

# UK to lead on some new European medicine laws

Views on plans to implement some aspects of new European medicines legislation before their mandatory introduction are being sought by the Medicines and Healthcare products Regulatory Agency.

The MHRA wants to implement early a provision to encourage POM-to-P switching of medicines. It also wants early implementation of a requirement to test patient information leaflets (PILs) and any proposed changes to them on users and to strengthen the requirement for medicines manufacturers to tell the MHRA about new information that impacts on a medicine's benefits and risks.

The MHRA says that these changes offer public health benefits and that by implementing them early the UK will be leading the way in Europe.

There will be separate consultation on implementing the remaining changes required by Europe by the end of October 2005.

To encourage POM-to-P switching, companies that justify their reclassification applications with new test or trial results will get a

year's data protection for their results. Currently, a first applicant's marketing advantage can be as little as 90 days. The MHRA wants to see this change implemented in January 2005.

John Blenkinsopp, a POM-to-P switching consultant, said that the next three years would see a sea-change with respect to switching that will mean that pharmacists have to be out of their dispensaries and dealing with customers. There were four switch applications with the MHRA now and a further 11 on the cards. "The Government

wants pharmacists in the front of house," he said. "These are switches that could not move on to GSL. The value of the pharmacist's interaction with patients cannot be usurped."

Also in January 2005, the MHRA wants to introduce a new requirement for companies to tell it about any new information that might affect a marketing authorisation. This would include the results of any post-authorisation safety studies or clinical trials.

The third change to be implemented early — user testing of PILs — will not take place until April 2005. User testing is intended to ensure that patient information is clear and well understood.

David Pruce, director of practice and quality improvement for the Royal Pharmaceutical Society, said: "We support any proposals that would lead to improvements in the clarity and readability of PILs."

On the proposal in relation to new information, Mr Pruce said: "These proposals aim to provide further safeguards and increase patient safety and this is welcome."

## How to comment

Comments on the proposals can be sent to Michael Darbyshire, Review of EU Medicines Legislation — early implementation, MHRA, Room 16-158, Market Towers, 1 Nine Elms Lane, London SW8 5NQ (e-mail 2001Review@mhra.gsi.gov.uk) until 22 October.

## Guidance on contraceptive services for those under 16 applies to some pharmacy services

Guidance on the provision of contraceptive services to people under 16 years of age has been issued to health care professionals in England by the Department of Health.

The guidance recommends that health professionals, including pharmacists who supply emergency hormonal contraception (EHC) under a patient group direction (PGD), should give young people the time and support needed to make informed choices. As part of this, they should discuss the emotional and physical implications of sexual activity and the benefits of discussion with a parent or carer.

The guidance also reminds health professionals that they are justified in giving confidential advice and treatment to those under 16 years — provided that the young person understands the advice and its implications and that the advice or treatment is in their best interest.

A spokeswoman for the DoH confirmed that the guidance applies to pharmacists providing EHC under a patient group direction.

David Pruce, the Royal Pharmaceutical Society's director of practice and quality improvement, welcomed the revised guidance and commended it to pharmacists.

He explained that there are three possible routes by which women can obtain emergency contraception: as a pharmacy medicine, as a prescription only medicine (POM) via primary care, family planning, hospital genitourinary medicine clinics, or some accident and emergency centres, and as a POM through PGDs via NHS walk in centres, fam-

## Support must be provided for an informed choice to be made

ily planning clinics and some community pharmacies.

"Pharmacists are reminded that EHC is licensed as a pharmacy medicine for women aged 16 or over. Pharmacists should satisfy themselves that the client is aged 16 or over early in the consultation. They should ensure that where they believe a woman to be under 16 the request is dealt with sympathetically and the woman is offered appropriate help and support to enable her to obtain EHC by another route, ie, an authorised supply of a POM product on prescription or supply through a PGD. Supply to women under 16 may only be made if the PGD specifies this.

"The Society's practice guidance on supply of EHC as a pharmacy medicine is available on the Society's website (www.rpsgb.org) and is currently being updated — the new Department of Health guidance will be taken into consideration."

## PCT contract toolkit planned

A toolkit to help primary care organisations decide which enhanced services to commission from community pharmacists under the new contract will be launched later this year.

The toolkit is being produced by NatPaCT, the national primary and care trust development programme, and is being developed as part of a collaboration between Alison Blenkinsopp at the department of medicines management, University of Keele, and Webstar Health.

