

Funding details for new contract in England revealed

Details of how the funding for the new community pharmacy contract in England is to be distributed were announced this week. If contractors vote to accept the new contract, it will be implemented in April 2005.

The distribution details are outlined in the Panel (below) and are covered more fully in a **News feature** on pp637–8.

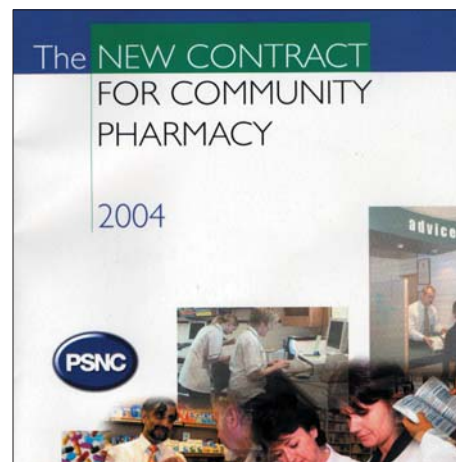
Speaking at a meeting of the All Party Pharmacy Group on 25 October, Barry Andrews, chairman of the Pharmaceutical Services Negotiating Committee, said that the new contract offered an immense opportunity for pharmacists. "We believe that we

have arrived at a win-win situation. It offers fair return for contractors and excellent return for the NHS," he said. The contract gives pharmacists both professional satisfaction and financial security, he added.

Health minister Rosie Winterton said: "The way will be clear for community pharmacy to take up its rightful place as a full partner in the provision of NHS primary care services. There are very real opportunities for PCTs and pharmacies to grasp here. Pharmacy service providers can make a real contribution to achieving local performance targets." She urged the NHS to forge new relations with community pharmacy. "The Department will work with the NHS to provide support and training in the months ahead. But the time to act is now. The new framework offers opportunities as never before," she said.

Chris Town, NHS Confederation pharmacy lead, added: "Primary care trusts should be assessing their local needs now so that they are fully able to exploit these opportunities in order to maximise the benefits to patients."

The announcement was widely welcomed by pharmacy organisations. The National Pharmaceutical Association said that it believes the new contract is fundamental to taking forward the profession. Ash Soni, NPA chairman, said: "The new contract provides a platform from which to enhance pharmacy



PSNC has published a contract book

services and to integrate community pharmacy into the health service."

On behalf of the Company Chemists' Association, chairman Digby Emson said: "This is something that the profession has been striving towards for many years and it is the beginning of a new chapter in the development of community pharmacy."

Nicholas Wood, president of the Royal Pharmaceutical Society, commented: "We are pleased to see that the ambitions for the pharmacy profession outlined in 'A vision for pharmacy' have progressed in this way."

Funding details

Payment for essential services will include a fee of 90p for each dispensed item plus special fees and allowances. Contractors will receive an annual establishment payment that replaces the current professional allowance and a new fee called a practice payment that adds 24.2p to the item fee. There are special arrangements for pharmacies that dispense low volumes of prescriptions.

For advanced services, contractors will receive £23 for each medicines use review carried out. Total funding to introduce new IT systems in pharmacies comes to £58m but the amount each pharmacy will receive has yet to be finalised.

Scottish pharmacy groups want Society to take collegiate structure

Seven pharmacy groups in Scotland have come together to present a united view on the Royal Pharmaceutical Society's role post devolution. The groups told the Society at a meeting in Edinburgh on 26 October that they would like it to take a collegiate structure.

The groups met the Society's devolution review group as part of a consultation on how the Society should adapt to meet the changes resulting from devolution in Scotland and Wales (*PJ*, 9 October, p541).

Their proposed collegiate structure would involve an over-arching UK-wide council

under which an English college, a Scottish college and a Welsh college would operate. Devolved matters could be handled by the colleges and UK-wide issues by the council.

