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Medicines security is becoming a board-level discipline

Why supply resilience belongs in institutional governance, industrial strategy and patient access decisions.

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The strategic question

A medicine can be licensed and clinically effective yet remain unavailable when a patient needs it. That gap makes availability a governance issue, not simply a purchasing concern. Shortages can begin with a manufacturing disruption, a concentrated source of ingredients, unexpected demand, distribution constraints or a delayed commercial decision. The effect is experienced by patients and care teams, even when the cause sits far upstream.

A board should therefore ask what level of interruption the organisation can tolerate, which medicines are most consequential to care, and who is empowered to act when risk rises. These questions require clinical, quality, procurement, finance and operations leaders to work from a shared view of risk.

From continuity planning to institutional oversight

A useful board dashboard does not treat every stockout as equivalent. It distinguishes patient criticality, availability of suitable alternatives, supplier concentration, inventory cover and the time needed to qualify another source. It also records the quality and regulatory conditions that constrain a proposed response.

Governance should establish escalation thresholds before a crisis. When a threshold is crossed, decision makers need a named owner, an agreed route to clinical advice and a traceable record of what was known at the time. A resilience plan that exists only as an annual document will not support decisions at the pace of an interruption.

Industrial strategy and the limits of self-sufficiency

Domestic capability can reduce some dependencies, but national resilience cannot mean manufacturing every product locally. The more practical question is where targeted capacity, diversified sourcing, transparent market intelligence and international coordination will materially improve access. Public investment should be judged against these outcomes rather than against

production volume alone.

The UK's Life Sciences Sector Plan links economic growth with health resilience, while government work on robust medicines supply focuses on reducing shortages and patient impact. An institutional strategy should connect those ambitions to measurable operational choices: qualified suppliers, verified routes to market, contingency capacity and appropriate communication with health services.

An agenda for the next board cycle

First, identify a small set of medicines or categories whose interruption would have the greatest patient impact. Second, map their critical dependencies and approved alternatives. Third, define leading indicators and escalation rights. Fourth, test a disruption scenario across quality, clinical, supply and finance teams. Fifth, review whether commercial incentives reward reliable availability as well as low unit price.

No single metric proves security. Progress is visible when an organisation can detect risk earlier, make lawful and clinically sound decisions faster, and explain how its response protects patients.

Sources and further reading

UK Department of Health and Social Care, Managing a robust and resilient supply of medicines
https://www.gov.uk/government/publications/managing-a-robust-and-resilient-supply-of-medicines

UK Government, Life Sciences Sector Plan
https://www.gov.uk/government/publications/life-sciences-sector-plan

MHRA, Good manufacturing practice and good distribution practice
https://www.gov.uk/guidance/good-manufacturing-practice-and-good-distribution-practice

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