

Shortage of community pharmacists raises questions about future services

A SHORTAGE of pharmacists in the community sector has led to doubts about the provision of future services, after it was revealed that there is a shortage of 1,715 whole-time-equivalent pharmacists, despite a growing register. This figure was calculated by Dr Karen Hassell, senior research fellow, University of Manchester, who was commissioned by the Department of Health.

The apparent shortage is more likely to be due to low participation rates, rather than any reduction in the number of pharmacists on the register, Dr Hassell said as she presented the findings at a community pharmacy conference organised by *The Pharmaceutical Journal* on 23 November. "The problem is that people are reducing their hours of work for unknown reasons. . . . There are still huge gaps in what we know about pharmacists. The [Royal Pharmaceutical Society's workforce] census provided some of the basic descriptive data, but what we need next is more information about motivation, expectations and aspirations," she said.

One concern raised at the conference was how pharmacists could take on extended roles in the future if there is a supply problem in the workforce today.

John D'Arcy, chief executive of the National Pharmaceutical Association, told *The Journal* after the conference that moves towards the pharmacy vision and the new contract will create a more interesting and professionally rewarding environment for

pharmacists, so this could encourage higher participation rates. Mr D'Arcy added new roles could also be tackled through the better use of pharmacy staff at all levels.

Dr Hassell explained that the figures used in the calculation were based on the average hours of work reported by pharmacists during the Society's 2002 census and the Office of Fair Trading report, which suggests average opening hours for multiples, supermarkets and small pharmacies. The calculation was adjusted to account for the higher dispensing volume in



Karen Hassell: Pharmacists are reducing hours of work

some pharmacies (and the increased pharmacist input demanded) and to allow for annual leave, sickness and training. Dr Hassell added that the measures of demand used in the calculation are rudimentary and that there is a need to look at other measures of demand for pharmacists, such as population characteristics of the patients in a particular area, medicine consumption and deprivation indices.

King's College London and the Society are to publish a survey of pharmacists' career motivations in December.

New contract will be phased in next year

THE new pharmacy contract in England and Wales will be agreed by April 2004 but implementation is to be phased in gradually after that date, it was revealed this week.

Speaking at a community pharmacy conference organised by *The Pharmaceutical Journal* on 23 November, Sue Sharpe, chief executive of the Pharmaceutical Services Negotiating Committee, said that the target date for the new contract is still April 2004.

"April 2004 is not going to be a date on which there is earth-shattering change," she said. "But we are still on target for having an

agreement of a structure in place by then." A period of transition of implementing the new contract would then follow, she added.

After the conference, Alastair Buxton, head of NHS services at the PSNC, told *The Journal*: "The phased implementation will depend on what comes out of the financial discussions. We have got to know what is being implemented first," he said.

A full report of the conference, including other details about the new contract that were presented by Mrs Sharpe, will be published in next week's *Journal*.

Control of entry exemptions should not be the norm

PROPOSED exemptions to control of entry should be "exceptions and not the norm" and greater clarity is needed on the Government's proposals for changes to the control of entry regulations in England, if the existing pharmacy network is not to be badly affected, according to the main pharmacy bodies.

In their responses to the Department of Health, the Royal Pharmaceutical Society, the Pharmaceutical Services Negotiating Committee and the National Pharmaceutical Association all express concern about how patients, particularly in deprived areas, might be affected by any changes.

The Society notes that there is a finite pot for pharmacy remuneration and adds: "We would be concerned if pharmacies in areas of deprivation or in rural areas were driven out of business by attrition, and inequalities increased as a result." The NPA says that rapid expansion and then contraction of the market could result in a skewed distribution of pharmacies.

The Government has proposed a new test of "choice and competition". The NPA wants this to be "a proper test assessed

against realistic criteria". It says that primary care trusts should make a full assessment of the adequacy of pharmacy services in their areas as part of their strategic services development plans. Existing contractors should be invited to fill any gaps in the service identified by this and only then should new entrants be considered. The proposed exemptions from control of entry

should also be considered in light of the adequacy assessment.

