

Director of primary care questions pharmacy's influence at national level

LEADING National Health Service strategist, Dr David Colin-Thomé indicated earlier this week that the pharmacy profession lacks strong leadership.

Dr Colin-Thomé, the Department of Health's national director of primary care, was speaking at a meeting organised by North East London Local Pharmaceutical Committee. He told the meeting that he recognised the vision and drive of pharmacists but said pharmacists had to have influence at a national level.

"Throwing money at something does not mean that anything will happen unless there is some vision and some personal drive to get it to happen. You have that locally. But the issue is, how do you persuade national bodies that this is the way forward," he said.

During a discussion session, LPC member Imran Khan told Dr Colin-Thomé that pharmacists were begging to improve patient services and improve patient outcomes. He replied: "You might be individually, but where is the leadership in your profession saying that nationally? I do not hear that strongly. That is how ministers get to hear about the commitment of pharma-

cists — not by a few people doing things at a local level." He added that the Royal Pharmaceutical Society seemed to be moving in the right direction but said something more substantial was needed.

Hemant Patel, secretary of North East London LPC echoed the view that the pharmacy profession lacked strong national leadership. He commented: "Locally we can make sure we have strong characters, each making a sacrifice, quietly doing good work. But they need motivating and they need help. My role is to make sure that the local view is articulated at national level. But if things at national level are diluted then we have to come back and talk to local partners." He added: "As a Past-President of the Royal Pharmaceutical Society and through my tenure with the PSNC, I hang my head in shame because where there needs to be engagement there . . . [are] people wanting to maintain the status quo."

In response to Dr Colin-Thomé's comments, David Thomson, chairman of the Society's Scottish Executive, said: "Clearly if external perception is that we are failing as a profession to make an impact, particularly in the key area of primary care, then this has

to be taken seriously. Again lessons may be learnt from observing developments in Scotland. Perhaps not in the leadership aspect, but more in how the various strands of pharmacy have largely combined and united to propose a uniform and consistent approach on how the pharmacy cause is advanced and promoted."

Andrea Robinson, chairman of the Society's Welsh Executive, said: "In Wales we have the advantage that communication links between the [National Assembly] and the professions are much shorter and this enables us to have greater influence in developing health care policy."

Barry Andrews, chairman of the Pharmaceutical Services Negotiating Committee rejected the suggestion that pharmacy lacked strong leadership. "As a consequence [of having a number of national pharmacy bodies] there are sometimes divided views," he said. "But this can be an advantage."

He added that the PSNC provided strong leadership. "We have a strong governing principle of collaborative working with other bodies."

No comment was forthcoming from the Society headquarters at Lambeth.

Second wave of 14 LPS pilots approved

THE Department of Health has approved a second wave of 14 local pharmaceutical services pilots in England. Half of them are full proposals, the rest were preliminary.

Announcing the new pilots this week, Parliamentary Under-Secretary of State for Health David Lammy said: "Each pilot has a dispensing element, but a number of pilots will provide a range of other services, such as services tailored for patients aged 75 years and older, and training and education for patients, carers and pharmacists."

The 14 primary care trusts and the locations of the pilots are:

- Northumberland (Berwick-upon-Tweed)
- Lambeth (across PCT)
- Southwark (across PCT)
- Lewisham (across PCT)
- Camden (Somers Town)
- Trafford North (Lostock)
- St Helens (St Helens)
- Blackpool (across PCT)
- Chesterfield (Chesterfield and North Derbyshire Royal Hospitals)
- South Liverpool (West Speke)
- Brighton and Hove (across PCT)
- Central Liverpool (Vanhall and Everton)
- Wandsworth (Fairfield)
- Harrow (Stanmore South)

A third wave of LPS pilots is being sought. The closing date for applications is 1 September.

Regular pharmacist visits would help prescribing in general practice

REGULAR visits from community pharmacists to advise general practitioners about prescribing issues would be helpful, according to a survey of GPs attitudes and behaviour towards prescribing costs.

Researchers analysed prescribing data for 1,097 GPs in England who responded to a questionnaire. Of these GPs, 33.1 per cent who were in the highest quintile for national average prescribing costs, 40.7 per cent in the middle and 31.7 per cent in the lowest category said that regular visits from a local community pharmacist to advise about prescribing issues would be helpful.

