

First pharmacist prescribers registered by Society

Fourteen pharmacists were registered as supplementary prescribers this week by the Royal Pharmaceutical Society.

The final hurdle for registration was for the Privy Council to approve a bye-law amendment so that the Society can annotate the register to indicate that a pharmacist is a prescriber. Approval was given this week and on 24 February the Secretary and Registrar, Ann Lewis, wrote to the 14 pharmacists to tell them that they had been registered as supplementary prescribers. All 14 pharmacists practise in Scotland and were trained at the Robert Gordon University in Aberdeen.

Miss Lewis said: "This is an exciting development for the profession. Supplementary prescribing by pharmacists will provide real opportunities for more effective delivery of treatment and care to patients."

Bill Scott, Scotland's chief pharmaceutical officer, commented: "This is a milestone in the history of pharmacy in the UK. It is a testament to the vision of Professor Healey and his staff at the Robert Gordon University. Most of all it is a triumph of success for those practising pharmacists who have the ability and endeavour to undertake the course."

Terry Healey, head of the school of pharmacy, said: "The registration of the first 14

candidates as supplementary prescribers is a landmark achievement. It is the result of a collaborative effort across Scotland involving Bill Scott, Rose Marie Parr at NHS Education for Scotland, the Royal Pharmaceutical Society through its accreditation panel and, not least, my staff at the university, ably guided by Derek Stewart."

The 14 pharmacists who have registered as supplementary prescribing are: Jillian Binnie, Julie Blythe, David Dunn, Mohamed Elfellah, Martin Jackson, Gillian Jardine, Lyn McDonald, Steve McGlynn, Fiona MacLean, Margaret Melvin, Anne Milne, Fiona Reid (registered in the name of Wilson), George Romanes and Campbell Shimmins.

Information about prescription pads and the prescribing process will be sent to the supplementary prescribers within the next week by the Scottish Executive Health Department. Community and primary care pharmacists will need to order personalised prescription pads. Hospital pharmacists will instead use a stamp on generic hospital supplementary prescribing pads. Production of pads and stamps is expected to take two weeks from order. Therefore, it is likely to be the middle of March before the first supplementary prescription is written.



Ann Lewis signing letters to the first 14 supplementary prescribing pharmacists

Supplementary prescribing is also progressing in England. The first pharmacists expected to register are a group who have undertaken the supplementary prescribing course at King's College London. They are expected to register after the university's examination board meets at the end of March.

AAH welcomes contract delay as opportunity to iron out difficulties

Delaying implementation of the new pharmacy contract for England and Wales until October (*PJ*, 21 February, p205) has been welcomed by AAH Pharmaceuticals as "a much-needed opportunity to iron out numerous imponderables".

AAH's group managing director Steve Dunn said that the planned launch this April had never been realistic and that the delay gave time to deliver the contract in a workable fashion. "There are still many areas to be worked on, such as funding for consultation areas. Is the pharmacist expected to foot the bill for something that is being imposed? What about premises that are simply too

small?" Mr Dunn is also concerned that issues surrounding information technology remain to be resolved. He asked: "How will a common model be deployed to record patient interactions and how will this link with a reimbursement system to ensure the pharmacist is paid?" He also has concerns about Government moves to cut the reimbursement prices of generic medicines.

October is not that far off, he warns. By then, community pharmacists are expected to develop new skills and services and to change radically the way they run their businesses. "It is a monumental step-change calling for considerable investment, when the real details of

the new contract, including remuneration and return on investment, are still shrouded in mystery."

John D'Arcy, chief executive of the National Pharmaceutical Association, said that April 2004 had always been an ambitious target. Incredible progress has already been made, given that funding the new contract was always been expected to be complex. "It will be far better to get things worked out properly, than to rush things through." The downside of missing the deadline was that community pharmacists faced another wait before being paid for what they did, rather than according to prescription volume.

Summary judgment applied for in SOS case

The 17 defendants involved in the legal action taken by the four claimants representing the Save Our Society group (*PJ*, 21 February, p206) filed their defence this week. They have made an application for summary judgment.

