VIEWS & REVIEWS

NO HOLDS BARRED

Margaret McCartney: Daily drug shortages place avoidable pressure on primary care

Margaret McCartney *general practitioner, Glasgow*

There's no clobetasone, ferrous fumarate, gentisone ear drops, metoprolol, valsartan, or mefenamic acid. These are not rare, esoteric drugs but workhorses of daily prescribing. Every day work is interrupted by news of what's not available. Pharmacists with no stock phone the practice receptionists to tell them that patients need alternative prescriptions.

The prescription for the unavailable drug must be destroyed and an alternative generated for the next best drug. Pharmacies have different stockists, so a pharmacy further away might have what is lacking on shelves nearby. Is it fair to make patients traipse around several outlets looking for something that may not exist?

Everyone knows about the pressure on primary care. Instability of basic drug supplies is an avoidable pressure, one being absorbed (as usual) by general practice. A combined total of 5% of my latest day on call was spent trying to fix prescription supply problems, one by tedious one.

A report from the parliamentary All-Party Pharmacy Group in 2012 found that the problem had existed for four years. It partly blamed "parallel trading," where cheap stock intended for UK markets ended up sold for greater profit in Europe. This, the group reported, was not helped by speculative behaviour. To me it simply looks like the failure of the free market to provide a stable service. The report noted an "air of resignation amongst those responsible" and challenged the government to place the interests of UK patients above European Union law on the free movement of goods.¹ The *Drugs and Therapeutics Bulletin* meanwhile has ascribed blame to centralised, inflexible manufacturing. It also claims that 10-15% of UK community pharmacies use wholesalers' licences to export drugs to mainland Europe.²

Drug shortages harm patients directly—and indirectly because this inefficiency leaves doctors less time for other tasks. So why isn't it being sorted out? The All-Party Pharmacy Group wants the new government to act in its first 100 days to make drug shortages "never events."³

This is not only a UK problem. Exactly the same thing is going on in the United States,^{4 5} Canada,⁶ and many of the eastern

European countries supposedly benefiting from free EU trade.⁷ This global problem needs a global solution. A stable supply of (usually) cheap useful drugs should be an international priority, and if free markets can't manage it then we need a system that can.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes Framework points. I'm a part time undergraduate tutor at the University of Glasgow. I've written two books and earn from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013 and am chair of its standing group on overdiagnosis. I have invested a small amount of money in a social enterprise, Who Made Your Pants?

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Follow Margaret on Twitter, @mgtmccartney

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