

Numark to focus on raising standards of its worst-performing members

NUMARK is to enforce minimum standards on its community pharmacy members, concentrating on raising the standard of its worst-performing ones first.

Speaking at a press briefing last week, Numark managing director David Wood said: "We want the worst to improve and we are starting with carrot rather than stick." However, if members fail to improve the standards of their premises and service despite help and advice then Numark will cancel their membership.

"We are prepared to confront that if we need to," Mr Wood said.

The company has formed a retail standards and advisory board consisting of the pharmacist chairmen of its regional consultation committees. The board will adjudicate on pharmacies deemed to be in need of help to achieve the basic standards. As a first step, a photographic survey will be made of each pharmacy. The board will start by concentrating on the bottom 5 per cent, by visual appearance, of Numark's 1,552 member pharmacies. Numark believes that there are a number of simple things that can be done to improve the overall appearance of a pharmacy. Improving standards will also lead to improved business turnover, it says.

Mr Wood said that the issue of enforcing standards, and of sticks rather than car-



Numark's concept pharmacies show the standard to which its members can aspire

rots, had been raised by members during recent roadshows. "We are the first pharmacy group to grasp this," he said.

Numark paid rebates to its members of £9.67m in the year to 31 December 2002, an increase of 58 per cent on 2001. The average rebate for members is over £6,000 a year. The company made pre-tax profits of £890,000, up 243 per cent, on a turnover of £40.5m. Mr Wood said that Numark had

been financially weak in the past but is now in a strong position. "We are building a brand with a consumer focus. Buying groups focused at trade level have no long-term future."

□ **Business development** A further six business development managers are to be appointed by Numark giving it a team of 10 with national coverage. Around 30 new members have been recruited by the team.

Commonly used antidepressants are equally effective

THE most commonly prescribed classes of antidepressants in primary care are equally effective, a review has shown. However, much of the evidence for antidepressant therapy comes from trials conducted in secondary care and the researchers suggest that study setting should be considered when antidepressants are licensed. The findings are published in a week when the safety of paroxetine (Seroxat) has been in the spotlight again, highlighted by the BBC television programme *Panorama*.

The research involved a systematic review and meta-analysis of studies examining the efficacy and tolerability of tricyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs) in primary care

patients. Efficacy between SSRIs and tricyclic antidepressants did not differ significantly. A slight, but non-significant, effect in favour of tricyclics was found in terms of depression scale scores. However, in terms of tolerability, SSRIs fared better.

The researchers say that, although most patients with depression are treated in primary care, most treatment decisions are based on trials conducted in secondary care. "Since differences in tolerability of medicines exist between patients treated in different settings, it may be appropriate . . . to ensure that studies have been carried out in appropriate settings before granting specific antidepressants their licence." (*BMJ* 2003; 326:1014.)

Last Sunday *Panorama* reported anecdotes of patients' experiences of taking paroxetine. During the programme, mental health charity Mind claimed that the Medicines and Healthcare products Regulatory Agency (MHRA) had "failed in its duty as a public body responsible for the safety of prescribed drugs" over paroxetine.

The MHRA said that the benefits of paroxetine are still thought to outweigh the risk of adverse reactions. A new expert group is to be set up and the agency will consider the patient data collected as part of the *Panorama* programme.

FSA issues high-dose vitamins warning

A WARNING that taking high doses of certain vitamins is dangerous was issued by the Food Standards Agency last week.

Following the publication of a report by an expert group the FSA said that it is to seek a ban on the inclusion of chromium picolinate in food supplements because it can cause cancer. It has also warned that taking more than 1g of vitamin C, 1.5g of calcium or 17mg of iron a day can cause reversible abdominal pain and diarrhoea.

Other supplements — beta-carotene, nicotinic acid, zinc, manganese and phosphorus — can have irreversible harmful effects if taken at high doses for long periods.

The FSA has re-emphasised its current advice on taking vitamin B₆, which is that people should not take more than 10mg a day except on medical advice. High intakes over a long period can lead to loss of sensation in the arms and legs.