Speaking on behalf of the defendants, the Society's President Gill Hawksworth explained: "A hearing of an application for summary judgment is not a full trial; it is essentially concerned with whether or not a claim gives rise to a triable issue or whether it can be disposed of at an early stage in the proceedings." She added: "We have decided to proceed in

this way because we believe it affords the best chance of a speedy resolution of the case."

Summary judgments can be given if the court decides that the claimants have no prospect of succeeding and that there is no other reason why the case should go to trial.

A favourable decision on the application for summary judgment would, in effect, bring current proceedings to an end. Otherwise, the matter would proceed to a full hearing in the normal way.

The High Court has yet to decide a date for hearing the application.



Late news

Wanless report

The second Wanless report on public health was published on 25 February, as *The Journal* went to press. "Securing good health for the whole population" recommends that the Government should set out national objectives for key risk factors such as smoking, physical activity and obesity for which primary care organisations should then agree local targets. However, the report fails to mention the roles that pharmacists play in public health. Full coverage next week.

Priority action points spelt out for pharmacy in Wales

Plans for the implementation of the strategy for pharmacy in Wales "Remedies for success" have been produced by the Welsh Assembly Government.

Over 100 responses from pharmacists in Wales were generated by the consultation document (*PJ*, 28 September 2002, p434), and these responses have been incorporated into an action plan. The plan sets out priorities for practice, education and continuing professional development, information management and technology, research and development, workforce, UK bodies, and national public health service.

One of the action points given high priority is for the future role, organisation and nature of community pharmacy in Wales to be reviewed by the assembly. The plan states that the assembly's primary care division is to commission a survey of pharmaceutical services, with advice from the Welsh Pharmaceutical Committee, before a new contractual framework is completed.

Chris Martin, community pharmacist and chairman of Pembrokeshire Local Health Board, told *The Journal* that this must be done in concert with the contract negotiations in England. He said: "This review must also take into account the development of health, social care and well-being strategies in each of the 22 local health boards in Wales, and account for policy divergence between England and Wales. This needs to be done urgently in conjunction with Community Pharmacy Wales and the other pharmaceutical bodies to maximise the potential impact of the new contract."



Access to NHS intranet and electronic patient records is a high priority point

Other action points identified by the plan as being high priority are:

- Guidance to be issued by the assembly to facilitate the introduction of original pack dispensing
- Extending supplementary prescribing rights to pharmacists
- Managed entry of new medicines to be addressed by the All-Wales Medicines Strategy Group
- Investment in student technician training places
- Review of workforce planning processes in Wales by the assembly
- Giving pharmacists access to the NHS intranet and electronic patient records

According to Mr Martin, this last point is the key recommendation. He said; "Without this facility we will struggle to implement all the other recommendations and therefore we need a firm commitment from the Welsh Assembly to support action on this point."

He added: "I would like to have seen more detail about timescales, costings and impact on patient care. This would have provided a more robust document in support of the strategy and given a clear message to local health boards that as a profession we have an essential role to play in the modernisation of the NHS in Wales".

Andrea Robinson, chairman of the Royal Pharmaceutical Society's Welsh Executive said: "We welcome the addition of an action plan for 'Remedies for success' and hope that this will give us a platform to further progress pharmacy in Wales."

Phil Parry, chairman of Community Pharmacy Wales, told *The Journal*: "Community Pharmacy Wales is in discussion with Welsh Assembly Government officials over ways of taking 'Remedies for success' forward, particularly the review of community pharmacy. That review has to be seen against the consultation report as a whole and within the developments of the new general pharmaceutical services contract. He added: "CPW will be represented on the Welsh Pharmaceutical Committee — the body that is overseeing implementation."

The consultation responses and action plan can be accessed via *PJ Online* (www.pjonline.com/links/pj).

BT wins NHS contract for broadband network

A contract to provide and manage a broadband network — known as N3 (new national network) — to link all NHS organisations in England has been awarded to BT. The position of community pharmacies in the contract is unclear.

The new network will enable transmission of voice and video information, as well as data, including e-mails, medical information, test results and GP payment information. The new network supersedes NHSnet.

