

Four LPS schemes approved, but all need more work before they can start

FOUR proposals for local pharmaceutical services pilot schemes, all of them in the north of England, have been approved by the Department of Health. Three of them are preliminary proposals from primary care trusts which still have to find contractors to implement them.

Only one of the four schemes, to be based at the A. C. & C. P. Booth essential small pharmacy in the village of Belford, Northumberland, comes complete with support from the local PCT and a service provider. Even so, it will be some time before any new services can be started.

Andrew Booth, joint proprietor of the pharmacy, said that his proposal involved relocating the pharmacy to premises at the local dispensing doctors' surgery in order to co-operate more closely with them and to extend the availability of pharmaceutical care to patients for whom the doctors dispensed. Full implementation of the scheme may be some way off because the surgery building will need to be extended to accommodate the pharmacy.

Mr Booth said that he was already paid by Northumberland PCT to provide prescribing advice to the surgery on a sessional basis. The LPS scheme would enable him to extend this service further and to provide on-site advice as and when it was needed.

His plans include managing repeat prescribing, medication reviews, participation in asthma, chronic obstructive pulmonary disease and hypertension clinics. Mr Booth also says that the pharmacy's relocation to the surgery will mean ready access to patient records, which will be a prerequisite for pharmacist prescribing, and will provide an opportunity to develop dependent prescribing in a community pharmacy setting.

The three other approved proposals come from Salford PCT, Ashton, Leigh and



Mike King: The best way forward is the national contract. LPS should be used to test possible new services

Wigan PCT and from the Central Manchester, North Manchester and South Manchester PCTs.

Salford and Ashton, Leigh and Wigan PCTs are each looking for three prospective providers for their LPS schemes, while the three Manchester PCTs are looking for 13 prospective providers between them.

Karen O'Brien, prescribing and pharmaceutical adviser, Central Manchester PCT, said that 56 Manchester pharmacies had asked for an information pack on the proposed LPS scheme and 27 of them were putting together proposals for participation. The PCTs' scheme centres on medicines management and will have three levels of participation. Level 1 will involve waste reduction and dose optimisation, level 2 entails structured medication reviews aimed

at finding whether patients need help taking their medicines properly and level 3 will involve full medication reviews to optimise treatment in line with national service frameworks.

The Manchester scheme has been driven by the three PCTs, according to Mrs O'Brien. "The boards have been very enthusiastic about these new roles for community pharmacists," she said. "Support has come from general practitioners, pharmaceutical advisers and PCT managers. It really has been very much a collaborative approach to develop LPS and there will be a collaborative approach to delivering it."

Nicola King, LIFT (local improvement finance trust) project manager at Salford PCT, said that local contractors had been asked to submit proposals on how they would provide the services the trust wanted under its LPS scheme. The process was like tendering, except contractors were not expected to bid to offer the service at the lowest price.

The Salford scheme has two main elements. The first is to provide free treatment for self-limiting conditions to patients who are exempt from prescription charges, along with formal referral to other services when needed. The second is a structured medicines management service for patients aged over 75-years or who are otherwise at risk.

"We are clear what kind of fee will be offered for the additional services," Ms King said. "The over-arching fee will be dependent on the predicted prescription volume of the pharmacy concerned."

Most of the PCTs that have not had their proposals approved have been encouraged by the Department of Health to resubmit their plans after further development.

Michael King, head of professional development for the Pharmaceutical Services Negotiating Committee, said that the small number of applicants and their lack of preparedness was a reflection of the short timescale that had been set by the Department for such a major development.

"I think that what threw people when the guidelines came out was the requirement that applications had to achieve something that could not be achieved by a simple add-on to the national contract. People will be better prepared next time," he said. "The PSNC view is that the best way forward for pharmacy is the national contract." Mr King suggested that the role of LPS pilots should be to test services that could be incorporated into the new contract.

The National Pharmaceutical Association, too, blames the short timescale for the small number of first-wave bids. It hopes to see joint working between PCTs and contractors to ensure that more full programmes are approved.

The closing date for application for second wave LPS schemes is 1 November.

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NICE to take advice from the public

A CITIZENS' council is to be created by the National Institute for Clinical Excellence to bring a formal public perspective to its decisions.

Speaking on Radio 4's *Today* programme on 19 August, NICE's chairman, Professor Sir Michael Rawlins, said that an example of the sort of advice the council will give is how much priority should be given to allocating resources to children, as opposed to young adults or the elderly, and a whole range of social value judgements.

