

Restrictions on OTC advertising to go

RULES that restrict advertising non-prescription medicines to the public are to be scrapped.

Currently, medicines may not be promoted for the treatment of 13 serious conditions even when they are available for sale in pharmacies or supermarkets. The conditions concerned are: bone diseases; cardiovascular diseases; diseases of the liver, biliary system and pancreas; endocrine diseases; genetic disorders; joint, rheumatic and collagen diseases; psychiatric diseases; serious disorders of the eye and ear; serious gastrointestinal diseases; serious neurological and muscular diseases; serious renal disease; serious respiratory diseases; and serious skin disorders.

The MCA says that many products used for the treatment of these diseases are not suitable for counter sale because they require medical intervention and supervision. However, it adds that within these wide categories there is a range of less serious conditions which can be suitable for self-medication.

The proposal has been welcomed by the



OTC products may soon be advertised for more serious conditions

Proprietary Association of Great Britain, which said that examples of products suitable for OTC advertising included aspirin 75mg tablets for the prevention of second heart attacks or strokes, and calcium and vitamin D products for osteoporosis patients.

Sheila Kelly, executive director of the PAGB, said: "The PAGB has long advocated a review of the list of prohibited con-

ditions, because it forms a barrier to widening access to medicines. Consumers are increasingly becoming more involved in making decisions about their health care. This move will further empower them by increasing the availability of information on these diseases and how best to treat them."

The prohibition on direct-to-consumer advertising of prescription-only medicines and the codes of practice operated by the PAGB, the Association of the British Pharmaceutical Industry and advertising regulators will remain in force. European legislation that prohibits public advertisements for chronic insomnia, diabetes and other metabolic diseases, malignant diseases, serious infectious diseases, including HIV-related diseases and tuberculosis, and sexually transmitted diseases, will also remain in force.

The Medicines Control Agency is consulting on its plan to change the rules until 27 January 2003. A web link to download the consultation document can be found on the *Pj Online* links page (www.pjonline.com/links).

Lancet articles are disappointing and biased according to ABPI

THE first of a series of four articles published in *The Lancet*, aimed at scrutinising the pharmaceutical industry (*Pj*, 2 November, p632), has been condemned as disappointing and biased by the Association of the British Pharmaceutical Industry.

ABPI director general Dr Trevor Jones believes that the authors set out to malign the industry.

"While there are always areas in which any industry, including pharmaceutical companies, can improve its performance, a whole succession of unbalanced articles does not help rational analysis and debate," he said.

Dr Jones accepted that debate and fair criticism should take place in the public eye, but he said the articles fail to acknowledge

the benefits that the pharmaceutical industry has brought to the health of millions through its discoveries.

In the first article, Professor Joe Collier and Ike Iheanacho from the Consumers' Association criticise pharmaceutical companies for producing excessive information that "is largely kept secret, often duplicated and can risk undermining the best interests of patients and society".

In addition, they say that transnational pharmaceutical companies are probably the biggest single influence on prescribing practice due to their promotional and educational activities, and that these companies influence and distort medical research, which ultimately threatens patients' interests (*Lancet* 2002;360:1405).

Cardiac risk similar for thioridazine and haloperidol

OVERALL, the risk of cardiac events in patients with schizophrenia treated with thioridazine is no worse than that for patients treated with haloperidol, a cohort study has shown. However, thioridazine may have a higher risk at high doses and so should be prescribed at the lowest dose needed to obtain an optimal therapeutic effect.

As well as comparing the cardiac risk of different antipsychotic drugs, researchers compared the frequency of cardiac events among patients with treated schizophrenia and control patients with psoriasis or glaucoma. They found that patients with treated schizophrenia had higher rates of cardiac events than controls (*BMJ* 2002;325:1070).

Europe to block re-importation of medicines destined for Third World

IT WILL soon be a crime to re-import into Europe medicines sold cheaply to developing countries to treat AIDS/HIV, tuberculosis or malaria.

A draft European regulation, expected to become law by the end of the year, will allow manufacturers of both branded and generic medicines to make protected sales to specified countries of specially marked products at either 80 per cent off the usual ex-factory price or 10 per cent above the cost of production. Re-importation of these

specially marked products into the EU will be prohibited. Announcing the scheme on 30 October, EU trade commissioner Pascal Lamy denied that the move was connected to the discovery of quantities of GlaxoSmithKline products in the Netherlands which had originally been sold cheaply for export to developing countries.

