

Editor and Editorial Director
OLIVIA TIMBS

Personal Assistant to the Editor
LYN MCCULLOCH

Deputy Editor
ANDREW HAYNES, *MRPharmS*
(The Society Section)

Managing Editor
GRAEME SMITH, *MRPharmS*
(Letters, Broad Spectrum,
Original Papers, Articles)

Assistant Editor
MICHAEL THOMPSON, *MRPharmS*
(Editor, *PJ Online*)

Senior Staff Editors
HARRIET ADCOCK, *MRPharmS*
(Clinical News)
JONATHAN BUISSON, *MRPharmS*
(General News)

Staff Editors
DAWN CONNELLY, *MRPharmS*
(Contributions, Reviews)
ZOE GROSS, *MRPharmS*
(Notice-Board)
LIN-NAM WANG, *MRPharmS*
(Continuing Professional Development)

Production Editor
CHRISTOPHER ICHA

Website Controller
GOWAN CLEWS

Administrative Assistant
PAULINE HESLOP
(Copyright and Permissions)

Editorial Advisory Board
ANGELA ALEXANDER, *FRPharmS*
JUDY CANTRILL, *FRPharmS*
ANTHONY COX, *MRPharmS*
NOEL DIXON, *MRPharmS*
NICK HALE, *MRPharmS*
JOHN HALL, *FRPharmS*
NORMAN LANNIGAN, *MRPharmS*
CHRISTINA LOWE, *MRPharmS*
BOB RIHAL, *MRPharmS*
STEVE WICKS, *MRPharmS*

Head of Business Development
PHILIPPA STAHELIN

Business Development Administration Officer
JO COOK

Business Development Executives
DORINDA LEWIS
ZIA NAMOOYA

Media Sales Executive
STUART THOMAS

Head of Publishing Services
JOHN WILSON

Production Manager
JOANNE MARKS

Production Assistants
HELEN BLOY
ADAM JONES
CLARE KNIGHTS

Director of Publications
CHARLES FRY

The Pharmaceutical Journal
1 Lambeth High Street
London SE1 7JN

Telephone editorial, 020 7572 2420
advertising, 020 7735 9141
Fax editorial, 020 7572 2504
advertising, 020 7572 2505

E-mail editorial, editor@pharmj.org.uk
advertising, advertdept@rpsgb.org.uk
(see also "Notice-Board" page)

PJ Online www.pjonline.com

WATCHING AND WAITING WON'T WORK

Pharmacists in England will need to seize the initiative if they are to get involved in helping deliver the National Service Framework for Diabetes. If they sit back in their pharmacies and do nothing they will not be approached. This is the message that comes across from talking to pharmacists about the second part of the NSF — the delivery strategy — which was published last week (see p69).

The delivery strategy has been a long time coming — its publication was expected in the summer of last year. Has it been worth the wait?

As our news feature says (see p75), there is only one paragraph that specifically refers to pharmacy. It says that "pharmacists are a regular point of contact for people with diabetes and can play a central role in improved medicines management" and that diabetes services are well positioned to take advantage of extending prescribing to pharmacists. Nevertheless, the delivery strategy creates opportunities for pharmacists to establish themselves within the health care team, whether it be through education programmes for patients or disease management reviews.

The strategy relies on primary care trusts deciding for themselves about the best approach to delivering the diabetes standards, so it is up to pharmacists to convince them about how they can get involved, and medicines management is probably the best way forward. However, no funding is being provided for pharmacy so it will be up to pharmacists to seek local funding. This is certainly not a case of good things coming to those who wait.

DOES PAYMENT AFFECT COMPLIANCE?

Certain health service policy-makers have often put forward the argument that if people had to pay — or pay more — for their medicines, they would be more likely to take and finish the courses. However, a survey in the United States reveals that compliance tends to decrease if the costs are considered too great and patients adopt different strategies towards their medicine-taking, including taking less than prescribed each day in order to make a course last longer (see p69).

Although the US circumstances are not directly comparable to the United Kingdom's, the survey does indicate there are some opportunities for research here. It is known, for example, that some patients who are not exempt from prescription charges never collect their medicines because they cannot afford the charge. But what is known about those whose prescriptions are collected? Is compliance greater among groups who have to pay than among those who are exempt or vice versa? Whatever the answer, it might inform the advice that pharmacists give patients as they hand over dispensed items.