Speaking at the meeting, James Semple, chairman of the Scottish Pharmaceutical Federation (one of the seven groups), said that one of the Society's roles is to represent pharmacy through responding to and influencing policy decisions. "Before devolution, this task was relatively simple because there was only primary legislature — Westminster," he said. This is no longer the case. "The only

solution is for Scottish matters to be devolved to a Scottish council resident in Scotland."

Frank Owens, chairman of the Scottish Pharmaceutical General Council (another of the seven groups), said that the review group should consider that, since devolution, the way in which pharmacy is developing is different in each home country. "Different contracts can only be achieved by delegating to those who understand best the policy agenda driving the change. That must mean empowering the Society in Scotland," he said.

Agenda for 2004, p645

Hospital pharmacists start to vote on their new pay system

Members of the Guild of Healthcare Pharmacists have begun voting in a ballot to approve or reject Agenda for Change.

The ballot is organised by the trade union Amicus (of which the guild is a part) and there will be one result covering all its NHS staff.

Neither Amicus nor the guild has made any recommendations to their members as to whether the proposals should be approved. Amicus has stated that surveys carried out at early implementer sites show a majority of its members are better off

under Agenda for Change. It has also told its members that the Government has indicated that there is no plan "B" if Agenda for Change is rejected.

A letter in this week's *Journal* from some of the pharmacists involved at the early implementer sites (p642) suggests that Agenda for Change will support the overall employment situation of pharmacists.

A further ballot is proposed at a later date solely on the issue of unsocial hours payment, which is not finalised in the current agreement. The ballot closes on 11 November.

The Society

Changing to meet devolution

The Society's Scottish Executive has discussed the need to change its structure to reflect an enhanced strategic leadership role in a devolved health environment (p661).

Message for new members

The President of the Society has urged newly registered pharmacists to play a part in the activities of the profession at local and national level (p661).

Developing role for pharmacists in emergency care

Changes to the GP contract have brought pharmacists a new role in a hospital accident and emergency department that can help the NHS meet its waiting time targets.

Pharmacists at Cardiff's University Hospital of Wales were asked if they could help deal with the increasing workload in the hospital's minor injuries area. They responded by making themselves available for a few hours each day to see patients who could mostly have been managed by community pharmacists.

Suzanne Davies, emergency unit pharmacy team leader, said: "The sort of conditions we saw depended on the time of year. We started in January and February with viral chests, coughs and colds, and then went into allergies, sun reactions, bites and stings."

The pharmacists became more involved after physiotherapists pointed out that patients with suspected fractures or sprains were waiting for X-rays and diagnosis with no pain relief. Now the pharmacists are also providing analgesics, such as paracetamol, co-codamol and ibuprofen.



Pharmacists are helping to cut the workload in casualty departments

The new service has had a measurable impact on patient waiting times in the hospital's A&E department. At times when pharmacists were available, the average total attendance time per patient was reduced from 157.1 minutes to 143.8 minutes. Patients who needed to see doctors also did so more quickly, with 54.8 per cent seeing a doctor within an hour, compared with 49.8 per cent

when pharmacists were not available. The service, originally set up as a pilot, has been so successful that it now has permanent funding.

Pharmacists are also seen by the Department of Health as providing part of the answer to improving emergency care. A report by Sir George Alberti, the Department's director for emergency access, published this week, sees community pharmacists working alongside other primary care professionals and using their skills to deliver good quality urgent care.

In the longer term, Professor Alberti envisages emergency care networks, which will include pharmacies, being commissioned by primary care trusts to deliver the full range of emergency services. A key challenge, he says, will be to break down existing boundaries.

"Emergency care networks will rebuild the provision of care around each patient, rather than each patient having to move from one provider to the next."

The report is available via *PJ Online* (www.pjonline.com/links/pj).

Judges give self-regulation a boost . . .

Professional self-regulation has been reinforced by England's most senior civil judge, who has ruled that the Nursing and Midwifery Council is better placed than judges to decide whether a nurse's "fascination with pornography" is incompatible with his professional role.

