

Pharmacy records could be used to enhance statin compliance in elderly

COMPLIANCE with statin therapy among elderly patients declines substantially in as little as two years, suggesting that the benefits of treatment could be lost, according to two new studies. Researchers suggest that pharmacy records could be used to monitor patients' compliance.

Canadian researchers compared two-year adherence to statin treatment among three cohorts of patients aged over 66 years — 22,379 had acute coronary syndrome (ACS), 36,106 had chronic coronary artery disease (CAD), and 85,020 were undergoing primary prevention and had no coronary disease (*JAMA* 2002;288:462).

Compliance with medication decreased continuously from initiation of therapy and was lower in all three cohorts after two years follow-up — 40.1 per cent for those with ACS, 36.1 per cent for those with acute CAD and only 25.4 per cent among the primary prevention group.

Previous clinical trials have shown that statins reduce mortality and morbidity in patients with coronary artery disease, but only after one to two years of continuous treatment. Now the Canadian researchers, who believe their results are applicable to other, similar populations, say many

patients given statins gain little benefit from them as a result of premature discontinuation of therapy. They suggest pharmacists could play an important role in improving compliance: "Initiation of therapy in the hospital is one possible step to ensuring patient adherence. Ongoing reminders during physician office visits or by community pharmacists, or detailed patient education programs, could also potentially increase adherence rates," they say.

Meanwhile, researchers in the United States followed up over 34,000 statin users aged 65 years or older and found the greatest drop in compliance with therapy occurred within the first six months of treatment (*ibid*, p455). They calculated that the proportion of days covered by statin therapy fell from 79 per cent in the first three months of treatment, to less than half (42 per cent) by 120 months. Poor long-term compliance was associated with lower socioeconomic status, older age, being of non-white race, depression, dementia, less cardiovascular morbidity or occurrence of coronary events after treatment initiation. The authors of this second study conclude that interventions are needed early on in the treatment, especially among high-risk

groups such as those experiencing coronary events after treatment initiation.

In an accompanying editorial, Dr William Applegate, from Wake Forest University Health Sciences, North Carolina, suggests pharmacy records could be used to predict compliance. "This could be a useful screening tool to begin to detect problems with individual patients' persistence with chronic medication regimens," he says.

Statin under-prescribed in the elderly

THE majority of men in the United Kingdom eligible for treatment with cholesterol lowering drugs such as statins are still not getting them, despite recommendations in the National Service Framework for Coronary Heart Disease.

A new British Heart Foundation funded study, published in this month's issue of

Heart (2002;88:15), has revealed that three-quarters of men with angina and two-thirds of men who have suffered a heart attack are not being prescribed cholesterol-lowering drugs. Furthermore, the majority of those not being prescribed these agents had a cholesterol level over the maximum accepted level of 5mmol/L, as stated in the NSF.

Numark conversion to go ahead in mid-August

NUMARK is to proceed with its plan to convert to a public limited company after receiving a 95 per cent majority in favour at an extraordinary general meeting in Birmingham on 22 July. The meeting was held to confirm the results of an initial vote on conversion which was approved by 90 per cent of shareholders (*PJ*, 13 July, p43).

Speaking at a press briefing in London, David Wood, managing director of Numark, said that the conversion from an industrial and provident society to an unlisted plc should take place in mid-August.

As part of the conversion process, Numark's shareholders have subscribed £6.2m for new shares in the company, double the initial target. This money will predominantly be used to establish a chain of around 30 jointly owned Numark pharmacies. Numark will be aiming to purchase independent pharmacies with turnovers of less than £650,000 a year. It will then invite pharmacists to enter into joint ownership of these pharmacies, which will be refitted with Numark's concept store designs. Mr Wood said that the pharmacists' share of the businesses will be a 50:50 mixture of debt and equity, reducing the cost of entry into business ownership.

Numark is likely to seek a public listing of its shares, probably on the Alternative Investment Market, in two to three years' time.

Welsh pharmacy strategy on hold until September

PUBLICATION of a consultation document, the Welsh pharmacy strategy, is now expected to be in September. However, no date has yet been set.

The consultation document, previously referred to in the National Assembly for Wales as a draft pharmacy strategy, had been expected to be published by the end of this month (*PJ*, 6 July, p3). The finished strategy will shape the future of pharmacy in Wales over the next 10 years, the assembly has been told.

