

**Medicines Shortages:  
Solutions for Empty  
Shelves. One year on.**



# Contents

1	INTRODUCTION	3
2	SCOPE OF THE REPORT	3
3	MEDICINES SHORTAGES: WHAT HAPPENED IN 2025?	5
4	RPS RECOMMENDATIONS REVIEWED BY CATEGORY	6
5	ONGOING AREAS FOR CONCERN	12
6	CONCLUSION	14
	ACKNOWLEDGEMENTS	15

# 1 Introduction

In December 2024, in response to growing concerns about medicines shortages in the UK, the Royal Pharmaceutical Society (RPS) published *Medicines Shortages: Solutions for Empty Shelves*<sup>1</sup>. The report provides a comprehensive assessment of the causes of medicines shortages, their impact on patients and healthcare professionals, and what more could be done to mitigate and manage them.

The report was developed with healthcare professionals, patients and stakeholders across the medicines supply chain, its recommendations stressed the urgency of work to strengthen the UK's resilience to medicines shortages, reduce pressure on healthcare teams and ensure patients can access the medicines they need.

This 'one year on' report provides an overview of progress in line with those recommendations, noting where improvements have occurred, where further work might accelerate progress, and highlighting ongoing areas of concern.

## 2 Scope of the report

This report has been informed by a review of policy developments and key stakeholder organisation insights, including through surveying and reconvening the RPS medicines shortages advisory group. This report reflects discussions and feedback from stakeholders. Views of individual advisory group members may vary.

This report does not seek to make new recommendations nor present new analysis of medicines shortages. A comprehensive review of how all local systems or individual organisations are implementing recommendations is outside the scope of this work; however, feedback identified through advisory group discussions has been included where relevant for illustration.

---

### DISCUSSION IS STRUCTURED AROUND THE FIVE CATEGORIES OF RECOMMENDATIONS FROM THE ORIGINAL REPORT:

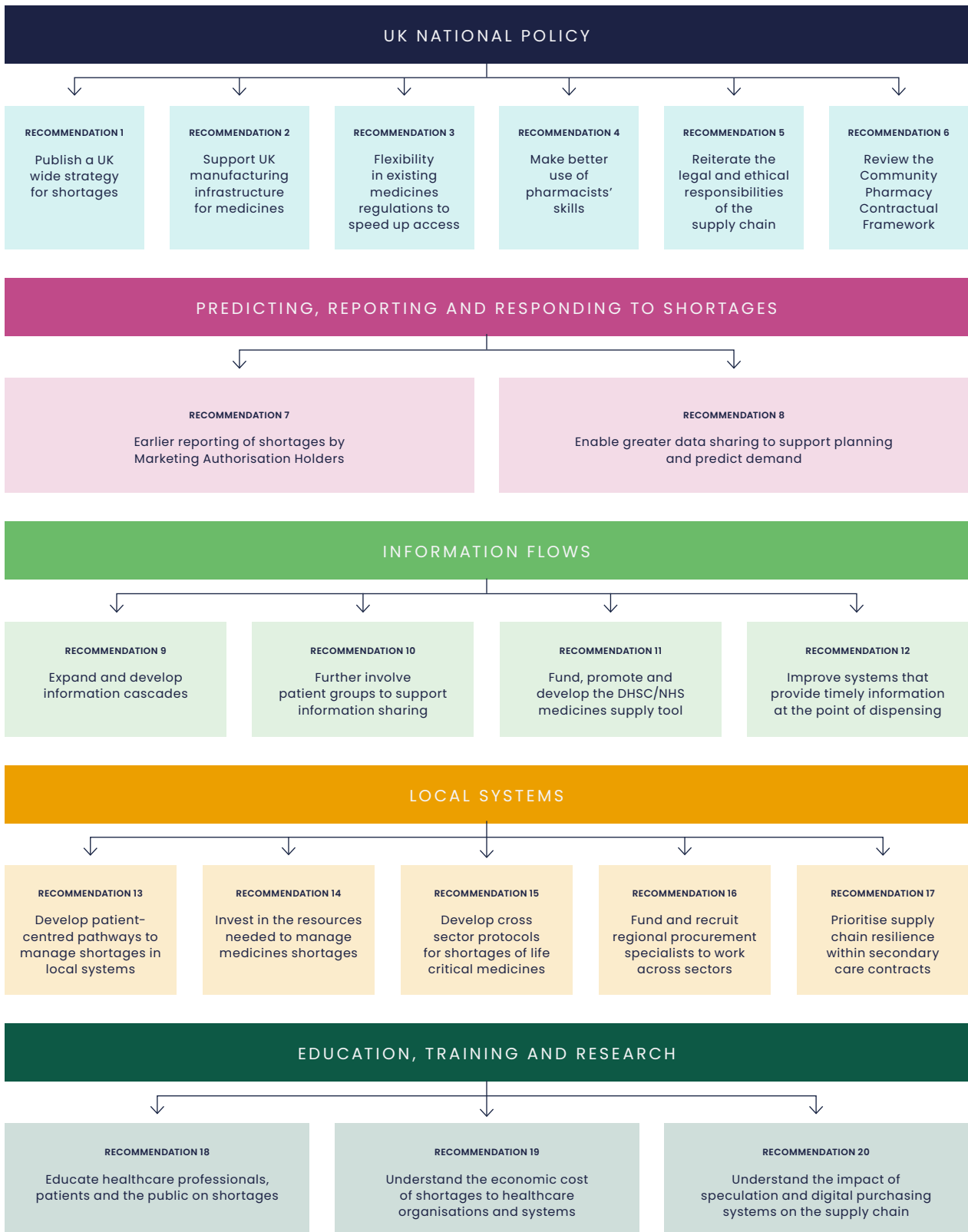
1. **UK National Policy (Recommendations 1-6);**
2. **Predicting Reporting and Responding to Shortages (7-8);**
3. **Information Flows (9-12);**
4. **Local Systems (13-17) and;**
5. **Education, Training and Research (18-20).**

