

Hospital pharmacists and technicians to be covered by NHS pay review body

FURTHER documents issued by the Department of Health as part of negotiations on the "Agenda for change" pay scheme confirm that pharmacists are to come under the remit of the National Health Service pay review body for nurses and professions allied to medicine. Hospital pharmacy technicians and assistants will also be covered from the outset of any new agreement on NHS pay.

The Guild of Healthcare Pharmacists and the Pharmaceutical Whitley Council have been seeking this for many years and the guild described the move as one of the important gains within "Agenda for change". In addition, pharmacists have been listed specifically as being eligible to receive nationally agreed recruitment and retention premiums in order to maintain staffing levels. These premiums could be up to 30 per cent of annual salary.

The Department of Health has published two new documents on "Agenda for change". The first is the proposed agreement, which will go out for full national consultation. The

second is a job evaluation manual. This contains one specimen job profile for a specialist renal or oncology pharmacist.

Ron Pate, chairman of the staff side of the Pharmaceutical Whitley Council, said that the manual needs to be treated with extreme caution at this stage because discussions relating to the specimen profile, and several other pharmacy job profiles, are ongoing. Discussions are also continuing on how pharmacists' emergency duty payments will be incorporated into the new pay scheme. Under the scheme individual allowances and additional payments are to be replaced by single pay bands. If consultations with staff representative bodies are



The new pay scheme for hospital pharmacists and technicians will be rolled out nationally in October 2004

successful, the pay scheme will take effect at a number of early implementer sites in England from 1 June. National roll-out should follow in October 2004.

Welsh Assembly considers wider prescription charge exemptions

THE National Assembly for Wales is to consider extending exemption from paying prescription charges to all patients with chronic life-long illnesses.

Health Minister Jane Hutt is to set up a major review of how the chronically ill are treated with regard to prescriptions following an initiative by Liberal Democrat Assembly Member Kirsty Williams, chairwoman of the health committee. Ms Hutt's group will examine who should be exempt and to what extent.

In a private member's bill approved on 4 February, Ms Williams demanded that everyone suffering from a chronic life-long condition requiring regular medication

should be exempt from charges. The assembly has already extended the age limits for free prescriptions, in addition to freezing charges. Ms Williams estimated that her changes would cost £20m a year.

But Dr Brian Gibbons (Lab, Aberavon), a general practitioner, while agreeing that "the present system is clearly chaotic", pointed to flaws in the bill. He asked whether sufferers from high blood pressure, which is permanent, would be included, and whether those with cancer, which can be cured, would be excluded. And should they get all their prescriptions free, as under the restricted categories listed in the 1968 regulations currently operating? — *Contributed*.

Dispensing robots for Lloydspharmacy

LLOYDSPHARMACY is to introduce robotic dispensing into its pharmacies. A ROWA Speedcase system has been purchased from supplier ARX, according to Chris Frost, head of pharmacy systems at Lloydspharmacy.

Mr Frost told *The Journal* that the system has been purchased to help reduce the time that pharmacists spend dispensing medicines and is being considered by the company alongside the introduction of accredited checking technicians and "hub-and-spoke" dispensing.

Use of the system in one pharmacy is to be evaluated as part of a pilot scheme over the next 12 months. Mr Frost said that

Lloydspharmacy "will be evaluating the benefits and issues that dispensary automation presents in the context of the community pharmacy".

He added: "There has been much discussion of the benefits of automation, which have been found to include a reduction in errors, reduced shrinkage, increased speed and capacity. However, most of this research has been carried out in a hospital environment."

n E-script consortium The electronic transmission of prescriptions pilot consortium formerly referred to as the Pharmacy2u consortium is to be known as "e-script" (*PJ*, 21/28 December 2002, p877).

Vigilance required with methotrexate labels, says CSM

PHARMACISTS have been advised by the Department of Health to be vigilant in ensuring that dispensing labels for oral methotrexate products accurately reflect the intended dosage. Following a number of medication errors, the Committee on Safety of Medicines has recommended a change to the labelling of oral methotrexate products to include the statement: "Check dose and frequency — methotrexate is usually given once a week." Revised packaging will be available shortly.