However, for the same groups, 69.1 per cent, 68.6 per cent and 69.8 per cent, respectively, said that they rarely or never received helpful feedback from local pharmacists about the drugs that they use for their patients.

The researchers also found that GPs from practices with high prescribing costs were more likely to work in dispensing practices, in practices with low income populations, in single handed practices and in practices without a GP trainer. In addition, these GP were almost twice as likely to see pharmaceutical company representatives in their surgery at least once a week than those with low prescribing costs and more than three times more likely to prescribe recently launched drugs to patients.

As part of the study, the researchers

found that GPs with high prescribing costs were more likely to express dissatisfaction with their review methods for repeat prescribing than their colleagues whose prescribing costs were lower. They note that, in terms of pharmacists' input, there is already evidence of the acceptability and cost effectiveness of a visiting pharmacist to review the way in which repeat prescribing is organised in practices (*Quality and Safety in Health Care* 2003;12:29).

Study highlights poor prescribing of antipsychotics in nursing homes

MOST antipsychotics and benzodiazepines prescribed for nursing home residents are inappropriate, new research suggests.

The study, which was pharmacist-led, involved almost 1,000 elderly people in 22 nursing homes in the Thames region. The researchers found that almost a quarter of residents were prescribed an antipsychotic of some kind and that only 18 per cent of residents given antipsychotic therapy were receiving appropriate treatment. Side effects that could have been caused by this therapy were seen in 60 per cent of residents (*Age and Ageing* 2002;31:435).

Lead author, Alice Osborne, pharmacist for evidence-based practice, King's College Hospital, London told *The Journal* that inappropriate indications for antipsychotics were not the only problem. Other difficulties included a lack of review, a dearth of documentation for indications, insufficient attempts to reduce doses and open-ended prescribing without stopping dates. Thioridazine was the most widely prescribed antipsychotic, followed by haloperidol and chlorpromazine.

Ms Osborne suggested that environmental changes, such as the introduction of "safe wandering areas", could be explored before pharmacotherapy was considered for elderly patients with problem behaviour.

The same researchers have also investigated the appropriate prescribing of benzo-

diazepines in the same nursing homes (*Age and Ageing* 2003;32:102). Although 24 per cent of residents received benzodiazepines, only 7 per cent received them appropriately. Three-quarters of these prescriptions were for use every day. The researchers found contraindications, including falls and depression, in 75 per cent of those given benzodiazepines.

Ms Osborne pointed out that current incentives for supplying pharmacists to provide pharmaceutical care to residents of nursing homes are small and this issue needs resolving.

Celia Feetam, chairman of the United Kingdom Psychiatric Pharmacy Group, commented that although the researchers make the point that non-pharmacological strategies should be employed to counter wandering, restlessness and inappropriate behaviour, antipsychotics, both typical and atypical, at low dosage, have a place when symptoms such as anxiety and agitation in the elderly cannot be dealt with by other means.

She added that no mention is made in the studies of antipsychotics with potent anticholinergic activity in patients diagnosed with dementia nor the degree to which anticholinergics such as procyclidine were prescribed to counter extrapyramidal side-effects. "These agents could seriously further compromise cognitive function in such patients as well as induce behavioural

toxicity," she said.

Ms Feetam said that it would have been interesting "and of considerable practical use" to have included details of the type of pharmacy service provided to the residents of these homes and whether or not the contract was for supply alone or if it included a clinical component. "This might have made an interesting comparison and perhaps a model of improvement for the future," she concluded.

Metrodin High Purity is recalled

ALL stocks of Metrodin High Purity (urofollitropin) are being recalled and the product is being permanently discontinued with immediate effect (see p221).

This follows advice from the Committee on Safety of Medicines that no medicinal products manufactured from human urine sourced from a country which has reported one or more cases of variant Creutzfeldt-Jakob Disease (vCJD) should be available in the United Kingdom.

The Department of Health says that Metrodin High Purity is manufactured from urine sourced from Italy and the with-

drawal is purely a precautionary measure following confirmation of a case of vCJD in Italy. The Department says that there are adequate supplies of alternative products and that other urine-derived products on the market in the UK are not affected.