News Feature, p677

ROYAL PHARMACEUTICAL SOCIETY NEWS

CPD proposals

Among proposals agreed by the Royal Pharmaceutical Society's Council at a special meeting on April 30 is that the Register of Pharmaceutical Chemists be restructured into "active" and "inactive" parts. The Council also proposes that inactive members may still call themselves pharmacists provided they make it known that they are non-practising (p699).

HRT does not improve quality of life

HORMONE replacement therapy (HRT) does not improve health-related quality of life, a study shows.

The research comes from further analysis of the Women's Health Initiative study which examined the effect of combined HRT in 16,608 postmenopausal women. This analysis used quality of life measures in all women at one year, and in a subgroup of 1,511 women at three years.

No significant differences were found in terms of general health, vitality, mental health, depressive symptoms or sexual satisfaction. At one year, a small significant difference was observed in favour of HRT for sleep disturbance, physical functioning and bodily pain. However the researchers comment that "these differences did not repre-

sent meaningful effects according to accepted criteria for clinical effectiveness". After three years, these differences were not significant. They add: "For most women, these small benefits do not outweigh the risks of heart attack, stroke, blood clots and breast cancer associated with combined hormone therapy."

A subgroup analysis was carried out for women who had moderate to severe vasomotor symptoms (hot flushes and night sweats) at baseline. Of these women, 77 per cent in the HRT group had improvements in the severity of hot flushes compared with 52 per cent in the placebo group. A similar difference was seen for night sweats (71 per cent compared with 53 per cent, respectively). Small improvements in sleep distur-

bance were also seen in this subgroup (*New England Journal of Medicine* 2003;348:1839).

Evidence from this and other recent trials is summed up in an accompanying editorial by Dr Deborah Grady, University of California, San Francisco. "Postmenopausal therapy with oestrogen and progestogen results in increased risks of disease, does not make asymptomatic women feel better and does not improve cognition. There is no role for hormone therapy in the treatment of women without menopausal symptoms. Women with vasomotor symptoms must weigh the risks associated with treatment against the benefit of symptom relief." However, she adds that new treatments for vasomotor symptoms that are effective and safe are needed (ibid, p1835).

Positive results for new osteoporosis treatment

EVIDENCE that teriparatide, a new drug for osteoporosis, stimulates new bone formation and reduces risk of fracture was presented this week.

A study confirmed that teriparatide acts differently from alendronate (Fosamax). The comparison of the two treatments in postmenopausal women showed that bone turnover was significantly increased in the teriparatide group but decreased in the alendronate group. "This study shows that teriparatide has the unique ability to directly stimulate bone formation," the researchers commented. Alendronate acts by suppressing bone resorption.

A second study demonstrated that teriparatide produces a clinical improvement in postmenopausal osteoporotic women with severe baseline vertebral fractures. After 19 months of treatment, risk of new vertebral fractures was reduced by up to 80 per cent compared with placebo.

Further research concluded that teriparatide increases bone

thickness. After 12–24 months of treatment, a study showed that the thickness of the trabecular bone was increased by 15 per cent and the endosteal bone by 22 per cent. All three studies were presented at a recent European Calcified Tissue Society congress in Rome.

Commenting on the findings, Professor Graham Russell from the Nuffield Orthopaedic Centre at the University of Oxford, said: "These studies are significant because it is the deterioration of bone architecture that contributes to the weakening of bones and fractures seen in patients with advanced osteoporosis."

Teriparatide is being developed by Eli Lilly. It stimulates formation of new bone by increasing the number and action of osteoblasts.

A spokeswoman for Eli Lilly told *The Journal* that an application for a European licence for the drug has been made but details about its launch date are not yet available. Its proposed brand name is Forsteo. The drug was approved in the United States in December 2002 where its brand name is Forteo.

Pharmacist to take part in medical aid mission to Iraq

AAMER NAEEM, MRPharmS, a project manager with the charity Muslim Hands, will be part of a medical aid team travelling to Iraq this week. The charity will take medical supplies to Baghdad, Mosul and Kirkuk.