Membership of the committee, which will be a subcommittee of the NICE board, will be open to people who live in England or Wales and who do not work in the National Health Service, supply it with products or represent patient groups. These people already have a strong voice concerning NICE decisions. In a statement, NICE

said: "The citizens' council will keep us in touch with public opinion, tell us their views on issues that could challenge the independent groups that advise us, provide a perspective on technical issues such as the levels of evidence we should consider and be there to give us non-technical common-sense advice."

The creation of the council has been attacked by the Liberal Democrats, who say that NICE is being used by politicians to avoid accountability for rationing decisions.

Dr Evan Harris, Liberal Democrat health spokesman, said: "NICE is there to make hard-headed evaluations based on scientific data of clinical and cost effectiveness. They should then submit those scientific findings to the Government who should be accountable through the ballot box for the rationing decisions that follow."

Minor ailment schemes can help meet access targets for PCTs, says NPA

MINOR ailment schemes run by community pharmacies can help primary care trusts meet targets for how quickly patients get to see a health care professional, the National Pharmaceutical Association says. The NPA has launched a resource pack to support pharmacies and PCTs thinking of setting up such schemes.

The NHS plan for England says that, by 2004, patients should be seen by a general practitioner within 48 hours or by another primary care professional within 24 hours. The Department of Health is supporting this with £168m through the primary care access fund. According to research from the Proprietary Association of Great Britain, up to 40 per cent of general practitioners' time is taken up dealing with patients suffering from minor ailments. Minor ailment schemes can transfer part of this workload to community pharmacies.

The NPA's resource pack, entitled "Minor ailment schemes: lessons learnt to date", is based on a meeting held last year which brought together project managers from a number of successful minor ailment schemes. These included the Care at the Chemist scheme in South Sefton, Merseyside



Pharmacists can deal with minor ailments and relieve workload pressures on GPs

(*PJ*, 1 December 2001, p770), and the Tyne and Wear voucher scheme (*PJ*, 9 December 2000, p845). These schemes have tried to overcome the problem of pharmacists not being able to supply medicines on the NHS to patients exempt from prescription charges. Thus, these patients visit their GPs in order to obtain items on prescription, free of charge.

The resource pack details key areas for consideration when developing such schemes. These include whether the service is necessary, how it will be established, run and funded, which ailments and treatments should be included, how the scheme can be evaluated, and how it should be communicated to the public and to health care professionals taking part. It says that schemes are most likely to succeed in areas of high deprivation where GPs are concerned about inappropriate appointments and their workload. An effective project manager and a high profile "champion", such as a senior primary care manager, are essential.

The NPA advises that the best way to start is with a small scheme covering a number of agreed ailments. If this is successful then further ailments can be added later. Funding is the most contentious area, particularly securing ongoing funding and the issue of how much pharmacists should be paid per consultation. The resource pack includes a draft formulary, based on one used in Croydon.

Copies of the resource pack are available to NPA members and PCTs by calling 01727 832161 ext 3217 (e-mail nhs.dev@npa.co.uk).

Legal reclassifications sought

VIEWS on the reclassification of Grisol 1 per cent spray (griseofulvin) for the topical treatment of fungal infections and Hc45 bite and sting relief cream (1 per cent hydrocortisone) are being sought by the Medicines Control Agency.

Grisol is a prescription medicine which the manufacturer (Transdermal) wants to be available from pharmacies and Hc45 is a pharmacy medicine which Crookes wants to be available on general sale. So far as Grisol is concerned, the MCA says that the safety of griseofulvin has been established for many years and that the topical use of the product raises no new safety concerns, par-

ticularly with respect to acquired resistance or percutaneous absorption.

The MCA view on the reclassification of Hc45 is that there are no safety issues, provided the product's labels and leaflets give clear advice about its correct use. However, it wants the name changed to Hc45 bite and sting relief cream to avoid confusion with E45.

Consultation on both reclassification applications runs until 30 September. Comments can be sent to Amanda Lawrence, Reclassifications Manager, Medicines Control Agency, Room 14-152 Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

Boots to install new computer system

BOOTS The Chemists is to install a new pharmacy computer system in its 1,400 branches over the next three years.

SmartScript will maintain patient medication records, accessible at any Boots branch, and allow automated endorsement of prescriptions.

