

IVAX follows GSK lead on revised discount terms

Drug manufacturer IVAX has followed GlaxoSmithKline and revised its discount terms for community pharmacies. In a statement, IVAX Pharmaceuticals UK said the decision was taken reluctantly but "the new market dynamics imposed on us all" by GSK's decision left it with little option.

IVAX removed the discount from three of its respiratory brands — Qvar, Airomir and EasiBreathe on 1 April. These are in direct competition with some GSK products which also had their discount removed from 1 April.

But IVAX said that to help compensate pharmacists for any loss of income it was introducing a price cut of up to 48 per cent on other drugs in its respiratory portfolio.

The announcement has alarmed some pharmacist leaders who fear the removal of discounts could affect the funding of the new community pharmacy contracts, which takes discounts into account.

However, the Pharmaceutical Services Negotiating Committee has reassured pharmacists that they will not be out of pocket following the decisions by GSK and IVAX.

Head of finance at the PSNC Mike Dent said: "The Government has guaranteed the



Mike Dent: pharmacist should not be out of pocket

£1.766bn for the new contract. That is the key message we would like to get across and that includes £500m of guaranteed buying profit." He confirmed that the Government has promised to make up any shortfall in funding created by the removal of drug discounts and added: "But we are still deciding about the mechanism."

Commenting on the IVAX announcement Frank Owens, chairman of the Scottish Pharmaceutical General Council, said: "The GSK decision was completely unexpected but having said that I think the IVAX announcement was inevitable. Pharmacists are going to end up the innocent victims — caught in the middle of an escalating conflict between drug manufacturers."

The SPGC standing committee has asked GSK to reconsider its decision but so far has had no response.

Mr Owens said: "If they continue to go down this road, health administrations and pharmacy negotiators will have to direct their attention away from implementing the new contract to reimbursement issues."

John D'Arcy, chief executive of the National Pharmaceutical Association, said: "Both companies are riding on the back of an agreement to keep money in the system. That is a pretty major assumption and only time will tell whether the Government will bail people out or that the money will still stay in the system. The problem will come if everybody takes discounts out. Then where will that money come from?"

NHS staff report regular unpaid overtime

Half of NHS staff regularly work unpaid overtime with 12 per cent of them admitting it can account for an extra six hours a week, according to the results of a survey published last week. Fifteen per cent of staff also revealed that they had been physically attacked at work in the past 12 months and a third of staff questioned admitted that they suffered from work-related stress.

The statistics come from the second annual NHS staff survey carried out by the Healthcare Commission in October 2004 on behalf of the Department of Health.

A total of 217,968 NHS employees, including pharmacists, who work for NHS trusts in England took part in the survey. The response rate was 60 per cent.

Immediate past president of the Guild of Healthcare Pharmacists Robert McCartney said pharmacists, including chief pharmacists, put in extra hours for no pay. He said: "They

know the work has to be done. I think also bed pressures have got worse in the past year which in turn puts pressure on the discharge process and you also have to consider the volume of paperwork that has to be done, too."

The guild was unaware of any particular problem with violence against pharmacy staff. But he said: "I have heard reports of verbal aggression towards pharmacists but there has been no mention of physical aggression.

"Although this figure of 15 per cent is potentially worrying I think the guild would have heard if it was a particular problem with pharmacy, although it may be that any incidents which are happening are being dealt with locally."

He added that the 60 per cent response rate showed that staff took the survey seriously and that if the results could be used to highlight particular issues with the Government then it was useful.

GHP to be restructured

Amicus, the parent trade union of the Guild of Healthcare Pharmacists has proposed a new structure for its health professional groups, including the Guild of Healthcare Pharmacists.

The union has asked the guild to postpone both the 2005 council election and the annual general meeting that was due to take place on 16 April. Similar instructions have been given to other professional groups.

Anthony Oxley, guild vice-president, said: "Amicus has put some proposals on the table and we have responded. There is more debate to take place."