Mr Lamy said that the plan had been in development for the past two years, although it was intended to prevent a repetition of the GlaxoSmithKline scenario.

IN THIS ISSUE

Adherence to NICE guidance

The number of health authorities funding anticholinesterases for the treatment of Alzheimer's disease has increased since the National Institute for Clinical Excellence published guidance on the use of these drugs in January 2001. However, a study in this week's issue of *The Journal* (p680) suggests that formal funding was still not being provided by nearly a quarter of HAs in February this year.

Leading article, p664

Pharmaceutical suppliers are against patient leaflet photocopying proposals

ELEVEN organisations representing pharmacies, wholesalers and manufacturers of pharmaceuticals have voiced concern about the Medicines Control Agency's proposals to allow pharmacists to photocopy patient information leaflets (*P7*, 10 August, p181). They have called on the MCA to withdraw the proposals.

In its own formal response to the MCA consultation paper (MLX 285), the Association of the British Pharmaceutical Industry says that the move could compromise patient safety, by introducing the risk of patients receiving the wrong leaflet or an out-of-date one, and undermine product integrity and patients' trust and confidence in their medicines.

"The idea of photocopying leaflets is an ill-thought-out proposal, surrounded by risks to patients, pharmacists, the pharmaceutical industry and the Government itself," Dr Trevor Jones, director general of the ABPI, said. "As a result, we are seeking an early assurance that the MCA will not proceed with these regulations."

The ABPI response also points out that there would be many practical problems in

introducing the proposals. Many pharmacies are too small to accommodate a photocopier and many leaflets are not suitable for photocopying, it says. As to downloading PILs from websites, the ABPI says that only half of pharmacies currently have an internet connection.

The ABPI wants to see patient pack dispensing, used by most other European countries, introduced instead.

The organisations which cover the four home countries and who have raised concerns in addition to the ABPI are:

- 1 British Association of Pharmaceutical Wholesalers
- 1 British Generic Manufacturers Association
- 1 Company Chemists Association
- 1 National Pharmaceutical Association
- 1 Proprietary Association of Great Britain
- 1 Pharmaceutical Contractors Committee (Northern Ireland)



Many pharmacies are too small to accommodate a photocopier, the ABPI says

- 1 Pharmaceutical Services Negotiating Committee
- 1 Scottish Pharmaceutical Federation
- 1 Scottish Pharmaceutical General Council
- 1 Ulster Chemists Association

GPs override drug interaction alerts without checking

ALMOST one-quarter of general practitioners surveyed admitted that they frequently override computerised drug interaction alerts without investigating them further.

Researchers in Nottingham surveyed 220 local GPs who had drug interaction alerts on their computer systems and found that 22 per cent said they frequently overruled the alerts without properly checking them (*Journal of Clinical Pharmacy and Therapeutics* 2002;27:377).

Further analysis of the data showed that GPs who used the EMIS (Egton Medical Information Systems) computer system were three times less likely to override these alerts than those using other computer systems in their surgeries. The reasons GPs

gave for overriding alerts included the perception that they were often irrelevant. However, 90 per cent of respondents agreed it should be harder for them to override alerts for potentially lethal drug combinations.

The researchers, from Nottingham University department of general practice, suggest that alerts on EMIS are less likely to be overridden because they are not graded in terms of severity. They say: "This may encourage GPs to try to check all of them properly to ensure they are not missing anything important. In contrast, users of systems that grade the potential severity of alerts may become used to automatically overriding the alerts with the lowest level of hazard."

Noel Dixon, pharmacist at Dixon & Hall, County Durham, told *The Journal* that pharmacists also had to contend with irrelevant drug interaction alerts being flagged up by their computers. He added that some computer systems were preferable to others because they did not flag up repeat cases of a potential interaction. Mr Dixon said the main issue was pharmacists' understanding of drug interactions: "Drug interactions have to be interpreted in the context of their use and in the light of a pharmacist's knowledge. Even if the computer throws up a major interaction, the patient may be stable." He added that in his experience even newly qualified pharmacists did not have a good understanding of drug alerts.