Boots says that the system will allow its pharmacists to undertake medication reviews for patients by assessing the appropriateness of prescribed medicines and comparing them with other medicines already being taken and the patient's age, sex and known medical conditions. Any advice given by pharmacists will be added to the medication record. The system can also generate

prices for private prescriptions. Later additions will include modules for stock management and for monitored dosage systems. Head office software will allow centralised administration and analysis for the company.

The system is being installed at 16 pharmacies in Manchester and north Wales on a pilot basis, and will be extended to a further 28 stores before the end of the financial year.

The Windows 2000-based system uses QicSCRIPT software, the leading software for community pharmacy in Ireland where it is used in over 650 pharmacies, developed by Systems Solutions Ltd, an independent Irish company.

Former Numark MD Terry Norris dies

TERRY NORRIS, formerly managing director of Numark, died on 15 August, aged 63 years, after a long battle with bowel cancer.

Mr Norris joined Numark in 1989 and oversaw its transition from a wholesale-based voluntary trading association into an industrial and provident society, owned by independent community pharmacists. Since Mr Norris retired last year, Numark has become an unlisted public limited company.

David Wood, who succeeded Mr Norris as managing director, said: "Terry was an indomitable person who made an outstanding contribution not only to this company, but also to independent pharmacy. His passion for community pharmacy was legendary and it was this that drove his direction of Numark."

"Terry much valued his time working with pharmacists, describing it as the most enjoyable 13 years in his career. For me, I will miss his infectious, almost boyish optimism which affected everybody within Numark and beyond."



Terry Norris: 13 years with Numark

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Sertraline safe for depression post-MI

SERTRALINE (Lustral) is a safe and effective treatment for recurrent depression in patients with recent myocardial infarction (MI) or unstable angina, say American researchers.

Studies have shown that depression is an independent risk factor for cardiovascular mortality. However, Dr Alexander Glassman, of New York State Psychiatric Institute, and colleagues comment that most patients with a recent MI or unstable angina and co-morbid depression do not receive antidepressant treatment.

They randomly assigned 369 patients with major depressive disorder who had been admitted to hospital for acute MI or unstable angina to receive either sertraline or placebo for 24 weeks. Treatment was initiated as one tablet (50mg sertraline) per week but could be increased gradually to a maximum of four tablets after 12 weeks of treatment based on clinical response.

The researchers say that sertraline was indistinguishable from placebo across a range of measures of cardiovascular safety. They found that treatment was not associated with any change in left ventricular ejection volume, blood pressure, heart rate or arrhythmias and they saw no changes in electrocardiogram parameters.

"Furthermore, though not statistically significant, the incidence of severe cardiac events was numerically lower among patients receiving sertraline than among those receiving placebo," they say. They conclude that even a modest reduction in

risk would have significant public health consequences.

The antidepressant effect of sertraline was measured as a secondary outcome in the study. Overall, sertraline was superior to placebo when symptoms of depression were assessed using the Clinical Global Impression, Improvement (CGI-I) scale. For two predefined subsets of patients — those with at least one prior episode of depression and those with severe depression — sertraline was shown to be better than placebo when symptoms were measured using both the CGI-I and Hamilton Depression scales (*JAMA* 2002;288:701).

In an accompanying editorial, Dr Robert Carney, Washington University School of Medicine, Missouri, and Dr Allan Jaffe, Mayo Clinic, Rochester, Minnesota, comment that the study "provides the first real evidence" that at least one of the selective serotonin reuptake inhibitor antidepressants is safe for use after an acute MI or an episode of unstable angina (*ibid*, p750).

"There is now an alternative to ignoring a co-morbid psychiatric disorder that often has devastating consequences for these patients." However, they point out that the results cannot be generalised to all post-MI patients and that the safety of sertraline in the early post-MI period is unclear. In addition, the study was too small to identify some drug-drug interactions or adverse events and, because sertraline was the only antidepressant tested in the trial, the results cannot be generalised to all SSRI anti-

depressants.

"Nevertheless, despite these qualifiers and caveats, clinicians now have a reason for cautious optimism when deciding whether it is safe to treat depression in patients with a recent MI or unstable angina," they say.

Data support use of imatinib in gastrointestinal stromal tumours

THE use of imatinib (Glivec), a selective tyrosine kinase inhibitor, as a treatment for advanced gastrointestinal stromal tumours (GIST) is supported by new data (*New England Journal of Medicine* 2002;347:472).

