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PSNC agrees funding for new pharmacy contract

The Pharmaceutical Services Negotiating Committee has agreed a deal of £1.766bn to fund the new community pharmacy contract in England.

The decision to accept the latest Department of Health offer was made at a special meeting of the PSNC held on 24 August. The committee voted unanimously in favour of accepting the deal, subject to a number of issues being addressed.

Barry Andrews, chairman of the PSNC, said: "This has been a long and difficult negotiation but the unanimous vote demonstrates that we believe we now have a sum that offers fair funding."

The £1.766bn figure compares with a global sum in 2003–04 of £862.5m in England and Wales. Approximately £800m of this sum is spent in England.

Sue Sharpe, PSNC chief executive, said: "There are now a number of key issues to be resolved, including the distribution arrangements and mechanisms for future years. The negotiating team will work on these in the next few weeks and the PSNC committee will make decisions at its meeting next month."

Mr Andrews added: "Provided we can reach agreement on the outstanding issues, we can proceed to roadshows and a ballot of contractors."

The National Pharmaceutical Association said it fully supported the PSNC's decision.

The news broke on Wednesday as *The Journal* went to press. The PSNC confirmed that further details would be supplied for publication in next week's *Journal*.

Alternative to ambulance for non-urgent calls

Patients who call an ambulance for a non-urgent condition could receive treatment from other health care providers rather than automatically being sent an ambulance, Health Minister Rosie Winterton announced last week. "We are giving strategic health authorities, primary care trusts and local ambulance trusts the freedom to work together so they can decide how best to care for patients with non-urgent health needs," she said.

This differs from the current arrangements in which ambulances have to perform to nationally defined standards for these non-urgent calls. Some of the suggested alternatives to an ambulance being sent include patients being treated at home by a nurse, paramedic or emergency care practitioner, and links with NHS Direct so that advice is given over the telephone.

Mike Devlin/SPL

Ambulances to focus on urgent cases

One way in which pharmacists are becoming more involved in responding to acute conditions is by training as "First Contact" practitioners. This is examined in this week's **News feature** on p282.

Pharmacy dispenses counterfeit Cialis to patient

Counterfeit Cialis (tadalafil) has been identified in the UK after being dispensed by a pharmacy for a patient. The product is believed to have been obtained through legitimate supply channels. Two batches of the product, not manufactured by Lilly ICOS UK Ltd, have been recalled (see p283). The recall is to be carried out down to the level of individual patients who might have received the product.

The fake product was discovered after a patient reported to Lilly that 20mg tablets he had tried to break in half were crumbly. The company tested the tablets, decided that they were probably counterfeit and reported the discovery to the Medicines and Healthcare products Regulatory Agency.

Subsequent investigations led to the identification of two batches in circulation whose batch numbers did not match any used by Lilly for genuine product. The two batch numbers are A031410 (packs of four) and A041210 (unknown pack size).

A Lilly spokesman said that any patients who had received fake product would have it replaced by the company free of charge. Pharmacists who are aware of any counterfeit product can contact Lilly customer services on 0800 0853847. He added that no information could be given about where in the UK the fake product had been discovered.

A recall notice issued by the MHRA says that initial tests on the bogus tablets do not indicate that there is any immediate risk to patients.

Instances of counterfeit medicines reaching patients through legitimate supply channels in the UK are rare. The DoH said only last month that there had been no definite evidence of counterfeit pharmaceuticals reaching the public via the legitimate supply chain since counterfeit Zantac was discovered in 1994 (*PJ*, 3 July, p6).

Tony Moffat, chief scientist at the Royal Pharmaceutical Society, added that there had been no reported case of counterfeit medicines in the legitimate chain in the past eight years.

Not everyone agrees that counterfeit medicines are not a problem in the UK. At the end of 2000, the Centre for Economic Business Research said that 6 per cent of pharmaceuticals in the UK were probably fake (*PJ*, 23/30 December 2000, p905).

Response low but members vote "yes" in Charter ballot

Members of the Royal Pharmaceutical Society have voted "yes" in the ballot on the draft Charter which closed this week. However, the response was low.

Members were balloted on the revised draft Charter published last month (*PJ*, 17 July, p75). Only 9.3 per cent of members voted. Of those who returned a valid ballot paper, 84.4 per cent voted "yes". This equates to a "yes" vote by 7.9 per cent of members. A break-down of the results is given on p297.