Finally, the report highlights emerging areas of concern before drawing its conclusions.

---

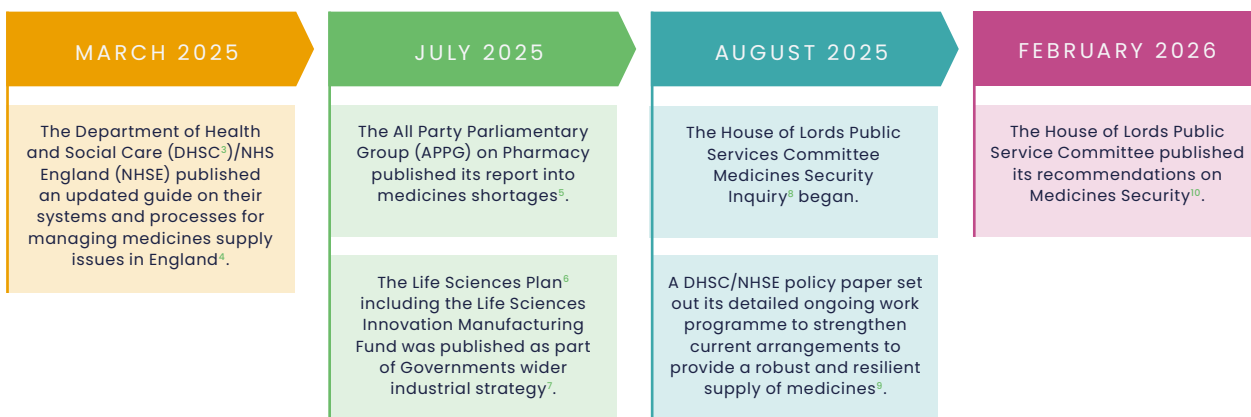
<sup>1</sup> Royal Pharmaceutical Society, *Medicines Shortages: Solutions for Empty Shelves*. November 2024.

# Recommendations from the original report



### 3 Medicines shortages: what happened in 2025?

Over 2025 and into 2026 there were several national workstreams to improve the management and mitigation of medicines shortages<sup>2</sup>. The medicines shortages report *Solutions for Empty Shelves* has been referenced throughout, and informed RPS responses to, these workstreams.



Whilst some evidence presented to the House of Lords Inquiry into Medicines Security suggests that national shortages may have reduced over 2025, other evidence suggests that the burden of managing medicines shortages for community pharmacies<sup>11</sup>, general practice and hospitals remain unsustainably high.