Jim Varney/SPL "For PCTs to successfully implement the new contract they will need a sound assessment of pharmaceutical needs, of what is already being provided and of what providers might be prepared to do in the future," said Professor Blenkinsopp.

"We know that a lot of good work has been done locally. This project is about bringing it all together and producing a toolkit that will be useful to PCTs," she added.

Professor Blenkinsopp is keen to hear from PCTs that have already carried out work in this area and who would be willing to test any draft outputs from the project. She can be contacted by e-mail at a.blenkinsopp@keele.ac.uk.

The toolkit will cover a range of topics including how to carry out a needs assessment, how to find out what is already in place and what other services providers may want to establish. It will then set out how to combine this information to identify and then prioritise the gaps.

The toolkit is expected to be available by the end of the year.

This week's **News feature** examines how pharmacists can approach targeting services to the local population (p181).

# Pharmacists should keep their knowledge of herbal remedies and complementary medicines up to date

Community pharmacists should be aware of which complementary or herbal medicines they stock and make sure they know the essential information about these products, according to Edzard Ernst, professor of complementary medicine at Peninsula medical school, Universities of Exeter and Plymouth. He said: "If pharmacists do not feel confident that they have this knowledge they should acquire it."

Professor Ernst was speaking to *The Journal* following a briefing in London this week at which he discussed some of his recent research into complementary medicines. One of the topics discussed at the briefing was the standard of information provided to people with cancer via the internet. Professor Ernst had analysed 32 websites most likely to be used by cancer patients and found that nearly all of the sites endorsed or recommended alternative medicines for which there is little evidence. Furthermore, 16 per

## There is little evidence supporting the use of many herbal medicines in cancer

cent of the sites discouraged patients from using conventional cancer treatment and 3 per cent discouraged patients from adhering to clinician's advice. Three websites had the potential for harming patients (*Annals of Oncology* 2004;15:733).

Professor Ernst told *The Journal*: "The pharmacist is in a unique position to provide reliable evidence to these patients, certainly more reliable than these promotional websites. It would be well worth considering training pharmacists adequately to provide this advice."

He pointed out that this particular study only analysed cancer websites and that there are also some excellent websites to which patients should be guided.

At the briefing Professor Ernst also highlighted another of his recent studies which showed that 8.8 per cent of 1,360 patients taking warfarin were taking at least one herbal remedy thought to interact with the drug, and that 92.2 per cent of these patients had not discussed taking complementary medicines with a conventional health care professional (*PJ*, 26 June, p796).

Article p197

## Keep pharmacy's profile up, says MP

Sandra Gidley, pharmacist and Liberal Democrat spokeswoman on the elderly, has told the National Pharmaceutical Association to keep reminding her Parliamentary colleagues about the benefits of community pharmacy services.

Mrs Gidley, who is Member of Parliament for Romsey, told the NPA management board last week that high profile lobbying after the Office of Fair Trading's call to remove pharmacy contract controls had left MPs in no doubt about pharmacy's value at the heart of local communities. The profession's profile was moving rapidly up the po-

litical agenda and had never been higher. It was important not to lose the momentum and groundswell of goodwill.

She urged the association to encourage its members to lobby their local MPs to reinforce the case for retaining access to good local pharmacy services. Personal contact was the best way.

Mrs Gidley also said that there was a clear opportunity and a pressing need for community pharmacy to play a more proactive role in medication reviews for people aged over 75 years, which the Department of Health expects to be carried out annually.

## Electronic prescription signatures plan

Consultation has started on a proposal to change the law throughout the UK to allow prescriptions to be signed electronically. The law needs to change because prescriptions can only currently be signed in ink and this precludes electronic prescription transmission.

The plan is to amend the Prescription Only Medicines (Human Use) Order 1997 so that electronic prescriptions can be signed with advanced electronic signatures (AES), ie, ones that are uniquely linked to the signatories.

An AES is also capable of identifying the signatory, is created using means that can be maintained under the signatory's sole control and is linked to the data to which it relates in such a manner that any subsequent change of the data is detectable.

Comments on the proposed law change

can be sent to Roy Drepaul, Medicines and Healthcare products Regulatory Agency, Market Towers, 1 Nine Elms Lane, London SW8 5NQ (e-mail roy.drepaul@mhra.gsi.gov.uk) until 29 October.

