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WHY MEDICATION REVIEWS PAY

When the National Service Framework for Older People was published in March 2001 (*Pfj*, 31 March 2001, p415), the concept of regular medication review was put into the spotlight. Since then, health care professionals in primary care in England have collectively been scratching their heads and wondering how to go out about it.

Does a cursory look at the notes of a patient in her 80s who has been prescribed six different medicines count as a medication review? Or do you have to go the whole hog and spend at least 20 minutes face to face with her, checking that she understands why she is taking the medicines and finding out if she has any problems and, if so, recommending adjustments? The short answer is that both approaches will suffice, although the benefits to the patient of adopting the latter one will probably be greater — if more labour intensive.

Community pharmacists in England will receive a summary guide to medication review with this week's *Journal*, jointly produced by the Medicines Partnership and the medicines management collaborative run by the National Prescribing Centre — with the full guide due to be published next week. All types are catered for: the faint-hearted who are rather daunted by the prospect of starting medication reviews, as well as the enthusiasts who have well established programmes in place.

On p737 of this week's issue we look at some of the financial benefits that have accrued to the health service from medication reviews. And, although this is not the main reason for undertaking them, these revelations might tempt one or two doubtful chief executives of primary care trusts to dip into the coffers to provide some funding for a pharmacist to start reviewing.

STIRRING THE SKILL MIX

This week's issue sees the last of our news features looking at the Government's consultation document "Pharmacy workforce in the new NHS". Since the document was released at the British Pharmaceutical Conference at the end of September we have looked at a number of related issues. This week we look at the possible impact on the contract currently under negotiation (p738).

The pharmacy leaders quoted this week are unhappy with the idea that pharmacists might not always need to be on their premises if technicians are given the extended roles envisaged by the document. They are particularly concerned that patient safety may be at risk. However, provided appropriate safeguards are in place, and the pharmacist is easily contacted, that need not be a problem. What is important is that those pharmacists who want to remain on their premises at all times should be able to, but others, who may wish to develop their clinical skills in a different location, should not be prevented from so doing.