The CSM now recommends additional labelling for methotrexate products to avoid medication errors

NPA to produce local campaigns pack to help pharmacists oppose OFT report

MEMBERS of the National Pharmaceutical Association are to receive campaign packs to help them take action at local level to stimulate opposition to the implementation of the recommendation in the Office of Fair Trading report.

NPA chairman Terry Hannawin, speaking at the association's January board meeting, said: "There has never been a more important time for members to take action. This issue requires national and local effort. We must all press home to local Members of Parliament and the devolved assemblies the devastating effect deregulation of the entry into contract rules would have on local services. And the adverse effect it would have on future developments in the provision of health care services from pharmacies that governments expressed their intention to implement in their individual plans for pharmacy. We need also to seek support from our patients and customers who all stand to be losers if the OFT's recommendation is accepted."

The NPA has urged its members to write to their local elected representatives. The campaign pack will contain posters, flyers and petition forms, together with advice on how to make maximum impact. It is being mailed directly to members.

Mr Hannawin and NPA chief executive John D'Arcy met Health Minister David Lammy on 4 February to express the association's deep concerns about the OFT report.

Other issues discussed at the board meeting are reported below.

Heroin prescribing The NPA is seeking a meeting with the Home Office to discuss the implications for community pharmacists of the updated drugs strategy published in December 2002. In particular, the NPA wishes to discuss plans to make heroin available on prescription.

The board has mixed feelings about whether it is appropriate for heroin to be made available through community pharmacies rather than exclusively through specialist treatment centres. Many board members see opportunities for community pharmacists to develop further services for



Implementation of the OFT report could have an adverse affect on pharmacy services

drug addicts. If it were to be made available only through specialist treatment centres, this could decrease the number of addicts being treated with methadone within primary care.

Colette McCreedy, NPA director of pharmacy practice, reported on a joint Home Office and Department of Health meeting to discuss implementing the strategy. Although community pharmacists had not been mentioned in the strategy document, a number of references were made to them at the meeting.

Funding for treatment of drug addiction is to be increased by around £500m a year over the next four years. LPC secretaries have been informed of this additional funding so that they can explore opportunities for community pharmacists to contribute to the implementation of the strategy.

Consent and confidentiality In response to the NHS Information Authority's consultation on consent and confidentiality of patient information, the NPA is emphasising that patients should recognise community pharmacists as among those health professionals who will hold confidential information about them. Board members are concerned that, as currently worded, a draft NHSIA code of practice and patient

leaflet do not make it clear to patients or GPs that information will be shared with community pharmacists even though the authority has confirmed that this will be the case. Issues to be raised with the NHSIA include whether current computer systems are suitable to access patient records and whether any information held would be in addition to the current patient medication record systems.

GP workforce group John D'Arcy will join a Cabinet Office task group working to oversee effective implementation of Government plans to reduce unnecessary burdens on GPs and to offer advice and assistance communicating the changes effectively to GPs and other front-line staff. Other members of the group include representatives of the medical and nursing professions, NHS organisations and patient groups.

Boots / Sainsbury's end "store within a store" collaboration

BOOTS and Sainsbury's are to end their "store within a store" trial, which has been operating in nine Sainsbury's stores since October 2001 (*P7*, 28 July 2001, p110). The scheme involved Boots supplying the entire health, beauty and pharmacy product range in the trial stores. The two companies say that they "cannot agree on commercial terms for roll-out".

When the scheme started, Boots said it would enable it to reach out-of-town shoppers quickly and cost-effectively. Boots says it will now concentrate on increasing the number of its own out-of-town stores, with plans to double edge-of-town representation over the next three years. Steve Russell, chief executive of the Boots Co Plc, said: "With the lessons from our own stores and the new format developed for the trial with Sainsbury's, we are able to access more edge-of-town sites with better economics. We will implement this opportunity effectively and quickly."