The Society's President Nicholas Wood commented: "This historic 'yes' vote is very welcome and tells us that the profession is content with the Council's agreed version."

The Society needs to demonstrate the support of members in its application for a new Charter. Privy Council guidance is that an application should state the authority under which it is submitted, eg, a resolution of members. This week, a Privy Council spokesman told *The Journal* that it is a matter for the Society to decide whether the number of voters represents enough of the membership to proceed with its application.

The next steps will take place in September. "The ballot results and comments received will be presented to the Society's Council on 15 September when it will decide whether to present the new draft to the Privy Council," the Society said this week.

Once it has received the final version, the Privy Council procedure will be to seek the approval of the Department of Health and then the Government law officers before recommending the new Charter to the Queen.

The Society

CPD facilitators recruited

The Society has recruited a team of facilitators to support CPD activity in the branches (p298).

Personal control

A Law and Ethics Bulletin item offers clarification on the meaning of "personal control" (p298).

Concerns expressed on control of entry reforms

Concerns have been expressed following last week's announcement of new rules on the awarding of NHS community pharmacy contracts (*PJ*, 21 August, p245).

Liberal Democrat shadow health secretary, Paul Burstow MP, warned that small independent pharmacies may be squeezed out, which would restrict customer access to pharmacy services. "It is appalling that Ministers have chosen to make this announcement in the summer recess. Parliament must get proper scrutiny of the new rules when they are brought in. It is important that the changes do not jeopardise access to new services that pharmacies are providing," he said.

Mr Burstow added: "Ministers have failed to consider the shortage of pharmacists around the country. Allowing big shopping centres and supermarkets aggressively to recruit more pharmacists will threaten community and hospital pharmacies. These changes need to be evaluated, and their impact on communities reviewed."

Steve Dunn, group managing director of AAH Pharmaceuticals and chairman of the British Association of Pharmaceutical Wholesalers, said that feedback he had received from community pharmacists suggested that they were reassured that the reforms had proved less dramatic than feared. However, they still had reservations. "Though it has not been widened as far as feared, the door to fresh competition has nevertheless been opened and there is no guarantee that it will not swing further ajar in the future," he commented. The relaxation of controls for wholly internet or mail-order pharmacies posed a definite risk, he added.

Numark's marketing director, Andrew Sollitt, commented that Numark remained deeply concerned about the proposed changes. "Our main area of concern surrounds the 'competition and choice' criteria with regard to the current regulatory test. There is a complete lack of definition from the Department of Health as to what this means," he said. "We also wish to know what opportunities there will be for representatives of pharmacy bodies to have input into the tests for competition and choice."

Altogether, the Government received 270 responses to its consultation on reforming the control of entry regulations. Of these, 40 were from local pharmaceutical committees, 53 were from pharmacy businesses, 66 were from NHS bodies and 63 were from members of Parliament. A further 48 were from representative groups, professional groups and individual pharmacists. A summary of the responses was published on the Department of Health's website last week (see *PJ Online*, www.pjonline.com/links/pj).

Pharmacists in Fife to assess men's health

Pharmacists are to assess men's health because of their ready accessibility

Four community pharmacies in Fife are being funded to provide men's health assessments. Training is about to start and the service will be rolled out on 1 January next year.

Tom Burns, public health pharmacist at NHS Fife, explained: "The health of Scotland's men is particularly poor. In one part of Glasgow, men's life expectancy is the lowest in Europe. On the back of this, the Scottish Executive Health Department made money available for men's health assessments." He added: "I very much see screening services as part of the public health component of the new pharmacy contract."

The new pharmacy service is part of a multi-agency scheme. It is the only one of seven men's health assessment schemes funded by the Scottish Executive that includes pharmacists. All professionals offering the service — such as pharmacists, health visitors and district nurses — will use the same standardised health assessment. It will include measuring height and weight, calculating body mass index and assessing cardiovascular risk. If needed, cholesterol and blood glucose tests will be carried out. Other agencies involved in the scheme, such as the Fife Alcohol Advisory Service, are providing support should men need to be referred to them. It is envisaged that the pharmacists will be able to refer men directly to secondary care.

Pharmacies have been included because of their accessibility in terms of both convenient locations and extended opening hours. "We will be advertising the service in the local press and local radio, targeting men through their partners and targeting men who generally do not access health services," said Mr Burns.

