

# Better partnerships predicted between pharmacists and family doctors

NEW partnerships between community pharmacists and general practitioners will be developed in coming years. The trend will be driven by a number of factors, including the new GP contract. This is the conclusion of a report by Professor David Taylor and colleagues at the department of practice and policy, School of Pharmacy, University of London.

Partnerships could be facilitated by community pharmacies moving into primary care centres with GPs, he believes. Alternatively, virtual partnerships could be formed through sharing of information via computer systems. Professor Taylor found that many primary care trust managers believe hub-and-spoke models of doctors based at large primary care centres would be beneficial. However, if GPs were to work in this way, it could also lead to greater responsibilities for community pharmacists to act as gate-keepers.

Professor Taylor found that PCT managers think that pharmacists have an unexploited capacity to relieve GP workloads and improve the cost-effectiveness of medicines. "The emerging consensus in PCTs seems to be that pharmacists should take more direct responsibility for treating less serious conditions, in part through the establishment of NHS funded services." However, concerns exist about pharmacists' capacity to change.

A negative finding of the research is that PCT managers in England believe that community pharmacy services are not being developed or receiving new funding. This contrasts with both the situation with GPs and also with community pharmacy in Scotland, which was viewed in a more positive light. On a day-to-day basis, PCT top management are "in danger of being preoccupied with narrowly focused funding issues".

Professor Taylor highlights recent investment in general medical services. "There is a strong case that a similar level of new investment should be made in raising the quality of community pharmacy services," he says. "Without it, the present system of NHS primary care medicines supply could be overloaded by the workload imposed by growing prescription numbers coupled with changes in areas such as repeat dispensing and the introduction of medicines management." A better funded community pharmacy service should improve the public's health, increase patient choice, liberate GPs time and facilitate bet-



Report foresees greater pharmacist-GP co-operation

ter integrated NHS care, he concludes.

The report also examined sources of health information and technological developments. If the NHS is too conservative in its approach to providing interactive information services then the public might turn to unreliable alternatives, Professor Taylor says. He cautions that if electronic health records cannot be accessed and amended by pharmacists then the community will lose significant benefits.

*"Future partnerships: primary care in 2020?" Department of Practice and Policy, School of Pharmacy, University of London, 29-39 Brunswick Square, London WC1N 1AX. Price £5.*

## Cholesterol inhibitor launched as additional treatment to statins

EZETIMIBE (Ezetrol), a cholesterol absorption inhibitor, has been launched this week by Merck Sharpe & Dohme and Schering Plough (see p569). Its main use will be as an add-on therapy for patients with primary hypercholesterolaemia not controlled by a statin alone.

MSD and Schering Plough, co-developers of the new drug, say that adding ezetimibe to the lowest dose of any statin provides lipid lowering efficacy equivalent to the highest dose of that statin.

The molecular mechanism of action of ezetimibe is not fully understood. However, the summary of product characteristics for ezetimibe says that the drug localises at the brush border of the small intestine where it inhibits absorption of cholesterol leading to a decrease in the delivery of intestinal cholesterol to the liver. By contrast, statins reduce cholesterol synthesis in the liver. "Together these distinct mechanisms provide complementary cholesterol reduction," it states.

Katrina Simister, assistant director, new medicines scheme, National Prescribing Centre, said she sees ezetimibe as an add-on therapy. However, she said: "Longer term



Ezetimibe's main use will be as an add-on therapy for patients taking statins

data are required to confirm its effectiveness in terms of both coronary heart disease impact and potential adverse events, particularly in comparison to the use of statins, including rosuvastatin."

Recent trial results also show that adding ezetimibe to low-dose simvastatin (Zocor) gives an additional reduction in C-reactive protein, a marker for cardiovascular events and atherosclerosis (*Pf*, 12 April, p506).

## Improved access to pharmacists will help reduce ADEs

AS MUCH as a third of adverse drug events (ADEs) that occur in primary care are preventable or could be ameliorated, say American researchers. Furthermore, improving access to pharmacists would help reduce ADE frequency.