Earlier this year, the NMC served a paediatric nurse with a caution, which will remain on his record for five years, after he was caught downloading pornography from the internet while on night duty at London's University College Hospital. The Council for Healthcare Regulatory Excellence sent the case for review by the High Court because it believed that the caution was not a serious

enough penalty. In the High Court, Mr Justice Collins ruled that the sanction was lenient, but not unduly lenient, which is the test set for intervention by the court (*PJ*, 3 April, p403). The CHRE appealed.

Now, the Master of the Rolls, Lord Phillips, has ruled that it is right in this case to show some deference to the view of the NMC.

He said: "The [NMC] committee was as well placed, if not better placed, than a judge or a panel of judges to decide whether [his] fascination with pornography was incompatible with his role as a nurse." There was no error of principle or procedure in the NMC ruling, he added.

. . . and also undermine it in the Court of Appeal

The Master of the Rolls, Lord Phillips, has dismissed an appeal by a GP against a High Court ruling that the Council for Healthcare Regulatory Excellence can refer cases for reconsideration by the court when a health professional has been found not guilty of professional misconduct (*PJ*, 3 April, p403).

Lord Phillips ruled that the CHRE has power to challenge not only disciplinary decisions, but also findings of innocence of any wrongdoing. The ruling means that the CHRE can now ask the High Court to overturn a General Medical Council decision that the GP's affair with a female patient did not amount to serious professional misconduct.

Practice research award

Research is to be carried out to see if copying discharge summaries to community pharmacists will help implement treatment plans.

The project, to be led by Mike Urwin, head of pharmacy at Wansbeck and Hexham Hospitals, won the 2004-05 National Pharmaceutical Association/Guild of Healthcare Pharmacists award, sponsored by Merck Sharp & Dohme. The work involves community pharmacists in Berwick upon Tweed.

Last year's award was won by a team of hospital pharmacists from Guy's and St Thomas' NHS Trust, London, which developed a system for referring hospital patients who were trying to give up smoking to community pharmacists to ensure continued support (*PJ*, 27 September, 2003, p398).

Pharmacists can help NHS meet sexual health standards

Community pharmacists can contribute to the achievement of draft national standards for sexual health services in England, the National Pharmaceutical Association has told the Department of Health.

Commenting on the 10 proposed standards, the NPA says that community pharmacy can help the achievement of every one of them. This is particularly so in the light of opportunities offered by the new pharmacy contract, provided that community pharmacy is included in managed service networks and integrated care pathways.

The NPA says that flexibilities in new primary care contracting arrangements, including the pharmacy contract, provide opportunities to support the achievement of

the service standards. It adds that workforce development and access to training should include both community pharmacists and their staff as part of the multidisciplinary team.

Karen Homan, head of NHS service development at the NPA, said: "In our response we've highlighted community pharmacy's contribution to sexual health services now and in the future. Community pharmacists are now training as supplementary prescribers, so there is the potential for them to prescribe oral contraceptives to women and, when the time comes, we would like to see hormonal contraception therapy as one of the first medicines available for independent prescribing by community pharmacists."

NICE issues guidance on epilepsy management

New guidelines on the diagnosis and management of the epilepsies in primary and secondary care were issued this week by the National Institute for Clinical Excellence and the National Collaborating Centre for Primary Care. They include a large section on treatment with anti-epileptic drugs, but do not specifically outline a role for pharmacists.

The guidelines follow recommendations on the use of newer drugs for treating epilepsy, published earlier this year (*PJ*, 27 March, p371 and 1 May, p534).

The new guidelines recommend that drug therapy is tailored to seizure type, epilepsy syndrome, co-medication, co-morbidity and individual lifestyle factors and preferences. They say that the decision to start treatment should be made after full discussion of the risks and benefits, after which some adults may choose not to take the drugs.

Charles Tugwell, clinical pharmacist, neurology/neurosurgery at the Royal London

Hospital, pointed out that the guidelines state that treatment should be initiated by an epilepsy specialist who should also plan continuation of treatment. And, providing management is straightforward, then drug therapy can be prescribed in primary care "if local circumstances and/or licensing allow".