Before NHS prescriptions can be transmitted electronically, amendments will also need to be made to relevant NHS legislation for England, Scotland, Wales and Northern Ireland.

The advanced electronic signature proposal does not apply to prescriptions for Schedule 1, 2 or 3 Controlled Drugs. In March 2003, the Home Office consulted on proposals to allow all details except signatures to be generated by computer on prescriptions for Schedule 2 and 3 CDs. Amendments to the Misuse of Drugs Regulations 2001 are awaited.

## Topical NSAIDs ineffective for osteoarthritis after two weeks

Using topical non-steroidal anti-inflammatory drugs (NSAIDs) to relieve the symptoms of osteoarthritis is only beneficial for the first two weeks, according to researchers.

They analysed 13 trials, involving 1,983 patients, that compared topical NSAIDs with placebo or oral NSAIDs in osteoarthritis. The trials lasted up to four weeks.

They found that topical NSAIDs were superior to placebo in relieving pain due to osteoarthritis only in the first two weeks of treatment. Trials lasting four weeks showed no benefit. A similar pattern was found for function and stiffness. Topical NSAIDs were inferior to oral NSAIDs in the first week of treatment and were associated with more local side effects such as rash, itch, or burning.

The findings challenge current guidelines from Europe and the US that topical NSAIDs are an effective treatment for osteoarthritis.

The study is published online at *BMJ Online First* and can be accessed via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

### The Society Meaning of "personal control"

The Statutory Committee, clarifying the interpretation of "personal control", has ruled that pharmacy premises may be opened, or remain open, without a pharmacist being present provided that nothing takes place that requires the presence or approval of a pharmacist (p203).

# Pharmacy-led drug round improves supply process

A pharmacy-led drug administration round is now up and running on one of the surgical wards at Hinchingsbrooke Hospital, Huntingdon, and has resulted in several improvements to the ward's medicines supply process.

Senior pharmacy technician Denise Holding has taken on responsibility for a regular drug administration round, which she undertakes unaccompanied. She has developed a checklist for drug administration and, along with the ward's modern matron, has drafted protocols and training material so that other pharmacy technicians can be trained in the role. The pharmacy-based system has been incorporated into the trust's existing drug administration policy and discussions are now taking place to see if it can be extended to other wards.

Darren Leech, senior pharmacy manager at the hospital, explained that the scheme came about because the ward was finding it difficult to recruit and retain nursing staff, which in turn caused problems for the medicines round. "So we looked at what staff were doing and how the gap could be filled.



**Pharmacy-led rounds are missing link**

It was part of an overall trust initiative looking at skill mix," he said.

The new style drug round, in which oral medicines are dispensed and administered by Mrs Holding, has brought a number of benefits. "I have my own trolley key and can ensure security is maintained at all times," she

said. Under the new system, the drug round is also completed more quickly and medicines are issued in a more timely way. This is because Mrs Holding does not have to contend with the usual interruptions faced by nursing staff dealing with queries on the ward. Furthermore, because Mrs Holding is familiar with packaging changes and new products ordered by pharmacy she is able to locate medicines in the drug trolley quickly. Another benefit is better communication between the ward and pharmacy department. "I have a better understanding of how the ward is affected by stock shortages and ward staff have a better understanding of how pharmacy works," Mrs Holding added.

Mr Leech thinks that taking responsibility for drug administration will ensure that pharmacy's involvement in medicines supply is complete. "We have all signed up to the medicines management agenda but perhaps this is the missing link. Should we look at this as the next step so that we truly manage supply from when medicines arrive in the hospital until they reach the patient," he asked.

## Communication between pharmacists and anaesthetists to improve

Action plans to improve communication between pharmacists and anaesthetists were discussed at a joint meeting of the United Kingdom Clinical Pharmacy Association and the Association of Anaesthetists of Great Britain and Ireland, held in London recently.

Members of the two organisations agreed that there would be significant benefits from having pharmacists linked to theatres directorates to contribute to discussions on drugs. "Pharmacists should be closely involved with anaesthetists in theatres and intensive care

units as these areas have the highest use of drugs in hospital," said Mark Tomlin, critical care directorate pharmacist at Southampton University Hospitals NHS trust. The action plan for the next few months now includes writing articles demonstrating the clinical and economic benefits to each group of working closer together and organising a seminar addressing the issue of drug safety and drug errors.