In an open-label, randomised study, researchers assigned 147 GIST patients to receive either 400mg or 600mg imatinib once daily. All patients had advanced disease and most had previously received other treatments, including surgery, chemotherapy and radiotherapy that were unsuccessful.

The researchers found that, although no patient had a complete response to treatment, a sustained reduction in tumour size was seen in 79 (53.7 per cent) patients. The reduction in tumour bulk among responders ranged from 50 per cent to 96 per cent. In addition, 27.9 per cent of patients had stable disease. Progressive disease was seen in 13.6 per cent of patients.

The researchers say that despite the extensive metastatic disease in the majority of the study patients, 88 per cent were alive one year after the initiation of treatment with imatinib. "The high rate of response to imatinib in these patients with bulky disease

who had no response to cytotoxic chemotherapy is not only remarkable but also supports the hypothesis that dysregulated [receptor tyrosine kinase] activity is important in human gastrointestinal stromal tumours," say the researchers.

They found no differences in the rate or duration of response between the two doses of imatinib tested. However, three of the nine patients initially treated with 400mg imatinib who received the higher dose after disease progression subsequently had a sustained partial response or stable disease.

The researchers say that imatinib was generally well tolerated although most patients reported at least one adverse event. Seven patients (5 per cent) with large, bulky tumours were reported to have gastrointestinal bleeds and/or intra-abdominal bleeds.

n Myeloproliferative disorders In a separate study in the same issue, researchers report that four patients with chronic myeloproliferative diseases had a durable response to imatinib. The response involved rearrangements of the platelet derived growth factor receptor beta (PDGFR beta), one of the molecular targets for imatinib (*ibid*, p481).

AstraZeneca shares hit by lung cancer drug failure

SHARES in AstraZeneca fell by almost 12 per cent on 19 August after the company announced that its lung cancer treatment Iressa (ZD1839) had not shown any benefits when added to standard platinum-based chemotherapy.

An initial analysis of two phase III trials (Iressa non-small cell lung cancer trials assessing combination therapy, INTACT 1 and 2) found no additional survival benefits from adding Iressa 250mg or 500mg once daily to either gemcitabine (Gemzar) and cisplatin or paclitaxel (Taxol) and carboplatin. AstraZeneca says that the two trials, each involving over 1,000 patients, showed similar outcomes. Full results of the trials are to be presented at the European Society of Medical Oncology meeting in October.

Earlier trials have shown that the drug is effective as monotherapy in lung cancer patients who have not responded to chemotherapy. Iressa is licensed as monotherapy in Japan and AstraZeneca says that it intends to seek similar licences in Europe and the United States. Iressa is an epidermal growth factor receptor tyrosine kinase inhibitor.

Moss unveils Dundee pharmacy with focus on delivering health promotion

A NEWLY refurbished Dundee pharmacy that will focus on delivering the health promotion message to local people was launched by Scottish deputy health minister Frank McAveety, last week.

Speaking at the launch of Moss pharmacy's branch at Albert Street, Dundee, Mr McAveety said its new approach demonstrated "the potential health benefits of transforming community pharmacy premises into walk-in healthy living centres, where patients can access a whole range of health services and health promotion advice under one roof".

The refurbishment was funded by £9,500 from the Scottish Executive primary care modernisation fund, £10,300 from Dundee Local Health Care Co-operative primary care development fund and £50,000 from Moss.

The health promotion area in the pharmacy includes touchscreen computer technology that patients can use to access health information, a video lending library and conventional patient information leaflets. In addition, a dedicated health promotion manager will be on hand to answer any queries and to give advice.

Frank Owen, chairman of the Scottish Pharmaceutical General Council, welcomed the new approach. He said: "This is an excellent facility. It is one of a number of pioneering innovative model pharmacies

being developed across Scotland in partnership with the Scottish Executive Health Department. These model pharmacies will provide test bed facilities for the future development of new NHS pharmacy services in Scotland."

In addition to the new health promotion activities, the refurbished Albert Street pharmacy, operational since June, has diagnostic tools such as glucose and blood pressure monitors, a meeting room that can be used by community groups and other health care professionals and a fully equipped treatment room that practitioners, such as aromatherapists and homoeopaths, can hire. There is also a private consultation area and a shielded consultation booth allowing patients privacy to discuss more sensitive issues with the pharmacist.