Carwen Wynne Howells, chief pharmaceutical adviser to the National Assembly for Wales, told *The Journal* that publication of the document had been delayed because of the need to co-ordinate the release of a number of overlapping documents which are under development. These include two scoping documents, one for all therapy professions and one for nursing and midwifery, and three strategies for contractor professions — dentistry, optometry and pharmacy.

Phil Parry, chairman of Community Pharmacy Wales, commented: "We know that there are good reasons why it has not been published yet and we are eagerly awaiting it."

Comment, p120

First national patient safety alert asks pharmacists to act by end of October

PHARMACISTS are called upon to play a key role in implementing the first patient safety alert published by the National Patient Safety Agency this week.

The alert, which was announced last month (*PJ*, 22 June, p861), sets out action to be taken to reduce risk to patients from intravenous administration of potassium solutions.

Chief pharmacists and pharmaceutical advisers in hospitals and primary care trusts are asked to ensure that solutions of concentrated potassium chloride are restricted to pharmacy departments and to critical care areas where the concentrated solutions are needed for urgent use.

The alert states that all supplies of potassium chloride concentrate should be made directly from pharmacies and that records should be kept in the same way as for Controlled Drugs.

Pharmacists should also remove potassium chloride concentrate from wards and clinical areas, use commercially prepared

diluted potassium solution where possible, and store potassium chloride concentrate in a separate locked cupboard.

Where strong potassium solutions are used in clinical areas the preparation and administration of the drug must be checked by a second practitioner. The recommendations set out in the alert must be implemented by 31 October.

The alert follows a survey, commissioned by the NPSA between March and June of this year, on the arrangements for storage and use of potassium chloride concentrate in the National Health Service. The results of the survey indicated that concentrated solutions of potassium chloride were being stored in areas other than the pharmacy in most hospitals in the United Kingdom. In addition, most hospitals had not developed a local policy for storage and dilution of potassium solutions.

The NPSA has not insisted that concentrated potassium chloride solutions are removed from critical care areas because it says that neither critical care physicians nor pharmacists were confident that all pharmacy departments could prepare and deliver all the required dilutions of potassium solutions fast enough on every occasion.

The safety alert has been sent to all chief executives and medical directors within the NHS in England and will also be made


National Patient Safety Agency

PATIENT SAFETY ALERT

PROBLEM:
Research in UK and elsewhere has identified a risk to patients from errors occurring during intravenous administration of potassium solutions. Potassium chloride concentrate solution can be fatal if given inappropriately.

ACTION FOR NHS BY 31 OCTOBER 2002:
This alert sets out action, including initial action in the following areas:

1. Storage and handling of potassium chloride concentrate and other strong potassium solutions
2. Preparation of dilute solutions containing potassium
3. Prescription of solutions containing potassium
4. Checking use of strong potassium solutions in clinical areas

For the attention of:
Chief Executives of NHS Trusts and Primary Care Trusts

For action by:
Chief Pharmacists and pharmaceutical advisers in NHS Trusts and Primary Care Trusts

For information to:
Regional Directors of Health and Social Care
Chief Executives of Strategic Health Authorities
Directors of Public Health, Regional, SHA, PCT
Medical Directors
Directors of Nursing
Risk Managers
Lead Consultants/Clinical Directors – critical care areas
Communications Leads
Patient Advice and Liaison Service (PALS)


Date: 23 July 2002

The alert makes recommendations for the storage of potassium chloride solutions and sets out action required by chief pharmacists and pharmaceutical advisers

available to Government bodies in Wales, Scotland and Northern Ireland.

The full alert is available on the NPSA website (www.npsa.org.uk).

Fear of beta-blocker effects unfounded

CONCERNS among some clinicians that beta-blockers carry a substantial risk of side effects, such as depressive symptoms, fatigue and sexual dysfunction, are unsubstantiated by clinical trial data, a new study has concluded (*JAMA* 2002;288:351).

Researchers analysed data from 15 trials, involving over 35,000 patients taking beta-blockers and found that these drugs were not associated with any increase in reported symptoms of depression. However, they did find that approximately one out of every 57 patients treated with beta-blockers each year suffered from fatigue and one out of every 199 patients treated reported suffering some sexual dysfunction.

Previous researchers have suggested that beta-blockers with low lipid solubility could result in fewer central nervous system side effects, such as fatigue, because they are less able to cross the blood-brain barrier. This study found no difference in the risks of fatigue or sexual dysfunction according to the degree of solubility of the beta-blocker in question, but the risk of fatigue was higher with older beta-blockers compared to newer drugs.