All three bodies consider that the exemption categories are arbitrary and poorly defined. Other points include:

- **15,000 sq m** The exemption for shopping developments over 15,000 sq m would take in many redeveloped town centres and the figure chosen does not fit in with existing planning guidance.
- **100 hours** For pharmacies that intend to open for more than 100 hours a week, clarification is sought on what would happen if contractors did not open "as intended".
- **One-stop centres** Nearly every medical practice in England could be designated as a one-stop primary care centre under the proposed definition and the consortia that might run pharmacies at such centres are not clear.
- **Internet** Providing internet or mail order pharmacy services from an existing pharmacy should not be used to allow deregulation by the back door.

Comment, p730

ROYAL PHARMACEUTICAL SOCIETY NEWS

Charter consultation

The key issues raised in the Society's consultation on the second draft of a new Royal Charter have been summarised. The issue that attracted the most adverse comment is the wording about safeguarding "the profession of pharmacy" rather than "the members" in a proposed Object based on an Object in the current Charter that was omitted from the earlier draft (p755).

PCTs to decide what to do with free NRT products

PRIMARY care trusts in England will be able to decide for themselves how to allocate free nicotine replacement therapy (NRT) stock to be supplied to them as part of deals reached between the Department of Health and three pharmaceutical companies.

Under the agreements, the exact workings of which have not been revealed for commercial reasons, thresholds will be decided for the use of smoking cessation products, including Zyban (bupropion). Prescribing figures will be analysed quarterly and, if the thresholds are exceeded, the companies will provide additional free stock to PCTs on a proportional basis. Deliveries of stock will be made every six months and, according to a Department of Health spokeswoman, it will be for PCTs to decide

whether this should be supplied to pharmacies or delivered to clinics. The DoH expects that, with additional support being given to National Health Service smoking cessation schemes, prescribing of NRT will rise. Free stock sufficient to help an additional 10,000 smokers in England to stop is expected to be provided under the agreement. Prescriptions issued under patient group directions are not included in the scheme and PCTs that have made their own agreements with companies will be excluded.

Products are being supplied by Glaxo-SmithKline, Novartis Consumer Health and Pfizer, each having reached separate deals. The DoH specifically requested that free stock be supplied rather than cash rebates as this gives better value, it says.

Rising demands from new contract

COMMUNITY pharmacists are at risk of ever-increasing demands from the National Health Service for higher standards and more services under their new contract.

Speaking at the Pharmaceutical Services Negotiating Committee community pharmacy conference in Birmingham this week, Felicity Cox, chief executive of Watford and Three Rivers Primary Care Trust, said: "All contracts have a finite life. I would expect to see levels of service and quality ramped up over time." Ms Cox is a member of the NHS Confederation team that is negotiating the

new pharmacy contract for England and Wales with the PSNC and the Department of Health.

Whether constantly changing contracts become a reality will depend on the negotiating strength of the PSNC. Sue Sharpe, the PSNC chief executive, stated emphatically that the committee does not intend to negotiate a time-limited new contract.

Another challenge that pharmacy contractors may face is ensuring consistent delivery of services if they are relying heavily on locum staff to run their pharmacies.

Lord Hunt to chair new safety agency



LORD HUNT, a former junior health minister, has been appointed chairman of the National Patient Safety Agency (NPSA).

Lord Hunt was selected by the National Health Service Appointments Commission to succeed Professor Rory Shaw, who has chaired the agency since its inception in July 2001. Lord Hunt was Parliamentary Under-Secretary of State for Health in the House of Lords from 1999 until early in 2003. During his time as a minister he held responsibility for NHS pharmacy services. He was one of three ministers who resigned from the Government over its decision to take Britain to war against Iraq.

The NPSA is a special health authority and is responsible for co-ordinating the efforts of the NHS in England and Wales to report and learn from mistakes and to put in place measures to prevent them recurring.

BRIEFLY

Private-Rx for sale

Private-Rx, an online discussion group for pharmacists, has been put up for sale by its owner Darrin Baines. Bids can be made through the general services computing section of the online auction site eBay (www.ebay.co.uk).

Drug Tariff moves to rINNs

Recommended International Non-proprietary Names (rINNs) will replace British Approved Names (BANs) in Part VIII of the Drug Tariff from December.

MPs sign control of entry motion

Members of Parliament have put down a new early-day motion (EDM 1873) opposing the Department of Health's plans to change the rules on control of entry into new pharmacy contracts. It calls on the Government not to press ahead with its plans until it can clearly demonstrate that the proposals will not lead to the closure of large numbers of community pharmacies. The EDM had been signed by 51 MPs by 26 November.