Professor Alasdair Breckenridge, chairman of the CSM, added: "There have been no reported cases of the transmission of CJD via urine or products from urine." However, even a theoretical risk such as that associated with Metrodin High Purity is unacceptable given that there are alternative treatment, he said.

Mucolytics become prescribable on NHS

GENERAL practitioners have been told that they can now write National Health Service prescriptions for nine previously blacklisted mucolytic products.

Fabrol granules, Flumucil granules, methylcysteine 100mg tablets, Mucodyne capsules, syrup, forte syrup, paediatric syrup and tablets, and Visclair tablets have all been deleted from Schedule 10 of the NHS (General Medical Services) Regulations 1992.

Because these products have been made prescribable, acetylcysteine granules and

carbocysteine have also been deleted from the list of products that can only be prescribed in specified circumstances (Schedule 11 of the Regulations). Lilly's new treatment for erectile dysfunction (tadalafil, Cialis) has been added to Schedule 11. All the changes came into force on 1 February. Similar changes have been made for Scotland and Wales.

Internet links to the statutory instruments can be found on the *Pfj Online* links page (www.pjonline.com/Links).

New look for P&MM



NOW that pharmacists have been given the go-ahead to prescribe, the newsletter published every two months by *Pfj* Publications has been renamed *Prescribing & Medicines Management*. Recipients of *Medicines Management* will automatically receive *P&MM*. Others who want to receive a copy should send in their details (e-mail pmm@rpsgb.org.uk).

Numark launches lobbying campaign against OFT report

NUMARK has asked all its 1,550 members to lobby their Members of Parliament over the Office of Fair Trading pharmacy report.

All Numark members have been sent details of their MPs, along with constituency surgery times and advice on how to lobby. They have also received an outline of the main shortcomings of the report and the local issues abolishing National Health Service contract controls will raise.

Numark is campaigning through pharmacies and local newspapers, with over 1.5 million leaflets that explain the threat to local pharmacies, as well as window posters and car stickers. The leaflets include a tear-off strip for customers to complete and which will be collected by pharmacies and sent to MPs to show the level of public support.

Numark's managing director, David Wood, said: "The OFT's recommendation to abolish the control of entry regulations has sent serious shockwaves through independent community pharmacy. We will fight hard to show the Government that the report is flawed, its recommendation misguided and if implemented will pose a serious threat to the provision of pharmacy based community health care to those that need it most."

Mr Wood added that the possible savings quoted in the report are questionable both in their achievability and accuracy.

The Numark campaign is also open to non-Numark pharmacies.

EDMs gain support

THREE House of Commons early-day motions expressing opposition to the Office of Fair Trading's recommendation that pharmacy contract controls be ended have been signed by a total 80 Members of Parliament.

Links to the motions and their lists of signatories can be found on the *PJ Online* links page (www.pjonline.com/links).

All Party Pharmacy Group: GPs oppose deregulation

GENERAL practitioners have added their voice to the criticisms of the Office of Fair Trading report.

Speaking at an All Party Pharmacy Group meeting earlier this week, Dr Peter Fellows, chairman of the prescribing sub-committee of the General Practitioners Committee, said that the report was very narrow and medicines should not be treated like soap powder. Commercial interests should not be the main driver in how the pharmacy network was maintained.

"At a time when doctors and pharmacists need to get on and be working together [deregulation] would lead to a loss of trust

End of month deadline set for written comments

A DEADLINE of 28 February has been set by the Department of Health for interested parties to send written comments on the Office of Fair Trading's pharmacy report for consideration in the Department's response.

The Department has set itself a deadline of 90 days from publication of the OFT report — until 17 April — for its response to be made to the OFT.

Amid rumours that the response is to be made somewhat earlier because of forthcoming elections to the Scottish Parliament

and National Assembly for Wales, a Department spokesman said: "We are sticking to the 90 days consultation period, give or take one or two days either side. We have spoken to a huge number of stakeholders and different groups, from supermarkets to the Royal Pharmaceutical Society."

He added that the February 28 deadline was for written submissions because the Department could not turn round written submissions that were made close to the end of the 90-day response period.

IPMI says health before commerce

PATIENTS' needs and nothing else should drive the distribution of community pharmacies, the Institute of Pharmacy Management International (IPMI) has said.