He said: "Drug therapy is the key component of treatment, and the document emphasises the need for ensuring that full details of drug therapy are included in an individual patient's treatment plan. It also states the importance of not changing brands of anti-epileptic drugs and the need for ongoing monitoring."

The guidelines recommend that monotherapy should be used whenever possible, and combination therapy should be considered if seizures continue after attempts with monotherapy of other drugs.

If a drug has failed because of adverse effects or continued seizures, an alternative first-line or second-line drug should be

started and built up to an adequate or maximum-tolerated dose before the first drug is tapered off slowly.

Newer anti-epileptic drugs are recommended for adults who have not benefited from treatment with older drugs (eg, carbamazepine or valproate) or when older drugs are unsuitable because of contraindications, potential interactions or poor tolerance.

Mr Tugwell added: "Recently, a health minister has announced that pharmacists have an important role in the ongoing management of patients' drug therapy, for example, repeat prescriptions without patient visits to their GP. I feel it a shame that pharmacists are not mentioned among the health care professionals cited in the document."

□ **Patient leaflets** Epilepsy Action has developed a patient guide to the new guidelines entitled "The epilepsies: you, epilepsy and the NICE guideline". Copies are available on 0808 800 5050 or at www.epilepsy.org.uk.

US study warns against brand switching

Switching between branded and generic phenytoin products can lead to a loss of seizure control in patients with epilepsy, a US study has shown (*Neurology* 2004;63:1494).

Researchers measured changes in total and free phenytoin concentrations in patients whose seizure control had worsened following a change to their prescribed medicine. The change had followed implementation of a mandatory switching policy from branded to generic product.

The researchers found that substitution of branded for generic phenytoin or vice versa was associated with an approximate 30 per cent decrease in both total and free phenytoin concentrations.

In terms of clinical practice in the UK, new guidance from the National Institute for Clinical Excellence states that the formulation or brand of anti-epileptic drugs should not be changed. The British National Formulary also advises that there may be a pharmacokinetic basis for maintaining a particular brand of phenytoin in some patients.

Seizure control may be lost by switching between phenytoin brands

However, it states that single dose tests do not reveal clinically relevant differences in bioavailability between available phenytoin sodium tablets and capsules.

The US researchers warn, however, that single dose tests, which can suggest bioequivalence between products, are not conducted under conditions encountered in clinical practice.

Study suggests implementation of NICE guidance is patchy

Implementation of guidance issued by the National Institute for Clinical Excellence is patchy, the authors of new research conclude.

They assessed the response of the NHS to 12 pieces of NICE guidance and found that some clinical practice subsequently changed. For example, prescribing of taxanes for cancer and orlistat for obesity grew rapidly after NICE guidance was published.

Uptake of drugs for Alzheimer's disease and guidance for the removal of wisdom teeth showed trends consistent with, but not

obviously a consequence of, the guidance. No change was apparent in surgical procedures and use of medical devices, such as hearing aids, hip replacements, hernia repair and colorectal cancer surgery. The adoption of guidance seems more likely when there is strong professional support, a stable and convincing evidence base and adequate funding, say the authors. "Trusts should institute strong supportive internal systems for handling guidance and gathering data on implementation," they conclude (*BMJ* 2004;329:999).

Guidance on care of women with epilepsy

Women with epilepsy should receive counselling about their medicines in advance of becoming sexually active, according to two sets of guidance published this week.

A clinical guideline from the National Institute for Clinical Excellence (see above) includes a section on women with epilepsy and recommends that women receive information on contraception and the potentially harmful effects of anti-epileptic drugs on an unborn child.

The recommendations are echoed in primary care guidelines published by the Royal Society of Medicine. The RSM guidelines advise that, generally speaking, GPs should not be responsible for starting or changing anti-epileptic drugs.

Imatinib approved first-line for GI stromal tumours

Imatinib (Glivec) should be available as first-line treatment of gastrointestinal stromal tumours (GISTs), says the National Institute for Clinical Excellence.