HRT safety message update in latest issue of MCA/CSM bulletin

THE benefits of hormone replacement therapy over the short term still outweigh the risks for most women who take it, according to the latest safety update from the Medicines Control Agency and the Committee on Safety of Medicines.

The October issue of *Current Problems in Pharmacovigilance* (2002:28) points out that longer-term use of HRT is licensed for the prevention of osteoporosis. However, it states that patients should be aware of the increased incidence of some conditions following such long-term therapy, and of the alternative treatment options that are available for the prevention of osteoporosis. In addition, the bulletin recommends that individual risks and benefits should be reassessed annually with continued HRT use and that HRT should not be prescribed for the prevention of coronary heart disease.

This latest MCA and CSM safety update follows an examination of data from recent studies, which was prompted by the pre-

termination of a major American trial investigating the risk-benefit profile of HRT, earlier this year (*P7*, 13 July, p43). Last month, a similar, British trial was also stopped early (*P7*, 2 November, p633).

n HRT could reduce Alzheimer's risk Previous use of hormone replacement therapy is associated with a reduced risk of Alzheimer's disease, American researchers have found (*JAMA* 2002;288:2123).

Their results showed that 2.4 per cent of prior users of HRT subsequently developed Alzheimer's disease, compared with 7.25 per cent of non-users (hazard ratio 0.59, confidence interval 0.36-0.96). However, there was no apparent benefit with current HRT use, unless treatment duration exceeded 10 years (hazard ratio 0.55, confidence interval 0.21-1.23). This study contradicts research reported in last week's *Journal* (*P7*, 2 November, p633), suggesting that long-term HRT worsened memory in rats.

NICE issues type 2 diabetes guidance

PEOPLE with type 2 diabetes who have not yet developed cardiovascular disease should have their coronary heart disease risk estimated at least annually, according to recommendations from the National Institute for Clinical Excellence.

NICE's latest guidance, covering the management of blood pressure and blood lipid levels of people with type 2 diabetes, recommends annual blood pressure checks for people with type 2 diabetes whose blood pressure is below 140/80mmHg. If blood pressure is found to be 140/80mmHg or higher, lifestyle management advice and drug treatment should be offered.

In addition, blood lipid levels should be checked once a year and those whose blood lipid levels are found to be high should initially be offered advice on lifestyle changes.

The guidance, issued to the National Health Service in England and Wales last week, is the fourth in a series supporting the care of people with diabetes. It includes recommendations for the pharmacological management of raised blood pressure and lipid levels, and the use of antiplatelet drugs. Irene Gummerson, a community pharmacist with a special interest in diabetes, told

The Journal that to help with implementation of the guidance pharmacists can promote a healthy lifestyle — not smoking, having a healthy diet and taking regular physical activity.

She said that community pharmacists thinking about providing a funded diabetes screening service should consider linking this with measuring blood pressure and blood lipids. She added that it is advisable to discuss when to refer patients with local GPs.

"Pharmacists involved in medication review in GP practices or secondary care may also have the opportunity to influence doctors and nurses into following this guidance," she said. Mrs Gummerson added that interventions by pharmacists, especially when giving out new medication, could increase adherence to treatment.

Copies of both full and short forms of the new guidelines are available on the NICE website (www.nice.org.uk) and on the National Electronic Library for Health's website (www.nelh.nhs.uk). Copies can also be obtained from the NHS response line, 0870 155 455, quoting reference number N0167.

Digoxin is safer in men than in women, study claims

DIGOXIN may increase the risk of death among women who have heart failure and depressed left ventricular systolic function, but not among men, according to American researchers.

Their *post hoc* analysis of a trial involving 6,800 heart failure patients, half of whom were taking digoxin, revealed a difference of almost 6 per cent between the rates of all-cause mortality among men and women taking digoxin ($P=0.034$) (*New England Journal of Medicine* 2002;347:1403).

Women who were randomly assigned to receive a mean daily dose of 0.22mg digoxin had a higher death rate than those given placebo (33.1 versus 28.9 per cent, $P=0.034$). In contrast, death rates among men taking a mean daily dose of 0.25mg digoxin or placebo were comparable. After

adjustment, digoxin was found to increase the risk of all-cause mortality among women by almost a quarter compared with placebo (hazard ratio 1.23, confidence interval 1.02–1.47, $P=0.014$), but no such association was found among men (hazard ratio 0.93, confidence interval 0.85–1.02).

