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Healthwatch discussion on Shortages of medicines and substitutions in Haringey and Pharmaceutical Needs Assessment

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Pharmaceutical Needs Assessment - PNA



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1. PNAs assess the availability and accessibility of pharmaceutical services, taking into account:
 - the health needs of the local population,
 - identifying where there may be a lack of pharmaceutical services or unmet needs.
2. They play an important part in public health and healthcare planning.
3. They are strategic documents used to inform the development of local healthcare planning and commissioning of services
4. The previous PNA(2) for Haringey was published on 1 October 2022, with the next update scheduled for release by 1 October 2025
5. The PNA remains a crucial document for the ICB in evaluating applications for inclusion in the pharmaceutical list and plays a key role in commissioning enhanced community pharmacy and locally tailored services

Statutory consultation



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A statutory consultation was conducted between 22 May and 21 July, gathering input from

- statutory consultees,
- the public, and
- other stakeholders (eg Health watch).

Feedback was integrated into the final PNA

PNA aligns with the health priorities outlined in Haringey's Joint Strategic Needs Assessment (JSNA) and Haringey's State of the Borough Profile

This PNA examines the current provision of pharmacy services in Haringey and evaluates potential gaps in service delivery.

[Available here: Haringey Pharmaceutical Needs Assessment 2025 to 2028](#)



- The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population.
- It outlines the area's health needs assesses the availability of existing pharmaceutical services, and identifies any service gaps
- It highlights potential new services to address unmet health needs
- Haringey has 53 community pharmacies (as of July 2025) for a population of around 261,811 (based on ONS mid-2022 ward-level population estimates) including two distance selling pharmacies.
- Haringey has an average of 20.2 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England.

Conclusions



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Provision of necessary services

- There is no current gap in the current provision of necessary services during normal working hours across Haringey to meet the needs of the population.
- There is no current gap in the current provision of necessary services outside normal working hours across Haringey to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in future circumstances across Haringey.
 - Dispensing medicines
 - Repeat dispensing
 - Disposal of unwanted medicines
 - Promotion of healthy lifestyles (Public Health)
 - Signposting
 - Support for self-care
 - Healthy Living Pharmacies
 - Discharge medicines service
 - Dispensing of appliances (in the "normal course of business").

Conclusions



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Improvements and better access

- There are no gaps in the provision of advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.
- There are no gaps in the provision of enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.
- Based on current information no current gaps have been identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future (lifetime of this PNA) circumstances across Haringey to meet the needs of the population.
 - Appliance use review
 - Influenza vaccination service
 - Hypertension case-finding service
 - Lateral flow device tests supply service
 - New medicine service
 - Pharmacy contraception service
 - Pharmacy First service
 - Smoking cessation service
 - Stoma appliance customisation service
 - The COVID-19 vaccination programme
 - Palliative care medicines and antimicrobial drugs
 - Self-care medicines scheme (SCMS)
 - Bank holiday rota

Medication shortages



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- Over the last few years, we have seen increasing concern about medicines shortages.
- Pharmacists and their teams continue to express frustration about the impact this issue has on patients and healthcare teams.
- All too often, valuable time is spent trying to find out where a medicine is in stock.
- Patients spend time running between different pharmacies.
- GPs spend time re-writing prescriptions for an alternative medicine when the original cannot be supplied.
- This can be really distressing for patients and professionally frustrating for pharmacists who want to see patients get the best care they can

Major drivers of medicines shortages



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Medicines supply chains are global and complex, with shortages being caused by multiple, often interlinked, factors.

1. Manufacturing problems and
2. less resilient supply chains more prone to disruption which have arisen due to market consolidation and cost-driven pressures.
3. international competitive procurement practices, have limited the ability for investment in strengthening supply chains.
4. shifts in prescribing practices and surges in demand, sometimes driven by social media

These can result in spikes in the use of medicines that supply chains struggle to meet.



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- Marketing Authorisation Holders are required to report expected shortages to the Department of Health and Social Care
- And this is shared with us

What are we doing?



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- Often occurring without advance notice to the ICB
- When a shortage notice is received, we assess the impact, estimate number of patients to be impacted.
- Inform GPs and pharmacies through newsletter, emails etc
- Assist GPs to easily identify affected patients, GPs will contact affected patients where necessary.
- DHSC identifies alternatives and suggest these to the system including pharmacies and GPs



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- Thank you
- Any questions?