Diabetes and leadership interest groups are launched by UKCPA

TWO new practice interest groups — covering diabetes, and leadership and management — were launched by the United Kingdom Clinical Pharmacy Association at its autumn symposium held in Blackpool last weekend.

Catherine Norris, principal pharmacist for clinical services, Harrogate District Hospital, told *The Journal* that UKCPA is attempting to strengthen its practice interest group base to include therapeutic areas — particularly where they are linked to national service frameworks. "Last year we launched a cardiology group, this year a respiratory group and now a diabetes group," she said.

The aim of the diabetes group is to provide support to pharmacists working in the diabetes field and to foster links that will result in better quality care. "In particular we need to consider the pharmacist-prescriber role in this area and the knowledge and skills needed in relation to this," she added. The group is aimed at UKCPA members with an interest in diabetes. Mrs

Norris said she hoped the membership would include pharmacists from all branches of the profession. The first meeting will be held in April 2004.

The leadership and management development practice interest group is a joint venture between the UKCPA and the Guild of Healthcare Pharmacists.

Speaking at its launch on 21 November, Graeme Hall, University Hospitals of Leicester and chairman of the group's steering committee, said: "The group aims to promote leadership skills at all levels of the profession." This could be at individual practice, team, operational or strategic levels. He added that the group would eventually like to set up a mentoring group.

Dr Gill Hawsworth, President of the Royal Pharmaceutical Society, attended the launch of both groups and offered them her full support.

Pharmacists interested in joining either group can contact Pat Kennedy, UKCPA's administrative assistant (tel 0116 277 6999, e-mail admin@ukcpa.com).

Patients to report equipment problems

PATIENTS are to be encouraged to report problems with medical devices and equipment direct to the Medicines and Healthcare products Regulatory Agency.

Community and hospital pharmacies in England will be sent leaflets and posters supporting the campaign next week. The leaflets say that patients or carers should report problems with items such as insulin pens, diagnostic testing machines or test strips, wheelchairs and incontinence or stoma supplies. The MHRA wants to know the name of the equipment and its manufacturer, expiry dates or batch numbers, where and when the product was bought and what went wrong. Faulty equipment should be retained until the MHRA has been informed. Patients will be encouraged to

talk to their pharmacists if they are in doubt about what to report.

Supporting materials are being distributed by PharmacyHealthLink. Miriam Armstrong, chief executive of PHL, said: "Over the past few years there has been an increasing range of medical equipment, including *in vitro* diagnostics, sold in pharmacies. But, at the same time, there has been a great deal of uncertainty on the part of users as to where they can go if things go wrong."

Reports can be made by telephone (020 7972 8080), e-mail (devices@mhra.gsi.gov.uk), online (www.mhra.gov.uk) or by post to MHRA, Hannibal House, Elephant and Castle, London SE1 6TQ. The reporting scheme starts on 5 December.



Diagnostic testing equipment and medical devices are included in the MHRA's remit

Generic substitution saves nearly euro40m in Finland

GENERIC substitution and associated price reductions have saved euro39.8m (£27.8m) in Finland in six months, about 5 per cent of its drugs bill, according to the Social Insurance Foundation of Finland (Kela).

Since 1 April this year, pharmacies have been obliged to supply the cheapest, or close to the cheapest, generic alternative for a range of branded products drawn up by the Finnish National Agency for Medicines. The price is considered to be close to the cheapest if the difference is no more than euro2 for medicines costing less than euro40, or no more than euro3 above this. Reimbursement to pharmacists and patients is based on the price of the dispensed product. Patients in Finland pay a fixed fee of

either euro5 or euro10 per item, plus either 50 per cent, 25 per cent or none of the additional cost depending on the drug and condition being treated, up to an annual limit of around euro600.

The products have to be pharmacologically and clinically substitutable — containing the same active substance in the same amount and form — and bioequivalent. Substitutable products account for 45 per cent of all prescriptions reimbursed by Kela and 35 per cent of the total costs of reimbursed medicines.