2026 has already seen some significant medicines shortages. Pharmacy teams have highlighted shortages of several common medicines prescribed in high volumes across the UK (dispersible aspirin<sup>12</sup>, co-codamol<sup>13</sup> and ramipril) that are impacting the workloads of community pharmacy and general practice teams as they find solutions for their patients. This picture is further complicated by reports that the reimbursement system for community pharmacies may in some cases be impacting timely access to medicines.

Shortages of epidural infusions have led to a “safety critical and complex” National Patient Safety Alert<sup>14</sup> being issued to facilitate national management of supply. Each organisation using epidural infusions designates an executive lead (or equivalent) to implement national recommendations, supported by clinical leaders in pharmacy, theatres, anaesthesia, maternity care and critical care, a Medicine Safety Officer and Medicine Device Safety Officer.

Patients remain at the front line of all these shortages with one in ten people reporting delays of seven days or longer in obtaining their prescriptions<sup>15</sup>. Delayed access because of a medicine shortage has been cited as a factor in patient deaths<sup>16</sup>.

<sup>2</sup> Some of these workstreams began before the publication of *Solutions for Empty Shelves* but were not complete at the time the report was published.

<sup>3</sup> DHSC refers to the DHSC Medicines Supply Team unless otherwise stated.

<sup>4</sup> NHS England, Department of Health and Social Care. [A guide to the systems and processes for managing medicines supply issues in England](#). March 2025.

<sup>5</sup> All-Party Parliamentary Group on Pharmacy. [Inquiry into Medicines Shortages in England](#). July 2025.

<sup>6</sup> UK Government. [Life Sciences Sector Plan](#). July 2025.

<sup>7</sup> UK Government. [The UKs modern industrial strategy](#). June 2025.

<sup>8</sup> House of Lords Public Services Committee. [Inquiry into Medicines Security](#).

<sup>9</sup> Department of Health and Social Care. [Managing a robust and resilient supply of medicines](#). June 2025.

<sup>10</sup> House of Lords Public Services Committee Medicines Security. [Medicines Security – a national priority](#). February 2026.

<sup>11</sup> Community Pharmacy England. [Pharmacy Pressures Survey 2025 – medicines supply report](#). 2025.

<sup>12</sup> National Pharmacy Association. [Pharmacies report widespread shortages of Aspirin](#). 23 January 2026.

<sup>13</sup> Community Pharmacy England. [Medicine Supply Notification: Co-codamol 30mg/500mg tablets](#). 12 January 2026

<sup>14</sup> National Patient Safety Alert. [Supply of licensed and unlicensed epidural infusion bags](#). 2 December 2025.

<sup>15</sup> Office of National Statistics. Data set. [Experiences of NHS Healthcare services in England](#).

<sup>16</sup> Courts and Tribunals Judiciary. [Reports to prevent future deaths](#).

# 4 RPS recommendations reviewed by category

## 4.1 UK NATIONAL POLICY

### **Recommendation 1: Publish a UK-wide strategy for shortages**

- In August 2025, a DHSC/NHSE policy paper set out new and ongoing work to improve shortages management and strengthen medicines supply chain resilience<sup>17</sup>. This is to be welcomed and represents some aspects of a national strategy. With the abolition of NHSE and its merger with DHSC, alongside cuts to Integrated Care Boards, this policy direction must now be backed by national leadership and investment.

### **Recommendation 2: Support UK manufacturing infrastructure for medicines**

- The July 2025, Life Sciences Plan recommitted to the Life Sciences Innovation Manufacturing Fund<sup>18</sup> to unlock UK manufacturing infrastructure for medicines (this now includes access for generic manufacturers – several of which have been successful in obtaining funding<sup>19</sup>). In addition, four new NHS aseptic manufacturing sites will begin production in July 2025 – 2027.