In a statement sent to the chief pharmaceutical officers for England, Scotland, Wales and Northern Ireland the IPMI says: "Community pharmacies should be distrib-

uted in such a way that serves the best interests of patients. Any method used to ensure that consumers have convenient access to the services of community pharmacies should be driven primarily by the public's health needs and the requirement for community pharmacy to deliver its part of the NHS plan."

MSPs want to know who has the power to change contract controls

THE Scottish Parliament's Health and Social Services Committee wants swift answers from the Scottish Executive over who has the power to change controls over the award of National Health Service dispensing contracts.

At a meeting of the committee on February 4, Nicola Sturgeon (SNP, Glasgow) said that it was her understanding that the Office of Fair Trading report on the pharmacy market dealt with consumer issues, which came under powers reserved to the Westminster Parliament. But NHS contract controls were a health matter, which meant that they were devolved to the Scottish administration.

The committee's deputy convener Margaret Jamieson said: "From what I have seen of it so far, the OFT has not considered the issue of dispensing NHS prescriptions. It considered the wider issues — some might say that it considered the peripheral issues."

Ms Jamieson confirmed that it is for Scottish ministers to decide what action, if any, to take on contract controls. This meant that a Statutory Instrument would have to be considered by the committee and that it could block an SI.

The committee heard that the Scottish Executive had set itself a deadline of 28 February for the receipt of responses in Scotland to the OFT report.

now closed, which made it hard for the PCT to manage the local health care system.

Many other speakers also commented on the need to ensure that, whatever system was in place, the pharmacy network was a planned and managed service to match Government plans.

John Evans, superintendent pharmacist of Asda, said that deregulation was not a matter of the supermarkets versus the independents, but a way of increasing patient choice.

A report of the the APPG meeting will be submitted to the OFT as its contribution to the consultation.

Aviation safety rules can be adapted to prevent outpatient medical errors

AVIATION safety principles can be adapted to outpatient care to prevent errors through risk management, a study shows.

Dr Rachel Wilf-Miron, department of risk management, Maccabi Healthcare Services, Tel-Aviv, Israel, and colleagues say that errors are normally seen as an expression of failure and that this creates an environment which precludes the fair and open discussion of mistakes. The principal aim in aviation safety is to prevent accidents through risk management.

The researchers describe the development of a medical risk programme based on aviation safety principles and its implemen-

tation in a large outpatient health care organisation over five years (see panel for the principles applied). As part of the programme, medical staff could report errors directly by telephone. Adverse events that had learning potential were analysed.

The researchers report that between November 1996 and August 2001 more than 2,000 incidents took place and, of these, 1,300 entailed accidents or near misses with learning potential.

They used root cause analysis to investigate the adverse incidents and found that of around 1,100 events, 21 per cent were errors in treatment, such as delayed treatment, poor choice of medicine or performing an inappropriate procedure. A third of errors were related to the process of care, including failure to order relevant laboratory tests, failure to refer to a specialist or inadequate review of the patient's history.

The researchers conclude that elements of their approach to risk management could work in other hospital settings. (*Quality and Safety in Health Care* 2003;12:35).

n Root cause analysis The National Patient Safety Agency is promoting root cause analysis to investigate the causes of adverse

incidents in the National Health Service. It is developing a training and accreditation package that will be rolled out in stages to selected trusts.

Risk management

- Errors inevitably occur and usually derive from faulty system design, not from negligence
- Accident prevention should be ongoing and based on full and open reporting
- Major accidents indicate possibilities for organisational learning

Training in medicines information should start in schools, says CA

MEDICINES information should be incorporated into the school curriculum as one way of improving the information patients have about their medical treatments, according to the Consumers' Association.

In a new report, "Patient information: what's the prognosis?", the association says that patients receive an increasing amount of often conflicting information about health and medicines. It recommends:

- Having a central source of impartial information
- Setting information quality standards
- Strengthening the communication skills of professionals
- Improving patient information leaflets
- Promoting excellence in information provision

If medicines information were introduced into the personal social health education and citizenship part of the national curriculum then children would develop an awareness of, and respect for, medicines, the report says. However, the pharmaceutical industry would have to be prevented from exploiting this initiative for marketing opportunities, it adds.