All confidential medical information transmitted over the network will be secured using industry standard security protocols. In addition, confidential medical information will be protected by further security measures built into the NHS Care Records Service.

N3 is the largest stakeholder in the cross-governmental Broadband Aggregation Project, which will increase national broadband coverage by aggregating all public sector demand, including that from schools and libraries. It is also a key part of the National Programme for Information Technology, which aims to give health care professionals

access to patient information safely and easily, whenever and wherever it is needed. The national programme is seen as an essential element in delivering the NHS plan. It will create a multi-billion pound information infrastructure, which will improve patient care by increasing the efficiency and effectiveness of clinicians and other NHS staff. It will do this by:

- Creating an NHS Care Records Service to improve the sharing of records of consenting patients across the NHS
- Making it easier and faster for GPs and other primary care staff to book hospital appointments for patients
- Providing a system for electronic transmission of prescriptions
- Ensuring the IT infrastructure can meet NHS needs now and in the future

Although the Department of Health says that the contract will provide for services to all NHS sites, community pharmacies are not included.

The Society

■ Primary care roadshows

Four roadshows, organised on behalf of the Society's steering group for primary care pharmacy, will take place over the next few months. The roadshows will focus on the developing role of primary care pharmacists (p259).

■ Retention fee payment

An update on how many members of the Society have paid their retention fees using the new payment system (p259).

■ The Society's directorates

In an article this week, the President describes the Society's professional leadership and development work (p260).

■ Scottish Executive elections

The Scottish Department of the Royal Pharmaceutical Society is calling for nominations of pharmacists resident in Scotland to serve as members of the Executive for the next three years (p263).

National Reporting and Learning System launched

The National Reporting and Learning System (NRLS) developed by the National Patient Safety Agency was launched this week in England and Wales. The system is designed to co-ordinate reporting of patient safety incidents nationally, and the NPSA will provide feedback to NHS organisations on trends that have been identified, to help prioritise the development of safety solutions (*PJ*, 22 November 2003, p719).

Wendy Harris, senior pharmacist at the NPSA, told *The Journal*: "Hospital pharmacists now have the opportunity to report to us through their local risk management systems

used by their trusts. While community pharmacy at the moment does not enjoy that communication route, the NPSA is working with the Department of Health, Pharmaceutical Services Negotiating Committee and NHS confederation through the new contract discussions to ensure that this route is established later this year."

An electronic reporting form has also been developed for organisations that do not have a commercial local risk management system, or for staff who will only report independently of their organisation. NRLS will only retain information in an anonymous

form and the NPSA will not investigate individual incidents.

Mrs Harris said: "Patient safety is at the centre of clinical governance. All pharmacists should be thinking about how they practise as an individual, and where there may be areas in which they can improve, from medicine management reviews to a standard operating procedure for handing out a prescription in a community pharmacy."

Reporting organisations are being offered root cause analysis training from the NPSA to help staff pinpoint the cause of patient safety incidents (*PJ*, 6 December 2003, p781).

Pharmacists should have input into design of new drug packaging

Pharmacists' and patients' opinions should be central to the design of new drug packaging and labelling, according to Peter Buckle, director of the Robens Centre for Health Ergonomics, University of Surrey, and one of the authors of a new safety report published by the Department of Health and the Design Council.

The report, "Design for patient safety", launched at the National Patient Safety Agency conference in Birmingham on 25 February, suggests that safety and ease of use of pharmaceutical products should be considered, alongside cost, when purchasing decisions are made for the NHS.

Speaking at a press briefing to launch the report, Professor Buckle said that the NHS should use its buying power to make more demands on suppliers. He pointed out that the Ministry of Defence issues specifications to which manufacturers must adhere if the Ministry is to purchase their products. Similarly, he suggested that NHS procurement staff should tell manufacturers what

safety design features should be included in packaging and labelling.

The report states: "The NHS is seriously out of step with modern thinking and practice with regard to design. A consequence of this has been a significant incidence of avoidable risk."

The NHS should follow other high-risk industries, such as aviation and nuclear power, and understand how different parts of the organisation work and interact, the report recommends. It also proposes that NHS staff should be trained to assess risk in their working practices.