There is no proposal to abolish the guild council. Mr Oxley said: "There is no suggestions that the council could be abolished. The proposals relate to the constituencies and make-up of the council."

Guild members will have a chance to discuss the plans during what would otherwise have been their AGM.

Welsh community pharmacy contract regulations amended

Draft NHS (Pharmaceutical Services) Regulations 2005 for Wales were withdrawn from the National Assembly for Wales by health minister Brian Gibbons recently, after it emerged that they did not reflect the agreement reached between the Assembly, Westminster and community pharmacy organisations across England and Wales.

A spokeswoman for the Welsh Assembly Government told *The Journal*: "The regula-

tions have been amended to reflect the joint settlement negotiated on behalf of England and Wales by the NHS Confederation and the PSNC." The revised amendments have now been put through the Assembly under the "executive procedure" which would allow them to come into effect on 1 April.

□ **Opening hours** Welsh contractors should notify local health boards of their opening hours by 1 July.

The Society

Scottish public affairs plan

The Society's Scottish Executive has adopted a new public affairs plan (p401).

Statement on canvassing

The Society states that it has not provided the pharmacists' personal data that has been used for unsolicited mailings canvassing support for certain Council election candidates (p401).

Minimum maintenance dose required in asthma

A minimum daily amount of maintenance therapy is required to prevent exacerbations in adults with persistent asthma, results from a new study suggest.

Mark FitzGerald of Vancouver General Hospital, and colleagues, conducted a trial involving 688 patients, each of whom received both active drug and placebo delivered via dry powder inhalers. The trial compared two treatment strategies: a stable dose of salmeterol/fluticasone propionate 50/250µg via Diskus and an adjustable maintenance dose of formoterol/budesonide 6/200µg via Turbohaler.

During the 52-week treatment period, patients received either salmeterol/fluticasone one puff twice daily or formoterol/budesonide two puffs twice daily, for four weeks. Following this, the dose of the Diskus (salmeterol/fluticasone propionate or placebo) remained constant. Patients who met specified symptom-control criteria were instructed to reduce the Turbohaler (formoterol/budesonide or placebo) to one puff twice daily, and subsequently to one puff daily as per the datasheet for Symbicort (formoterol/budesonide). If these criteria were not met at a later clinic visit the dose reverted back to one puff twice daily.

If asthma became uncontrolled patients could increase the Turbohaler to four puffs twice daily for seven to 14 days according to a self-management plan. If this was unsuccessful a course of oral corticosteroids was prescribed.

The researchers found that stable dosing with salmeterol/fluticasone resulted in greater improvements in the percentage of symptom-free days ($P=0.034$), percentage of

days free of rescue medication ($P=0.008$) and morning peak expiratory flow ($P=0.006$).

In addition, stable dosing almost halved the number of exacerbations requiring oral corticosteroids or hospital visits. The researchers acknowledge that the adjustable maintenance dose approach led to less maintenance treatment being used and that improvements in all parameters were seen in this group. They suggest that regular low amounts of maintenance therapy can be effective. However, they say:

“A higher daily amount of maintenance treatment may afford greater protection against the triggers that can result in the type of exacerbations requiring interventions with oral corticosteroids or hospital care.”

The study is published online in *Clinical Therapeutics* (www.clinicaltherapeutics.com).

Anna Murphy, consultant respiratory pharmacist, Glenfield Hospital, Leicester, told *The Journal*: “The results of the study need to be interpreted carefully since it contradicts the findings of eight other studies investigating adjustable maintenance dosing with Symbicort.”

She noted that the dosage of Symbicort administered to patients for most of the time



Mark Thomas/SPL

Peak expiratory flow rates improved more for patients treated using a stable maintenance therapy dose

was less than in other trials (1.8 puffs 200/6 Symbicort each day compared with 3.4 puffs a day in an earlier study). “This suggests that patients were effectively under-dosed and this may be responsible for the increase in exacerbation rate reported with Symbicort,” she added.