Nanette Kerr, head of the superintendent pharmacist's office, Moss, said the company is keen to meet the health care needs of the local population. "This is why we have launched a host of new services at this branch, such as the smoking cessation



The health promotion area includes computer technology that can be used to access health information

clinic and the addict services. We will also be providing future services, such as health checks and a body mass index initiative plus training for carers."

The pharmacy will run monthly health promotion campaigns focusing on topics such as sexual health and older people, and evaluation of its services via patient surveys will occur in the autumn.

Irish pharmacy margins four times those in the UK

PHARMACIES in the Irish Republic have profit margins of 33 per cent, the highest in the European Union and more than four times the UK level of 7.5 per cent, according to a consultants' report.

The report, prepared by international economic consultant Indecon for the government-appointed review group on the Irish pharmacy sector, also claims that the prices of some pharmaceutical products in Ireland are among the highest in Europe.

But the Irish Pharmaceutical Union (IPU), which has been campaigning to have the recent deregulation of the sector reversed, dismissed the findings as "simplistic and superficial". The price comparison was flawed, it said, being based on just three products, when Irish pharmacies stocked up to 20,000. The report also failed to take other factors into account, said the IPU.

The consultant found that the price of one antibiotic, Augmentin 500, was higher in Ireland last year than in any of the 12 EU countries, except Denmark. With Band Aid, only France was dearer than Ireland, while in the case of cough and throat relief medicines, Irish prices were the eighth highest.

According to the report, the price of pharmaceutical products rose by 12.7 per cent in Ireland between 1996 and 2001,

which was the highest increase in a list of six European countries.

IPU president Richard Collis dismissed the price comparison, saying "Much play is made of the supposed price increases, but the report ignores the fact that the prices of prescription medicines have been fixed by government since 1993, and therefore individual pharmacists have no control over what prices they charge. When you understand that, plus the fact that there is no margin charged on 72 per cent of the drugs dispensed, you get a more rounded appreciation of what is happening in the sector."

However, pharmacists contacted by the consultants are reported to have admitted that the 1996 Pharmacy Regulations, which

restricted the number and location of new outlets, kept prices and profits high.

It was these regulations, criticised as anti-competitive by the Organisation for Economic Cooperation and Development and the Irish Consumers' Association, that Health Minister Micheal Martin recently revoked, setting off the IPU protest campaign.

The minister is now awaiting a report from the review group before deciding a new regulatory structure for the sector. How the consultant's findings will affect the review group's conclusions is unclear. Mr Collis said that the emergence of the report at this time "is obviously geared towards advancing a particular agenda". — *Contributed*.

Pharmacist to chair Forth NHS board

IAN MULLEN, MRPharmS, has been appointed chairman of Forth Valley NHS Board, one of 15 NHS boards in Scotland. He will take up the position, which runs for four years, on 2 September.

Mr Mullen is currently chairman of Forth Valley Acute Hospitals NHS Trust and is a member of Forth Valley NHS Board. The NHS board is responsible for

the strategic planning of health services and the development of measures to improve the health of the community in the Forth Valley area. It has an annual budget of almost £250m.

Mr Mullen is a past-chairman of the Scottish Pharmaceutical General Council. He owned a number of pharmacies in central Scotland between 1971 and 1996.

Ginkgo biloba fails to improve memory

GINKGO biloba does not improve memory or cognitive function in healthy elderly people, according to new research.

Professor Paul Solomon, of the memory clinic, Southwestern Vermont Medical Centre, Bennington, Vermont, and colleagues, say that despite claims made by manufacturers of ginkgo products in the United States, they were unable to show any cognitive benefits (*JAMA* 2002;288:835).

“As with any over-the-counter substance, people taking ginkgo, or thinking of taking it . . . owe it to themselves to inform that decision with knowledge of scientific studies.

“They also need to consider cost and possible side effects, especially if taken with

medication or other substances,” Professor Solomon said.

The researchers assessed 230 healthy volunteers aged over 60 years using neuropsychological tests of verbal and nonverbal learning and memory, attention and concentration, and expressive language. The volunteers were then randomised to receive either ginkgo (40mg three times each day) or matching placebo in a double-blind fashion.