New guidance recommends that imatinib treatment at 400mg/day is used as first-line management of people with KIT (CD 117)-positive unresectable or metastatic GISTs. It says that imatinib therapy should only be continued if a response to initial treatment is achieved within 12 weeks. Continuation of treatment is recommended at 400 mg/day until the tumour ceases to respond. The guidance is available via *PJ Online* (www.pjonline.com/pj/links).

Pharmaceutical R&D still leads



GlaxoSmithKline is Britain's biggest investor in research and development

Investment in pharmaceutical research and development continues to top the research and development tables in the UK.

Data for 2003–04 show that GlaxoSmithKline invested most, followed by AstraZeneca. GSK spent £2.791bn (13 per cent of sales) on R&D over the year; AZ spent £1.928bn (18.3 per cent of sales). The next most prolific R&D spender was BAE systems at £1.099bn (13.1 per cent of sales). Pfizer was sixth in the table with an R&D spend of £552m (58.2 per cent of sales).

GSK and AZ have led the field for at least the past five years. The level of investment in pharmaceutical R&D in the UK is second only to that in the US.

Richard Barker, director general of the Association of the British Pharmaceutical Industry, said: "A vibrant, research-led pharmaceutical industry is crucial to creating the knowledge-based economy Britain needs to be successful in the 21st century. Money invested in UK R&D directly benefits patients — who receive the latest treatments — and supports UK science."

The UK pharmaceutical industry returns 36 per cent of turnover — £3.3bn a year — in R&D. Nearly a quarter of the world's top 100 medicines were discovered and developed in Britain, more than any country except the US. The industry contributed a positive trade surplus of £3.6bn in 2003.

Water for injections restrictions to be eased

Needle exchange scheme workers, including pharmacists acting outside a patient group direction, will soon be able to supply ampoules of water for injections to drug addicts.

The Medicines and Healthcare products Regulatory Agency has started consulting on a proposal to change the law so that people who work for needle exchange schemes and other legitimate drug treatment services can supply the product without breaking the law.

Currently, the Medicines Act 1968 restricts all medicines intended for parenteral use to prescription control. As such, water for injections can only be supplied from pharmacies by, or under the supervision of, a pharmacist after prescription by a practitioner, or by pharmacists and other health professionals acting under a patient group direction.

Until last year, the supply of items associated with drug abuse — described as paraphernalia — was an offence under the Misuse of Drugs Act 1971 (*PJ*, 12 July 2003, p37). Last year, the supply of paraphernalia was decriminalised under the Misuse of Drugs Act, but water for injections remains controlled under the Medicines Act.

It is now proposed that this situation be rectified by amending the Prescription Only Medicines (Human Use) Order 1997 and related orders.

The plan is that supplies will be restricted to packs of 10 ampoules of no more than 2ml each. Consultation closes on 11 January 2005.

New powers planned to tackle NHS fraud

Plans to require pharmacy contractors, GPs and other NHS contractors in England to hand over records to fraud investigators — or face prosecution — have been announced.

According to the Department of Health, the plans mean that counter-fraud specialists with knowledge of the NHS will be able to conduct investigations in a way that is sensitive to the needs of patients and workers. This will reduce the need for police assistance to search premises or take property which might contain evidence.

The proposals, which will require new legislation, include a right to require access to original documents relating to all NHS bod-

ies and individuals or contractors providing NHS services. They also recommend the creation of a new criminal offence of failing to comply with the legislation.

New legislation would require all NHS bodies, other individuals and contractors to give NHS counter fraud officers all the information they need to investigate possible fraud.

This last proposal could mean that non-clinical counter-fraud staff could have access to confidential patient information.

A consultation document on the proposal is available via *PJ Online* (www.pjonline.com/links/pj).

News in brief

Global patient safety initiative
The Department of Health has joined forces with the World Health Organization to launch the World Alliance for Patient Safety. Other partners include the US Department of Health and Human Services. The alliance will build on existing national efforts and initiatives to link programmes for improving patient safety.