However, the researchers believe these drugs remain underused. They conclude: "Concerns about the development of these adverse effects should not deter physicians from initiating long-term treatment when indicated, although surveillance for adverse effects remains prudent."

The National Service Framework for Coronary Heart Disease recommends beta-blockers for patients who have stable angina, heart failure, or who have had a heart attack.

Ovarian cancer treatment for second-line use endorsed by NICE

PEGYLATED liposomal doxorubicin hydrochloride (PLDH, Caelyx) should be considered as a second-line (or subsequent) treatment option for women with advanced ovarian cancer, the National Institute for Clinical Excellence has recommended.

In its guidance issued to the National Health Service in England and Wales this week, NICE says that PLDH should be considered if the cancer is initially resistant or refractory to first-line platinum-based combination therapy or has become resistant after successive cycles of platinum-based combination therapy.

The guidance states that PLDH is not recommended for women with condition-related poor health and it does not recommend PLDH for women whose bowel is blocked because of the cancer or for those who have already been treated with PLDH but have not responded to treatment.

NICE adds that treatment with PLDH should be stopped if disease progression occurs. Stopping treatment should also be considered if there is a reduction in a woman's overall health.

In August last year, NICE issued guidance on the use of topotecan (Hycamtin), also as a second-line treatment for ovarian

cancer (*PJ*, 11 August 2001, p185). Anne-Toni Rodgers, communications director, NICE, commented that in the guidance on PLDH, the appraisal committee has concluded that both PLDH and topotecan are clinically effective options for second-line treatment. However, the committee considered PLDH to be "probably somewhat cheaper than topotecan, and, considering together clinical- and cost-effectiveness, ease of administration and side effect profile, PLDH is likely to be the drug of choice for many women," she said.

However, the committee also noted that topotecan and PLDH have different side effect profiles. Ms Rodgers added that although doctors now have the option to use PLDH "it is important not to raise unreasonable expectations among women with ovarian cancer as neither PLDH nor topotecan show any promise for cure".

Joanne Rule, chief executive, Cancer-BACUP, welcoming the guidance, said: "The NHS now has a responsibility to patients to implement the guidance as quickly as possible and to make the funding available." The guidance, which will be reviewed in April 2003, is available on the NICE website (www.nice.org.uk).

Pharmacists to lose their right to automatic exemption from jury service

PHARMACISTS are to lose their automatic entitlement to exemption from jury service along with certain other health care professionals.

The Government's proposals for reform in the criminal justice system mean that no one will have an absolute right to be excused from jury service. Instead, individuals will only be able to ask to be excused, or have their service deferred, if they can satisfy a new central jury summoning bureau that they are essential to the performance of important duties for the time covered by any summons.

The aim is to make all registered electors aged from 18 to 70 years and who have lived in the United Kingdom for five years or more eligible to be summoned unless they have a criminal record or mental illness.

The proposal draws on a review of the criminal court system by Sir Robin Auld, a senior Appeal Court judge, who said that no one should be excused jury service as of right. Exemption should only be available to

people who can show good reason for it. Currently, practising pharmacists are excused from jury service under the Juries Act 1974 (*Pf*, 3 November 2001, p635).

Sir Robin said that pharmacists and members of other health professions covered by the exemption (doctors, dentists, nurses, midwives and veterinary practitioners) should only be able to defer summonses for jury service or be excused when they can show that it is vital for them to be available to fulfil their professional duties for the period covered by their summons. Even then, deferral, not exemption, should be the aim.

Less than half of all people summoned for jury service actually serve. Some 38 per cent are excused, 15 per cent ignore the summons and 13 per cent are ineligible, disqualified or excused by right.

Justice for all, CM5563, HM Stationery Office, ISBN 0 10 155632 2, price: £20.75. (www.ficial-document.s.co.uk/document/cm55/5563/5563.htm)



Criminal justice reforms mean that no one will have an absolute right to miss jury service

BRIEFLY

Safeway offers health checks

Safeway is piloting a health check and nutritional advice service through pharmacies at two of its largest and recently refurbished supermarkets, Anniesland in Glasgow and Gamston in Nottingham. The 30-minute consultations will be offered free of charge during the pilot.

Nucare buys three

Nucare has acquired three pharmacies in Hornchurch, Shenfield and South Woodham Ferrers, Essex, bringing its retail chain to eight. The pharmacies will initially continue to trade under their existing names.