Altogether, the Fife scheme has been awarded £266,000 over the next two years; commuity pharmacies will receive £42,000. Pharmacists will be paid at a rate of £40 for a 40-minute consultation and will be expected to undertake two assessments a week for the two years the service will last.

"We hope that men will find the high street service convenient and accessible. If this is borne out in the evaluation then it should lead to future funding for pharmacy services," commented Mr Burns.

Oral health Another public health initiative about to begin in Fife involves 10 community pharmacists carrying out oral health assessments. If any potentially cancerous lesions are identified the pharmacist can directly refer the patient to the specialist hospital head and neck service.

News in brief

Welsh point of care testing

The Welsh Scientific Advisory Committee has published updated guidance on point of care testing (POCT). The guidance covers aspects such as training, choice of equipment and quality control measures. It recommends evidence-based consideration of the risks, clinical benefits and costs of POCT versus laboratory testing. The guidance can be accessed via *PJ Online* (www.pjonline.com/links/pj).

IT programme support

The companies which have been contracted to provide the technical support in the development of the NHS Care Records Service, part of the National Programme for IT, were announced earlier this month. Network equipment will be provided by Cisco Systems, storage technology by EMC Computer Systems, data handling by Hewlett Packard, transaction messaging by SeeBeyond, and infrastructure software and hardware by Sun Microsystems. Further support will be offered by TATA Consultancy Services.

Sanofi buys Aventis

Sanofi-Synthelabo has taken control of 95.47 per cent of the issued share capital of Aventis to form Sanofi-Aventis, which is now the largest pharmaceutical company in Europe and the third largest worldwide.

NICE outlines pharmacists' role in dyspepsia

Pharmacists should be the first point of contact for people suffering from symptoms of dyspepsia. They should also offer ongoing support, including advice about lifestyle changes, use of over-the-counter medicines, help with prescribed drugs and advice about when to consult a GP.

These are some of the main recommendations of a new National Institute for Clinical Excellence guideline which sets out how health professionals should manage the diagnosis, treatment and care of adults with dyspepsia in primary care.

The guideline, which is directed at pharmacists and GPs working in England and Wales, recognises that for many people dyspepsia can by managed by self-care with treatments and advice obtained from a pharmacist. It suggests that pharmacists record any adverse reactions to treatment and participate in primary care medication review clinics.

NICE also emphasises that long-term care should promote patient empowerment, and that treatment strategies should include "on-demand" use of a low-dose proton pump inhibitor (PPI). NICE also recommends that patients are reviewed annually and that they are offered the opportunity to step down or stop treatment where appropriate. Self-treatment with antacid or alginate therapy (either prescribed or purchased over-the-counter and taken as required) may be appropriate for many patients, it states.

Other recommendations include:

- Medicines should be reviewed as possible causes of dyspepsia
- In patients requiring referral for an endoscopy the use of non-steroidal anti-inflammatory drugs should be suspended
- Initial therapeutic strategies for dyspepsia are empirical treatment with a PPI or testing for and treating *Helicobacter pylori*

Individual strategies are recommended for peptic ulcer disease, non-ulcer dyspepsia and gastro-oesophageal reflux disease.

A statement issued by the Reflux Forum (an industry-sponsored group comprising GPs, pharmacists and pharmaceutical advisers) warned that pharmacists will need to play an ongoing monitoring role if serious conditions are not to be missed. Bill Sandhu, prescribing adviser for Maidstone Weald Primary Care Trust, said: "Pharmacists should be encouraged to work in partnership with patients, allowing them to take responsibility for making appropriate lifestyle changes, educating them to be aware of alarm signals and also to re-present if symptoms deteriorate or they are needing to top up with OTC medicines."

The guideline is available from the National Electronic Library for Health website (www.nelh.nhs.uk). Three summary versions — one for patients, one for health care professionals and a quick reference guide — are also available via *PJ Online* (www.pjonline.com/links/pj).

Gusto Productions/SPL

Dyspepsia can often be managed with over-the-counter treatments and advice

Review hypertension management, says NICE

Local health communities are being asked to review their management of hypertension against a new guideline issued this week by the National Institute for Clinical Excellence and the Newcastle Guideline Development and Research Unit.

The priorities for implementation focus on measuring blood pressure, assessing cardiovascular risk, pharmacological and lifestyle interventions, and continuing treatment.

Assessment of cardiovascular risk in patients with persistent raised blood pressure is a key theme and will help identify diabetes, evidence of hypertensive damage to the heart and kidneys and secondary causes of hypertension.