During the past year, Sainsbury's successfully ran trials of its own health and beauty range in five stores, and now plans to extend this range to include new own-label products and international brands.

n Boots factory to close Boots Contract Manufacturing has announced plans to close its Airdrie, Lanarkshire, site where 1,000 people are employed as part of a review of its manufacturing operations. If the closure goes ahead, it will happen over the next two years with redeployment of staff to other Boots sites where possible. Products manufactured at Airdrie include No7 and 17 cosmetics, and Soltan suncreams. The factory opened in 1949.

Warning: poor handwriting can kill

THE chief medical officer, Sir Liam Donaldson, has written to doctors warning them of the potential for medication errors arising from illegible handwriting.

He says that the root causes of medication errors are diverse but that a cause that continues to occur regularly arises from misunderstanding or misinterpreting handwritten prescriptions or instructions for the administration of medicines. In his letter, Sir Liam describes the case of a man who died as a result of a warfarin overdose after

the word "Same" was misinterpreted as 5mg. This led to the man's usual dose of warfarin being doubled.

"We ask all doctors to be aware of the potential harm that can result from illegible handwriting or the use of abbreviations. Diligence will save lives," he says.

The National Patient Safety Agency intends to review incidents of medication errors with anticoagulants and will be seeking to identify best practice to improve their safe use later this year.

Study confirms benefit of intensive therapy in type 2 diabetes mellitus

INTENSIVE therapy, including lifestyle and drug interventions, in the management of type 2 diabetes reduces the risk of cardiovascular and microvascular events by about 50 per cent compared with conventional treatment, report Danish researchers.

Dr Peter Gæde, of the Steno Diabetes Centre, Copenhagen, and colleagues point out that, although several diabetes guidelines recommend intensive multifactorial treatment, the effect of such an approach has not been confirmed in long-term studies.

They therefore randomly assigned 160 patients with type 2 diabetes and microalbuminuria to receive conventional care or intensive treatment and followed their progress for an average of 7.8 years. Patients in the intensive therapy group were treated with lifestyle and drug interventions that

targeted hyperglycaemia, hypertension, dyslipidaemia, and microalbuminuria, along with secondary prevention of cardiovascular disease with aspirin. Biochemical and clinical data were obtained every third month in these patients and after four and eight years in both groups.

The researchers report 85 cardiovascular events among 35 of the 80 patients (44 per cent) in the conventional therapy group compared with 33 events among 19 of the 80 patients (24 per cent) in the intensive therapy group.

“In addition, the reductions in the risk of nephropathy, retinopathy, and autonomic neuropathy obtained after four years of the intervention were maintained at eight years,” they say. The researchers point out that, because many national guidelines rec-

ommend using protocols and therapeutic targets such as the ones used in the study, it may be difficult to replicate the findings. “However, future studies might address several key questions, including which type of care organisation is most effective in implementing this approach to treatment,” they say (*New England Journal of Medicine* 2003; 348:383).

In an accompanying editorial (ibid, p457), Dr Caren Solomon says: “That a multifactorial approach substantially reduced cardiovascular risk is not in itself surprising. Previous studies have shown benefits of several components of this approach. But the study conducted by Gæde *et al* provides the best evidence to date of the magnitude of the benefit that can be derived from instituting several interventions.”

Change of image revealed for PHS



The new PharmacyHealthLink logo launched on 6 February

THE Pharmacy Healthcare Scheme has changed its name to PharmacyHealthLink.

The change came into effect on 6 February and is part of a review of the charity's aims, infrastructure and priorities in order to reflect major changes in the United Kingdom's public health and health promotion policies.

It intends to become more proactive in influencing policy and to work closely with

opinion formers in Government and other health organisations.

Professor Sian Griffiths, president of the Faculty of Public Health Medicine, has been appointed chairman of the charity. PharmacyHealthLink will still provide health leaflets to the public via community pharmacies. Leaflets can be obtained on 020 7572 2265 (e-mail pharmacyhealthlink@rspgb.org.uk).