Longer delays linked to survival

Women with endometrial cancer who wait longer for treatment have a better chance of surviving, according to a new study (*BMJ* 2002;325:196). Researchers found that delay in treatment and survival were inversely related. Women experiencing the shortest delay had more advanced disease, hence they were less likely to survive, they conclude.

Sheffield IPS bid

North Sheffield Primary Care Trust has made a bid for a local pharmaceutical services contract pilot for Associated Chemists (Wicker). If successful, the bid would house a primary care drug dependency clinic in an adjoining property to a pharmacy and would also bring together several services into a single contract.

Pharmacy owners to benefit from think small company law reform

SMALL companies, such as those running independent community pharmacies, should benefit from an overhaul of company law outlined by the Government last week.

A White Paper "Modernising company law" issued by the Department of Trade and Industry says: "The Government believes that the starting point for company law should be small companies — to 'think small first' — with additional or different provisions for larger companies being brought in where necessary." Small companies are defined as meeting any two of the following criteria: turnover of no more than £4.8m, balance sheet total of no more than £2.4m, no more than 50 employees.

Under proposals outlined by the DTI, such companies would no longer have to hold annual general meetings to approve accounts and reappoint auditors unless shareholders specifically request them. Shareholders would be able to make unanimous decisions and take decisions by means of written or electronic communications rather than holding formal meetings. In addition, small companies would not need to appoint company secretaries. The duties of directors are to be set out clearly in new legislation.

Kirit Patel, chairman of the Day Lewis group, said that the "think small first" approach to the proposals was good for small pharmacy corporate bodies, many of which are owned by husband and wife partnerships. A number of current requirements that banks, solicitors or accountants normally undertake for a fee would no longer be necessary, reducing both workload and costs.

"The roles of the directors of these small pharmacy companies will be redefined to make them principally responsible for the promotion of the business for the shareholders, which in most pharmacies are the owners themselves," he said.

Mr Patel, the Royal Pharmaceutical Society's Treasurer, has just been reappointed for a second term on the Government's Small Business Council.

The White Paper contains a number of draft clauses for a new Companies Bill and invites responses by 29 November (www.dti.gov.uk/companiesbill). Further draft clauses are to be issued later. Copies of a summary document for small businesses are available from the DTI on 0870 1502 500.

Zinc impairs infant mental development

GIVING zinc supplements to pregnant women could impair the mental development of their children, a study shows.

The trial initially showed that giving zinc supplements to Bangladeshi women improved infant growth and reduced susceptibility to infectious diseases. However, in a follow-up study, in which the infants were assessed at 13 months of age, the infants of mothers given zinc supplementation scored less well for mental and psychomotor development than infants of mothers given placebo (*Lancet* 2002;360:290).

Health literacy impacts on diabetes

INADEQUATE health literacy is associated with poorer glycaemic control and higher rates of retinopathy among type 2 diabetes patients, and could be contributing to the disproportionate burden of diabetes complications found among racial and ethnic minorities, a new study has concluded (*JAMA* 2002;288:475).

Researchers assessed the health literacy of 408 English- and Spanish-speaking type 2 diabetes patients being treated in primary care. They used a 36-item timed comprehension test, that measured the patients' ability to read, comprehend and act on medical instructions.

After adjusting for confounding factors, they found that patients who had inadequate health literacy were less likely to achieve tight glycaemic control (HbA_{1c} of 7.2 or under) than those with adequate health literacy. In addition, patients with poor health literacy were approximately twice as likely to have a HbA_{1c} of 9.5 or more and more than twice as likely to report having retinopathy.

These patients tended to be older, non-white, Spanish-speaking females who had received only limited education. They were

more likely to misread prescription medication labels, appointment slips or nutrition labels, while patients with marginal health literacy struggled with more complex materials, such as educational leaflets.

The researchers say such patients are less likely to interpret correctly or act on self-monitoring results, even after being given educational materials, and that poor health literacy is more prevalent among racial and ethnic minorities. They conclude that interventions to improve diabetes outcomes in these patients should be developed and evaluated, in an attempt to decrease the high rates of diabetes complications that occur in these groups.

Tim O'Donoghue, of the Green Light Pharmacy in Euston, London, has tailored a diabetes service to the needs of his local Bangladeshi community. He told *The Journal* it was more than simply a question of literacy. "You have to have good links with the community and you have to understand the culture. There are some words and concepts that are not represented in Bengali — it is essential to have translators who are respected, influential members of the community who can explain what it is all about."