In 1999, Mr Naeem travelled to Albania with Muslim Hands as a volunteer on a convoy of ambulances taking medical supplies to a refugee centre (*Pfj*, 29 May 1999, p760). As a result of his work there, Muslim Hands appointed Mr Naeem as a full-time project manager. The charity is supporting relief work in 34 countries and Mr Naeem has travelled to Afghanistan, Kashmir, Pakistan and the Gambia to help with its work. He still works as a Saturday locum for National Co-operative Chemists in Nottingham to keep his professional knowledge up to date.

Mr Naeem told *The Journal*: "As soon as I started with Muslim Hands, I was thrown in at the deep end. I had to help with relief efforts for the floods in Mozambique and the droughts in Ethiopia and Balochistan, Pakistan. My knowledge and experience as a pharmacist and a manager have been invaluable to my work here. Medical projects are always costly to implement and thus being



A pharmacy at an emergency camp in Afghanistan which has been given aid by Muslim Hands

able to manage formularies and have informed discussions with our medical staff overseas is a definite advantage."

The charity also aims to alleviate poverty through education and the provision of sanitation and clean drinking water.

For the trip to Iraq, the medical aid team will first travel to Jordan to procure supplies before going on to Baghdad to set up an office and to establish at least one

longer term educational project or orphanage. "Thanks to our contacts in Baghdad and my pharmacy knowledge I should be able to target the resources we have towards the right medical supplies but, to be honest, there is only so much we can do."

Muslim Hands can be contacted at 148–164 Gregory Boulevard, Nottingham NG8 1JX (tel 0115 911 7222, e-mail aamer@muslimhands.org).

SARS treatment protocol published

A STANDARD treatment protocol for severe acute respiratory syndrome (SARS) has been published by doctors in Hong Kong.

Dr Loletta K.-Y. So, Pamela Youde Nethersole Eastern Hospital, Hong Kong, and colleagues treated a series of 31 patients with SARS. Following experience with the first 11 patients, the standard treatment protocol was finalised. It involves:

- **Antibacterial treatment** Standard treatment with levofloxacin (Tavanic) 500mg once daily intravenously or orally, or alternative regimen with clarithromycin (Klaricid) plus co-amoxiclav (Augmentin) in certain circumstances.
- **Antiviral treatment** Antiviral treatment should be added when there is evidence of extensive or persistent chest radiographic involvement or a worsening condition. Treatment with ribavirin 400mg every eight hours intravenously for at least three days until the condition stabilises then 1,200mg orally twice a day.
- **Corticosteroid treatment** Corticosteroids should be added under the same circumstances as antivirals. Initially intravenous methylprednisolone 1mg/kg every eight hours for five days, then 1mg/kg every 12 hours for five days. Then change to oral prednisolone (0.5mg/kg twice daily for five days) followed by gradual dose reduction.

Information on treating SARS now available

- **Pulsed corticosteroid** If the clinical condition, chest radiograph or oxygen saturation worsens then intravenous methylprednisolone 500mg twice daily for two days should be given.

After using this protocol for the 31 patients, the researchers report that one patient recovered on antibacterial treatment alone, 17 showed rapid and sustained responses and 13 improved with pulsed methylprednisolone. Four patients additionally required short periods of non-invasive ventilation. They add that there was no mortality or morbidity associated with this treatment protocol (*Lancet* 2003;361:1615).

Another group of researchers in Hong Kong suggest that the latter stages of the clinical pattern of SARS are caused by an excessive response by the immune system.

Week one is characterised by fever, myalgia and other systemic symptoms that generally improve after a few days. An increasing viral load suggests that symptoms are associated with the effects of viral replication. In week two, many patients have a recurrence of fever, onset of diarrhoea and worsening lung condition. At the same time, viral load is decreasing. To lessen progression to this chronic phase, an effective antiviral to reduce the viral load may be important, they add. "At the time of writing, no antiviral is reported to be clinically effective for the treatment of this novel coronavirus." The study is published online at *The Lancet's* website (www.thelancet.com).

