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Pfj Online www.pjonline.com

The PHARMACEUTICAL JOURNAL

WHAT'S WRONG WITH WALES?

The long-awaited plans for pharmacy in Wales will not now be published until September at the earliest. *The Journal* had been told for some time that the draft strategy would be published by the end of this month and then, earlier this week, we were informed that it had been delayed. The official reason is that the Welsh Assembly wishes to co-ordinate the release of a number of different proposals affecting a wide range of health professions. The five strands to co-ordinate include two "scoping" documents for all therapy professions and nursing and midwifery, plus three strategies for contractors — dentists and opticians as well as pharmacists.

What seems slightly strange is the fact that these documents are all drafts. We can imagine a situation where the Welsh Assembly might like to release finalised policy documents that affect a number of different health professionals, but as these are consultation documents, the reason given looks a little thin. It is hard to believe that the Welsh Assembly does not know what it is going to suggest for pharmacy. After all, the English strategy was released at the British Pharmaceutical Conference nearly two years ago (*Pfj*, 16 September 2000, p397) and the Scottish strategy nearly six months ago (*Pfj*, 9 February, p161).

Let us hope that when Wales gets its act together it comes up with something special for pharmacists — they certainly deserve no less after such a long wait.

WHERE'S THE ALERT?

On 23 July the National Patient Safety Agency produced its first alert. As expected (*Pfj*, 22 June, p861) it is designed to reduce the risks to patients of intravenous administration of potassium solutions. Pharmacists will play a key role in ensuring that supplies of potassium chloride are carefully controlled (p122) and the recommendations set out in the alert are expected to be implemented by the end of October.

The NPSA has sent details of the alert to all chief executives and medical directors within the National Health Service in England and it will also be made available to Government bodies in other parts of the United Kingdom. It is also available on the NPSA website (www.npsa.org.uk).

On the site it is a simple matter to find — after some navigation — a well designed alert in PDF format. May we suggest, however, that it might be helpful if visitors to the website were alerted to the alert, as it were. The Association of the British Pharmaceutical Industry, for example, always has its latest report prominent on its home page. Perhaps a feature could be introduced by the NPSA so that visiting health professionals would be stopped in their tracks by, say, a flashing icon. Then they would really know that action needs to be taken.