Aspirin reminder

PHARMACY superintendents have been asked to ensure that staff use point-of-sale materials supplied by manufacturers that publicise the information that aspirin should not be given to children under 16 years. In a letter from the Medicines Control Agency to 14 large pharmacy chains, pharmacy superintendents were also requested to ensure that all staff are adequately briefed on this issue.

Some retailers have already taken action. A spokesman for Boots The Chemists said that all stores had received notice from the pharmacy superintendent explaining the new MCA guidance and point-of-sale material is displayed alongside GSL stocks of aspirin. The company told *The Journal* that in the next few months it will install a till prompt to highlight to staff that aspirin should not be sold to children under 16, and is looking into technology to include information on its till receipts.

Guidance issued by pharmacist on how to administer medicines to patients with swallowing difficulties

GUIDANCE for nurses and carers who administer medicines to patients with swallowing difficulties has been produced by Dr David Wright, lecturer in pharmacy practice at the University of Bradford.

Published in *Nursing Standard*, the protocol is designed to help health care staff who may need to crush or open medicines before they are administered (2002;17:43).

The protocol explains that opening a capsule or crushing a tablet before it is administered to a patient will, in most cases, make its use unlicensed. Dr Wright advises that this practice should only be carried out if the prescriber has given written authorisation and the nurse or person in charge has no concerns about patient or carer safety.

“Tablet tampering may compromise patient safety and the crushing or opening of medication results in unlicensed administration with the liability lying solely with the nurse if unauthorised or shared with the prescriber if authorised. The protocol has been formulated to help nurses achieve best practice in administering medication to people with swallowing difficulties,” said Dr Wright.

The protocol includes a list of medicines that should never be crushed or opened — modified release preparations, enteric coated tablets, hormonal, cytotoxic and steroidal medicines, and nitrate preparations. It also gives reasons for not crushing or opening these types of medicines.

Flow charts provide information on how to deal with swallowing difficulties in the short and long term and also give guidance on administering medicines via percutaneous endoscopic gastrostomy or jejunostomy tubes.

Publication of the protocol follows research conducted by Dr Wright that showed tablet crushing is widespread, with the practice taking place in over 80 per cent of nursing homes at least weekly (*PJ*, 6 July 2002, p8).

Pharmacists who would like a copy of the protocol should send an e-mail to jspr@blueyonder.co.uk stating whether they would prefer to receive an electronic or paper copy of the protocol.

Placebo effect for homoeopathic arnica

NEW research showing homoeopathic arnica has no effect on pain or bruising after hand surgery will “help people save money” by not buying this remedy, according to a professor of complementary medicine.

Researchers from Exeter University and the Royal Devon and Exeter Hospital carried out a “rigorous randomised” trial of homoeopathic arnica, published earlier this week in the *Journal of the Royal Society of Medicine* (2003;96:60). The study involved 64 adults about to have wrist surgery for carpal tunnel syndrome. They were given three tablets daily of either arnica 30C, 60C or placebo for one week before, and two weeks after surgery.

There were no advantages for arnica in relieving pain, as measured by a pain questionnaire, or bruising, as assessed by computer imaging. Other outcomes (swelling and use of analgesic medication) also showed no differences between the homoeopathic remedy and placebo.

The authors say that arnica has a reputation as a useful intervention for preventing the effects of anticipated trauma such as surgery. Previous studies on arnica had contradictory results and many had “methodological limitations that made the findings

unreliable”. Although the authors say that the results do not support the routine use of homoeopathic arnica for preventing or reducing postoperative bruising, swelling or pain, they do not rule out the possibility that individual patients could benefit.

One of the study’s authors, Professor Edzard Ernst, department of complementary medicine, University of Exeter, explains arnica’s previous repute in healing as “positive selection bias”. Patients taking arnica, and subsequently healing well after surgery could attribute their recovery to the remedy. Those recovering well without a remedy or healing slowly after taking arnica, are less likely to report their experiences.