The guideline also recommends that lifestyle advice should be offered initially and then periodically to patients undergoing treatment for hypertension.

If a patient has well-controlled blood pressure and is at low cardiovascular risk, the guideline states that they should be offered a trial reduction or withdrawal of therapy with appropriate lifestyle guidance and review.

Mohammed Ahmed, prescribing pharmacist at Doncaster West Primary Care Trust, told *The Journal*: "Supplementary prescribers need to grasp the guidelines because these are guidelines against which they will be judged. I will certainly deviate from these on occasions but only when evidence permits me and in discussion with the independent prescriber."

Graham MacGregor, chairman of the Blood Pressure Association, voiced some concerns about the recommendations. "The guidelines assume a model patient scenario of someone who has hypertension alone, and do not reflect the range of treatment options which may be more beneficial to patients presenting with pre-existing conditions." He pointed out that the British Hypertension Society's guidelines published earlier this year (*PJ*, 20 March, p342) differentiate between age and ethnic groups and provide a range of treatment options. He said: "The association is concerned that the presence of two guidelines may lead to confusion both for patients and health care professionals, and particularly that there are differences in the treatment pathway."

The new guideline can be accessed via *PJ Online* (www.pjonline.com/links/pj).

Drug recommendations

The new NICE guideline recommends that drug therapy should be offered to patients with persistent high blood pressure of 160/100mmHg or more and to those at raised cardiovascular risk with persistent blood pressure of more than 140/90mmHg. It states that a low-dose thiazide-type diuretic should be used first line, with a beta-blocker as second line unless the patient has an increased risk of new onset diabetes, in which case an angiotensin converting enzyme inhibitor should be added. A dihydropyridine calcium-channel blocker is recommended as third line.

NICE issues eczema guidance

Tacrolimus (Protopic) has been endorsed as an option for second-line treatment of moderate to severe atopic eczema in adults and children by the National Institute for Clinical Excellence. Pimecrolimus (Elidel) is also recommended for second-line treatment of eczema on the face and neck in children.

Both products should only be used for eczema that has not been controlled by topical corticosteroids or where there is serious risk of adverse effects from corticosteroid use. NICE has also issued guidance on how topical corticosteroids should be applied.

The guidance is available via links on *PJ Online* (www.pjonline.com/links/pj) and will be set out in more detail next week.

News in brief

New incontinence treatment

Patients with overactive bladder syndrome may benefit from a new incontinence treatment launched this week by Yamanouchi. Solifenacin succinate (Vesicare) is a bladder selective anti-muscarinic agent for the symptomatic treatment of urge incontinence or increased urinary frequency and urgency. It is administered orally once daily and its maximum effect can be determined after a minimum of four weeks.

Notice-board p283

PSNC pharmacy development awards announced

The winners of the 2004 Pharmaceutical Services Negotiating Committee pharmacy development awards were announced this week.

The awards are made to local pharmaceutical committees to promote community pharmacy development. This year, two awards were made to East Riding and Hull LPC, one to South and West Devon LPC, and one to North and East Devon LPC. The PSNC said that the 2004 awards focus on innovative services or developments of existing services that promote the role of the community pharmacist and could be commissioned by primary care trusts.

In East Riding and Hull, one award was made for a weight management programme. Patients will be referred by their GP to a weight management support service provided by community pharmacists. Patients will visit the pharmacy every fortnight for lifestyle advice and measurement of body mass index, blood pressure, cholesterol level and waist circumference. The possibility of introducing a patient group direction for orlistat (Xenical) is being explored.

The second award in East Riding and Hull is for a project that will test the feasibility of involving community pharmacists in an existing national chlamydia awareness screening programme (CASPHER). Pharmacists will supply chlamydia testing kits and provide advice about how to use them.

Alfred Pasieka/Science Photo Library

Chlamydia screening role for pharmacists in East Riding and Hull

The South and West Devon award will allow the evaluation of two community pharmacy-led medication review services for patients aged over 65 years. In one, patients were referred to pharmacists by a falls clinic and in the other by GPs. Structured reviews took place in the community pharmacy, at the patient's home or at the falls clinic. The evaluation will compare the benefits of the locations in which the reviews took place. The evaluation will start next month and results are expected in early 2005.

North and East Devon LPC's project will use community pharmacists to improve concordance among obese men taking statins. Patients who have been newly prescribed a statin will be either identified by pharmacists or referred by their GP. The pharmacist will then review the patient after one, four and 12 months. Patients will be given lifestyle information and compliance will be checked.