The researchers surveyed 1,202 patients at four primary care centres to determine the rates, types, severity and preventability of ADEs. Of the 661 patients who responded, 162 experienced a total of 181 ADEs. Of these, 24 events (13 per cent) were serious, 51 (28 per cent) could be ameliorated, and 20 (11 per cent) were preventable.

The researchers say that strategies to improve communication between patients and health care professionals are essential for reducing the incidence of ADEs. They suggest patients should have increased access to pharmacists to discuss side effects.

Increased use of computerised prescribing systems might also help to reduce the frequency of ADEs. "Computerised checks for interactions and allergies could have prevented both serious preventable events in this study," they say (*New England Journal of Medicine* 2003;348:1556).

# Capacity of NHS Direct will more than double over the next three years

NHS DIRECT is to be significantly expanded over the next three years. The plan is outlined in a new strategy document "Developing NHS Direct" launched by Health Minister John Hutton on 15 April.

Under the new strategy, the service's telephone call-handling capacity will be more than doubled from six million calls this year to 16 million annually by 2006.

"NHS Direct has achieved so much in the five years since its launch that we are now determined to build on its success and expand the quantity and quality of NHS Direct services," said Mr Hutton. "This is why we are providing an 80 per cent increase in investment for NHS Direct over the next three years."

Funding for NHS Direct will be increased from £105m in 2003-04 to £131m in 2004-05 and £182m in 2005-06. There are also plans to make NHS Direct a distinct national organisation from 2004. It will be independent of the Department of Health, with the Department devolving funding to primary care trusts.

The new strategy document states that



NHS Direct telephone call centre: capacity to handle 16 million calls by 2006

NHS Direct will become a single access point to National Health Service out-of-hours services. Through this approach, which includes working with other NHS providers, the out-of-hours burden on general practitioners should be reduced. A scheme in the West Country based on this idea resulted in a 34 per cent decrease in GPs' out-of-hours workload, the Department of Health says.

In addition, from 2005 NHS Direct will

handle all low priority "999" calls to allow ambulances to deal with more urgent cases. A three-month pilot scheme in East Anglia saved an estimated 120 ambulance journeys.

Other developments include establishing a new national NHS Direct digital television service by 2004 and developing the NHS Direct internet service — NHS Direct Online. This will allow the public an option to save health information securely in "personal health organisers" at the site.

## Department of Health sponsors complementary medicine research

OVER £1.3m is to be spent by the Department of Health this year on research into complementary treatments and alternative medicine.

The new National Complementary and Alternative Medicines (CAM) Award Scheme will pay for research in such areas as acupuncture and homoeopathy. Five researchers have been given awards in the first round of the new scheme.

Announcing the awards, Public Health Minister Hazel Blears said that the development of a solid evidence base for complementary and alternative medicine is important. "Increasingly, the population is turning to complementary and alternative medicines sources as well as using mainstream medicine," she said.

Dr Alison Shaw, a social scientist at the University of Bristol, is to investigate male cancer patients' views on and use of CAM and the use of CAM for asthma. Dr Christine Barry, a Brunel University research fellow, will undertake an ethnographic study of medical and lay homoeopathy training and an examination of homoeopathic doctors' clinical decision making processes. Dr Elaine Weatherley-Jones, a senior research fellow at Sheffield University, is to look at homoeopathic treatments for chronic fatigue syndrome. Dr Peter White, research physiotherapist at the University of Southampton, and Dr Hugh MacPherson, research director at the University of York, are to study acupuncture independently.

## Moss wins new prison contract

MOSS Pharmacy has won a contract to supply pharmaceutical services to Her Majesty's Prison Everthorpe.

The contract will allow a local branch of Moss Pharmacy in Hull to supply pharmaceutical products to the prison for the next two years. Moss also plans to provide clinical services to the prisoners and to the prison staff.

Moss has been providing pharmaceutical services to prisons in Scotland for some time (P7, 30 March 2002, p427).