The report suggests that the National Health Service Information Authority should become the central source of information, run in liaison with the Royal Phar-

maceutical Society and the new Medicines and Healthcare Products Regulatory Agency. This would be funded by a levy on the pharmaceutical industry. However, the Consumers' Association says that the NHSIA will "need to reduce its present level of bureaucracy" if people are to have faith in it.

Patient information leaflets (PILs) need to be heavily reformed in order to provide clear, concise, meaningful and explanatory information. PILs should be available in different formats (including audio or video tapes) and should be tested on patients for understanding before being released, the report recommends.

The Association of the British Pharmaceutical Industry said that patient information leaflets have become part of the regulatory process and cannot provide all the information patients want. "Patients have a fundamental right to request and receive information from any source they choose," the ABPI said.

The Royal Pharmaceutical Society said that the profession was working on medicines management initiatives that would support pharmacists in their role of providing information to patients.

"Patient information: what's the prognosis?", *Consumers' Association*, 2 Marylebone Road, London NW1 4DF, price £20 (tel 0800 252100 quoting "PAINFO").

Welsh GPs able to prescribe more CDs by instalments

GENERAL practitioners in Wales are now able to prescribe a wider range of Controlled Drugs by instalments for the treatment of addiction. This includes benzodiazepines, buprenorphine, codeine and dihydrocodeine.

Previously, GPs in Wales were only able to prescribe drugs by instalments if they were listed in Schedule 2 of the Misuse of Drugs Regulations 2001. This has now been extended to cover Schedules 2 to 5. Prescribing by instalments remains limited to 14 days of treatment on a daily basis. Pharmacy contractors in both England and Wales who dispense a lawful Welsh prescription by instalments will be entitled to be paid in the same way, Welsh Health Circular WHC(2003)011 says.

BRIEFLY

CRHCP chairwoman appointed

Jane Wesson will be the first chairwoman of the new overarching Council for the Regulation of Health Care Professionals when it is established on 1 April. Mrs Wesson oversaw the establishment of the National Clinical Assessment Authority.

Interferons: long-term effects uncertain

THE clinical effect of interferons in relapsing remitting multiple sclerosis is uncertain beyond one year, a new review indicates. Researchers say that further trials are needed to assess the long-term efficacy and side effects of these agents.

They explain that doubts remain as to the effectiveness of interferons, with continuing questions over their ability to prevent progression. In addition, questions exist as to whether their effect is sustained and whether their benefits justify their use in view of side effects and high cost.

The researchers carried out a systematic review of randomised, placebo-controlled, double-blind trials in which patients had no confounding treatments. Data from one-year follow-up was available for 667 patients, and from a two-year follow-up for 919 patients.

The risk of exacerbations during the first year of treatment appeared to be reduced by about a quarter with interferon (relative risk 0.73). However, the authors say that results at two years' follow-up are not robust and difficult to interpret because many of the patients dropped out. Hospital

admissions were not reduced in patients taking interferon compared with those for patients given placebo, according to two trials. However, the authors acknowledged that more patients were now being managed as outpatients. Clinical and haematological toxic effects were greater with interferon than with placebo in all the trials and acute toxic effects adversely affected quality of life, the authors say.

They comment that although interferon is widely used in clinical practice and patients are treated for long periods, its clinical effect at one year is modest and its effect beyond this is not clear and should be investigated (*Lancet* 2003;361:545).

n MS risk sharing scheme Researchers writing in this week's *BMJ* say that money spent on the Government's risk sharing scheme for multiple sclerosis drugs (*Pf*, 9 February 2002, p163) would be better spent on independent trials (2003;326:388).

They argue that the proposed scheme is scientifically unsound and impractical and say that any additional resources for patients with multiple sclerosis should be used to provide services that will benefit more than

just the minority of patients eligible for interferon or glatiramer.

They suggest that Government money would be better spent on a long-term trial comparing interferon beta or glatiramer with azathioprine and no treatment.

Ibuprofen's inhibition of aspirin protection leads to patients' deaths

RESEARCH showing that ibuprofen leads to inhibition of aspirin's cardioprotective effects has been borne out by new mortality data.

Last year, scientists showed that ibuprofen blocked aspirin's inhibition of platelet aggregation (*Pf*, 5/12 January 2002, p5). Now, researchers from the medicines monitoring unit at Ninewells Hospital, Dundee, have shown increased mortality in patients with cardiovascular disease who use this combination. Professor Tom MacDonald and Li Wei studied over 7,000 patients with coronary heart disease discharged from hospital and prescribed low-dose aspirin.