Despite men taking a higher mean daily dose of digoxin, analysis of blood samples from a subset of patients taken a month into the trial showed that serum digoxin was higher in women — 0.9ng/ml compared with 0.8ng/ml in men ($P=0.007$).

Although these levels had fallen to the same level of 0.6ng/ml after 12 months, the researchers suggest that sex-based differences in the pharmacokinetics of the drug could exist. They say the results raise concerns about the use of digoxin in women and conclude that

their data "provide sufficient grounds for a re-examination of the use of digoxin therapy for women with heart failure".

However, in an accompanying editorial (*ibid*, p1394), Dr Eric Eichhorn, from Medical City Dallas Hospital in Texas, and Dr Mihai Gheorghiadu, from Northwestern University Medical School in Chicago, argue that the digoxin dose used in the trial may have been too high. "Unfortunately the investigators did not adjust for serum digoxin levels. What [they] may have demonstrated is that digoxin use in women should be undertaken with greater attention to the appropriate dose. We should not abandon a therapy that may help women with heart failure. Rather, we should use a dose that will result in a serum concentration lower than 1.0ng/ml," they conclude.

New antiviral available to treat influenza

THE antiviral oseltamivir (Tamiflu) is now available for the treatment and prevention of influenza (see p673).

The drug, which is a prodrug of a selective inhibitor of neuraminidase enzymes, is indicated for treatment of influenza in adults and children aged one year and over who present with symptoms typical of influenza when influenza is circulating in the community. It has been shown to be effective when treatment is started within two days of the onset of symptoms.

Oseltamivir is also licensed for prevention in adults and adolescents aged 13 years or over following contact with a case of clinically diagnosed influenza. The summary of

product characteristics states that "the appropriate use of Tamiflu for prevention of influenza should be determined on a case-by-case basis by the circumstances and the population requiring protection."

Manufacturer Roche told *The Journal* that it intends formally to launch the product at the same time as the National Institute for Clinical Excellence issues guidance on its use. This will give GPs and other prescribers clear recommendations on drug therapy for the treatment and prevention of influenza, the company says.

Oseltamivir is available in a capsule formulation, but an oral suspension is expected later this month.

BRIEFLY

WHO identifies global priorities

The World Health Organization has highlighted 10 factors that it considers to be the most globally important risks to human health. These are being underweight, unsafe sex, hypertension, smoking, alcohol consumption, iron deficiency, exposure to smoke from solid fuels, high cholesterol levels, obesity, and unsafe water, sanitation and hygiene. The WHO World Health Report 2002, available on the WHO website (www.who.int/en/), says bold policies will be needed to tackle these risk factors.

Infliximab exerts prolonged response even after the treatment is stopped

INFLIXIMAB (Remicade), used to treat rheumatoid arthritis (RA), produces a prolonged therapeutic response even after the drug has been withdrawn, new data show.

Researchers from the University of Leeds randomised 20 patients with early RA to receive infusions of infliximab 3mg/kg or placebo for 12 months in addition to methotrexate with standard dose escalation.

At 54 weeks, the researchers found that more patients treated with infliximab, a tumour necrosis factor alpha (TNF α) inhibitor, showed a 50 per cent improvement in symptoms than those treated with placebo (77 per cent versus 40 per cent, $P < 0.05$).

Although one patient given infliximab was withdrawn from the study after developing vasculitis, all remaining patients have been followed for a mean of 81 weeks, 35 weeks after the study treatment ended. The researchers say that none of the patients who demonstrated a 50 per cent improve-

ment in symptoms after 12 months of infliximab treatment has experienced an increase in disease activity that required additional disease-modifying antirheumatic drugs (DMARDs) or corticosteroid therapy.

Professor Paul Emery, consultant rheumatologist and one of the investigators, said: "The average patient had no clinically detectable disease one year after the infusions were ceased. The results suggest that if infliximab is used early in the disease process it may have a critical long-term effect." He added that until now data had suggested that once started, therapy had to be life long. "This study has shown for the first time a prolonged therapeutic response after withdrawal of infliximab therapy."

The results of the study, which was supported by Schering-Plough, were presented at the American College of Rheumatology annual scientific meeting in New Orleans last month.