Both prescribers and patients can stipulate that products are not substituted; patients who do so have to pay the additional cost. In the first six months of the

scheme, substitution was declined by patients for 10.6 per cent of prescriptions. Only 0.4 per cent of prescriptions where substitution was possible were marked by prescribers to forbid it. Substitutions were made on 13.7 per cent of all prescriptions, with 72.2 per cent already being written for the cheapest, or close to cheapest, generic alternative. Over 500,000 patients received at least one substitution. Kela calculates that generic substitution and price cuts brought on through competition have generated euro22.2m in savings on drug reimbursement and euro17.5m in savings for purchasing patients, based on March 2003 prices.

Pharmacy needs to be more fully integrated into public health plans

COMMUNITY pharmacy needs to be used more effectively as part of Government plans to improve public health, the Pharmaceutical Services Negotiating Committee is arguing.

In a response to the second Treasury consultation on securing good health for the whole population, being led by Derek Wanless, a former chief executive of NatWest bank, the PSNC says that community pharmacists and their staff can offer patients information and support in ways that would reduce illness and health inequalities. In particular, they could contribute to priority areas such as cancer, coronary heart disease, mental health, older people and improving life chances for children.

However, greater involvement of pharmacies is being held back by lack of access to the NHSnet, the PSNC warns. Access to common electronic records and associated resources "will be fundamental to pharmacy delivering new services to patients", it says.

Asked to suggest cost-effective ways of managing diseases, the PSNC highlights

minor ailment schemes for patients who do not pay prescription charges. The PSNC points out that implementing such a scheme nationally could save £380m a year by removing consultations for minor ailments from general practitioners.

The PSNC says that community pharmacies need to be integrated more closely with social services single assessment processes, with community mental health teams and services for older people living at home.

□ **Wasted GP visits** Community pharmacists could be dealing with up to a quarter of a million people, or 12 for each general practitioner, who consult GPs each week for advice and treatments for minor ailments, according to a survey conducted for Lloyds-pharmacy. More than half of 100 GPs questioned said that one in five of their patients could have gone directly to a pharmacist with their problems instead of making an appointment. Three-quarters agreed that pharmacists should be allowed to prescribe certain medicines to reduce GP workload.

NHS gains little from parallel trade

RESEARCHERS from the London School of Economics claim that the purported benefits to health systems of parallel trade in Europe are not borne out by economic data. The direct gains by pharmacists and patients are little or none, they say.

Dr Panos Kanavos, lecturer in international health policy at the LSE, said at a British Medical Association meeting: "There is no evidence of sustainable dynamic price competition in destination countries, with no corresponding indirect cost savings. The supposed benefits of this system need to be reviewed."

An analysis of IMS pharmaceutical sales data for 2002 found that parallel imports realised savings of euro99.2m across six importing countries. Savings for the United Kingdom (with clawback) were euro55.9m, or 2.4 per cent of the National Health Service medicines budget. Parallel importers' mark-up on sales was 49 per cent with profits of euro469m.

The full study, including methodology, is to be published on the LSE website (www.lse.ac.uk) at the end of the year.

Young pharmacist is new UEA teacher practitioner



From left to right: students Jennifer Brennan, Michael Twigg, James Gleeson and Reda Youssif, with new teacher practitioner Laura Oxborough in the mock dispensary at UEA

A RECENTLY qualified Co-op pharmacist has been appointed a sponsored teacher practitioner at the newly opened pharmacy department, University of East Anglia.

Laura Oxborough registered in July and is currently a relief manager for National Co-operative Chemists in the Great Yarmouth area. She will be seconded to the university

for one day a week where she will help to train pharmacy students in dispensing.

"As a recent former student, I can understand the difficulties students will face and hope to be able to share my knowledge and experience with them in a professional way," commented Ms Oxborough.

MS scheme hit by neurologist shortage

THE supply of beta interferon and glatiramer by means of the "risk sharing scheme" to patients with multiple sclerosis (MS) is being slowed by a shortage of neurologists needed to assess patients' eligibility, according to Schering Health Care.

Although more than 3,000 patients with MS have been enrolled on the scheme since it was launched in May last year (*PJ*, 3 August 2002, p153), recruitment of patients is 35–50 per cent behind the target set for the end of this month.