Mr O'Donoghue added that close links with community leaders and evening seminars organised at the pharmacy had "certainly" improved patients' understanding of the disease and their clinical outcomes.

Link between growth hormone and colorectal cancer not conclusive

A POSSIBLE link between human growth hormone therapy and an increased risk of colorectal cancer is reported by researchers in this week's issue of *The Lancet* (2002; 360:273).

However, the researchers concede that their data do not show conclusively whether the incidence of cancer is increased by human growth hormone treatment and also stress that there is no evidence from the study as to whether there is an association between synthetic growth hormone treatment and an increased risk of cancer.

Professor Anthony Swerdlow and colleagues from the Institute of Cancer Research and Institute of Child Health, London, conducted a population study in which they measured cancer incidence and death in 1,848 people in the United Kingdom who had been treated during childhood and early adulthood with human pituitary growth hormone.

They compared the risk of cancer in the study population with that in the general population and found that patients treated with human pituitary growth hormone had raised mortality from cancer overall, colon and rectal cancer, and Hodgkin's disease.

"We found a significantly raised frequency of colon cancer mortality after growth hormone treatment which, although based on small numbers, is of concern because it concurs with raised risks found in patients with acromegaly and in individuals with previously increased concentrations of insulin growth factor-1," they say.

Among the group of patients treated with human pituitary growth hormone there were 10 cases of cancer, a number almost three times higher than expected.

The number of colon and rectal cancers expected in the study population was 0.19 and for Hodgkin's disease the expected number was 0.18. For both types of cancer the actual number seem among people treated with human pituitary growth hormone was two cases, approximately 11 times higher than expected.

The researchers conclude: "Our data do not show conclusively whether cancer incidence is increased by growth hormone treatment, but they do suggest the need for increased awareness of the possibility of cancer risks, and for surveillance of growth hormone-treated patients."

In an accompanying commentary, Dr Edward Giovannucci, Harvard School of Public Health, Boston, Massachusetts, concludes: "It must be emphasised that the treatment of growth hormone deficiency has established health benefits, and that there is no evidence that physiological growth hormone replacement increases cancer risk.

"While the data reported by Swerdlow and colleagues should not discourage appropriate treatment of growth hormone deficiency, they should provoke reassessment of the risks and benefits of growth hormone therapy for more controversial indications that are unrelated to growth hormone deficiency, particularly if such treatment is prescribed for long periods."

Linezolid penetrates bone and muscle

LINEZOLID (Zyvox), an oxazolidinone antibiotic, rapidly penetrates bone, fat and muscles in patients undergoing total hip replacement, say researchers (*Journal of Antimicrobial Chemotherapy* 2002;50:73).

Dr Andrew Lovering, Bristol Centre for Antimicrobial Research and Evaluation, Southmead Hospital, and colleagues gave 12 patients 600mg of linezolid as a 20-minute intravenous infusion immediately before surgery. Samples of bone, fat, muscle and blood were taken from patients 10, 20 and 30 minutes after the start of the operation and were analysed for the presence of linezolid.

The researchers found that penetration levels were above those needed to inhibit most pathogens found in bone and joint infections and that peak concentrations occurred 10–20 minutes after the end of the infusion. They say that although antibiotic administration was used as prophylaxis in the study, the data support the use of linezolid in the treatment of bone and associated soft tissue infections.

The study was supported by Pharmacia, manufacturer of Zyvox.

BRIEFLY

Animal research report published
The House of Lords Select Committee on Animals in Scientific Procedures published its report last week. It can be viewed via www.parliament.org.

Shipman inquiry to go on to examine CD controls

THE next phase of the public inquiry into how Harold Shipman was able to murder so many of his patients undetected will report on how systems for monitoring Controlled Drugs can be improved.

No timetable for the CD investigation has been published, but it will not be until much later this year.

In her first report, Dame Janet Smith, the judge conducting the inquiry, says that the legal controls over CDs clearly failed to work because they allowed Shipman to obtain large quantities of diamorphine and use it to kill 215 of his patients. She says that it was only his clumsy forging of the will of the last person he murdered that led to his discovery.

The second part of the inquiry is to consider why the CD controls failed and what measures should be taken to strengthen and improve them.

Shipman was a former pethidine addict with convictions for drugs offences in 1976. Following that, he guaranteed not to carry

CDs ever again in his practice as a doctor, so he was not obliged to keep a CD register.