Smoking consultation
In Scotland, over 50,000 people have responded to the consultation on smoking in public places, making it the biggest response to any Scottish Executive consultation.

Lloyds wins diversity award
Lloydspharmacy has been recognised for its series of television advertisements at the British Diversity Awards. The television campaign promoted the use of consultation areas within Lloydspharmacy stores.

Second attempt to sell East Anglian Pharmaceuticals

East Anglian Pharmaceuticals (EAP) is to be sold for an undisclosed sum to Phoenix Healthcare Distribution, subject to approval by the competition authorities.

East Anglian Pharmaceuticals operates from a single warehouse in Norwich and serves customers throughout East Anglia and the surrounding area. EAP is a family company established over 60 years ago by the grandfather of the current managing director, Jonathan Briggs.

Phoenix intends the company to continue to operate from its existing premises and with its current employees. The planned purchase will help Phoenix fill a gap in its services

"One of the attractions of EAP to us was the established hospital business and we would like to expand the geographical reach to offer more choice to hospitals in other areas, with supporting distribution services from other Phoenix depots," said David Cole, chief executive of Phoenix.

This is the second time in just over a year that such an agreement has been reached. AAH Pharmaceuticals's planned purchase of EAP was aborted at the end of last year after it was referred to the Competition Commission because of a feared reduction in competition in areas served by EAP (*PJ*, 13 December 2003, p805).

Contraceptive pill may protect against heart disease

Women who use the oral contraceptive pill are likely to be reassured by new research presented at a recent meeting of the American Society for Reproductive Medicine.

Analysis of data from the Women's Health Initiative study, known for findings on the harmful effects of hormone replacement therapy, has revealed that use of the oral contraceptive pill is associated with a lower risk of both cardiovascular disease and certain cancers.

Researchers from Wayne State University, Detroit, Michigan, examined the WHI database to investigate the relationship between oral contraceptive use, cardiovascular health and gynaecological cancers. The database includes records of some 160,000 women, of whom approximately 67,000 had a history of oral contraceptive use.

In terms of cardiovascular health, the researchers observed a strong relationship between oral contraceptive use and reduced risk of multiple cardiovascular disease-related outcomes, including any cardiovascular disease,

hypercholesterolaemia, angina, myocardial infarction, transient ischaemic attack, peripheral vascular disease and need for cardiac catheterisation (all $P < 0.001$).

Generally, risk reduction occurred after more than one year of oral contraceptive use. However, angina, transient ischaemic attack and peripheral arterial disease risks decreased only with more than four years of oral contraceptive use. "In stark contrast to recent and previous findings, our data support significant cardiovascular disease risk reductions in women with a history of oral contraceptive use," say the researchers, adding that increased use resulted in increased risk reduction.

For cancers, the researchers found an association between oral contraceptive use and reduced risk for any cancer ($P < 0.001$), endometrial cancer ($P < 0.001$) and ovarian cancer (all $P < 0.005$). When controlling for risk factors, there was no effect on risk of breast cancer, bladder cancer or colon cancer.

Data from the two analyses were presented at the 60th annual meeting of the ASRM

Oral contraceptive use associated with lower risk of cancer and heart disease

held in Philadelphia, Pennsylvania, last week.

□ **Latest evidence for HRT** The Women's Health Initiative has provided further evidence to link use of hormone replacement therapy with venous thrombosis. Data show that oestrogen plus progestogen is associated with a doubling of the risk of venous thrombosis (*JAMA* 2004;292:1573).

Smokers are more likely to develop asthma

Former and current smokers are more likely to develop asthma than those who have never smoked, researchers have found.

They compared the smoking habits of 521 newly identified asthma cases and 932 randomly selected controls from an area in Southern Finland during a two-and-a-half-year case-control study.