Compared with those who used aspirin alone, those prescribed concomitant ibuprofen had around double the risk of all cause mortality (hazard ratio 1.93, 95 per

cent confidence interval 1.30–2.87, $P=0.0011$). There was around a 75 per cent increase in risk of cardiovascular mortality.

There was no increase in mortality risk for people prescribed aspirin with diclofenac or other non-steroidal anti-inflammatory drugs (*Lancet* 2003;361:573).

The authors comment that, although their findings are not conclusive, "they lend support to the hypothesis that treatment with a combination of ibuprofen and aspirin given for secondary prevention may be deleterious, possibly by antagonising the cardioprotective effects of aspirin".

Professor MacDonald said: "Perhaps it would be prudent that such patients took an alternative painkiller at least until this issue is further clarified."

Drug-resistant seizures can take years to develop

EARLY successful treatment and control of seizures with anti-epilepsy drugs does not necessarily indicate that seizures will continue to be controlled in the future, say American researchers (*Neurology* 2003;60:186).

They looked at data for 333 patients to identify factors that predict when seizures will become unmanageable with drugs. They also studied the incidence of previous seizure-free periods in this group of patients. The researchers found that patients had been diagnosed with epilepsy an average of nine years before their epilepsy became unmanageable (range 0–46 years). Unmanageable, or intractable, epilepsy was defined as a failure of two medicines to control seizures. The first drugs used were generally carbamazepine, phenytoin, phenobarbital or primidone.

"The possibility that an early positive response to treatment may not necessarily guarantee a good long-term outcome is sobering news," lead author, Dr Anne Berg, Northern Illinois University, DeKalb, said.

"But it is possible that we could learn to identify those patients who will develop intractable epilepsy in the future, identify the mechanisms involved and eventually develop treatments that might prevent some forms of epilepsy from becoming intractable."

The researchers also found that a history of seizure-free periods was common in people who went on to develop intractable seizures.

Progesterone analogue promising for preventing pre-term births

HYDROXYPROGESTERONE caproate (Proluton Depot) prevents pre-term births in women at high risk of giving birth early, researchers report. The progesterone analogue is currently used for the prevention of spontaneous abortion in women with a history of recurrent miscarriage.

Dr Paul Meis, Wake Forest University Baptist Medical Centre, North Carolina, and colleagues assigned 306 women with a history of spontaneous pre-term birth to receive weekly injections of 17-alpha-

hydroxyprogesterone caproate and 153 to receive placebo. Treatment began at 16 to 20 weeks gestation and ended at 36 weeks.

The researchers found that, compared with placebo, hydroxyprogesterone reduced the risk of giving birth before 37 weeks of pregnancy by 34 per cent. It also reduced the risk of pre-term birth before 32 weeks by 42 per cent.

Data were presented at the annual meeting of the Society for Maternal Medicine held in San Francisco last week.

Eastbourne PCT launches campaign to reduce repeat prescribing waste

"ORDER only what you need once a month" is the message for a repeat prescribing campaign launched last week by Eastbourne Downs Primary Care Trust.

Jackie Lamberty, the trust's head of prescribing and pharmacy services, said that around £1.3m worth of medicines were returned to community pharmacies in East Sussex for destruction every year.

"How much more is sitting in people's medicines cabinets?" she added. "It is a shame to see money wasted which could fund other services locally. For example, that money could provide an additional 500 cataract operations or 75 hip replacements each year."

Ms Lamberty said that in one return to a Seaford pharmacy £8,000 worth of inhalers were taken back in a plastic bag — all unused.

The trust has produced a leaflet explaining repeat prescribing and the problem of wasted medicines. It points out how patients can help and contains a small section on the

safe use of medicines. The trust is hoping that a leaflet will be attached to every repeat prescription issued from GP surgeries over the next few weeks.

The leaflet will also be attached to bags when medicines are collected from pharmacies and is on display in libraries and post offices. In subsequent weeks, small stickers displaying the campaign's message will be stuck on to repeat prescription forms. A press campaign in local newspapers is also under way.

