

Medicine shortages are already a reality but a no-deal Brexit could make it worse

August 29 2018, by Liz Breen And Emilia Vann Yaroson



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The uncertainty around Brexit and what impact it will have on the UK and the NHS seems to have the nation trapped in a state of limbo. Nobody appears to know if there will be a deal or [what it will look like](#) if

the UK gets one. But how will Brexit affect the supply of medicines into the country? And is Britain stockpiling drugs, as [some reports have suggested](#)?

According to our ongoing research, there are fundamental problems with the [supply chain](#) – and most of the them don't involve Brexit at all.

It is certainly true that the indecision around Brexit has spilled over into the pharmaceutical supply chain where concerns over the [continuity of medicines](#) are rife. Here, decisions need to be taken to ensure the disruption of medicines supplied to patients is minimised [or eradicated](#). Both the NHS and the pharmaceutical industry need to ensure that these vital – [and sometimes lifesaving](#) – products are available for patients.

Disruptions in the supply chain can [affect financial performance](#), slow down the flow of products and reduce a companies' ability to produce goods. These disruptions happen all too frequently.

A forthcoming small-scale UK survey we conducted earlier this year found that 72.8% of respondents said they were affected by medicine shortages (45.5% always, 27.3% often). [Pharmaceutical supply chain](#) shortages are [a known phenomena](#) and Brexit has been and will continue to be a focus of attention in [managing supply](#) and proactively strengthening the sourcing and distribution of medicines.

Other factors at play

But the preliminary findings [of our research](#) have highlighted a number of other, more systemic, factors that have created and exacerbated medicine demand and supply issues. These factors are:

Stringent regulations enforced by authorities which had an impact on medicine pricing and reimbursements, taxes, government funding for

community pharmacies and stock-holding levels.

An imbalance of market power – manufacturers who own the product can be reluctant to share timely information about it to wholesalers and pharmacies. This lack of information forces pharmacies to take reactive steps to fix the issue and source products elsewhere.

The biggest concern reported in our research was [price manipulation](#) or holding back products to instigate [artificial scarcity](#). This is when there is a shortage of medicines, even though the capacity sometimes exists to make them. It can also include the use of laws to create scarcity where otherwise there wouldn't be, such as monopoly pricing structures.

Managerial decisions [taken and executed in panic](#), such as bulk buying and the sale of drugs abroad for profit.

A lack of trust can also be seen among pharmaceutical supply chain stakeholders (authorities, manufacturers, wholesalers, pharmacists) who choose not to reveal relevant information to each other. They sometimes do this to curtail panic buying which may lead to more shortages.

Other issues, such as pharmacies buying in and stockpiling medicines for future use, or to sell them on for profit, were also reported. [The government has asked](#) community pharmacies not to do this as it can lead to a "[bullwhip effect](#)" which can cause inefficiencies and impact stock demand.

Staff said they felt unprepared for managing all these delays and shortages. They had to find medicines elsewhere and then had to deal with upset patients. This was very stressful for pharmacy staff as well as patients. Tensions were also evident between stakeholders who all had conflicting strategic agendas. It often seemed to be a case of profits versus service.

A global issue

So far, our research is telling us that [medicine](#) shortages are not being caused by Brexit uncertainties. But Brexit has provided the opportunity for the issue to gain [more coverage and a higher profile](#) than ever before. These shortages have been a global issue for many years so this issue needs a global response.

The UK government, and the industry itself, need to examine the existing supply chain and apply more radical thinking to redesign it. But this is not a quick fix. Professionals dedicated to this cause across industry, the profession and academia need to put their heads together. Undertaking projects with a common goal across a broad spectrum of countries would identify common trends and problems. Further research could then be based on that learning.

It is somewhat ironic that in the face of this kind of disruption, the actual solution may be more disruptive thinking. This Pandora's Box needs to be opened so all the factors impacting the safe delivery of medicines to patients can be addressed.

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