This did not stop him obtaining and stockpiling opiates by a variety of means, including prescribing them for patients and collecting them personally after having forged patients' signatures, claiming exemption from prescription charges. This gave pharmacists the impression that the patients concerned had actually seen the prescriptions. Sometimes patients received injections of small amounts of the drugs prescribed, sometimes they were murdered with them and sometimes Shipman kept the drugs. On occasion, he falsified patients' records by recording the administration of morphine to patients when CD registers from pharmacies in the surrounding area that might have dispensed the drugs showed that no prescriptions had been recorded in those patients' names.

Death disguised, the Shipman inquiry, first report, available on the internet at [www.the-shipman-inquiry.org.uk/report s.asp](http://www.the-shipman-inquiry.org.uk/report%20s.asp).

Tesco stops supply of EHC to under 16s

TESCO has stopped supplying emergency hormonal contraception to children under 16 years of age without a prescription after having come under pressure from pro-life pressure groups. Supplies were being made in a number of Tesco pharmacies as part of a Government pilot scheme.

Tesco says that some of its customers were concerned about supplies being made to under 16s without the consent of their parents. Figures from the pilot schemes showed that fewer than 1,000 consultations for the morning-after pill had taken place. Of these, only 70 involved girls under 16.

ABPI opposes discriminatory proposals on patient information

EUROPEAN proposals to pilot the provision of information to patients by pharmaceutical companies are unfair to most people, says the Association of the British Pharmaceutical Industry.

Commenting on European proposals to allow companies to provide information to the public on HIV/AIDS, diabetes and asthma, Dr Trevor Jones, ABPI director general, said: "I am very concerned that permitting information to be provided for just three disease areas would be grossly unfair for patients who have other conditions. This

Fife to encourage patient registration at pharmacies

FIFE Health Board is to encourage patients on long-term medication to register with a pharmacy of their choice as one of its priorities for implementing the Scottish pharmaceutical care strategy.

Marion Bennie, consultant in pharmaceutical public health, Fife Health Board, told *The Journal* that a group of senior pharmacists in Fife had been involved for some time in developing its own pharmacy strategy for the area. The group's work started in 2000 and involved focus group work with members of the public and consultations with health care professionals.

The Fife strategy identified 24 priorities for implementation, five of which are expected to come about as part of the national plan. Mrs Bennie expects patient registration to happen as a consequence of extending the trial of a repeat dispensing service currently running in the health board area.

"We did not have any negative reaction to [patient registration] when we discussed it in our focus groups. Patients are supportive when the benefits of regular contact with a single pharmacist are explained," she said. During the focus group work most people had indicated that they used the same pharmacy regularly by choice. She added that implementing supplementary prescribing would also increase the need for patients to see the same pharmacist on a regular basis.

Another priority area will be to increase the number of preregistration trainees in the area, particularly in hospitals where there are currently no trainees. Mrs Bennie said that establishing split preregistration training posts between hospital and community pharmacies would probably be the way the board would move forward.

Following the publication of the Scottish plan earlier this year (*PJ*, 9 February, p161), the results of the group's work were presented to the health board to illustrate how the national strategy could be implemented locally in line with what the public wanted.

situation would be even more of an anomaly for patients with more than one condition, who can get information on one disease but not on the rest."

The ABPI is also critical of the proposed five-year trial period, which it says is far too long. The association welcomes the objectives behind European proposals to reform pharmaceutical legislation, but is concerned that a proposal to broaden the definition of advertising to include promoting awareness of medicines will preclude industry involvement in promoting public health.

Hampshire pharmacists sent advice on minimising risks when working alone

COMMUNITY pharmacists in Hampshire are being sent advice on issues they should consider if they are working alone in a pharmacy or when making domiciliary visits.

The advice has been developed by Southampton pharmacy development group. Jeff Holloway, secretary to the group, told *The Journal* that the issue had been raised as part of a community pharmacy on-call scheme that has been running in Southampton since November last year.

"It is all common sense stuff, really — what are you doing, and have you told anybody where you will be and until when?" Mr Holloway said. He added that pharmacy staff who made regular visits, such as to deposit cash at a bank, should also be covered by the advice.

The advice is targeted at pharmacists because they may be called upon to work alone when delivering medicines or oxygen. They may also have to work alone in a phar-

macy when carrying out urgent out-of-hours dispensing or when counselling patients in a private room. Issues to be considered include knowledge of individual patients or areas being visited and who should be told about where pharmacists are going and when.