Prescribing support pharmacist Alison Evans told *The Journal* that the prescribing team is also going into surgeries to review repeat prescribing and raise awareness of housekeeping issues, such as encouraging the removal of discontinued items from repeat forms.

Ms Evans added that, although repeat prescribing issues were widespread, they were a particular problem for trusts such as Eastbourne that are responsible for large numbers of elderly patients.



Eastbourne's waste medicines could pay for 500 cataract operations

Vets start consulting on modernisation

THE Royal College of Veterinary Surgeons is consulting its members on the future regulation of the profession. The college says that the Veterinary Surgeons Act 1966, which gives powers to regulate the profession, is out of date and that new legislation is expected in the next two to three years.

The college is asking its members how many lay members they think should sit on its council. It says that the college's professional and regulatory role gives it a good case for arguing for a lay membership of no more than 25 per cent, provided some members of the disciplinary committee come from outside the council.

Professor Bob Michell, a member of the RCVS council and a Privy Council nominee to the Royal Pharmaceutical Society's Council, said: "Where the percentage of lay membership is important is in the committees that deal with things like discipline and conduct."

The consultation also asks whether membership of the college should be separated from the licence to practise, with separate membership and registration fees.

The document says that the non-statutory functions of the college could be funded more satisfactorily in this way and that retired members and those who did not practise could continue to play a full part in the work of the college without having to pay a statutory retention fee.

Continuing professional development is also considered in the consultation, with proposals for postgraduate training, followed by licensing to work in specific areas, mandatory CPD and periodic revalidation.

Common model to be sought for electronic prescription transfer

FOLLOWING the completion of the first phase of the English ETP pilot trials in December, the three consortia — E-script (formerly Pharmacy2u), Flexiscript and TransScript — are now in discussions with the Department of Health and the Prescription Pricing Authority. The aim is to develop a "common model" incorporating the successful parts of each pilot scheme.

The Journal understands that this model will involve patients nominating a chosen pharmacy and that most repeat prescriptions will then be sent ("pushed" in IT jargon), possibly via a central server or relay, to that pharmacy. There will also be a "pull" system that will allow any pharmacy to

request acute prescription data from the relay on presentation of a prescription.

Once the model is agreed, the Department will put its development out to tender. Multinational computer system suppliers are the most likely developers, industry sources suggest, and will produce a standard that pharmacy software suppliers will have to meet. Further details of this are likely to be released at a conference being held by the PPA in London at the end of this month.

Meanwhile, the three pilots have been given approval to continue for another 12 months. By the end of 2002, around 20,000 electronic prescriptions had been processed by the three consortia.

Irish plan to cap multiple contracts

A CAP on the allocation of health board dispensing contracts is being recommended in the Irish Republic to prevent multiple companies dominating the pharmacy market.

The plan, proposed by a government-appointed expert group, will limit multinationals to 8 per cent of dispensing contracts in each health board area.

But the Irish Pharmaceutical Union, which has been warning of a market takeover by the multiples following deregulation, is not reassured.

It has been arguing for a one-member, one-contract system, such as operates in France and Germany. The proposed cap, it claims, will not reduce the dominance of

chains like GEHE, which has acquired more than 50 Irish retail pharmacies in just over two years and is now the largest pharmacy company in Ireland.

All the review group recommendations are likely to be accepted by Irish health minister Micheal Martin.

The review group also recommends scrapping the regulation which bans pharmacists trained outside Ireland from opening their own businesses or running pharmacies within three years. The ban affects as many as 1,000 Irish pharmacists, most of whom qualified in the United Kingdom, because there were insufficient places for them at home.

Pharmacists visit 10 Downing Street

TWO pharmaceutical advisers joined around 200 other health care professionals at a reception hosted by the Prime Minister (Tony Blair) at 10 Downing Street earlier this month.

Alex Whittaker, of North East Lincolnshire Primary Care Trust, and Mike Rhymer, of Eastern Hull PCT, were among representatives of around 50 different health professions at the reception. "Mr Blair praised the growing contribution of allied health professionals to the National Health Service," Mrs Whittaker told *The Journal*. "He wanted people to know that it is 'not all doctors and nurses' in the NHS."

Plan for NiQuitin CQ lozenges to go GSL

NIQUITIN CQ 4mg lozenges, plain and mint, look likely to be reclassified as a general sale list medicine.