The group also identified other areas in which pharmacists and anaesthetists would

benefit from working closer together including drug calculations and dilutions, issues around pain management and Controlled Drugs, drug safety and drug errors, using drugs off-licence and cost-effective use of anaesthetic agents.

The meeting was attended by representatives from the surgery and critical care groups of the UKCPA and the AAGBI.

The meeting was sponsored by an unconditional educational grant from Abbott Laboratories.

## Advance information helps NHS manage new medicines

Provision of high-quality information about forthcoming medicines will help NHS staff manage the introduction of new medicines more effectively, according to the Association of the British Pharmaceutical Industry. Furthermore, such information should encourage the uptake of innovative therapies, said Martin Anderson, director of commercial affairs at the ABPI.

Mr Anderson was commenting on two recent initiatives by the National Prescribing Centre that are designed to provide timely information to decision makers working within the NHS.

Since January this year, the NPC, in partnership with Wessex Drug and Medicines Information Centre and Newcastle Drug and Therapeutics Centre, has published two regular bulletins about emerging therapies. "Future medicines" gives details of some of the most significant new medicines around

six months before they are launched and "Rapid review" provides relevant additional information on these medicines, within two months of launch.

The bulletins are being sent to primary care and care trust prescribing advisers, NHS trust chief pharmacists and regional medicines information centres, along with other key NHS decision makers.

Clive Jackson, chief executive of the NPC, said: "By building on existing working relationships [with the pharmaceutical industry] and improving communication systems, the NPC and its partners expect to be able to provide more comprehensive and timely advance information to relevant decision-makers, working within the NHS in England. This should help them to plan for the appropriate introduction of key new medicines, to the benefit of patient care, as soon as possible."

### PJ Online

#### **New drug technologies**

A new series looking at developments in new drug technologies, including pros and cons, and future possibilities.  
[www.pjonline.com/series](http://www.pjonline.com/series)

#### **Examination results**

Names of successful candidates, as supplied to *The Journal* by schools of pharmacy.  
[www.pjonline.com/education](http://www.pjonline.com/education)

#### **Advice to patients**

This series on commonly used drugs is intended as a reminder of points to be made by pharmacists as they hand out dispensed medicines.  
[www.pjonline.com/noticeboard/tips](http://www.pjonline.com/noticeboard/tips)

#### **Ask about medicines week**

A campaign to promote concordance.  
[www.pjonline.com/ask](http://www.pjonline.com/ask)

# Free cholesterol tests offered by Moss Pharmacy

Free cholesterol tests are being offered to "at risk" customers at around 150 Moss pharmacies in a new initiative designed to combat coronary heart disease (CHD). Advice on lifestyle and money-off vouchers for the recently launched Zocor Heart-Pro (simvastatin 10mg) will also be available.

As part of the initiative, customers wanting to have their cholesterol level tested will be asked to complete a risk assessment form. Those identified as being at risk for CHD will be offered a total cholesterol test. Having completed the test, if the customer's total cholesterol level approaches or exceeds 5.0mmol/L they will then be invited to have their high-density lipoprotein cholesterol level measured.

Chris Street, health and pharmacy adviser for Moss Pharmacy, said: "The service is targeted primarily at those customers with a moderate (10–15 per cent) risk of a cardiac event in the next 10 years (although we are using it to highlight the issues surrounding CHD to all our customers). Our healthy heart assessment will determine the customers who are likely to be at risk and these will be invited to participate in the full service to determine their risk.

"The customers who are 'at risk' will then be counselled on lifestyle choices; the possibility of using an OTC statin will be discussed if appropriate. GP referrals will be made in line with national guidelines or locally agreed protocols."

A letter will be sent to the customer's GP explaining why they have been referred.

Tricia Kennerley, superintendent pharmacist and NHS services director, commented: "We hope to make our customers more aware of the risks involved with having a high cholesterol level and educate them as to how they can lower their cholesterol levels, thereby reducing their risk of developing CHD." The company is also undertaking research to find out how much the public knows about cholesterol-related health issues. "This will help to determine which geographical areas require more information and education," added Ms Kennerley.

The initiative is part of Moss Pharmacy's heart health campaign.

## Head of school for Hertfordshire university

Soraya Dhillon has been appointed foundation professor of pharmacy and head of the new school of pharmacy at the University of Hertfordshire.

