



Medication Changes

Information booklet

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People have contacted Healthwatch County Durham with concerns about recent changes to their medications, including reductions in long-term prescriptions.

Many have asked:

- Why has my medication been reduced
- Why has my medication been changed
- Why does my medication look different
- Why can I no longer get my usual medication



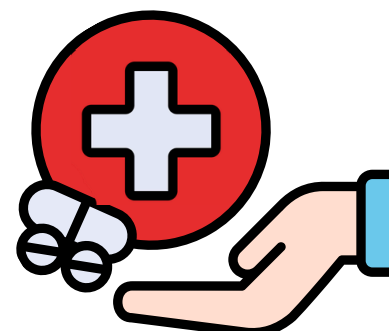
In response to these questions, we looked into the issues raised, gathered relevant information, and identified several reasons why people may experience changes to long-term medications.

This document sets out clear answers to some of the most common questions and aims to help people understand why these changes may occur.

Why has my medication changed?

Tablets and medications often look different because your pharmacy switched to a different generic manufacturer due to cost or supply changes.

While the active ingredient remains the same, laws prohibit generic manufacturers from copying the exact colour, shape, or size of brand-name pills, leading to variations in appearance. It may be that the regular pharmacy has changed their supplier.



Primary reasons your medication may have changed:



Reduction of Waste and Costs	The NENC ICB is aiming to reduce the £20 million worth of wasted medicines in the region annually. If you have not ordered certain medications for a long time, or have been stockpiling, they may have been removed from your repeat list.
Medicines Review (Deprescribing)	As part of efforts to improve safety, clinical pharmacists are reviewing long-term prescriptions to remove or reduce medication that is no longer necessary, or to reduce dependency on certain drugs, such as long-term pain medication (opioids).
Adoption of a Single Regional Formulary	The NENC ICB has moved to a single, region-wide "formulary" (list of approved drugs). This means your GP might switch you to a different, equally effective medication that is considered the standard within this new, unified system.
Switching to Generic Medications	You may have been switched from a branded medication to a generic, or vice versa, to save on NHS costs. These are required to be just as effective as the original.
Supply Issues	There have been recent shortages in specific medications, such as some ADHD treatments and pancreatic enzyme replacement therapies (PERT). Shortages may require a temporary switch to an alternative medication.
Safety Reviews	New guidelines might have determined a different drug is safer or more effective for your condition.

Why have my medications been reduced ?

De-prescribing is a planned and supervised process of reducing or stopping medications that may no longer be beneficial or could be causing harm.

The primary goals are to:

- Reduce the number of medications a person is taking (polypharmacy).
- Minimize the risk of adverse drug effects and interactions.
- Improve the patient's quality of life and safety.
- Ensure that all medicines are aligned with the patient's current goals of care.



The North East and North Cumbria Integrated Care Board (NENC ICB) is currently implementing a "Medicines Strategy 2025-2030" aimed at tackling overprescribing and ensuring patients get the most from their treatments.



Clinical Reasons

Body Adaptation/Tolerance

Over time, your body may adapt to a medication, and a doctor may adjust (lower or change) your dosage if it is no longer working as expected or if you have developed a tolerance.

Improved Health

Your condition may have improved, allowing for a lower, more manageable dose.

Side Effects

If you reported side effects, your medication may have been reduced to manage those issues while still treating your condition.



Why is my medication out of stock?

Drug shortages in the UK have reached a chronic, persistent level of disruption since 2021, severely impacting patient care. These shortages are driven by manufacturing issues, surging demand, and supply chain complexities.

Pharmacists are often tied into contracts with a singular supplier which means if their supplier has shortages the pharmacists are unable to source medication from alternative providers.

Due to these shortages, your GP or pharmacist may be forced to switch your medication to an alternative, reduce your dose, or suggest a temporary treatment break to ensure you do not completely run out of medication. In some cases, supplies are restricted to manage shortages, which may impact your repeat prescription.

Trying an alternative pharmacy or pharmacy chain may help, but patients often report having to travel long distances to find supplies of specific medications.



Why does my medication packaging look different?

Following Brexit, UK medicines now have distinct "UK Only" labelling.

All medicines for the UK market must display this printed label.



IMPORTANT NOTE

Medications should not be reduced without prior consultation with patients.

If you have concerns regarding medication reduction or changes, please speak to your GP or pharmacist for advice.

What should you do if you are concerned?

Speak to your GP or pharmacist

Any change that is not a simple brand switch should be discussed with you in advance. Your GP or pharmacist are the best people to explain why a specific change was made and can discuss alternatives if you are struggling with a reduced dose.



Review the changes

If a medication was removed from your repeat prescription, it may have been because you had too much, but you can request it to be reinstated if it is still needed. Request a Medicine Use Review (MUR). Ask your community or practice based pharmacist, GP or Advanced Nurse Practitioner for a review to understand how your medications are being managed.



If the issue is a shortage...

Your pharmacist or GP may be able to check the Specialist Pharmacy Service (SPS) Medicine Supply Tool for information on alternatives.

“Red” drugs information

These are not red coloured medications, rather they are specialist drugs. For example HIV medications, cancer treatments, and some high-cost biologics.

These medications are usually prescribed only by a hospital specialist, not your GP.

The medication is often supplied directly through a hospital pharmacy or a home care company.

GPs should not be asked to take over prescribing unless a "shared care" agreement is in place moving the medication to an amber classification.

If you were given a "red" classification drug, ensure you have a clear plan for follow-up appointments with the specialist for refills. These medications should only be changed with careful, coordinated communication between the hospital and your GP.



RED (Specialist Only): Drugs that require initiation, monitoring, and ongoing prescribing by a hospital consultant or specialist team.

AMBER (Shared Care): Medicines that may be transferred to primary care (GP) after a specialist has stabilized the patient and a shared care agreement/protocol is in place.

GREEN (Primary Care): Medications that are safe for GPs to initiate and prescribe, generally treated as routine medication.





Keep in touch

If you have faced issues with medication changes or reductions we'd like to hear your experiences, please contact us - full details on how to get in touch are on the next page of this booklet.

If you would like support to raise your concerns you can contact the Independents Complaints Advocacy Service (ICA):

Email: ica@carersfederation.co.uk
Tel: 0808 802 3000.

Your voice matters.

Whether you've had a good or bad experience with health or social care services, we want to hear from you.

Sharing your feedback helps us make services better for everyone.

Head over to:

www.healthwatch.co.uk/have-your-say



healthwatch

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