Copies of the advice are being sent to pharmacists in 10 primary care trust areas in Hampshire and the Isle of Wight.

Employers have a duty under the Health and Safety at Work Act 1974 to



Pharmacists may have to work alone when dispensing out-of-hours

identify, assess and control risks to employees. Guidance is available from the Health and Safety Executive (www.hse.gov.uk/pubns/indg73.pdf).

European directive may help contract negotiations

THE Government is considering the implications for pharmacy contractors of a European directive against late payments in commercial transactions. The Pharmaceutical Services Negotiating Committee may try to use the directive as a lever to get a better deal in the forthcoming new contract.

At the end of every month, contractors send the prescriptions they have dispensed during that month to the Prescription Pricing Authority for payment. The National Health Service pays pharmacists 80 per cent of the estimated value of those prescriptions at the beginning of the following month and the balance at the beginning of the month after that.

Directive 2000/35/EC sets a benchmark of 30 days for the payment of bills, starting from the date of any invoice, with a statutory right to interest at 7 per cent above base rate after that unless any different payment period has been agreed. There is a proviso that any different payment period is not enforceable if it is "grossly

unfair" to the creditor. Member states can decide to set a 60-day deadline for the commencement of interest, but if they do so they have to prohibit contractual variations.

Replying to a Parliamentary question for written answer on 16 July, Parliamentary Under-Secretary of State for Health David Lammy told Brian Cotter (Lib Dem, Weston-Super-Mare) that he did not consider the Late Payment of Commercial Debts (Interest) Act 1998 to have any bearing on pharmacy payments, but the position in relation to the European directive was being reviewed.

Godfrey Horridge, the PSNC's financial executive, said that the timing of payments was something that the PSNC wanted to discuss with the Government. He said that an interest payment of 3.25 per cent above base rate had been built into the cost-plus contract that came to an end in 1989. Although the Government insisted that this continued in the current contract it had been impossible to get figures that proved it.

Health regulators object to free movement holiday

AN ALLIANCE of United Kingdom health care regulators is objecting to draft European proposals that would allow pharmacists and other health professionals to take working holidays abroad in Europe for up to 16 weeks a year without having to register in the country they were visiting.

The newly formed Alliance of UK Health Regulators on Europe (AURE, see panel) says that if this proposal is implemented there will be no way of preventing professionals found guilty of misconduct or poor performance in one European Union member state from practising in another member state. As the proposals stand, AURE says, the relevant regulatory bodies would be unaware of the professionals' arrival within their jurisdiction.

The proposal is contained within a draft EU directive on the recognition of

professional qualifications [COM (2002) 119] which is aimed at increasing the free movement of health professionals across Europe.

AURE wants to see member states retain the right to register and regulate professionals before any professional activity is undertaken. It is also objecting to proposals

to abolish separate European training advisory councils for each health care profession and to water down requirements for health professionals to demonstrate adequate language skills before being able to take work in different countries.

The European proposal has also been condemned by the Consumers' Association.

AURE membership

AURE consists of the Royal Pharmaceutical Society, the Pharmaceutical Society of Northern Ireland, the General Medical Council, the General Dental Council, the General Optical Council, the General Osteopathic Council, the Health Professions Council, the Nursing and Midwifery Council, and the General Social Care Council. Details of its activities can be found on the GMC website at (www.gmc-uk.org/aure/home.htm).

NICE decision on colorectal cancer drugs merits review, says DTB

RECOMMENDATIONS made by the National Institute for Clinical Excellence on the use of irinotecan (Campto), oxaliplatin (Eloxatin) and raltitrexed (Tomudex) in patients with advanced colorectal cancer should be reviewed before the planned date of 2005, according to the July issue of *Drug and Therapeutics Bulletin*. The recommendations have raised much controversy among cancer specialists (*P7*, 15 June, p827).

The bulletin says that NICE recommendations against first-line use of irinotecan or oxaliplatin appear to rest heavily on analyses of cost-effectiveness data and that cancer specialists in the United Kingdom have contested both the interpretation of trial data and the validity of cost analyses.

It concludes that in patients without metastatic colorectal cancer, survival without disease progression and overall survival may be extended by a median of two to three months if irinotecan is added to first-line treatment.