Arthritis patients benefit when leflunomide is added

ADDING leflunomide (Arava) to methotrexate therapy produces clinical benefits for patients with rheumatoid arthritis (RA) and is generally well tolerated, a new study shows.

Researchers from North America conducted a randomised, placebo-controlled trial to test whether the two antimetabolites could be given together without producing intolerable side effects.

They randomised 263 patients with active RA despite at least six months treatment with methotrexate to receive lefluno-

mide or placebo in addition to the existing methotrexate therapy. At 24 weeks, the researchers found that more patients treated with leflunomide than placebo had a 20 per cent improvement in disease symptoms (46.2 per cent versus 19.5 per cent, $P < 0.001$).

The researchers comment that the potential for hepatotoxicity is a concern when combining methotrexate with leflunomide. However, the benefits of combination therapy did not appear to be accompanied by an increased incidence of adverse events (89.2 per cent for lefluno-

mide plus methotrexate versus 89.5 per cent for placebo plus methotrexate).

Patients in the leflunomide group were more likely to experience elevated levels of liver aminotransferase enzymes. However, raised levels returned to normal in most cases without the need for dose adjustment. The researchers expect that monitoring liver enzyme levels, already performed for patients receiving methotrexate, will eliminate any hepatotoxicity associated with this drug combination (*Annals of Internal Medicine* 2002;137:726).

Transdermal selegiline effective treatment for major depression

TRANSDERMAL selegiline is an effective and well-tolerated treatment for adults with major depression, a new study shows.

The drug, a monoamine-oxidase-B (MAO-B) inhibitor, is licensed in the United Kingdom for use in patients with Parkinson's disease at a dose of 10mg daily. This dose requires no dietary restriction of tyramine.

However, when oral selegiline is used at higher doses, such as those required to treat major depression effectively, its selectivity for MAO-B diminishes resulting in increased inhibition of MAO-A. This in turn means there may be a need to restrict dietary tyramine because of the risk of severe hypertensive reactions.

In the current study, the researchers point out that transdermal selegiline was developed to deliver sustained blood concentrations of the drug without extensive inhibition of liver MAO-A. The transder-

mal formulation induces no greater sensitivity to tyramine than the 10mg daily dose for Parkinson's disease, they say.

They randomly assigned 177 patients with major depression to receive either transdermal selegiline 20mg daily or placebo for six weeks. Improvements in the symptoms of depression were greater in patients treated with transdermal selegiline than in those treated with placebo.

Although the risk of hypertension after ingestion of tyramine could not be assessed (because patients followed a tyramine-restricted diet) no differences with respect to hypertension were observed between the two groups.

Additional trials to investigate more fully the characteristics of this new antidepressant treatment are warranted, the researchers say (*American Journal of Psychiatry* 2002;159:1).

Use of low-dose tricyclics justified

THE use of tricyclic antidepressants at lower-than-recommended doses is justified, say the authors of a systematic review.

They reviewed data from 35 studies comparing low-dose tricyclics with placebo and from six studies comparing low-dose with standard-dose tricyclics. They point out that evidence for the recommended dose of tricyclic antidepressants, which many guidelines say is 100mg to 125mg daily, is poor. Furthermore, they add that there is a lack of convincing evidence that lower doses are not effective.

They found that low-dose tricyclics were more likely than placebo to bring about an improvement in the symptoms of depression. Data also failed to show that standard doses of tricyclics were any more likely to bring about a response. However, a higher proportion of patients treated with standard doses dropped out of trials because of side effects (*BMJ* 2002;325:991).

Presence of a pharmacy sign of street friendliness

PHARMACY accessibility is one of the measures of the friendliness of local streets in London.

"Liveable London", a report on the accessibility needs and problems of older and disabled people produced by the Living Streets campaign (www.livingstreets.org.uk/), says that the distance and difficulty involved in walking to local services, like community pharmacies, makes many people dependent on friends, family and local authority arranged transport for daily needs.

The report says that 50 per cent of trips to community pharmacies in London are made on foot or by wheelchair, compared with one in seven by public transport and one in 10 by local authority subsidised taxi services. Most people live within 15 minutes of a pharmacy, but one person in seven has to travel for more than 20 minutes.