The risk of developing asthma was higher among current smokers (adjusted odds ratio 1.33, 95 per cent confidence interval 1.00–1.77) and former smokers, (1.49, 1.12–1.97) than among those who had never smoked. People who smoked one to 14 cigarettes per day were found to have a greater risk of developing asthma than those who only smoked occasionally (1.93, 1.26–2.95 versus 1.25, 0.76–2.06). Unexpectedly, the risk appeared to be lower among those who smoked 15 cigarettes per day or more (1.05, 0.71–1.56).

The researchers were surprised by this finding and suggest that smokers might have changed their smoking habits because of res-

piratory symptoms they experienced before asthma was diagnosed.

The researchers also identified individuals who smoked heavily without developing asthma, and who may therefore be less susceptible to the effects of tobacco smoke. The researchers say that genetic or other susceptibility factors may account for the contradictory results that have been reported in previous studies on smoking and asthma (*European Respiratory Journal* 2004;24:734).

Miriam Armstrong, chief executive of PharmacyHealthLink, told *The Journal* that the charity is pushing for action from central Government over the health hazards posed by smoking. "This new study from Finland must help to strengthen our case and we hope that the Government will take the opportunity in the [forthcoming White Paper on public health] to state a clear commitment to protect all members of the public from second-hand smoke by announcing the introduction of smoke-free workplaces and smoke-free enclosed public places," she said.

New treatment for psoriasis

A drug launched this week for the treatment of psoriasis provides an option for patients who have not responded to other therapies.

Efalizumab (Raptiva), manufactured by Serono, is a humanised therapeutic antibody indicated in patients with moderate to severe chronic plaque psoriasis who have not been successfully treated with therapies such as ciclosporine, methotrexate and PUVA.

It works by blocking the activation, reactivation and trafficking of T-cells that cause the symptoms in psoriasis. Serono says that in clinical trials 59 per cent of patients who received efalizumab demonstrated a 50 per cent improvement in their psoriasis after 12 weeks of treatment, and 27 per cent of patients demonstrated a 75 per cent improvement.

Efalizumab is designed to be administered once a week by subcutaneous injection, and can be self-administered at home after appropriate training. The cost of treatment for one patient is £8,798.40 per year.

Side effects include headache and non-specific infections.

Notice-board p639

Genetic variation in beta-adrenergic receptor determines response to salbutamol

Long-term response to salbutamol in patients with asthma may be determined by their genotype, say American researchers. They suggest that bronchodilator treatment with salbutamol should be avoided in patients with two arginine versions of the beta-adrenergic receptor gene.

The 78 subjects enrolled in the study had mild asthma but were not using a controller medicine. They were paired according to

their forced expiratory volume, and whether they had the Arg/Arg or Gly/Gly genotype. The subjects received regular treatment with salbutamol or placebo for 16-week periods. As-required salbutamol was discontinued and ipratropium bromide was used as needed.

The researchers found that during active treatment subjects with the Gly/Gly genotype had a greater peak expiratory flow rate when receiving salbutamol than when receiving

placebo ($P = 0.0175$). Patients with the Arg/Arg genotype showed no change in peak expiratory flow rate during treatment with salbutamol, but showed an increase during treatment with placebo ($P = 0.0209$).

The researchers found similar genotype-specific effects for forced expiratory volume, symptoms and use of supplementary reliever medication. The study is published in *The Lancet* (2004;364:1505).

All POMs to have medicine guides

Up to 2,000 medicine guides will be produced between now and 2007 by the Medicines Information Project, a partnership involving the NHS, the Department of Health, the pharmaceutical industry, the Medicines and Healthcare products Regulatory Agency, patients and health care professionals. The medicine guides will be available online initially (at www.medicines.org.uk), though release in other channels is planned. Joanne Shaw, director of the Medicines Partnership, said at a media briefing.

Eventually there will be a guide for every prescription only medicine. The pharmaceutical industry has committed to funding 3,000 medicine guides, covering all prescription only

medicines. Medicines guides provide a user-friendly complement to the patient information leaflet and are designed to be available before a medicine is prescribed.