A project to tackle the issue of non-compliance in the community, in collaboration with a pharmacy chain, is suggested. The development of a standard design for a "personalised medication dispenser", an automated system that would dispense doses to patients at the prescribed time, is also proposed.

The Department of Health Chief Medical Officer will now lead a multi-agency team to consider how to implement the report.



Design principles were used to present the report in a medical context

News in brief

Thrombolytics after heart attack

Since publication of the National Service Framework for Coronary Heart Disease in 2000, the number of patients receiving early thrombolysis after a heart attack has more than doubled, according to Roger Boyle, the Department of Health's National Director for Heart Disease.

Use 2222 as crash call number

The telephone number used within hospitals to summon emergency care staff to patients suffering a cardiac arrest should be standardised, says the National Patient Safety Agency. It suggests that all NHS acute trusts in England and Wales should use the number 2222.

New tool to reduce dispensing errors in the pharmacy

A new tool to reduce dispensing errors and allow detection of counterfeit products could be in pharmacies within the next year, according to PA Consulting Group.

Andy Gill, managing consultant, explained that under the proposed system a barcode or unique identifying number will be put on to the medicine pack when it is manufactured and recorded in a secure database. When the product reaches the point of dispensing in either hospital or the community, the pharmacist uses a scanner to read the barcode/number and compare it with the database in order to authenticate the product.

The technology aims to reduce errors by acting as a final check in dispensing. The scanner will be linked to pharmacy labelling systems and when the product is scanned it will highlight if the product is different from that entered on the label. The database will

also be able to check if a product is out of date, subject to a recall or is counterfeit.

"We have completed the design for the scanner so the next step is a trial to make sure it works in the field, in all pharmacy settings," Mr Gill said. The scanner itself has a footprint size that is no bigger than a piece of A4 paper and the scan results are given instantaneously.

Rob Whewell, managing consultant, commented: "We expect that pharmacists will have to pay a small rental fee to cover installation and maintenance of the scanner." The capital to cover the cost of the scanners themselves is currently being met by PA Consulting.

Initially, the company hopes that between 10 and 100 pharmacies will pilot the tool, starting in May or June. Some pharmacies have already been recruited and the company is looking for additional volunteers (contact details at www.paconsulting.com).

Patients not ready for home BP or INR monitoring

Antihypertensive treatment that is adjusted according to blood pressure measurements made by patients themselves provides less long-term control than treatment adjusted according to measurements made at a clinic, say Irish and Belgian researchers (*JAMA* 2004;291:955).

Meanwhile, researchers from Birmingham suggest that better training is needed before patients can reliably self-manage warfarin treatment by testing their international normalised ratios (*BMJ* 2004;328:437).

The authors of the first study randomly assigned patients with high blood pressure, as measured at a clinic, to have their medication altered according to either clinic-based readings or self-measurement. More patients assigned to self-monitoring were able to stop treatment (25.6 per cent versus 11.3 per cent), perhaps indicating the prevalence of "white-coat hypertension" (high blood pressure that occurs only during monitoring in a clinic setting).

Although self-monitoring of blood pressure led to less intensive treatment with

slightly lower costs, the final blood pressure of patients in this group was, on average, higher than that of patients in the clinic-based group.

The authors say that blood pressure readings made by patients should be used in parallel with readings made at clinics so that white-coat hypertension can be identified. They also call for further studies to establish the normal range of self-measured blood pressure and the thresholds at which treatment should be started or discontinued.

The second trial was designed to evaluate the effectiveness of a training programme for patients to self-manage warfarin treatment. The researchers successfully trained 242 pa-

tients but point out that 76 per cent of the patients invited to self-manage their warfarin treatment chose not to take part. "If self-management by patients is to become established, standardisation and dissemination of training are needed, accompanied by practical guidelines to encourage back up from clinicians," they conclude.

Self-monitoring helped identify "white-coat" hypertension

ESIP, Michelle/SPL

Government looks at instalment dispensing for benzodiazepines

Instalment dispensing for benzodiazepines is likely to be introduced within the year, the Department of Health confirmed this week.