Researchers in Singapore have found that the SARS coronavirus does not mutate rapidly. This genetic stability means it is unlikely to change to a benign infection, but also makes the possibility of a vaccine more achievable. This research is also published at *The Lancet's* website.

BRIEFLY

Terrorist attack guidance

Guidance on the use of medicinal products for treating patients exposed to terrorist attacks with chemical agents has been produced by the European Agency for the Evaluation of Medicinal Products. It can be found at www.emea.eu.int.

Developing countries should be allowed to override drug patents

SUPPORT for a recommendation that developing countries should be allowed to make cut-price copies of patented medicines has been given by the Government.

The Secretaries of State for Trade and Industry and for International Development, Patricia Hewitt and Clare Short (before she resigned this week), agreed with the findings of the Commission on Intellectual Property Rights that intellectual property rights (IPR) regimens can, and should, be tailored to take into account the individual circumstances of developing countries.

The CIPR said that patents systems can help to establish differential pricing mechanisms, which would allow prices for drugs to be lower in developing countries, while higher prices are maintained in developed countries. It added the caveat: "If differential pricing is to work, then it is necessary to stop low priced drugs leaking back to developed countries. Developed countries should maintain and strengthen their legislative regimens to prevent imports of low priced pharmaceutical products originating from developing countries and to help maintain the price differential. However, developing

countries should aim to facilitate in their legislation their ability to import patented medicines if they can get them cheaper elsewhere in the world."

The commission also recommended that developing countries should establish workable laws and procedures to allow for the compulsory licensing of patented products.

An Association of the British Pharmaceutical Industry spokesman, Richard Ley, said that the ABPI had always recognised the right of developing countries to override patents in certain circumstances, such as national epidemics.

On the issue of whether the prices of patented medicine were too high for developing countries he said: "It isn't reasonable to suggest that patents are the barrier to the effective provision of medicines." National infrastructure and health care systems were often the obstacle.

Mr Ley pointed out that about 95 per cent of medicines included in the World Health Organization's essential drug list were out of patent and that it was patents that enabled pharmaceutical companies to develop new medicines.

Polio now on the verge of extinction according to WHO

THE battle against polio worldwide is being won and the World Health Organization is refocusing its efforts on the last remaining pockets of endemic disease.

Immunisation campaigns in 93 countries where transmission of the virus has been halted are to be revised in order to concentrate on the seven remaining polio-endemic countries and six countries considered to be at high risk of reinfection.

The seven countries where the disease remains endemic are India, Nigeria, Pakistan, Egypt, Afghanistan, Niger and Somalia. Nearly all the world's polio cases — 99 per cent — are in just the first three. Other countries considered to be at high risk of reinfection are Angola, Bangladesh, Congo, Ethiopia, Nepal and Sudan.

Concentrating efforts on these 13 countries means that an extra 297 million doses of vaccine and \$35m of resources should be brought into the target zone.

If the campaign is successful, polio will be the first disease to be wiped out in the 21st century and only the second after the eradication of smallpox in 1979.

Few pharmacists found guilty of misdemeanours

ONLY a minority of pharmacists are found guilty of any misdemeanour, according to a new study of Statutory Committee cases.

A study of Statutory Committee reports published in *The Pharmaceutical Journal* between October 1988 and September 1998 found a low incidence of misdemeanours. Study author Dr David Brown, head of pharmacy practice at the Portsmouth school of pharmacy, told *The Journal*: "It seems that the vast majority of pharmacists are toeing the current regulatory and ethical line."

In the 10-year period, 344 pharmacists were involved in cases covering a wide range of personal (162) and professional (590) misdemeanours. The commonest personal offences were fraud and theft. The most common professional offences were failure to keep adequate written records, unsuper-

vised sales of pharmacy medicines, failing to fulfil the duties of a superintendent pharmacist and labelling irregularities.