Dr Dhillon is currently chairman of the Luton and Dunstable NHS Trust, chairman of the Bedfordshire and Hertfordshire NHS Workforce Development Confederation and director of taught postgraduate studies, department of practice and policy, school of pharmacy, University of London.

Mike Pittilo, pro vice-chancellor at the University of Hertfordshire, said: "We regard

the appointment of the foundation professor in pharmacy as a key move forward. It is a role that calls for influence and vision and we need a person who can provide academic leadership and be a credible authority within the profession."

Dr Dhillon, who will take up the post in September 2004, will be responsible for creating the infrastructure of the new school. Subject to approval from the Royal Pharmaceutical Society, the school hopes to accept its first intake of students in September 2005.

## New chief at the ABPI

Trevor Jones's successor as director-general of the Association of the British Pharmaceutical Industry will be Richard Baker.

Dr Baker is currently president of New Medicine Partners, an advisory firm that helps pharmaceutical and biotechnology companies with strategy, product development and commercialisation. He is also chairman of Molecular Staging, a genomics and proteomics company, and a board member of Exact Sciences, which applies genomics to colon cancer screening.

He has previously been chief executive of Chiron's diagnostics division, general manager of IBM's worldwide health care business and leader of McKinsey's European health care practice.

Dr Jones retires on 31 August.

## Cardiff University merger set to provide opportunities

Opportunities for the Welsh school of pharmacy will arise from a merger currently under way between Cardiff University and the University of Wales College of Medicine, says Ken Broadley, acting head of the school.

Professor Broadley told *The Journal* that the merger will enable pharmacy undergraduates to be taught alongside students from other disciplines. He said: "We will aim to create integration between health care professionals, on the undergraduate course and also in the students' minds. Initially we plan to teach aspects of pharmacology and oncology

together with nursing and medical students." He added that the merger will also provide more opportunities for collaborative research.

"We have already been working with the medical school but now that we are part of the same faculty we can increase this collaboration. Areas in which we are looking to enhance our collaborations are medicinal chemistry, drug delivery, cancer chemotherapy and pharmacology."

Students and staff from the college of medicine transferred to Cardiff University at the start of this month.

## Readership survey: preliminary results and prize draw

*The Journal* received 3,263 completed responses to the readership survey sent out with *The Journal* on 26 June.

A sample of 400 responses analysed show that 75 per cent of readers read every issue, 66 per cent find the new typeface easier to read, and 77 per cent find *The Journal* brighter and more colourful since the redesign. Almost 70 per cent of readers think *The Journal* is now printed on better paper and just over 60 per cent use *The Journal* to search for jobs.

The winner of the £50 prize draw for completing the survey is Jeremy Hewitt from Halland, East Sussex. The runners up, who will each receive £20, are Edward Pries (Tonbridge), John Stone (Sidcup), Brian Sullivan (St Leonards on Sea), Keith Seston (Havant), Nashinbanu Moawalla (Woking), Allan Melzack (Manchester), Alison Abbott (Leamington Spa), Faiza Khan (Cardiff), Timothy Mills (Bournemouth) and Iram Irshad (Cardiff).

### News in brief

#### P to GSL switches

Pfizer Consumer Healthcare has asked the MHRA to reclassify Calpol Infant Suspension, Calpol Sugar Free Infant Suspension and Calpol Six Plus Fastmelts from P to GSL. Bayer Plc has also applied to reclassify Germoloids HC Spray from P to GSL. Comments to Amanda Lawrence, Room 14-152, Market Towers, 1 Nine Elms Lane, London SW8 5NQ (e-mail [Amanda.Lawrence@mhra.gsi.gov.uk](mailto:Amanda.Lawrence@mhra.gsi.gov.uk)) by 14 and 6 September 2004, respectively.

#### Countering extremism

Further legislative changes are to be introduced to deal with the activities of animal rights extremists, the Government announced last week. A report setting out the Government's strategy is available via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

# Miscommunication key culprit in medical errors

Diagnostic and treatment errors often begin with a communication problem, say US researchers in an analysis of medical errors.

The group looked at 75 error reports from family doctors. They traced back the errors along a string of events by using cascade analysis. They found that two out of every three mistakes were set in motion by miscommunication. In 7 per cent of cases, a pharmacy was implicated in the reported error.

Examples of errors included the wrong laboratory report attached to a patient's letter, delaying treatment of hyperlipidaemia.

