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Wednesday, 28 June 2023

## Via email

To:

- Local ICB Primary Care Leads
- Pharmaceutical, general ophthalmic and dental services colleagues (via the Chairs)
- West Yorkshire System Leadership Executive Group
- NHS West Yorkshire Integrated Care Board
- West Yorkshire Community Provider Collaborative
- West Yorkshire Clinical and Care Professional Forum
- Local Medical Committees
- Community Pharmacy West Yorkshire
- West Yorkshire Programme Leads
- **Local NHS ICB communication leads for sharing with all GP practices please**
- **WYAAT communication colleagues for sharing with your medical and pharmacy colleagues please.**

Dear colleagues

## GLP- 1 Receptor Agonist Shortage

There is an ongoing national shortage of glucagon like peptide-1 receptor agonists (GLP-1 RAs) used in the management of Type 2 Diabetes (T2DM). This situation is not expected to resolve until into mid-2024. Supplies of some GLP-1 RA preparations may be intermittent or exhausted within this time frame. Although other GLP-1 RA therapies may be available it is possible there will be insufficient additional capacity to accommodate switching everyone with T2DM currently prescribed an affected GLP-1 RA to an alternative brand. **Please see attached letter from the Department of Health and Social Care (27 June 2023) for more information.**

You can also read the national guidance to help start considering actions around this shortage at: [Joint PCDS and ABCD guidance: GLP-1 receptor agonist national shortage - PCDS \(pcdsociety.org\)](https://pcdsociety.org)



## Key messages from the MSN and PCDS/ABCD Guidance

- GLP-1 RAs should only be prescribed for their licensed indication
- Avoid initiating people with type 2 diabetes on GLP-1 RAs for the duration of the GLP1-RA national shortage.
- Review the need for prescribing a GLP-1 RA agent and stop treatment if no longer required due to not achieving desired clinical effect as per NICE CG28.
- Avoid switching between brands of GLP-1 RAs, including between injectable and oral forms.
- Where a higher dose preparation of GLP-1 RA is not available, do not substitute by doubling up a lower dose preparation.
- Where GLP-1 RA therapy is not available, proactively identify patients established on the affected preparation and consider prioritising for review based on the criteria below.
- Where an alternative glucose lowering therapy needs to be considered, see links to MSN and guidance above.
- Where there is reduced access to GLP-1 RAs, support people with type 2 diabetes to access structured education and weight management programmes where available.
- Order stocks sensibly in line with demand during this time, limiting prescribing to minimise risk to the supply chain whilst acknowledging the needs of the patient.

**NHS West Yorkshire Integrated Care Board has enacted a silver command to provide regional guidance and to manage these ongoing supply problems. We will be taking a joined-up approach to ensure equity of access where possible to these medications and we intend to work with people living with diabetes, carers, and families to understand the impact on our populations.**

Thank you.

Yours sincerely

Waqas Tahir



**NHS West Yorkshire Integrated Care Board,  
Clinical Lead for Diabetes**

Hannah Beba



**NHS West Yorkshire Integrated Care Board,  
Consultant Pharmacist for Diabetes**

**For further local information please contact your local medicines optimisation teams**

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