Addition of oxaliplatin to fluorouracil plus folinic acid also prolongs progression-

free survival. Although one-year survival rates of around 70 per cent have been reported with this combination when used as first-line treatment, survival benefit over using fluorouracil and folinic acid alone has not been conclusively demonstrated (2002;40:49).

n Topical terbinafine The July issue of *Drug and Therapeutics Bulletin* also discusses the use of antifungals for athlete's foot. It concludes that first-line treatment of uncomplicated athlete's foot should be a topical antifungal and that terbinafine 1 per cent cream is the most effective topical antifungal available.

The bulletin recommends that oral antifungals, which it says are more expensive than topical antifungals and have potentially serious adverse effects, should only be used when topical treatments have failed or when the fungal infection is widespread. However, more data are needed before any firm recommendations can be made as to whether one oral antifungal is more effective than another, it says (*ibid*, p53).

Advice issued that epoetin alfa should be administered by intravenous injection

ORTHO BIOTEC, manufacturer of epoetin alfa (Eprex), has advised that the product should be administered intravenously in patients with chronic renal failure where possible.

The advice has been issued because of an increased risk of pure red cell aplasia (PRCA) when the drug is given subcutaneously. Since 1998, there have been 141 reports of suspected PRCA associated with Eprex worldwide.

However, Roche, manufacturer of epoetin beta (NeoRecormon), says that other erythropoietin products administered subcutaneously are not associated with an increased incidence of PRCA. In the United Kingdom, there have been 15 cases of

PRCA associated with Eprex and none with epoetin beta.

"The vast majority of patients in the UK rely on subcutaneous administration rather than IV injections . . . patients can continue to receive [epoetin beta] subcutaneously," the company states.

Roche highlights a recent editorial published in *The New England Journal of Medicine* that suggests the increase in PRCA cases may be linked to a change in the drug's manufacturing process. In 1998, Ortho Biotech changed the way epoetin alfa was formulated in order to comply with new European regulations on the use of stabilisers.

Ortho Biotec says that no single trigger of PRCA has been identified.

Reclassification sought for P medicine

A RECLASSIFICATION from prescription only to pharmacy medicine status is being sought by Pharma-Global (UK) for a product which has been licensed and marketed as a pharmacy medicine for a number of years despite the fact that it contains a POM ingredient. Vivioptal, a multivitamin and mineral supplement, contains 750µg of adenosine, which is listed in the Prescription Only Medicines (Human Use) Order 1997 with no exemptions for pharmacy supply.

In its consultation paper ARM3, the Medicines Control Agency (www.mca.gov.uk/inforesources/publications/arm3.doc) says that the manufacturer has shown that this amount of adenosine administered orally daily does not meet any of the four criteria for restriction to prescription supply — that a product is likely to present a direct or indirect danger, is subject to frequent or widespread incorrect use, has activity or side effects that require further investigation or is for parenteral administration.

Black list changes

FIVE products are to be added to the National Health Service black list, and two removed from it, from 1 August.

The five products that general practitioners will not be allowed to prescribe or pharmacies to dispense on the NHS are Healthaid glucosamine sulphate tablets, Lamberts glucosamine sulphate tablets, Boots glucosamine sulphate capsules, Vega glucosamine sulphate capsules and Solgar glucosamine sulfate tablets.

The two products to be removed are infant formulas for premature babies, Cow & Gate Nutriprem 2 and Farley's Premcare.

The National Health Service (General Medical Services) Amendment (No 3) Regulations 2002, SI 2002 No 1768. HM Stationery Office, ISBN 0 11 042473 5 (www.legislation.hmso.gov.uk/si/si2002/20021768.htm).

Pharmacist runs schools sports day

BOBBY MEHTA, pharmacy manager at H. A. McParland's Slough branch, recently organised a healthy heart sports day attended by over 230 local year-six pupils from five schools in Slough, Berkshire.

Pharmacists and pharmacy staff from the H. A. McPartland group, which has 18 pharmacies in Berkshire, offered advice on healthy eating and adopting healthy lifestyles. The event was sponsored by Slough Primary Care Trust, GlaxoSmith-Kline and Slough Community Leisure. Representatives from BUPA also took part in the day.

Mr Mehta said: "I decided to organise the event after reading the prevalence of

obesity among our schoolchildren. Events such as the healthy hearts sports day are an ideal way of communicating the message to children because they focus on the fun and enjoyable aspects of leading a healthy lifestyle. In addition, such events highlight the valuable role that can be played by pharmacists and pharmacy staff in the local community."

The event was held at the Thames Valley athletics centre. Children took part in events including five-a-side football, obstacle races, table tennis and hockey dribbling.



Children from five schools in Slough took part