The lead pharmacist for the new HMP Everthorpe contract, Jonathan Whitelam, commented: "I am delighted that we have won this contract. Not only does it reinforce our role as professional health care advisers, it also allows us to share and further develop the experience gained through our contract with the Scottish Prison Service, which spans 16 establishments. Furthermore, our contract with HMP Hull means that we already have relevant local experience."

### BRIEFLY

#### NiQuitin supports Formula One

In a turnaround for motor racing, the BMW Williams Formula One team is to be sponsored by NiQuitin CQ. The agreement comes ahead of a ban on tobacco sponsorship — something that has a long association with the sport. GlaxoSmithKline's NiQuitin CQ is the first brand of nicotine replacement products to sponsor a Formula One team.

#### Pfizer-Pharmacia merger finalised

The merger between the pharmaceutical companies Pfizer and Pharmacia became effective on 16 April. The combined company will retain the name "Pfizer Inc" worldwide with the United Kingdom subsidiary company operating as "Pfizer Ltd".

#### PSC work programme

The Pharmacy Sector Committee has set out its work programme for this year. It includes educational and development projects such as training courses for technicians, technician registration and promotion of National Vocational Qualifications. The PSC is a pharmacy-wide committee of employers and professional organisations in the United Kingdom. Its remit includes the development of national standards for pharmacy staff. Further information from Lindsay Yexley, secretary of the PSC (e-mail Lindsay.Yexley@btopenworld.com).

## Drug companies win Queen's Awards

PHARMACEUTICAL companies are among the winners of this year's Queen's Awards for Enterprise.

Pfizer was given an award for international trade. Dr Olivier Brandicourt, managing director, commented: "It is an acknowledgement of the substantial contribution Pfizer makes to the UK economy, in which we have made a capital investment of more than £1bn since 1998. This illustrates our commitment to the UK, and the fact that it remains Europe's most favourable environment for research and development-based industry."

Controlled Therapeutics Ltd won an innovation award for the development of Cervidil, a sustained-release product. Cervidil uses a hydrogel polymer matrix developed at Strathclyde University to control the delivery of the cervical ripening agent dinoprostone. Cervidil is available in the United States and Canada.

Other pharmaceutical companies to win awards include: Cyton Biosciences Ltd (international trade); Penn Pharmaceutical Services Ltd (international trade); Vitabiotics Ltd (international trade); Orion Clinical Services (international trade); Oxford Instruments Superconductivity Ltd (innovation); and Tripos Receptor Research (innovation).

## Pharmacy plan for Northern Ireland

THE Northern Ireland Department of Health, Social Services and Public Safety has published a consultative community pharmacy strategy which sees potential for pharmacists to provide an open door to the health service.

"The community pharmacist will be recognised as the medicines expert working as an integral part of the health and social care team, freely accessible to everyone," the draft strategy states.

Announcing the start of consultation on the plan, Northern Ireland's Minister for Health, Social Services and Public Health, Des Browne, said: "The pharmacist is often the public's first and only point of contact with a health professional. . . . There is broad agreement that their contribution could be much better utilised."

A central aim will be to improve public access to pharmacy services. One of the proposals is for more outreach services, such as home visits.

There are also plans to explore ways of improving access in remote or deprived areas.

Frank Murray, chairman of the Northern Ireland Pharmaceutical Contractors Committee said: "We fully endorse the Minister's view of the key role community pharmacy has to play in delivering health advice and health services in the heart of our

community, particularly to the most vulnerable. With the threat of deregulation no longer hanging over pharmacy we can get on with developing innovative pharmacy services across Northern Ireland."

The draft strategy is available online via the *PJ Online* links page ([www.pjonline.com/links](http://www.pjonline.com/links)).

## Largest UK healthy living centre opened

THE United Kingdom's largest healthy living centre, the Sunlight Centre, was opened on 16 April.

A pharmacy is one of a large number of services offered by the centre at Gillingham, Kent. Among the others are a medical practice, alternative therapy and counselling rooms, a family centre, a multi-use hall, a children's nursery and offices for a number of charities.