After six weeks, participants were tested again. Participants and their families also completed questionnaires to assess subjective impressions of their memory. The researchers found that there were no significant differences between those taking ginkgo and those taking placebo on any of the objective or subjective measures.

Commenting on the study, Professor Steven Ferris, Friedman professor for Alzheimer’s disease at New York University School of Medicine, said: “It is critically important that claims of effectiveness of all

treatments, including natural products, be supported by scientifically valid results from well controlled clinical trials.

“This important, well conducted clinical trial clearly calls into question previously unsubstantiated claims that *Ginkgo biloba* improves mental function in older people.”

BRIEFLY

Epilepsy drug and eye problems
Vigabatrin (Sabril) causes eye problems in over 40 per cent of those prescribed it, a study shows (*Journal of Neurology, Neurosurgery and Psychiatry* 2002;73:327). Researchers from Liverpool assessed 98 patients treated with vigabatrin between 1989 and 2001. Vision was abnormal in 64 cases and in 42 cases (43 per cent) no cause other than a history of taking vigabatrin could be identified.

Influenza vaccination programme
The Government’s influenza immunisation programme will remain unchanged for 2002–03. Immunisation will again be offered to everyone aged 65 years and over and to at-risk groups over six months of age. The national uptake target has been set at 70 per cent.

Influenza vaccination cost-effective for healthy young adults
Vaccinating healthy younger adults against influenza is worthwhile, say American researchers. Using a computer model the researchers found that prevention and treatment strategies which included vaccination had an overall saving of about \$30 (£19) each compared with no vaccination and no treatment with antivirals. Non-vaccination became optimal only for mild influenza seasons (*Annals of Internal Medicine* 2002;137:225).

Welsh palliative care strategy
A draft strategy for palliative care services has been issued by the National Assembly for Wales. It identifies local pharmacies operating an on-call or similar out-of-hours service as a route by which access to palliative care drugs can be made outside normal working hours. A copy of the document — “A strategic direction for palliative care services in Wales” — can be found on the internet (www.wales.gov.uk/subihealth/content/keypubs/pdf/palliative-care-e.pdf).

Short antibiotic courses can treat children’s urinary tract infections

A COURSE of oral antibiotics lasting two to four days is just as effective at eradicating urinary tract infections (UTIs) in children as standard treatment over seven to 14 days, a new study shows (*Archives of Disease in Childhood* 2002;87:118).

Australian researchers analysed data from 10 randomised controlled trials. They found there was no difference in the frequency of positive urine cultures or in the number of recurrent UTIs among children who had received a standard course of antibiotics lasting one to two weeks and those who had received only two to four days of treatment. In addition, there was no difference in the development of resistant organisms in the two treatment groups. The

researchers say that statistical imprecision in the study means it does not provide incontrovertible evidence that short duration therapy is better. However, they suggest this imprecision is of doubtful clinical significance for children at low risk of persistent UTI following standard treatment. They recommend that clinicians decide on what duration of antibiotic treatment to use based on this risk, which is low (1–3 per cent) among children with their first UTI, but is higher (up to 14 per cent) among children who have recurrent UTIs.

The researchers conclude that short duration treatment would be a reasonable option for children at low risk of persistent infection.

New Forest scheme teaches school children about medicines

PRIMARY school children in the New Forest Primary Care Trust area are being taught about medicines and asthma as part of a new pilot scheme.

Dr Brian Curwain, chief pharmacist at New Forest PCT, visited South Baddesley primary school, near Lymington, Hampshire, before the end of the summer term and spoke to around 60 children.

Dr Curwain told *The Journal* that the children had been keen to talk about medicines. “Our aim was to explain the basics about medicines, who makes them, where they come from and what they do. We talked about the number of prescriptions issued each year and how common medicine taking is. We hope that explaining this

might avoid the stigmatisation that young children who have to take medicines when at school can suffer. In addition, we thought it would be useful for the children to learn about asthma and we devised several activities to show them how this affects sufferers.”

These included trying to breathe through straws of differing diameters and folding up large pieces of cling film to show how delicate lung tissues are.

The pilot scheme forms part of a New Forest PCT initiative to raise awareness about medicines and the PCT among members of the public. Dr Curwain said that school nurses have been made aware of the scheme and he hopes to be visiting other schools after the summer holidays.

Correction

Moss Pharmacy received £90,500 from the Scottish Executive to refurbish its Albert Street branch in Dundee, not £9,500 (p240).