"The awards are allowing these projects to get off the ground," commented Sue Taylor, chief officer of Devon LPCs. "They help to trigger communication between the LPC and PCT. We selected the areas for our bids for the awards by contacting the PCT and asking what areas we should make a bid in."

Each project will receive up to £2,500. Details of the projects will be available shortly on the PSNC's community pharmacy services database, which can be accessed via *PJ Online* (www.pjonline.com/links/pj).

Routine use of statins in all type 2 diabetes patients is a step too far

Routine use of statins in all patients with type 2 diabetes may not be necessary, suggests the author of an editorial published in *The Lancet* (2004;364:641).

Commenting on the CARDS trial (collaborative atorvastatin diabetes study), Abhimanyu Garg, of the University of Texas Southwestern Medical Centre, says that the investigators' conclusion that all patients with type 2 diabetes should receive statin therapy seems "far-fetched".

The CARDS trial recruited patients with type 2 diabetes who had a low-density lipoprotein cholesterol level of below 4.14mmol/L and a cardiovascular risk factor, such as hypertension. More than half had an LDL level below 3.3mmol/L and a quarter had a level of 2.6mmol/L or lower. Patients were randomised to either atorvastatin 10mg or placebo for five years.

The CARDS investigators found that atorvastatin 10mg reduced risk of first cardiovascular events: acute coronary heart disease events were reduced by 36 per cent, coronary revascularisations by 31 per cent and rate of stroke by 48 per cent. They also found that atorvastatin reduced mortality in type 2 diabetes by 27 per cent.

The investigators conclude that cholesterol level should no longer be used to determine whether or not patients with type 2 diabetes receive statins (ibid, p685).

However, Dr Garg is not so sure. "While landmark trials like CARDS increase our confidence in lipid-lowering drug therapy for prevention of coronary heart disease in patients with type 2 diabetes, it is still prudent to assess an individual's risk-benefit ratio before recommending long-term statin therapy," he says.

He also points out that other trials of statins in patients with diabetes have failed to show similar reductions in coronary heart disease risk.

Data from the CARDS trial were first presented at the American Diabetes Association annual meeting in Florida earlier this year (*PJ*, 12 June, p729).

Multiple intervention reduces antibiotic prescribing rates

An intervention involving education of GPs and pharmacists, as well as monitoring and feedback on prescribing behaviour, has resulted in reduced prescribing rates of antibiotics for respiratory tract infections in Utrecht, The Netherlands.

Researchers from Utrecht University Medical Centre examined the prescribing behaviour of 89 GPs before and after the nine-month study period. Those assigned to the intervention attended a group education meeting where a consensus for prescribing choices was developed. Six months after this meeting GPs received feedback on their prescribing. Training for collaborating pharmacists was also offered, along with education materials for patients.

Prescribing rates of antibiotics for respiratory tract symptoms fell by 4 per cent in the intervention group and rose by 8 per cent in the control group, which was not subject to any intervention. After 15 months, the number of antibiotic prescriptions was still lower in the intervention group than in the period before the intervention.

The intervention did not affect patients' satisfaction with the service they received (*BMJ* 2004;329:431).

PJ Online

Harmonisation

A two-part series on the ICH process (International Conference on Harmonisation of the Technical Requirements for Registration of Pharmaceuticals for Human Use). www.pjonline.com/series

Fact sheets

Fact sheets, part of the "Scientist in the high street" campaign, are now available on *PJ Online*. Also available are *PJ* practice checklists and other information sheets. www.pjonline.com/factsheets

Smokers under 40 at five times risk for heart attack

Smokers under 40 years of age are five times more likely to have a heart attack than non-smokers in the same age group, say researchers from Finland. They also estimate that more than half of the non-fatal heart attacks that occur in young middle aged people can be attributed to smoking and are therefore preventable.

The researchers warn that young people may think that the risks involved with smoking are only of concern in older age. "Every effort should be put to use to make young people realise the true and imminent risks of smoking," they say.

The researchers examined data from the World Health Organization international monitoring study of cardiovascular disease (MONICA), which included information on risk factors for cardiovascular disease from over 130,000 men and women aged between 35 and 64 years.