### **Recommendation 3: Flexibility in existing medicines regulations to speed up access**

- NHS England, the MHRA and Medicines UK have collaborated in Project Revive<sup>20</sup>. The initiative will encourage manufacturers to relaunch dormant already MHRA-approved licences through a dedicated regulatory pathway and NHS purchasing arrangements. A list of nearly 400 products has been identified by the NHS for the pilot programme, where the NHS considers them a resilience priority, or there is only one or no suppliers.
- MHRA also continues to work when appropriate, on a case-by-case basis, with manufacturers to expedite applications when shortages are identified to minimise the impact on patients.
- In September 2025, DHSC consulted on proposals to amend the Human Medicines Regulations 2012, to support the ongoing supply and deployment of vaccinations across the UK. This aims to maintain the flexibilities in the supply of vaccines used during the COVID-19 pandemic.

### **Recommendation 4: Make better use of pharmacists' skills**

- DHSC consulted in September 2025 on 'enabling pharmacist flexibilities when dispensing medicines'<sup>21</sup> Whilst the consultation was welcomed by pharmacy bodies and patient groups, there were concerns that the flexibilities in relation to medicines shortages would not go far enough, or would only be available in very limited circumstances.

<sup>17</sup> Department of Health and Social Care. [Managing a robust and resilient supply of medicines](#). June 2025

<sup>18</sup> UK Government. [Life Sciences Innovative Manufacturing Fund \(LSIMF\)](#). March 2022.

<sup>19</sup> Medicines UK. [UK Off-patent Medicines Manufacturing and Resilience Report](#). 2026.

<sup>20</sup> Medicines UK. [News. Project Revive](#). 6 February 2026.

<sup>21</sup> UK Government. [Enabling pharmacist flexibilities when dispensing medicines](#). September 2025.

## Recommendation 5: Reiterate the legal and ethical responsibilities of the supply chain

- DHSC are updating their 2013 guidance on *Best practice for ensuring the efficient supply and distribution of medicines across the supply chain*<sup>22</sup>. The updated version will be published in 2026 to reinforce the behaviours expected in all parts of the supply chain.

## Recommendation 6: Review the community pharmacy contractual framework

- Negotiations on the Community Pharmacy Contractual Framework in England were underway at the time of writing. Calls for a review of the contractual framework continue,<sup>23</sup> with particular focus on the reimbursement elements of the contract which can contribute to medicines shortages. The NHS's Independent Economic Evaluation of Pharmacy found that the full economic cost of pharmaceutical services exceeds funding by £2.3 billion<sup>24</sup>.

### WHAT MIGHT ACCELERATE PROGRESS (RECOMMENDATIONS 1-6)

- Continued collaborative working across national stakeholders to enable UK responses to medicines shortages.
- The House of Lords Public Service Committee inquiry into medicines security recommends that *"The Government should accept that medicine security is, and should be treated as, a national security issue"*.
- A swift decision on community pharmacist flexibilities and their implementation, with progress accelerated through early engagement with the digital providers of Patient Medication Record (PMR) systems to enable the changes. Along with communication with GPs, patients and other healthcare colleagues on the parameters of the flexibilities.
- Addressing in the community pharmacy contract negotiations in England those reimbursement elements that can affect timely access to medicines.

## 4.2. PREDICTING, REPORTING AND RESPONDING TO SHORTAGES

### Recommendation 7: Earlier reporting of shortages by Marketing Authorisation Holders

- DHSC has worked with representative industry bodies to develop webinars and hold seminars for industry partners on reporting and management of medicines shortages, with future events planned.
- The August 2025 DHSC/NHSE policy paper signalled the intent to consult on options to improve better reporting of supply issues, namely: how to ensure the information provided by suppliers on shortages and discontinuations is sufficient to allow national teams to put timely measures in place to manage supply and mitigate the impact on patients; and the penalties regime used for non-reporting of shortages<sup>25</sup>.

<sup>22</sup> Department for Health and Social Care. [Best practice for ensuring the efficient supply and distribution of medicines across the supply chain](#). 2013 [currently being updated]

<sup>23</sup> All-Party Parliamentary Group on Pharmacy. [Inquiry into Medicines Shortages in England](#). July 2025.

<sup>24</sup> IQVIA Frontier Economics. [Economic analysis of NHS pharmaceutical services in England](#). March 2025.