The centre is home to over 60 resident-led support groups, community health teams, social workers and voluntary sector staff.

The multi-million pound development was funded by a lottery award, Medway Council, the North Kent Gateway Partnership and Medway Primary Care Trust.

# DTB discounts MMR and autism link

THERE is no convincing evidence that the measles, mumps and rubella vaccine causes autism or inflammatory bowel disease, according to a review in the *Drug and Therapeutics Bulletin*. Neither does the vaccine facilitate development of these two conditions.

The *DTB* reviewers looked at the evidence leading to the debate about whether there is a link between exposure to the MMR vaccine and the development of autism and inflammatory bowel disease. They point out that the original *Lancet* case series is the only published, peer-reviewed study to offer a "clear statement on the temporal relationship" between MMR vaccine and the rapid onset of these symptoms. However, the reviewers say that the study was small, uncontrolled and involved a highly selected group of children. Furthermore, some temporal association with autism is unsurprising given the timing of onset of autism symptoms. They add that later studies have provided no fresh clinical data on the apparent association.

In terms of epidemiological evidence, the reviewers say that interpretation of studies is difficult. "Nonetheless, all of the studies, conducted in several different populations, are consistent and emphatic in finding no evidence for an association between MMR vaccine, inflammatory bowel disease and autism."

The *DTB* reviewers also considered the question of single-antigen vaccines and conclude that there is "no good reason" to adopt an alternative immunisation policy. "[Substitution of single-antigen vaccines for the combined vaccine] has no scientific basis and is likely to result in increased rates of disease and an attendant increase in morbidity, mortality and risk to others," they argue (2003;41:25).

**n Inducing remission in IBS** The April issue of *DTB* also reviews therapeutic strategies for inducing remission in inflammatory bowel disease (IBS). It says that infliximab (Remicade), methotrexate and ciclosporin are used to induce remission in patients with active Crohn's disease or ulcerative colitis.

However, none is licensed for this with the exception of infliximab, which is licensed for Crohn's disease only (ibid p30).

## Remind patients with glaucoma of importance of using eye-drops

PATIENTS with primary open angle glaucoma need to understand the importance of using their eye-drops regularly, the latest *MeReC Bulletin* says (2003;13:17).

The bulletin reviews treatment of this condition and explores ways of encouraging patients to use their eye-drops correctly. It points out that, because glaucoma has no obvious symptoms, it can be difficult to persuade patients to use eye-drops regularly, especially if they experience side effects.

The bulletin provides a list of practical tips that might help patients and suggests ways in which compliance problems might

be overcome. For example, it suggests once-daily preparations for patients who have difficulty remembering to use their eye-drops, and combination preparations for patients who have difficulty using more than one drug or who find it hard to distinguish between eye-drop bottles.

A copy of the bulletin is included with this week's issue of *The Journal* sent to all pharmacists in England.

It can also be downloaded from the National Prescribing Centre website ([www.npc.co.uk](http://www.npc.co.uk)) or via the NHSnet ([nww.npc.ppa.nhs.uk](http://nww.npc.ppa.nhs.uk)).

### BRIEFLY

#### A new vitamin B?

Researchers from Japan have discovered a pyrroloquinoline quinone (PQQ) dependent enzyme that enables mice to break down the amino acid lysine. They say that PQQ should be classified as a new vitamin because of its key role in this biochemical pathway. PQQ is found in various foods, including vegetables and meat (*Nature* 2003;422:832).

#### Gap in asthma knowledge

A persistent night-time cough is not widely recognised as a common symptom of asthma, a new survey suggests. Out of 2,000 people interviewed, 42 per cent did not realise that a cough that is worse at night or in the early morning is a common symptom of poorly controlled asthma. The survey, conducted in January on behalf of Boots and the National Asthma Campaign, also revealed that most people think asthma is a condition only associated with childhood. Only 4 per cent of those surveyed thought that asthma was common among those aged 50 years and over.