The Medicines Control Agency has put a reclassification application from Glaxo-SmithKline Consumer Healthcare out for consultation until 24 March. GSK says that a Royal College of Physicians report suggests that nicotine replacement therapy (NRT) should be as freely available as nicotine, and that this is supported by the Government's National Health Service plan.

The company claims that the risks associated with the lozenges are extremely low and that postmarketing data show that adverse events have been as expected. NiQuitin CQ lozenges have been available as a pharmacy medicine for about a year.

Comments can be sent to Doreen West, Room 14-248, Market Towers, 1 Nine Elms Lane, London SW8 5NQ (e-mail Doreen.West@mca.gsi.gov.uk).

Pharmacists to test men for chlamydia infection

COMMUNITY pharmacists are to be involved in a project to encourage men to be tested for chlamydia and, if necessary, to seek treatment.

This will be the second stage of a two part project being run by the Men's Health Forum and funded by the National Pharmaceutical Association and the Department of Health. The first stage of the project is a qualitative research programme to find out about young men's knowledge of sexual health in general and chlamydia infection in particular. The results will provide the foundation for the second phase.

Working with a primary care trust, community pharmacies will be one of the places men can go for testing. Consideration is also being given to the possibility of treatment — a single dose of an antibiotic — being available from the pharmacy under a patient group direction.

Traditionally, the greatest users of community pharmacies are older women and women with children. Colette McCreedy, director of pharmacy practice at the NPA

said: "We really need to find out about the attitude of men and pharmacists to working in this area." The NPA and the Men's Health Forum are currently looking for a PCT that is both willing and suitable to take on the project. It would need to include a workplace with a large number of men, such as a factory, to provide an identifiable group of clients.

Mrs McCreedy hopes that pharmacists will be able to send off urine samples for laboratory testing and then offer treatment immediately to men who return to find that their test result is positive. But she admits that there are some hurdles to overcome.

"Antibiotic treatment is a thorny area because of the issue of resistance. But chlamydia treatment is an ideal target because it's a single dose. If treatment can be offered under a PGD at the same time as a positive test result, that is very convenient."

The Men's Health Forum is a voluntary group working to improve men's health.

BRIEFLY

Prescription fraud fee up

The reward fee payable to community pharmacists in England and Wales who report fraudulent National Health Service prescriptions or give information leading to an investigation into pharmaceutical patient fraud rose from £10 to £70 on 1 February. The fraud reporting lines are 0800 068 6161 (England) and 029 2050 0500 (Wales).

PJ Online

PJ Online contains the editorial contents of *PJ* publications.

New: survey on mandatory CPD

Links to the online survey on mandatory CPD, and the associated article from last week's *Journal*.

www.pjonline.com/survey

Advertising

Details of advertising in both *The Journal* and online, including the rates for 2003.

www.pjonline.com/ads

The Society and its workings

"Guide to the Society" describes its organisation and activities, plus series on "Guide to clinical governance" and "Modernisation programme".

Part of the "Society" section on the Notice-Board.

www.pjonline.com/noticeboard

Travel medicine

An 11-part series to help pharmacists advise the travelling public.

www.pjonline.com/noticeboard/series

Improving working lives

Articles such as "My career and my family", "Career break initiatives", "Retaining experienced staff", "Team bonuses" and "Reducing stress".

www.pjonline.com/noticeboard/series

Social dimensions in pharmacy

Presents a sociologically informed perspective on key issues of importance to pharmacists.

www.pjonline.com/noticeboard/series

Government agencies

Articles on MDA, MCA and EMEA. Part of the "Series" index on the Notice-Board.

www.pjonline.com/noticeboard/series

ROYAL PHARMACEUTICAL SOCIETY NEWS

Future Council to have 29 members
The future reformed Council is to comprise 17 pharmacists, two pharmacy technicians (should the Society proceed to register technicians) and nine lay members (p243).

Great concern at OFT findings
The Council has adopted a statement expressing great concern at the findings of the Office of Fair Trading investigation into community pharmacy (p245).

Views wanted on mandatory CPD
A survey form distributed with this week's *PJ* seeks views on mandatory continuing professional development for pharmacists, and an article on p249 answers questions raised about last week's CPD consultation document.