Patients will also be directed to the information that is relevant to their particular condition, rather than that covering all patients. Information on medical conditions and treatment options on NHS Direct Online links through to the medicine guides, which themselves link through to patient information leaflets, summaries of product characteristics and patient group websites. So far, 64 guides in two conditions (epilepsy and influenza) have been launched; 27 guides for hyperlipidaemia will be available from 1 November.

New data on drugs that affect ulcer healing

In patients who need treatment with non-steroidal anti-inflammatory drugs the risk of symptomatic ulcers is reduced by using cyclo-oxygenase-2 specific and selective NSAIDs, or by also using misoprostol and probably proton pump inhibitors, say researchers. However, a protective effect was not seen with H₂-receptor antagonists.

In a recent systematic review, the researchers examined data on the effectiveness of strategies to prevent NSAID-induced gastrointestinal toxicity. They analysed 156 clinical papers and concluded that the risk of symptomatic ulcers is reduced by taking misoprostol with a non-selective NSAID (relative risk 0.36, 95 per cent confidence interval 0.20–0.67); using COX-2 selective NSAIDs (0.41, 0.26–0.65); or COX-2 specific NSAIDs (0.49, 0.38–0.62); and probably by using a proton pump inhibitor with a non-selective NSAID (0.09, 0.02–0.47).

They found that serious gastrointestinal complications are reduced with the use of misoprostol (0.57, 0.36–0.91) and probably with COX-2 specific NSAIDs (0.55, 0.38–0.80), although they note that the quality of these data is low because many publications did not report all of these outcomes.

The researchers found no evidence of effectiveness of H₂-receptor antagonists, compared with placebo, for any primary outcome, although the data were insufficient to draw conclusions.

The researchers say that although all the strategies, except use of H₂-receptor antagonists, are apparently protective of symptomatic ulcers and all strategies except COX-2 selectives are protective against endoscopic ulcers, head-to-head studies and health economic reports are needed before recommendations for practice can be made (*BMJ* 2004;329:948).

OTC advice line launched

A new over-the-counter medicines advice line has been launched by the Customer Health Information Centre, an information service run by the Proprietary Association of Great Britain. The advice line is part of a support service to help consumers use OTC medicines correctly. The service also includes an education leaflet, entitled "Getting the best from medicines you buy", which is being distributed to pharmacies across the UK.

Calls to the advice line are answered by nurses from the Medical Advisory Service, a charity that employs nurses disabled through illness or work injury. They will be able to give advice on use of OTC medicines, storage and interactions, and to offer a detailed counselling service to callers with more complex problems.

The service aims to offer a way of obtaining advice if consumers are not comfortable talking directly to their pharmacist or GP, or feel a question is not important enough to warrant speaking to their pharmacist.

Ash Soni, chairman of the National Pharmaceutical Association, said that pharmacists should see the advice line as a useful adjunct to their services. The Over-the-Counter Medicines Advice Line number is 020 8742 7042.

News in brief

Selling smaller painkiller packs cuts suicide rates

Suicide deaths from paracetamol and salicylates fell by 22 per cent and admissions to liver units for paracetamol poisoning and liver transplants by 30 per cent following UK legislation limiting the size of packs of analgesics sold over the counter, a study published on *BMJ Online* (www.bmj.com) has found. The number of non-fatal overdoses also fell.

PJ Online

Website development

A Google search box has been added to the homepage. Note that Google's search does not include PDF files. *PJ Online's* own search can be used to find PDFs as well as other pages. www.pjonline.com

"Ask about medicines" week

This year's campaign takes place from November 1 to 6. www.pjonline.com/topics

Article series

A list of the various series from *The Pharmaceutical Journal* and *Hospital Pharmacist*. www.pjonline.com/series

Diabetes

Links and articles on diabetes. www.pjonline.com/links/diabetes

Welsh minister has blood pressure test at Lloyds pharmacy



Welsh deputy minister for health and social services John Griffiths visited a Lloyds pharmacy in Newport, Gwent, this week to help raise community awareness on

a range of health conditions. He is pictured having his blood pressure measured by health care assistant Wendy McRreadie at the Ringland Centre store.