Nearly half of all the misdemeanours took place at community pharmacies in Greater London or South East England and almost all professional offences occurred in independent or small-chain pharmacies.

The authors say that few trends in the nature of misdemeanours are apparent. Men pharmacists were over seven times more likely to commit an offence than women. Similarly, pharmacists from ethnic minorities were 3.8 times more likely to have made a Statutory Committee appearance than Caucasian pharmacists (based on name recognition).

The study is published in *Pharmacy World and Science* (2003;25:43).

American association to change its name

PHARMACISTS in America have voted to change the name of their largest professional association.

The American Pharmaceutical Association (APhA) formally changed its name to the American Pharmacists Association last month. Members of the association voted overwhelmingly to approve the necessary bye-law amendment, which needed confirmation by at least 75 per cent of those voting.

APhA president Janet Eagle said that the change will allow the association to become a more effective representative of America's pharmacists. "We will no longer have to explain that our members are pharmacists."

Founded in 1852, APhA is the first-established and largest professional association of pharmacists in the United States with around 50,000 members. US pharmacists are registered at state level.

European Parliament fails to overturn proposal on drug information for patients

THE European Commission has rejected an attempt by the European Parliament to block plans to allow pharmaceutical companies to provide information on medicines to patients (*PJ*, 2 November 2002, p632).

Last month, the commission published its assessment of amendments the parliament wanted made to plans to consolidate and update European Directives related to pharmaceutical products. The commission said that its proposal to allow companies to

provide information on medicines to treat AIDS, asthma and diabetes for a trial period of three years should be maintained.

The proposed changes to the Directives, the European Parliament's amendments and the commission's comments on them now go to a working party of the Council of Ministers for consideration at the beginning of June. After that the matter will return to the European Parliament for further consideration.

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High-dose chemotherapy confirmed as more effective in multiple myeloma

HIGH-DOSE chemotherapy with stem cell rescue is more effective than standard dose chemotherapy in multiple myeloma, researchers say.

Professor J. Anthony Child, Cancer Research United Kingdom Clinical Centre and Leukaemia Research Fund Unit, University of Leeds, and colleagues conducted a study in 401 patients with multiple myeloma. Half were given a standard chemotherapy regimen of doxorubicin, carmustine, cyclophosphamide and melphalan.

The other half were given high-dose chemotherapy consisting of combination chemotherapy (with doxorubicin, vincristine, methylprednisolone and cyclophosphamide) after which stem cells were harvested. A high dose of melphalan was then administered. This was followed by re-infusion of stem cells 24 hours later.

Patients in the intensive therapy group had a higher overall rate of response and a higher rate of remission than patients in the standard therapy group. The median survival rate in the high-dose therapy group was 54.1 months, compared with 42.3 months in the standard therapy group. Furthermore, the median duration of progression-free survival was 31.6 months

in the intensive therapy group and 19.6 months in the standard therapy group.

The authors comment that an approach involving high-dose chemotherapy with stem-cell rescue often induces relatively high rates of tumour regression across a range of tumours, compared with standard therapy. They add that this has led to enthusiasm for its use, despite a lack of supporting trial evidence. "The most important finding in our trial was the increase in median survival of approximately one year among patients in the intensive therapy group, as compared with those in the standard-therapy group," they conclude (*New England Journal of Medicine* 2003;348:1875).

Nish Saini, haematology pharmacist at University College London Hospitals NHS Trust, told *The Journal* that the study confirmed the belief that up-front consolidation with high-dose chemotherapy followed by stem cell rescue provides a significant advantage both in terms of progression-free and overall survival. "Certainly this reflects the practice within the North London Cancer Network and our current myeloma

Study confirms beliefs over high-dose chemotherapy

treatment guidelines more or less reflect this approach; the one difference would be that we would not pursue a high dose approach in patients whose disease progressed through induction and salvage treatment."

However, he questioned why different induction regimens had been used in the two arms of the study and added that the regimen chosen for the standard treatment group is not one that would be considered a standard approach in many centres since other treatments are believed to produce higher remission rates.

