FOI 0347/2023 Response

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 – 27th September 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?

Yes – for the adult ADHD service and Solihull CAMHS service

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?

As of 13th November, 72 patients.

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?

Yes – 13th October 2023. Up to 979 patients

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?

Although the Trust did make contact with patients, this contact has been recorded in the progress notes section of patient's care records and this data is not available in a reportable format.

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?

The Trust is unable to provide a response for your query.

This is because obtaining the requested data requires exhaustive manual measures that exceed the threshold to carry this out.

The Trust therefore, rely on exemption Section 12 of the Freedom of Information Act 2000 to deny this aspect of your request.

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?

For Adult ADHD service, we have received direct communication from both GP surgeries and pharmacies and have worked closely with them to establish medication in stock, as well as adjusting the prescriptions accordingly to prevent a break in treatment.

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?

For Adult ADHD service, we have worked with GP practices to adjust prescriptions for those who have a shared care agreement.

Most service users under the care of the ADHD service receive their prescriptions directly from us. We have therefore been able to adjust prescriptions without involvement of the primary care teams.

9. Have specialist teams within your Trust provided individualised management plans, either to primary care teams or directly to patients? If so, how many?

For Adult ADHD service, each service user receiving treatment has an individualised treatment and management plan, which is agreed with the individual.

A copy of this is then sent to the GP practice they are registered with.

Please note that our systems are not able to pull data on how many of these have been adjusted in response to the NatPSA

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?

For Adult ADHD service, we have discussed as a team the options available and decided that this would be complicated for both patient and team.

There is no ideal alternative solution, and until this point, the service is not aware of any patients who have been given a break from their medication.

Most patients have been able to source medication and those who have not been utilising reasonable adjustments to support their ADHD symptoms.

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 attachment.

Please note that an exemption Section 40 of the Freedom of Information Act 2000 has been applied to the aforementioned polices.

This means that staff members names and signatures have been removed, as we do not routinely release staff member's personal information.