Episodes of non-fatal heart disease occurring between 1985 and 1994 were recorded — 18,762 events in men and 4,047 events in women. Of those who had a non-fatal heart attack between the ages of 35 and 39 years, 80 per cent were smokers. In this age group, the relative risk of non-fatal myocardial infarction for male smokers was 4.9 per cent (95 per cent confidence interval, 3.9 to 6.1) and 5.3 (3.2 to 8.7) for female smokers. The researchers also calculated that smoking accounted for 65 per cent of non-fatal heart attacks in men of this age and for 55 per cent in women.

Young people should be warned of the imminent risks of smoking

JC Tessier, Publiphoto Diffusion/ SPL

The researchers suggest that the interaction between smoking and other factors, such as hereditary coagulation defects, may be important in the occurrence of MI in young people. "Many of these other factors may not be easily treatable. Indeed, smoking cessation programmes will probably be the mainstay of prevention available for such patients," they comment.

Data from the study revealed that the risks for smokers aged 60 to 64 years were lower, because of other contributory factors. Smoking still carried a higher risk for older women compared with men, possibly because they are more sensitive to the effects of smoking (*Tobacco Control* 2004;13:244).

News in brief

Diabetes and antipsychotics

The association between atypical antipsychotics and diabetes might be due to increased testing among patients treated with these drugs. Researchers compared rates of diabetes testing among patients with schizophrenia and found that testing was more common for those taking clozapine, olanzapine or several antipsychotics than for those on one conventional agent (*British Journal of Psychiatry* 2004;185:152).

Stem cell licence

Permission to create stem cells from unfertilised human eggs has been granted to scientists based at the Centre for Life in Newcastle. It is the first such licence to be granted in the UK and will allow the scientists to undertake somatic cell nuclear transfer. It is hoped that stem cell therapy will lead to innovative medicines for a range of diseases including diabetes, Parkinson's disease and Alzheimer's disease.

Lilly to post trial data on web

Data from clinical trials of Lilly's products are to be posted online in a registry accessible to the public. The company says the registry, expected to be up and running by the end of the year, will include data from all phase I to phase IV trials of its marketed products.

Weekly fluconazole deters recurrent thrush

Recurrent vulvovaginal candidiasis can be effectively managed using weekly fluconazole therapy, a US study shows. However, a long-term cure remains difficult to achieve, say the study authors.

They assigned 387 women affected by recurrent thrush to receive fluconazole 150mg or placebo weekly for six months, followed by six months of observation without therapy. Active treatment reduced the frequency of recurrent symptoms by more than 90 per cent. At six months, 128 of 141 patients receiving fluconazole remained well without a clinical recurrence compared with 51 of 142 patients receiving placebo. Treatment did not result in the emergence of resistant strains of candida.

However, the researchers found that six months of suppressive therapy did not guarantee a cure during the subsequent six months. By the end of the study the proportion of women given fluconazole who were clinically cured had fallen to 43 per cent. This compared with 22 per cent for women given placebo (*New England Journal of Medicine* 2004;351:876).

Moss acquires Joyce Morrison chain in central Scotland . . .

Moss Pharmacy announced this week that it has acquired the Joyce Morrison chain.

The chain consists of 17 community pharmacies located in central Scotland. In addition, Moss has acquired shareholdings in two health centre consortium pharmacies.

"The Joyce Morrison business will be quickly incorporated into the existing Moss group," commented Chris Aylward, director of business development at Moss Pharmacy. All Moss's systems will be introduced at the Joyce Morrison pharmacies. Mr Aylward added: "Buying the Joyce Morrison chain provides a number of opportunities for us within this locality. As a result, we will be looking to expand on the excellent business offering already provided. This means that we will be reviewing the current retail operation, looking at what other local services we can provide to the community."

The acquisition brings the total number of Moss Pharmacies to 845.

. . . while Co-op buys Howard and Palmer pharmacies

Co-operative Group Pharmacy (CGP) has bought 11 pharmacies from the independent Welsh pharmacy group Howard and Palmer.

John Makepeace, general manager of CGP, said: "The purchase of these businesses is part of our ambitious programme for development and expansion. CGP is already strong in south Wales and acquisition of these pharmacies adds substantial market share, including a well-developed prescription collection and delivery service which we want to extend to other nearby Co-operative group pharmacies." The acquisition leaves Howard and Palmer with 27 branches.

Correction

The batch numbers of counterfeit Cialis (tadalafil) tablets that have been recalled are A031410 and A041410, not as stated (p277). Pharmacists should contact their wholesalers directly for exchange, not Lilly ICOS.