Communication breakdown among colleagues was common (44 per cent). Of these, 20 per cent of errors involved misinformation

in the medical record and 12 per cent involved inaccessible records. Some 18 per cent of errors involved mishandling of patients' requests and messages and 5 per cent were caused by inadequate reminder systems.

The authors suggest that safety initiatives should focus more on management systems to enhance the quality of information transfer.

The authors found that patients were more likely to report an error in terms of psychological and emotional harm than actual physical harm. Doctors, on the other hand, were more likely to report physical harm and less likely to report the emotional effects of an error (*Annals of Family Medicine* 2004;2:317).

Another US study looked at the types and importance of medical errors in primary care. Again, patients' perceptions of problems involved psychological and emotional issues rather than technical errors.

Over 200 problematic incidents in primary health care were identified from 38 interviews with adults. The incidents were found to involve breakdowns in the doctor-patient relationship (37 per cent), entailing disrespect or insensitivity to the patient. Another major problem was access to clinicians (29 per cent of events).

Misdiagnosis or adverse drug events (23 per cent) were reported less frequently than difficulties with relationships and access (*ibid* 2004;2:333).

## CHRE wins case but penalty is unchanged

A High Court challenge by the Council for Healthcare Regulatory Excellence (officially known as the Council for the Regulation of Healthcare Professions) against a General Medical Council disciplinary decision has succeeded, but the judge has not imposed a more severe penalty.

The GMC's professional conduct committee imposed conditions on the practice of Anthony Leeper, of the Hardwicke House Surgery, Suffolk, earlier this year after he admitted a sexual relationship with a patient. The committee decided that to strike Dr Leeper off the medical register would be disproportionate and would not serve the public interest. It also decided that suspension

would serve no purpose in addressing the deficiencies that led to Dr Leeper's conduct.

In the High Court at the end of July Mr Justice Collins rejected a CHRE claim that Dr Leeper should have been struck off, but he agreed that the GMC had been unduly lenient and that Dr Leeper should have been suspended from the medical register. He ruled that the decision not to suspend the doctor did not send the right signals about the seriousness of Dr Leeper's conduct.

However, the judge added that there was now no need for any period of suspension and that it would not be in the public interest. He directed that the ruling be recorded in Dr Leeper's disciplinary file.

## Draft Section 60 Order for dentists published

Plans for the reform of the regulation of dentists include legal requirements to hold indemnity insurance and to practise only under a registered name, and a minimum disciplinary erasure period of five years.

"Strengthening the General Dental Council: a paper for consultation" sets out proposals for reform of the GDC which have been developed by the council, together with the Government, patient representatives and other professional bodies.

The document sets out planned changes to the investigation and handling of misconduct and health-related problems among dentists and associated professionals. It includes proposals to tackle problems of poor performance, including instances where there is a pattern of separate incidents that individually might not amount to professional misconduct.

Consultation on the Government's reform proposals started last week and runs until 30 October. The consultation paper is available via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)). It includes a draft Order to be made under Section 60 of the Health Act 1999 to implement the changes.

## "Pop down your local" campaign winner



"Men and pharmacy" campaign window wins £500

The Campus Pharmacy at Stirling University has won the window display competition that formed part of the Developing Patient Partnerships "men and pharmacy" campaign (*PJ*, 24 April, p497).

Jonathan Burton, the pharmacist at the store, said: "We have always been aware that men need some encouragement when it comes to looking after their own health and the pharmacy is often not their first port of call for advice. The idea behind our display

was for it to become a talking point among men — to grab their attention and encourage them to come in-store."

The prize was £500. Runners up were Moss Pharmacy in Middlesbrough and the Kathleen James Pharmacy in Bristol. The Consumer Health Information Centre, the Royal Pharmaceutical Society, the Men's Health Forum and the National Pharmaceutical Association were also involved in the campaign.

## Stop-smoking leaflets mislead

Smoking cessation leaflets recently published by Brent Primary Care Trust are misleading, the Advertising Standards Authority has ruled. The ASA said that it should be made clear in any future leaflets that the claimed 67 per cent quit rate was based on unverified self-reports by patients that they had not smoked for two weeks and not that they had succeeded in giving up smoking permanently.

## Correction

Trevor Jones's successor as director-general of the Association of the British Pharmaceutical Industry will be Richard Barker not Richard Baker (p178).