<sup>25</sup> Department of Health and Social Care. [Managing a robust and resilient supply of medicines](#). June 2025

## Recommendation 8: Enable greater data sharing to support planning and predict demand

- The August 2025 DHSC/NHSE policy paper highlighted work with suppliers and wholesalers to understand how to improve the efficiency of digital tools to support robust, faster and more targeted responses to issue management<sup>26</sup>. DHSC are trialling the Global Supply Chain Intelligence Programme (GSCIP), which combines several large commercial data sets, to identify shortages before they occur and more rapidly assess the impact of a disruption in one area on others.
- Advisory group members noted reports of effective DHSC and wholesaler data sharing on a case-by-case basis. However, the lack of 'joined up data' across the supply chain and data sharing agreements are slowing progress.

### WHAT MIGHT ACCELERATE PROGRESS (RECOMMENDATIONS 7 AND 8)

- Further discussions on proactive data-sharing between the NHS and manufacturers/suppliers at national level on issues including digitalisation of the supply chain; better anticipation of demand surges; forecasts of usage from the NHS.
- Continued collaborative work to encourage earlier and better information about supply problems from all manufacturers/suppliers (including parallel importers).

### 4.3. INFORMATION FLOWS

Within the scope of this review, it is not possible to evaluate whether local NHS organisations have reviewed how they cascade the information received from national teams about medicines shortages. Neither is it possible to evaluate the extent to which healthcare professionals are proactively accessing information cascades.

## Recommendation 9: Expand and develop information cascades

- There has been no review or change of information cascades out from national teams. However, nationally, DHSC have engaged with healthcare professionals to understand what information they would find most helpful and how it might be accessed. Work is ongoing, and includes the publication of pharmacist and GP information leaflets and posters<sup>27</sup>. DHSC and NHSE continue to reference the Medicines Supply Tool at events, in publications and communications to support providers of care.
- A Scottish Health Board reported earlier notifications and an improvement in how information is cascaded from DHSC to Health Boards. The independent sector has also worked to improve both information cascades to the sector and use of the Medicines Supply Tool.

<sup>26</sup> Department of Health and Social Care. [Managing a robust and resilient supply of medicines](#). June 2025

<sup>27</sup> Department for Health and Social Care. [Medicines Shortages Leaflets and Posters](#). November 2025.

## **Recommendation 10: Further involve patient groups to support information sharing**

- Feedback from advisory group members is that the Medicines Shortages Response Group now routinely engages patient groups in particular for shortages with a high patient impact (Tier 3 and 4).
- In November 2025, DHSC/NHSE published an information guide for patients developed with patient groups<sup>28</sup>. Subsequent to that work DHSC is developing a framework to support their patient group engagement.

## **Recommendation 11: Fund, promote and develop the DHSC/NHS Medicines Supply Tool**

- Work continued in 2025 to enable third party software providers to allow access to the Medicines Supply Tool at the point of prescribing via GP prescribing systems. This will increase awareness of the tool and reduce the friction associated with registration and additional logins<sup>29</sup>.
- Feedback suggests that awareness of the Medicines Supply Tool amongst community pharmacists may be increasing.

## **Recommendation 12: Improve systems that provide timely information at the point of dispensing**

- Research for this report found no specific examples of changes to the quality of information wholesaler systems provided to community pharmacists about medicines shortages at the point of dispensing.
- There remains a need for transparency of information from manufacturers and wholesalers so that pharmacy teams have access to up to date and accurate information to support the management of medicines shortages.

### WHAT MIGHT ACCELERATE PROGRESS (RECOMMENDATIONS 9-12)

- Investment in the digital infrastructure for information to flow across the supply chain.
- Better system information flows regarding all supply issues from manufacturers to wholesalers to pharmacies. For example, 'Manufacturer Cannot Supply' (MCS) coding without an explanation should not be routine.
- Established two-way communication between hospitals and manufacturers/suppliers with clear information to support development of contingency plans to manage medicines shortages.
- Once integrated into GP prescribing systems, the Medicines Supply Tool could be further developed to provide proactive updates, for example, notifications when medicines are no longer in shortage and the development of an app-based format.
- Community pharmacy IT platforms integrating the Medicines Supply Tool at the point of dispensing.

<sup>28</sup> Department for Health and Social Care. [Medicines Shortages Leaflets and Posters](#). November 2025.