Dr Jackie Napier, medical director at Schering Health Care, said: "MS is just one of a wide range of conditions that neurologists manage and with only half the neurologists we need, the requirements of the scheme may have placed an unfair burden on them". Alan Thompson, head of corporate affairs at Schering, added: "Regional variations that the scheme was set up to overcome still exist."

The risk sharing scheme allows patients who meet certain criteria to be prescribed disease modifying drugs, and the price paid for them by the National Health Service will vary depending on whether expected patient benefits are realised.

The National Institute for Clinical Excellence guideline for the management of MS was published this week.

News feature, p736

Vaccinating children has protective effects in adults

VACCINATING all young children against pneumococcal disease cuts the rate of infection in adults as well as in children, researchers say.

Dr David McIntosh, senior medical adviser, Wyeth Pharmaceuticals, and honorary clinical senior lecturer, Imperial College, London, reported the research at an infections studies conference in Cardiff last week. At a press briefing, Dr McIntosh said that in the United States, where there has been widespread paediatric pneumococcal immunisation since 2000, a 78 per cent decrease in the disease has been seen in children. In addition, a reduction in disease in adults has also been observed. New data for 2002 show that since the paediatric vaccine

was introduced, there has been a 46 per cent reduction in disease in people aged 20 to 39 years, a 20 per cent reduction in people aged 40 to 64 years and a 29 per cent reduction in people aged over 65 years. "This is due to a decrease in transmission from children to adults," he commented. "The serotypes of infection that have decreased are identical to those in the vaccine."

Dr McIntosh used these data to assess the effect of the introduction of routine paediatric vaccine in the United Kingdom. He concluded that it could prevent 1,957 deaths a year in the UK and approximately 16,500 cases of serious pneumococcal infection. Most of the prevented deaths would be in adults. The cost of this intervention is

£2,500 per life year gained. "It is highly cost-effective and may even be cost saving with reductions in antibiotic resistance," he said.

In the UK, pneumococcal immunisation is currently recommended only for people with particular risk factors, rather than as a routine childhood vaccination.

Dr Jane Zuckerman, director of the academic centre for travel medicine and vaccines, Royal Free and University College Medical School, London, commented: "The routine administration of this vaccine in the UK childhood immunisation programme should be actively considered in order to protect the health needs of the very young, those deemed to be at high risk and those over the age of 65 years."

BRIEFLY

Advantages of steroid ear drops

Ear drops containing corticosteroids are more effective for acute otitis externa than ear drops containing acetic acid alone, research shows. The study of 213 adult patients examined duration of symptoms and cure rates. It also found that ear drops containing corticosteroids in combination with acetic acid or with antibiotics are equally effective (*BMJ* 2003;327:1201).

PJ Online

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

Citation searches

The contents pages for the online version of *The Pharmaceutical Journal* for 2000 now include page numbers, in addition to those for 1999 and 2003. This continues the expansion of parts of *PJ Online* that can be accessed when only a citation is known. www.pjonline.com/backissues

Pharmacy around the world

Articles on pharmacy, from America to Zimbabwe and several places in between. www.pjonline.com/noticeboard/series

Hospital Pharmacist online

The contents page is being redesigned to resemble that of the online *Pharmaceutical Journal*, starting with the December issue. www.pjonline.com/hp

Cases of HIV have risen sharply in UK

THERE has been an almost 20 per cent increase in the number of people infected with HIV in the United Kingdom, according to a report published this week by the Health Protection Agency.

The report says that in 2001 there were an estimated 41,700 people infected with HIV. This rose to 49,500 in 2002. "The key factors driving this increase were a possible expansion of HIV transmission in homosexual and bisexual men and continued migration of HIV-infected heterosexual men and women from sub-Saharan Africa," the HPA report states.

The increase in HIV transmission in homosexual and bisexual men is happening despite a large increase in the use of combination antiretroviral therapy among men diagnosed with HIV and various targeted health promotion campaigns. The report adds that a third of people infected with HIV are unaware that they are infected.

Diagnoses of other sexually transmitted infections (STIs) have also continued to

rise. In England, Wales and Northern Ireland, 82,206 new diagnoses of genital *Chlamydia trachomatis* infections were reported in 2002, a 14 per cent increase over the previous year. New infections of gonorrhoea rose by a similar degree, with 24,958 new infections diagnosed in 2002.