#### Supplements promote weight loss

There is evidence that ephedrine and ephedra promote short-term weight loss in clinical trials, say researchers. However, there are no data on long-term weight loss, and evidence to support the use of ephedra, also known as ma huang, to enhance athletic performance is insufficient. They add that there is a two- to three-fold increase in some adverse events when ephedrine or ephedra is used with caffeine (*JAMA* 2003;289:1537).

### PJ Online

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

#### Links

Whenever a news item or article refers to an item in an online journal (such as *JAMA*, *NEJM* etc) a link is created to the relevant abstract. This is because most online journals allow free access to the abstracts but require a subscription to view the full article or PDF.

Some journals, such as *The Lancet*, require a subscription to view any of their content. Thus the link points to their homepage. [www.pjonline.com/links/journals](http://www.pjonline.com/links/journals)

#### Tuberculosis

Link to "Stop TB Movement". [www.pjonline.com/links/tb](http://www.pjonline.com/links/tb)

#### Medicines, Ethics and Practice

Link to the monthly amendments. [www.pjonline.com/mep](http://www.pjonline.com/mep)

#### Council reports

Links to reports of Council meetings, Statutory Committee and other meetings are in the "Society" section of the Noticeboard. [www.pjonline.com/noticeboard](http://www.pjonline.com/noticeboard)

#### UK telephone information

A source of telecommunications information in the UK, including an area code locator. [www.pjonline.com/general](http://www.pjonline.com/general)

#### Draft new Royal Charter

Page of links with list of roadshows. [www.pjonline.com/topics](http://www.pjonline.com/topics)

# Canvassing breaks Council agreement

CANVASSING on behalf of a group of seven candidates in the Royal Pharmaceutical Society's Council election has been taking place on the Private-Rx internet website.

Canvassing outside the internet has also been taking place, with one locum pharmacist in Wales leaving notes at pharmacies urging people to vote for the seven candidates.

The seven candidates concerned are all standing for a common cause using the slogan "Save our Society". Five of them are subscribers to the Private-Rx website.

The Society requires all candidates to give an undertaking to refrain from canvassing for votes and to dissuade people from canvassing on their behalf.

Most of the seven candidates say that they are unaware that canvassing has been

taking place on their behalf and that it is not sanctioned by them. One said: "I have not asked anyone to canvass on my behalf." Another commented: "I don't want any canvassing to take place on my behalf. The canvassers are mildly embarrassing me."

Two candidates take a different view. The prohibition on canvassing is a gentleman's agreement, one said, adding: "I doubt that it is enforceable anyway. If nobody can canvass then it favours the incumbent candidates. The system is quite unfair." He added that the Council had already agreed to change the rules next year. "Why wait a year?"

Another said: "If you're having an election you have to make sure that the electorate is informed. If you don't have canvassing people are voting blind. To talk of modernisation and say that you are not allowed to canvass your views is ridiculous."

This is the last year in which canvassing in the Council election is to be prohibited. The Council decided at the end of last year that the current restriction on canvassing will not apply to elections once the Council structure has been reformed under its agenda for modernisation (*P7*, 14 December 2002, p863).

Philip Green, deputy secretary of the Society, said that the Council had recognised that enforcement of the current rules was not sustainable in the long term.

The Council had decided not to change the rules for this year's election because guidance would need to be developed for candidates on their legal obligations with respect to publicity. The Society would also want to develop guidance on negative campaigning.

## ROYAL PHARMACEUTICAL SOCIETY NEWS

### Standards for dispensary assistants

The Council has agreed a framework for implementing its policy on standards of competence for dispensary assistants (p595).

### Online library catalogue

To help meet the information needs of pharmacists, the Society has launched an easily searchable online catalogue of more than 15,000 titles in its library (p596).

### Reform of the Society

The Society provides answers to further questions about its reform process and the Council's decision to seek a new Charter (p597).

## BRIEFLY

### New WHO advice on SARS

The World Health Organization has extended its travel advice to include Beijing and the Shanxi Province, China, and Toronto, Canada. It advises that all but essential travel to these destinations should be postponed because of the risk of severe acute respiratory syndrome.