillin V of varying strengths and formulations and, with the flexibility SSPs provide, DHSC has been encouraging prescribers to continue to write prescriptions for Penicillin V.
4. 5 of the recent SSPs provide for the supply of an alternative antibiotic – they are all similar and the cascade, for prescriptions for treatment of no longer than 10 days, is in order of preference, so the first choice is Amoxicillin. Broadly, the order of preference is based on narrower to broader spectrum antibiotics, referenced by DHSC to stock availability.
5. For substituted antibiotics, for prescriptions longer than 10 days, Erythromycin formulations are stipulated as the alternative to be supplied.
6. For the substituted antibiotic, the quantity and strength supplied is to be determined by the recommended dosing regimen as set out in relevant annex.
7. The 3 alternative formation SSPs are again all similar.
8. Supervising pharmacists, in the exercise of their professional judgement, must consider SSP supply to be reasonable and appropriate for the patient.
9. The patient must agree to the SSP supply.
10. The SSP supply must have a patient label and include the identity of the SSP, for example, ‘Supplied against SSP No. XXX’.
11. SSPs apply to NHS and private prescriptions and are UK wide.
12. DHSC has indicated that oral sugar free solution Penicillin V may be supplied against a prescription for the same strength (non-sugar free) oral solution and, therefore, no SSP is required for this.

**Notifying the prescriber**

1. The 5 alternative antibiotic SSPs require that the patient’s prescriber and/or GP practice is notified of the SSP supply within 24 hours of supply.

**If supply is unreasonable or inappropriate, or the patient does not agree to use of the SSP, or the patient does not meet the criteria for SSP supply**

1. The supervising pharmacists must provide advice (as appropriate) and refer the patient back to the prescriber promptly, in the above scenarios.

**Stock not available**

1. Reasonable efforts must be made to source stock and, where stock is available, supply must be with reasonable promptness, including supply by SSP.
2. If the pharmacy has no relevant stock after having made reasonable efforts to obtain it, referral to another pharmacy may be appropriate if stock is available there.

**Stock may be available as follows**

1. The normal procurement options - wholesalers if deliveries are being made over the relevant period.
2. Pharmacies locally may be able to help each other with stock. DHSC has indicated that a pharmacy may supply small quantities of a medicine to another pharmacy to meet a patient’s individual needs, without the requirement of a Wholesale Dealer’s Licence ([**Wholesale dealer licence exemptions for pharmacists**](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Frepeal-of-wholesale-dealer-licence-exemption-for-pharmacists&data=05%7C01%7Csusan.grieve%40dhsc.gov.uk%7C75b0e05f63c242c72fae08dae2964897%7C61278c3091a84c318c1fef4de8973a1c%7C1%7C0%7C638071432327758913%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=fNxnWHUGcn9LXyrs2OBQuSgjWOoYe13pW3RumznoKmE%3D&reserved=0))
3. Hospitals have been seeking to ensure that they have sufficient stock to meet demand – and there may be local arrangements for pharmacies to access such stock (some LPCs have been involved in setting up these mutual schemes).
4. HDA wholesale distributors have a 24/7 emergency call-out service which is available every day of the year, including over the Christmas and New Year holiday periods.

**Other**

1. The GPhC has indicated that: *In these challenging times … [and we] … will consider the context you were working in at the time, including factors relating to the environment in which you were working and all relevant resources, guidelines, or protocols.* Also, :.. *to continue to work closely with colleagues in other local pharmacy services, the wider multi-disciplinary team and with local leadership and NHS commissioning bodies, to make sure patients get access to care and to the medicines they need, when they need them.*
2. PSNC is in discussion with DHSC on a number of reimbursement and remuneration issues.

If you have queries on this PSNC Briefing or you require more information please contact [**Gordon Hockey, PSNC Director, Legal**](mailto:gordon.hockey@psnc.org.uk).