Living Streets wants to see changes to hostile and neglected street environments that compound isolation when ready access to local amenities is lost. Its Liveable London report describes a walkable neighbourhood as one where shops, banks, post offices and other services are available within 15 minutes walk along high quality pedestrian routes with few hazards. The report was launched on 30 October by London's mayor Ken Living-



John D'Arcy, National Pharmaceutical Association chief executive (right), and Philip Norville of Marshalls, the manufacturer of the paving slabs

stone. A series of symbolically designed paving slabs was unveiled outside a parade of shops in Honeyput Lane, Stanmore, north London. One of the slabs, outside Mukundrai Kotecha's pharmacy in the parade, bears a green cross.

Pharmacist loses repetitive dispensing strain injury appeal

A PHARMACIST who claimed that checking prescriptions while working for Boots The Chemists had given him a repetitive strain injury in his left shoulder has lost an appeal on his case.

Derek Spencer claimed that recurrent pain and restricted movement in his shoulder was the result of checking prescriptions when he was manager of the Bulwell, Nottingham, branch of Boots between 1991 and 1997. He said that he spent long hours raising his left arm while checking prescriptions.

Lord Justice Mance, sitting at the Court of Appeal with Lord Justice Latham, said on 31 October that the Bulwell store was one of the busiest in the country, with December 1996 being particularly pressured. "On any particular day, Mr Spencer could deal with as many as 250 prescriptions with an average handling time of 37 seconds."

However, the judge observed that Mr Spencer had worked at the store since 1991 with no previous complaints and a risk assessment would have been unlikely to identify the repetitive lifting manoeuvre as a hazard.

Mr Spencer, who now runs his own pharmacy in Eastbourne, Sussex, sued Boots for £70,000 damages. The claim was initially dismissed by a Brighton County Court judge who ruled in March last year that Boots could not have reasonably foreseen that he might suffer injury.

BRIEFLY

AAH restructures marketing

AAH Pharmaceuticals has restructured its marketing, information technology and purchasing departments into a single commercial directorate, headed by trading director Paul Foster-Jones. The move will result in a number of redundancies, the company said.

Tesco opens Nutri Centre

Tesco, which bought a controlling stake in Nutri Centre last year (*P7*, 11 August, 2001, p181), has opened an instore Nutri Centre at its Kensington, London, branch.

Salt intake levels for children

Draft recommendations on safe salt intake levels, including those for children, have been issued by the Food Standards Agency. They suggest that infants under seven months should consume less than 1g of salt per day. Recommended intake levels for older infants and children range from 1g per day to 5g per day depending on age. Current advice is that adults should consume no more than 6g of salt per day.

Cornish pharmacy wins grant for collection and delivery service

A COMMUNITY pharmacy in rural Cornwall has won a £9,000 grant from the Countryside Agency to help it run a prescription collection and delivery service in and around the village of St Just at the westerly tip of the county.

David Ramsay, of Ramsay Pharmacy, said the idea for the collection and delivery service had been prompted by a woman who had gone without her treatment for four days in January this year because the weather had been so bad that she was unable to go to the pharmacy to collect her tablets. A van was bought in March and a part-time driver taken on. Shortly after this, Mr Ramsay became aware of the Countryside Agency's three-year £48m Vital Villages scheme (www.countryside.gov.uk/vitalvillages).

By the end of July, the Countryside Agency decided that it could not help with the cost of buying the delivery van because it had been bought before the application for a grant had been made, but that it could contribute half of the full-year running cost of the scheme. These costs include the driver's wages, vehicle costs and the cost of advertising and promoting the service. The only

requirement is that the scheme should continue after the first year with no further Countryside Agency support.

"The service has been extremely well taken on board by the public in general, Mr Ramsay said.

In an extension to the prescription collection and delivery service, people are also able to ask for pharmacy medicines to be delivered, and paid for on delivery, provided they have telephoned and spoken to Mr Ramsay personally

Welsh GPs issued 46m prescriptions

GENERAL practitioners in Wales issued prescriptions for 46 million items at a cost of £456m during 2001-02, according to new figures from the National Assembly for Wales, equivalent to 15.9 items and £156.91 net ingredient cost per person. The number of items was 6 per cent higher than the previous year and the cost increased by 11 per cent (8 per cent in real terms).