Professor Ernst hopes this research will encourage people to look for more effective treatments and help them “to save money by not buying homoeopathic arnica”.

However, Dr Steven Kayne, a Glasgow community pharmacist with an interest in complementary medicine, told *The Journal* that, although he believes the trial to be of good quality, in his view, sweeping comments have been made. Although arnica appears not to work at the doses and in the context studied, it may have effects at other doses, in other forms and in different appli-

cations, he said.

Dr Kayne pointed out that arnica is not indicated in pain control, although it is used for bruising. He acknowledged that the doses studied were those most commonly sold over the counter for minor bruising, but questioned whether these would have been used preoperatively.

However, Dr Kayne praised the study for showing that homoeopathic remedies could be subject to a randomised trial and he called for further research in this area.

Consider combined salmeterol/fluticasone in COPD

COMBINATION inhaled therapy with salmeterol and fluticasone should be considered for some patients with chronic obstructive pulmonary disease (COPD), according to data published this week.

A 12-month study of the combination, in 1,465 patients, found that it produced an improvement in health status and a higher rise in lung function compared with either drug alone. “Although the absolute changes in lung function induced by combination treatment were modest, they did happen rapidly,” say the researchers. Combination treatment also reduced breathlessness and

the use of relief medication compared with placebo or the individual agents. Combined treatment reduced the total exacerbation rate by 25 per cent ($P=0.0001$) and exacerbations requiring oral steroids by 39 per cent ($P=0.0001$) compared with placebo.

Although these reductions were not statistically significant when compared with monotherapy, the authors note a trend in favour of the combination group that became more pronounced with increasing severity of disease. They cite earlier research indicating that long acting β_2 -agonists may enhance the anti-inflammatory

effect of corticosteroids and that corticosteroids may help upregulate β -receptors.

The study (*Lancet* 2003;361:449) is from the TRISTAN (trial of inhaled steroids and long acting β_2 -agonists) study group. Patients received either salmeterol 50 μ g twice daily, fluticasone 500 μ g twice daily, a combination of both or placebo.

A spokeswoman for Allen & Hanburys told *The Journal* that European marketing authorisations for Seretide (combined salmeterol and fluticasone) as a treatment for COPD are expected to be granted within the next few months.

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Dietary advice tips

A reminder of the main points to be made by pharmacists when giving nutritional advice to the public. See “Checklists & Advice Tips” section on the Notice-board.

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ROYAL PHARMACEUTICAL SOCIETY NEWS

Mandatory CPD

The Society is seeking views on how mandatory continuing professional development should be implemented (p205 and pull-out centre section).

Herbal medicines

The Society has expressed concerns to the Government about the inadequacy of existing arrangements for controlling the supply of herbal medicines (p205).

Council election

The Society is calling for nominations of pharmacists to serve as members of Council (p205).

Cytokine may provide new approach to managing sepsis in cancer patients

TREATMENT with recombinant human interleukin 11 (rhIL-11) reduces the frequency and load of bacteraemia in patients with haemological malignant disease receiving chemotherapy, researchers say.

The cytokine, thought to act by either protecting gastrointestinal cells from cytotoxic damage or by immunological mechanisms, could offer a new, non-antibiotic approach to managing sepsis in these patients.

Dr Michael Ellis, United Arab Emirates University, Al-Ain, and colleagues randomly assigned 40 patients with haemological malignant disease to receive either rhIL-11 50µg/kg or placebo subcutaneously daily from the day before starting chemotherapy until either resolution of neutropenia or for 21 days, whichever was longer. They found

that fewer patients in the rhIL-11 group developed bacteraemia than those given placebo and the time to first bacteraemia event was also increased with rhIL-11.

The proportion of patients with fever of any cause was lower in the rhIL-11 group than in the placebo group, which was probably a result of a reduction in bacteraemic events.

The researchers comment that adverse events associated with rhIL-11 were infrequent, of low intensity, and easily manageable, apart from in one patient with hypersensitivity. "Therefore, the clinical benefits of rhIL-11 clearly outweigh the side effects," they say.