<sup>29</sup> Department of Health and Social Care. [Managing a robust and resilient supply of medicines](#). June 2025

---

#### 4.4. LOCAL SYSTEMS

### **Recommendation 13: Develop patient-centred pathways to manage shortages in local systems**

- One Integrated Care Board (ICB) reported greater awareness of shortages and the need to manage them between pharmacies and GPs. In this ICB, community pharmacies reported that they were more confidently using the Medicines Supply Tool and some had developed electronic pathways to clearly communicate shortages to their practices.

### **Recommendation 14: Invest in the resources needed to manage medicines shortages**

- Some advisory group members were able to point to examples of local investment in teams to support the management of medicines shortages. A large Foundation Trust in London has funded within pharmacy a dedicated staff member with overall oversight of medicines shortage management. An NHS procurement hub in Scotland has invested in staff to review shortages systems and processes across primary and secondary care.

### **Recommendation 15: Develop cross-sector protocols for shortages of life-critical medicines**

- Examples of cross-sector protocols for Pancreatic Enzyme Replacement Therapy (PERT) include the reserve pharmacy model highlighted in *Solutions for Empty Shelves*, which is still in operation until no longer needed<sup>30</sup>.
- Advisory group members highlighted a scheme where the NHS Oxford Pharmacy Store holds buffer stock of unlicensed imports of PERT for community pharmacy within Hampshire and Isle of Wight Integrated Care Board. This enables next day delivery to community pharmacies when supply is needed urgently and cannot be obtained from wholesalers or importers in time. The Regional Specialist Pharmacy Services (SPS) have oversight of the scheme to ensure that stock is used and a large Foundation Trust within the ICB underwrites the scheme.

### **Recommendation 16: Fund and recruit regional procurement specialists to work across sectors**

- There has been no progress identified in the funding of regional procurement specialists to work across sectors on the management of medicines shortages. However, there are examples of SPS regional procurement leads co-ordinating cross sector activities for high-impact medicines shortages.

### **Recommendation 17: Prioritise supply chain resilience within secondary care contracts**

- In secondary care, a move towards value based-procurement away from price-based procurement has been seen for medicines purchased on NHS frameworks with supplier accountability increased across a broader base of criteria.

---

<sup>30</sup> Royal Pharmaceutical Society, *Medicines Shortages: Solutions for Empty Shelves*. November 2024.

- The need for suppliers to maintain an 8-week buffer stock was reinforced in the August 2025 DHSC/NHSE policy paper<sup>31</sup>. More than 8 weeks of UK-held buffer stock is now held for three in every four of all hospital medicines on NHS England frameworks. This links to value-based procurement with suppliers more likely to be selected for contracts if they operate a well-managed buffer stock programme.

#### WHAT MIGHT ACCELERATE PROGRESS (RECOMMENDATIONS 13-17)

- A patient representative suggested expanding eligibility for the Healthcare Travel Costs Scheme<sup>32</sup> to enable people facing significant medication shortages to claim back additional travel costs when they cannot access medication locally.

## 4.5. EDUCATION, TRAINING AND RESEARCH

### **Recommendation 18: Educate healthcare professionals, patients and the public on shortages**

- Education and awareness-raising activities about medicines shortages for healthcare professionals (including students) and the public included: leaflets, webinars, lectures, and online education programmes. Provision of information for the public in alternative languages would enhance their impact.

### **Recommendation 19: Understand the economic cost of shortages to healthcare organisations and systems**

- There remains limited research into the economic cost of medicines shortages or the effectiveness of interventions to mitigate them.

### **Recommendation 20: Understand the impact of speculation and digital purchasing systems on the supply chain**

- There continues to be reports of shortages where elements of the reimbursement system for community pharmacies may be impacting timely access to medicines. This is adding more weight to calls for a review of community pharmacy reimbursement.
- In February 2026, DHSC launched a consultation on amendments to the information regulations to 'ensure reimbursement arrangements are more reflective of market conditions and therefore fairer reimbursement for dispensing contractors'<sup>33</sup>.

<sup>31</sup> Department of Health and Social Care. [Managing a robust and resilient supply of medicines](#). June 2025.

<sup>32</sup> NHS. [Healthcare Travel Costs Scheme](#).