Chief pharmacist says modernisation will shatter rigid NHS demarcation lines

THE Government is determined to shatter old, rigid demarcation lines that hold back staff and slow down patient care.

So said Dr Jim Smith, chief pharmaceutical officer for England, at the National Pharmaceutical Association's October management board meeting. He added that NHS staff at all levels are seen as key to delivering reform, but that in order to achieve this, staff need to reach their full potential by gaining skills through further training and development.

Speaking to the NPA board about the Department of Health's recent skill mix discussion paper (*PJ*, 5 October, p469), Dr Smith emphasised that it is a discussion paper and not a consultation paper. This means that the Department has no predetermined model for making the most of the pharmacy workforce and that any formal consultation paper would only be produced once the views of pharmacy organisations have been considered, he said.

Board members expressed concern that it might be possible to redefine supervision so that a pharmacy business could be run without the need for a pharmacist to be on the premises at all times. What would happen, they wanted to know, to customers who



Dr Jim Smith: no predetermined model for pharmacy workforce

wanted to speak to the pharmacist or to patients who had been referred by NHS Direct for advice?

Furthermore, would the United Kingdom be moving away from most other European Union countries where pharmacists were required to be on pharmacy premises at all times? Dr Smith said that if

pharmacists are allowed to leave their premises it is likely that a qualification higher than a level 3 National Vocational Qualification would be needed by any member of staff who is left in charge. Discussions will take place with colleges of further education and schools of pharmacy.

Board members also heard Bill Scott, chief pharmaceutical officer for Scotland, say that pharmacists engaging with the public should be able to prescribe for common ailments on the NHS as independent prescribers. Pharmacist prescribing for common ailments is beginning to be rolled-out because Ministers in Scotland are committed to seeing better use made of the profession. Pilots have already been conducted in this area and have worked well for patients, general practitioners and pharmacists.

Mr Scott said that there is no "quick fix" for the future of pharmacy in Scotland. But there is a vision in which pharmacists will be fully used and manpower issues addressed. Pharmacists will be involved at the highest levels of public health and will be remunerated accordingly, he said. But solutions still need to be found to achieve this vision and if this means rules have to be substantially changed, "then so be it".

Pharmacist opens new trauma unit



Dr Alan Smith meets one of the Radcliffe Hospital's physiotherapists in the new trauma unit

THE former chief executive of the Pharmaceutical Services Negotiating Committee, Dr Alan Smith, FRPharmS, officially opened a new trauma unit at the John Radcliffe Hospital in Oxford last month.

The new £8.5m unit, which expects to see around 22,000 outpatients and 3,500 inpatients a year, has wards on two levels, an outpatient department, a day surgery unit, physiotherapy and occupational therapy areas, clinic rooms and offices. The hospital's fracture clinic will also move into the

new building. Dr Smith spent around six months in the hospital's former trauma unit after a serious riding accident in August 2000. Having suffered a fracture of the pelvis, he spent six-and-a-half weeks in intensive care and remained in the unit until March 2001.

His wife Sally told *The Journal* that the trauma unit had been the "heart and soul of his recovery" and that he had become something of a good luck symbol for the new unit, taking part in its fundraising activities.

BRIEFLY

Cannabis medicines on track

GW Pharmaceuticals announced positive preliminary results for its cannabis-based medicines from four phase III trials this week. The company now intends to submit an application for regulatory approval to the Medicines Control Agency and hopes to launch its first cannabis-based prescription medicine in 2003. The unpublished results show significant improvements in pain relief, sleep disturbance and spasticity for patients with multiple sclerosis who were treated with GW's whole plant medicinal cannabis extract rather than with placebo, the company says.

Head lice prefer not to jump

Head lice are particular about what will persuade them to move from one hair to another, Australian researchers have found. They attempted to persuade freshly caught *Pediculus capitis* to move from one hair to another by passing new hairs by them at a variety of angles, directions and speeds. The highest transfer rate, of 85 per cent, occurred when a new hair was moved slowly parallel to the louse, in a tail to head direction. The researchers say this indicates that the lice probably rely on head-to-head contact for transmission (*Journal of Investigative Dermatology* 2002;119:629).

Correction

The telephone number of the NHS response line is 0870 155 5455 and not as printed on p667.