Details are still being worked out but the scheme is expected to mirror the system which already applies to methadone prescriptions with patients visiting a pharmacist for daily dispensing. The proposal is an attempt by the department to reduce the number of patients taking benzodiazepines over the long term and who have become addicted.

The Pharmaceutical Services Negotiating Committee admitted it only heard about the proposal when it was reported in a national newspaper but said that the department has since confirmed that it is to be consulted.

The PSNC head of NHS services Alastair Buxton said: "Instalment dispensing seems a sensible idea to reduce the problems with benzodiazepine prescribing but the appropriate funding would have to be negotiated."

Director of pharmacy practice at the National Pharmaceutical Association Colette McCreedy said: "The NPA welcomes this move. Instalment dispensing should be linked to patient need and not restricted to specific medicines. We look forward to discussing the details of this new scheme with the Department of Health."

In a statement the department said the proposals to introduce instalment dispensing for benzodiazepines was in the "planning

stage" and was to "enable doctors to manage more closely the amount of medication available to a patient at any given time".

It went on: "We will be liaising with pharmacists and other key stakeholders to ensure effective implementation. We would expect to have the programme in place within the next year."

Current national prescribing guidelines, drawn up in 1989, recommend that GPs should only prescribe benzodiazepines for short-term use and for a maximum of 28 days at a time. However, according to Department of Health latest figures, 30 per cent of the 12.7 million benzodiazepine prescriptions dispensed in 2002 were for 56 tablets.

Alliance-UniChem reports surge in profits

Alliance-UniChem has reported 16 per cent growth in pre-tax operating profit for the year to 31 December 2003. Actual profit was £263.4m on turnover of £8,799.3m (up 13 per cent).

In the UK, turnover rose 6.9 per cent to £1,931.2m, with an unspecified increase in underlying margin. UK retail turnover increased by 9.4 per cent to £784.8m, with a 6 per cent increase in like-for-like sales. NHS prescription income rose by 11 per cent, with an improvement in operating margins attributable to increased income from professional services and operational efficiencies.

During the year, 33 pharmacies were acquired and one new pharmacy opened. The

rate of retail acquisitions, which had been put on hold in Britain the year before, had been stepped up in Scotland once the outcome of the Office of Fair Trading's pharmacy report was known.

So far as England and Wales are concerned, the company is waiting for the outcome of the new pharmacy contract negotiations before stepping back into the acquisitions market.

Jeff Cooper, AU's deputy chief executive, said there had been strong performance in the retail division and from the northern Europe wholesale division. Trading conditions in southern Europe had been tough and growth was flat.

Technicians' concerns heard

Concerns raised earlier this month about pharmacy technicians participating in Agenda for Change (*PJ*, 14 February, p173) have been clearly recognised and understood, according to the Association of Pharmacy Technicians UK and UNISON.

The two organisations issued a further statement to clarify that it was not their intention to stop all Agenda for Change related work at the early implementer sites. "However, there are considerable levels of concern and frustration among pharmacy technicians at many of these sites," they say. These concerns relate largely to the fact that technicians are being asked to participate in job profiling when the draft national profiles are still in consultation.

NICE issues guideline for management of COPD

A guideline for the management of chronic obstructive pulmonary disease has been issued by the National Institute for Clinical Excellence and the National Collaborating Centre for Chronic Conditions.

Speaking at a press briefing in London this week, David Halpin, consultant physician and chair of the guideline development group, said that although the guideline makes nearly 200 recommendations for primary and secondary care, these can be split into seven key areas: diagnosis, smoking cessation, effective inhaled therapy, pulmonary rehabilitation, non-invasive ventilation, managing exacerbations and multidisciplinary working.

The guideline states that all COPD patients who smoke should be encouraged to stop at every opportunity and offered bupropion or nicotine replacement therapy, combined with a support programme. It also recommends a step-wise approach to treating breathlessness and exercise limitation as follows:

- Initially, a short-acting bronchodilator (beta₂-agonist or anticholinergic) should be used as needed
- If the patient is still symptomatic, combine a short-acting beta₂-agonist and a short-acting anticholinergic drug

- If the patient is still symptomatic, use a long-acting bronchodilator (beta₂-agonist or anticholinergic)
- If the patient has moderate or severe COPD and is still symptomatic, a combination of a long-acting bronchodilator and inhaled steroid should be considered
- Theophylline may be added if symptoms persist

The guideline also suggests that patients at risk of exacerbations should be given courses of antibiotics and corticosteroids to keep at home so that, initially, they can self-manage exacerbations.