<sup>33</sup> Department of Health and Social Care. [Proposed changes to the Health Service Products \(Provision and Disclosure of Information\) Regulations 2018](#). February 2026.

## 5 Ongoing areas for concern

The RPS medicines advisory group were asked to highlight areas that they felt are of ongoing concern for medicines supply.

---

### ONGOING PRESSURE ON PHARMACY TEAMS.

The number of medicines shortages remains high, and their management continues to be complex and time-consuming for all healthcare teams involved. This continues to put significant pressure on pharmacy teams in primary and secondary care. The operational impact of managing medicines shortages may start to impact on patient care as pharmacy resource is pulled away from other activities. In secondary care, system leaders/hospital management at times fail to recognise that the growth in shortages puts an unprecedented burden on procurement and clinical pharmacy teams.

---

### NHS REORGANISATION IN ENGLAND.

The loss of staff, with 50% cuts to ICBs and the merger of DHSC and NHS England is creating operational challenges. System-wide reorganisations risk the loss of local links and expertise that support collaborative working to manage shortages. The bandwidth available in teams to support or influence shortage plans may be limited by this disruption.

---

### UNDERSTANDING THE PATIENT BURDEN OF MEDICINES SHORTAGES.

Impact on the physical and mental health of patients unable to access their medicines needs to be better understood. Including to what extent the patient burden differs, for example, across different socioeconomic groups and/or marginalised communities.

---

### UNINTENDED CONSEQUENCES OF ACTIONS TO SECURE MEDICINES SUPPLY.

Many countries are looking at measures to secure their medicines supplies. Initiatives to secure medicines in one country can have unintended consequences for the global supply of medicines. The UK needs to maintain an international view of medicines shortages and of particular relevance is the EU Critical Medicines Act<sup>34</sup> and Critical Medicines List<sup>35</sup> and their potential impact on supply chains.

---

### NORTHERN IRELAND EU LEGISLATION.

EU legislation continues to apply for Category 2 licensed medicines. The EU has provisionally updated their pharmaceutical legislation. Proposals include requirements for industry to have shortage management plans and to report anticipated discontinuations and shortages. This has the potential to require UK suppliers of medicines to Northern Ireland to adopt these measures.

---

### GLOBAL MARKETS, TARIFFS AND GEO-POLITICS CONTINUE TO AFFECT MEDICINES SUPPLY CHAINS.

Trade and customs barriers will always have a significant impact on pharmaceutical supply chains globally. The Government working with international partners such as the United States, the EU and India may help to strengthen medicine supply chains, including collaborating through the World Trade Organisation.

---

<sup>34</sup> European Union. [Critical Medicines Act](#).

<sup>35</sup> European medicines Agency. [Union list of critical medicines](#). Updated 2026

<sup>36</sup> NHS Business services. [Pharmacy openings and closures](#).

---

## **STRUCTURAL CHANGE IN THE COMMUNITY PHARMACY SECTOR.**

The community pharmacy sector is undergoing significant change. Independent pharmacies now account for two-thirds of the market with the number of large multiples reducing<sup>36</sup>. Against a backdrop of financial pressures pharmacy contractors are evaluating their purchasing behaviours to mitigate against potential losses and are increasingly using real-time digital purchasing platforms to ensure that they purchase medicines cost effectively. The impact of these changes on purchasing patterns across the supply chain needs to be evaluated, including the potential impact on how manufacturers forecast demand.

---

## **FRAGILE GENERICS MARKET.**

Some stakeholders have warned that the ongoing economic fragility of generic medicines supply continues to risk generics market failure.

---

## **RISK TO AUTOMATION IN THE MEDICINES SUPPLY PROCESS.**

Automation is embedded in medicines supply processes within hospitals and increasingly community pharmacies are moving towards barcode checking and using robotics space. Removal of barcodes from packs and medicines shortages may begin to risk the efficiency gains made through automation and impact patient safety.

## 6 Conclusion

One year on from the publication of *Medicines Shortages: Solutions for Empty Shelves*, patients and health professionals continue to feel the impact of medicines shortages. Pharmacy teams remain at the front line of shortages and risk being diverted away from patient focused roles and services as they continue to be drawn into managing fragile medicines supplies.