Alcohol linked to rectal cancer

ALCOHOL increases the risk of rectal cancer but has little influence on risk of colon cancer. A population study of 29,000 people in Denmark found that those who drank 14 or more units of beer or spirits a week were 3.5 times more likely to develop rectal cancer than non-drinkers. However, this risk was reduced for people who drank a third or more of the same total alcohol consumption as wine (*Gut* 2003;52:861).

A second study suggests that patients who have a high calorific diet before a diagnosis of bowel cancer are more likely to survive than those with lower energy intake. Researchers say that the result is surprising given that a calorie-laden diet seems to increase risk of developing bowel cancer in the first place. They suggest that specific forms of cancer with a better chance of survival might be associated with a high energy diet (*ibid*, p868).

Cancer now biggest killer of men

CANCER has overtaken heart disease as the biggest cause of mortality among men in the United Kingdom for the first time, according to new figures released by Cancer Research UK.

Although deaths from cancer have fallen by 15 per cent over the past decade, the drop in mortality from heart disease is even greater. It fell by 30 per cent in the same period. Experts say that progress with cancer is slower because of the complex nature of the disease.

The trend looks set to continue. Professor Nick Day, a Cancer Research UK epidemiologist, commented: "At the moment the gap between male deaths from cancer and heart disease is small but the difference will widen over the next 10 years as deaths from heart disease continue to drop at a more rapid rate than deaths from cancer."

Deaths among women from cancer in the UK overtook those from heart disease in the 1980s.

Side effect benefits queried for newer antipsychotics

THE side effect profile of new generation atypical antipsychotics may not be as much of an improvement over conventional antipsychotic drugs as previously thought.

Dr Stefan Leucht, Zucker Hillside Hospital, New York, and colleagues point out that previous reviews of trials have shown newer drugs to be associated with a low risk of extrapyramidal side effects.

"However, this finding was biased by the widespread use of high doses of comparator drugs, mainly haloperidol, which have a high risk of extrapyramidal side effects," they say.

The researchers reviewed 31 randomised controlled trials in which new gen-

eration antipsychotics had been compared with low-potency conventional drugs, mainly chlorpromazine. The atypical antipsychotics included amisulpride (Solian), clozapine (Clozaril), olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal), sertindole (Serdolect) and zotepine (Zoleptil).

They found that, of the new generation drugs, only clozapine was associated with fewer extrapyramidal side effects and higher efficacy than low-potency conventional drugs. Less robust evidence pointed to a similar result for olanzapine.

"This result is important because a low risk of extrapyramidal side effects is thought

to be the main advantage of an atypical antipsychotic," they say.

The researchers acknowledge that there are limitations to their analysis and say they cannot make treatment recommendations. However, they suggest that trials to establish appropriate doses of low-potency antipsychotics might show that some conventional drugs, used in appropriate doses, have properties similar to those of atypical drugs. "This finding would be important for patients with schizophrenia in settings where new generation drugs are not generally affordable," they say.

The study is published in *The Lancet* (2003;361:1581).

New pharmacy clinic to tackle obesity

A PHARMACIST-RUN clinic to manage obesity and reduce heart disease risk has been set up at Elora Chemist in South Benfleet, Essex.

Heidi Wright, manager of Essex Community Pharmacy Practice Development Unit, said: "The health improvement clinic's aim is to help people who are overweight or obese, but it has a knock-on effect on coronary heart disease and diabetes."

Patients are seen at the clinic once a month for six months by a specially trained pharmacist. The initial assessment takes about an hour and involves measuring weight and waist circumference, calculating body mass index, and testing blood pressure, cholesterol and blood glucose levels. Pharmacists use this information, along with questions about smoking, family history and diet, to conduct a risk assessment.

Patients are then given advice about diet, including information on food labels, and a copy of the risk assessment. They are asked to keep a food diary for the first month in the programme. The progress of weight loss is measured at subsequent appointments, with the other clinical measurements being taken every few months. The clinic is run on Saturday mornings at a

new consulting room within the pharmacy. Patients are seen by appointment only.