The most marked increases were seen for infectious syphilis, with 1,232 reported cases in England, Wales and Northern Ireland — a 68 per cent rise since 2001.

The report lists a range of interventions introduced over the past year aimed at improving sexual health. However, the report concludes: "From a health protection perspective, a renewal of focus is now required in which raising awareness about STIs and strategies to prevent their transmission, providing early and effective treatment, and undertaking effective surveillance in order to inform public health intervention must be prioritised."

The full report, entitled "Renewing the focus", can be accessed via *Pfj Online*



A new focus on preventing transmission of sexually transmitted infections is needed

(www.pfonline.com/links/pj). World AIDS day is on 1 December. The theme this year is reducing stigma and discrimination.

CPA to promote pharmacists' role in HIV and AIDS

The Commonwealth Pharmaceutical Association is to mark World Aids Day next week by publishing a statement encouraging greater use of pharmacists' knowledge and skills in the international fight against HIV/AIDS.

The statement is expected to identify ways in which pharmacists can be proactively involved, at both a national and community level, in the fight against HIV/AIDS. It is also expected to:

- Commit the CPA to collaboration with other international bodies in promoting pharmacists' role in preventing AIDS and assisting people who have AIDS
- Ask CPA member associations to take similar steps at the national level
- Encourage pharmacists individually to take a more active role in fighting the disease

Based on the outcome of a symposium and workshops during the recent CPA conference (*Pfj*, 30 August, p272), the statement is to be known as the Ocho Rios statement, after the Jamaican resort in which the CPA conference was held.

The statement is to be officially launched on 2 December, during the lead-up to the 2003 Commonwealth Heads of Government Meeting which will take place in Aduja, Nigeria.

The statement will be launched by the Commonwealth's deputy secretary general, Winston Cox, supported by the president of the CPA, Grace Allen Young, and the president of the Pharmaceutical Society of Nigeria, Bob Uwaga.

Small increase in risk of MI for those treated with antiretrovirals

COMBINATION antiretroviral therapy is independently associated with an increase in risk of myocardial infarction (MI), according to the authors of a new study.

European, American and Australian researchers collected data for over 23,000 HIV-infected patients between 1999 and 2002. Over an average of 1.6 years, 126 patients had an MI. "Although the absolute event rate was low, combination antiretroviral therapy was associated with a 26 per cent relative increase in the rate of MI per year of exposure during the first four to six years of use," the researchers estimate.

The researchers point out that the benefits of combination antiretroviral therapy,

defined as any regimen that included a protease inhibitor or a non-nucleoside reverse transcriptase inhibitor, continue to outweigh the increased risk of myocardial infarction. The absolute rate for myocardial infarction for these patients was less than 0.6 per cent (*New England Journal of Medicine* 2003;349:1993).

The authors of an accompanying editorial (*ibid*, p2065) suggest that patients taking combination antiretroviral therapy should be advised to make lifestyle changes, such as stopping smoking. They also suggest that patients with unfavourable lipid profiles should be managed with lipid-lowering drugs and changes to their diet.

Counselling and sildenafil dose increase improves erectile function

COUNSELLING and dose titration of sildenafil (Viagra) leads to satisfactory erections in more than half of men initially not responding to the drug, according to a study reported at the 6th congress of the European Society for Sexual Medicine held in Istanbul earlier this month. The findings demonstrate the need for patient education and follow-up to achieve optimal treatment of erectile dysfunction (ED).

The study, carried out in Israel, recruited 220 men with ED who had previously discontinued sildenafil due to what had been considered insufficient response. They were invited for three clinic visits. At the first visit, their ED was assessed and they were given detailed instructions about how

to use sildenafil and issued with four 100mg tablets. The proportion of patients achieving improvement in erectile function (defined as a score of 17 on the Erectile Dysfunction Symptom Scale) increased from 20 per cent after the first visit, to 53 per cent at the second visit and 59 per cent after the third clinic visit.

Dr Ian Eardley, consultant in urology, St James University Hospital, Leeds, commented: "This study demonstrates the value of careful patient counselling and using the appropriate dose of sildenafil for achieving a high success rate in the treatment of ED. Repeated consultations were able to convert 59 per cent of initial sildenafil non-responders to responders."