Medicines shortages and the longer-term security of medicines supply chains remain a priority for Governments. Geopolitical influences continue to have a significant impact, as the UK competes in a global commodities market.

The report of the Inquiry into Medicines Security<sup>36</sup> highlights the need for the UK to have strong, resilient supply chains. The Inquiry makes recommendations in line with *Solutions for Empty Shelves* and adds weight to the calls for government leadership on medicines shortages.

At a national level there has been progress across some of the recommendations. Positive collaboration between the national medicines supply teams, the regulator and industry trade bodies has been reported and there is a clear desire to improve the existing systems and minimise the impact of medicines shortages on patients. Much of the progress against the recommendations has been built on the foundations of these well-established systems.

To provide a sense of urgency to ongoing and future work to establish more resilient supply chains and reduce the impact of shortages on patients, a national strategy must be supported by senior leaders in Government. This national leadership (and funding) is crucial as other countries develop their own approaches to secure medicines supplies. The Inquiry into Medicines Security recommended the appointment of a Senior Responsible Officer to oversee the resilience of the UK's medicines supply chain.

Whilst there is a clear commitment from DHSC and industry trade bodies to work together to encourage early reporting on medicines shortages and discontinuations, front line pharmacy teams continue to report instances of medicines going into shortage with little or no advance warning from manufacturers or wholesalers.

There is a need for better data collection and insight into patient experience of medicines shortages, learning from high impact medicines shortages and how patients can be better supported.

Structural changes to the community pharmacy sector and developments in electronic purchasing platforms are creating significant shifts in purchasing patterns. The impact on the medicines supply chain of these changes needs to be better understood.

---

<sup>36</sup> House of Lords Public Services Committee. *Medicines Security – a national priority*. February 2026.

# Acknowledgements

---

## REPORT AUTHORS

### **Catherine Picton**

RPS Fellow and Health Policy Consultant

### **Dr Bruce Warner**

RPS Fellow and Chair of the RPS Medicines Shortages Advisory Group

---

## ADVISORY GROUP MEMBERS

### **Charlotte Ansell**

Head of Medicines Policy, NHS England

### **Professor Liz Breen**

Professor of Health Service Operations, School of Pharmacy & Medical Sciences, University of Bradford

### **Sharon Brennan**

Director of Policy and Lived Experience, White Tail Consulting

### **Sean Curley**

Principal Pharmaceutical Officer, Department of Health, Northern Ireland

### **Dr James Davies**

Director of Research and Insights, Community Pharmacy England

### **Mark Dayan**

Brexit and Trade Programme Lead, Nuffield Trust

### **Roger Fernandes**

Chief Pharmacist and Clinical Director, King's College Hospital NHS Foundation Trust

### **Paul Fleming**

Technical Director, Medicines UK

### **Anne Hinchliffe**

National Contingency Planning Pharmacist, NHS Wales Shared Services Partnership

### **James Kent**

Hub Lead for the Procurement Function, Specialist Pharmacy Service

### **Ross MacLagan**

Distribution and Supply Chain Policy Manager, Association of British Pharmaceutical Industry

### **Kate Mitchell**

Senior Pharmacist Medicine Supply Team, Medicines Directorate, Department for Health and Social Care

### **Dr Adrian Hayter**

Medical Director for Clinical Policy, Royal College of General Practitioners

### **Gayle Robertson**

Manager Clinical Technical Services – Pharmacologic, NHS Greater Glasgow and Clyde

### **Martin Sawer**

Executive Director, Healthcare Distribution Association UK

### **Dr Justine Scanlan**

Head of the NHS Specialist Pharmacy Service, NHS England and Specialist Pharmacy Service

### **Bernadette Sinclair-Jenkins**

Medical Products Supply Lead, HQA, Medicines and Healthcare products Regulatory Agency

### **Sukhy Somal**

Head of Community Pharmacy Clinical Services, Black Country ICB

---

## ADDITIONAL THANKS

### **Alison Ashman**

### **Bethan Jones**

### **Christopher Pritchard**

### **Claymore Richardson**

### **Alex Williams**

---

## ROYAL PHARMACEUTICAL SOCIETY

### **Amandeep Doll**

### **Alwyn Fortune**

### **John Lunny**

**ROYAL  
PHARMACEUTICAL  
SOCIETY**