Bharat Patel, pharmacist at Elora, said: "We aim to educate, advise and motivate individuals as they work towards a healthier lifestyle."

The scheme has been supported by Roche and Pfizer, which have provided some equipment. In addition, patients are charged £5 for each appointment. Ms Wright hopes that funding will be secured from the local primary care trust in the future. "The PCT has been supportive of the scheme in theory," she said. "We plan to evaluate it after six months and then take these data to the PCT to ask for funding." But patient response so far has been good. "One patient told me he thought it was a good idea. It had saved him going to his doctor and in any case he felt his doctor did not have enough time to go through the information in such depth."

This week, Roche launched a template patient group direction for its anti-obesity drug orlistat (Xenical). The company says that it envisages the PGD being used in pharmacy-based weight management services. The PGD is supported by Ms Wright, who said that having having a PGD at the



Pharmacist role in managing obesity

obesity management clinic in Essex would be beneficial. "It is definitely something we will look at introducing in the future."

The template PGD is available at www.groupprotocols.org.uk. Roche has also developed a CD-ROM resource kit for pharmacists that can be obtained by e-mail from medinfo.uk@roche.com quoting "weight management CD-ROM" in the subject field.

National adverse incident reports on course for summer roll out

ROLL OUT of the National Patient Safety Agency's reporting system for adverse incidents is expected this summer.

Sue Osborn, joint chief executive of the NPSA, said last week that a nine-month pilot study of the reporting system had identified shortfalls in the reporting form and had clarified what data will be needed by the NPSA. A new electronic form has been developed and is being evaluated. It includes a section specifically related to medication incidents — the second most common type of incident reported to the NPSA during the pilot study (2,493 reports out of 28,998).

Community pharmacy will be included in the roll out and pharmacists without access to the internet will be able to report incidents by telephone.

Meanwhile, the NPSA's latest pilot aims to promote the safer use of infusion devices. Six National Health Service trusts will:

- Test a new purchasing process aimed at standardising equipment
- Evaluate users' experiences to inform purchasing decisions and manufacturers' design processes
- Investigate the benefits of an equipment library or central storage facility within each trust
- Test a web-based infusion device training tool

The NPSA is to consider whether there is a case for limiting the variety of infusion devices used.

Guide to help evaluate medication reviews

A GUIDE to help pharmacists running medication reviews and similar projects evaluate how effective their work has been has been launched by the Medicines Partnership.

The project evaluation toolkit consists of a printed guide. Supporting documents, including checklists and questionnaires, can be downloaded from the Medicines Partnership internet website (www.medicines-partnership.org).

The toolkit is designed for people planning or carrying out projects in the field of

concordance. It is intended to help them plan how they will evaluate the impact and cost-effectiveness of their projects. It gives advice on the different variables that can be measured, the advantages and disadvantages of assessing each variable, and the best ways to measure them.

Copies of the toolkit have been sent to concordance facilitators in England only. Further copies can be obtained from the Medicines Partnership at the Royal Pharmaceutical Society on 020 7572 2474 (e-mail info@medicines-partnership.org).

Moss award scheme helps students

MOSS Pharmacy has established a charitable trust in memory of its founders to help pharmacy students and Moss staff.

Awards of up to £5,000 annually are available to help students facing financial difficulties. A postgraduate award of £5,000 will support community pharmacy research and up to £7,500 a year will be available to help Moss dispensers become pharmacists.

BRIEFLY

PGD guidance issued

Guidance on the development of patient group directions for use in independent hospitals, prisons and in police and defence settings has been published by the Medicines and Healthcare products Regulatory Agency (see www.pjonline.com/links).

Welsh health minister

Jane Hutt is to continue as Minister for Health and Social Care in Wales following the recent elections to the National Assembly for Wales.

LPS update

Revised guidance on applications for local pharmaceutical services contracts have been issued by the Department of Health (see www.pjonline.com/links).