About 900,000 people in the UK have diagnosed COPD and NICE estimates that many more remain undiagnosed. Pharmacists could help to identify these people by determining whether a cough is a simple episode, related to a cold, or if it could be related to a chronic condition, said Dr Halpin.

The full NICE guideline will be published in *Thorax* and a short version is available online at www.nice.org.uk.

The Royal Pharmaceutical Society is to update its guidance on the care of people with asthma and COPD, taking the new NICE guideline into consideration.



David Halpin: pharmacists are well placed to educate patients about COPD

□ **COPD campaign** The British Thoracic Society is encouraging pharmacists to join a COPD awareness campaign by displaying a poster entitled "Trouble with breathing?", which urges people to seek advice if they have a persistent smoker's cough, breathlessness on mild exertion, persistent production of phlegm or frequent coughs and colds in the winter. The free poster can be obtained by visiting www.brit-thoracic.org.uk/copd.

Guidance sets out advice for couples with fertility problems

Advice that should be offered to couples with fertility problems has been set out by the National Institute for Clinical Excellence this week.

NICE makes recommendations on how often couples should have unprotected sex and suggests that they should be offered advice on smoking and weight. In addition, it says that couples should check whether or not any medicines they are taking could affect their fertility. The new guideline, published by NICE in conjunction with the

National Collaborating Centre for Women's and Children's Health, also sets out the types of treatment and investigations that should be available to people with fertility problems in England and Wales.

Couples who have been trying for a pregnancy for three years, or who have a known reason for their fertility problems, should be offered three cycles of stimulated *in vitro* fertilisation (IVF) if the woman is aged between 23 and 39 years. The guideline also identifies couples who should be offered intra-uterine

insemination. In response to the guidance, Health Secretary John Reid, said: "As a first step, by April next year I want all primary care trusts, including those which at present provide no IVF treatment, to offer at least one full cycle of treatment to all those eligible."

One of the priorities for implementation is that prescribing costs should be minimised. NICE also recommends that all women with fertility problems should be screened for chlamydia. The guideline is available on the NICE website (www.nice.org.uk).

Asthma, but not COPD, associated with use of hormone therapy

Use of hormone replacement therapy by postmenopausal women is associated with an increased incidence of newly diagnosed asthma but not chronic obstructive pulmonary disease, say US researchers. Previous studies have suggested that changes in reproductive hormones may influence the development of asthma and asthma severity.

To investigate this, Graham Barr, of Brigham and Women's Hospital, Boston, and colleagues looked at data from the US Nurses' Health Study, which enrolled 121,700 female nurses aged 30 to 55 years in 1976.

The nurses were contacted once every two years and asked questions about their medical history, diet, lifestyle and hormone

use. From 1988 to 1996 the nurses were asked about new asthma and COPD diagnoses.

The researchers found that current users of oestrogen therapy were more than twice as likely to be diagnosed with asthma than women who had never used HRT (rate ratio 2.29, 95 per cent confidence interval 1.59–3.29). Users of combination HRT had a similarly increased rate. In contrast, the rates observed for new diagnoses of COPD, were the same for current HRT users and non-users (1.05, 0.80–1.37).

The researchers conclude: "Female reproductive hormones may contribute to the onset of asthma among adult women, but hormones do not appear to hasten the devel-

opment of COPD." *Archives of Internal Medicine* (2004;164:379).

HRT use and hearing Women who use HRT perform worse in some hearing tests than women who do not use HRT, new data indicate. Researchers compared the results of hearing tests for 64 women aged between 60 and 86 years. Women in the HRT group performed most poorly in a test designed to measure how well they could decipher a sentence amid background noise. The data, presented as a poster at an otolaryngology meeting in Daytona, Florida, did not indicate whether there were significant differences, for example in terms of age, between the two groups of women tested.