They add that larger trials should be done to confirm their findings (*Lancet* 2003;361:275).

Vampire bat saliva component is promising treatment for stroke

A PLASMINOGEN activator found in the saliva of a blood-feeding vampire bat (*Desmodus rotundus*) is a promising treatment for patients with ischaemic stroke, a new study shows.

Desmoteplase, a fibrinolytic enzyme, has the advantage of not exhibiting the unwanted neurotoxic properties that are associated with tissue-type plasminogen activator (tPA), which restrict the use of tPAs in ischaemic stroke.

The researchers explain that tPA promotes excitotoxic and ischaemic injury in the brain, which has implications for its use in the treatment of patients with acute ischaemic stroke. Although tPA is effective if used within three hours of onset, prolonged or delayed use could exacerbate neurode-

generation and destruction of the blood brain barrier and thereby contribute to the increased risk of cerebral haemorrhage seen in these patients.

In a search for other plasminogen activators that lack detrimental effects within the central nervous system, they compared the ability of tPA to induce neurodegeneration with that of desmoteplase in mice models. Unlike tPA, desmoteplase did not exhibit neurotoxic properties.

The researchers conclude: "The inability of desmoteplase to promote neurodegeneration provides substantial impetus to assess the efficacy of this protease in stroke patients." A clinical trial using desmoteplase in acute stroke is under way in Europe, they say (*Stroke* 2003;34:537).

Engineered anthrax toxin has efficacy against tumours

AN ANTHRAX toxin that has broad and potent antitumour activity but exerts limited toxicity to normal tissue has been produced by American researchers.

Dr Shihui Liu, National Institutes of Health, Bethesda, Maryland, and colleagues designed a version of the toxin that is activated *in vivo* by cell-surface urokinase plasminogen (uPA).

They explain that uPA is an attractive target for the treatment of cancer and show that by changing the specificity of protease activation, anthrax toxin can be converted from a highly lethal toxin to an agent with potent antitumour activity.

The toxin displayed potent cytotoxicity to a spectrum of transplanted tumours of widely different origins — including connective tissue, neural crest and pulmonary epithelium — and eradicated established tumours in mice. Antitumour activity depended on tumour cell-surface plasminogen activation, they say.

The researchers conclude: "This engineered toxin efficiently suppressed malignant tumour growth and could eradicate established tumours in the absence of toxicity to normal tissue. The engineered toxin may have broad applicability for the treatment of human tumours because of its species-independent mode of activation and the copious expression of cell-surface uPA on human tumours, ranging from carcinoma and sarcoma to hematogenous malignancies."

They add that the engineered toxin has the potential to be modified for diagnostic imaging of human tissue.

The study is published in *Proceedings of the National Academy of Sciences* (2003; 100:657).

Drug harnesses positive effects of thalidomide to destroy cancer cells

A COMPOUND related to thalidomide could prove to be an effective anticancer agent because of its ability to induce apoptosis, say researchers.

Dr Blake Marriott, of St George's Hospital Medical School, London, and colleagues tested the direct antitumour effects of a series of second generation thalidomide analogues. They found that one of the selective cytokine inhibitory drugs tested, SelCID-3, was consistently effective at reducing tumour cell viability in a variety of solid tumour cell lines but had no effect on non-neoplastic cells.

SelCID-3 belongs to a class of drugs that have known phosphodiesterase (PDE) type 5 inhibitory activity. However, the

researchers say the antitumour activity of SelCID-3 is independent of this activity and does not involve cAMP elevation.

Dr Marriott said: "We were surprised at the ability of this class of drug to kill cancer cells but leave normal cells apparently unaffected."

He added that it was important to emphasise that the new compound, and SelCIDs in general, are totally different to thalidomide. "Also, the most likely benefits will be when tailor-made combinations of these drugs are used, perhaps in combination with other chemotherapeutic drugs," he said.

The study is published in *Cancer Research* (2003;63:593).