AstraZeneca, manufacturer of Symbicort, said the study’s design led to an unfair comparison between Symbicort and Seretide. “In everyday clinical practice, less than 0.3 per cent of patients on Symbicort adjustable dosing are maintained on one inhalation per day,” the company stated.

Aspirin safer than warfarin and as effective for reducing stroke risk from blocked arteries

High-dose aspirin is as effective as warfarin for reducing the risk of stroke following intracranial stenosis (partial blockage of arteries in the brain) and is associated with fewer side effects, a randomised trial has revealed.

US researchers compared use of warfarin (target international normalised ratio 2.0–3.0) with aspirin (1,300mg daily) in 569 patients for an average of 1.8 years. All the patients had a greater than 50 per cent blockage of a major intracranial artery and had experienced a transient ischaemic attack or non-disabling stroke within the 90 days before study enrolment. About 22 per cent of the patients had a subsequent ischaemic stroke or brain haemorrhage, or died from other blood vessel-related causes, regardless of whether they received aspirin or warfarin.

However, the rates of major haemorrhage and death from all causes were higher for patients treated with warfarin (event rates for aspirin compared with warfarin were 3.2 per

cent vs 8.3 per cent for major haemorrhage and 4.3 per cent vs 9.7 per cent for death).

“This trial is good news. A simple low-cost drug works just as well as one that requires complicated and expensive monitoring and dose adjustments,” said John Marler, associate director for clinical trials at the US National Institute of Neurological Disorders and Stroke, which funded the study.

The researchers say the use of such a high dose of aspirin in the trial was justified because no other doses have been reliably tested in intracranial stenosis (*New England Journal of Medicine* 2005;352:1305).

In an accompanying editorial, Walter Koroshetz, Massachusetts General Hospital, Boston, points out that the INR target was reached in less than 63 per cent of patients treated with warfarin and suggests that the delay in achieving a therapeutic level of anticoagulation might have contributed to the failure of warfarin (*ibid*, p1368).

News in brief

Buprenorphine guidance

Guidance relating to the crushing of buprenorphine sublingual tablets (Subutex) has been issued by the Royal Pharmaceutical Society (see p401). In parallel with the guidance, the National Pharmaceutical Association has agreed to provide indemnity cover to members who crush buprenorphine sublingual tablets under an agreed protocol. Further details of the protocol are available on NPAnet, the NPA’s member-only intranet.

John D’Arcy TAF chairman

John D’Arcy, chief executive of the National Pharmaceutical Association, has been appointed chairman of the Trade Association Forum. The TAF aims to share best practice among UK trade associations and promote the role of trade associations to the Government, industry and the public.

Many independents unprepared for new contract

Many independent community pharmacists are not prepared for the new community pharmacy contract, according to Avicenna, which presented results from a survey at its annual conference in Sorrento, Italy, last week.

The buying group sent a questionnaire to its members and carried out 40 in-depth interviews by telephone. Almost 70 per cent of members believed they would need to refit their pharmacy to comply with the new contract. At present, only 33 per cent who answered had a consultation area and only 51 per cent knew what the requirements for consultation areas were.

In addition, most members did not know what their primary care trusts' strategies for implementing the new contract were and only 40 per cent of members knew whether there were plans for local improvement finance trust (LIFT) programmes (such as super surgeries or health centres) in their area.

Speaking at the conference, Salim Jetha, chairman of Avicenna, said that there was a lack of preparation for the changes facing pharmacists and that, while members were concerned about this, there was a lack of enthusiasm to tackle the issue. "Change is happening fast in community pharmacy, but

pharmacists are not changing their focus to keep pace with it," he said. He also outlined a number of training programmes and resources that Avicenna is setting up to help its members overcome some of these difficulties.

Commenting on the survey results, Stephen Lutener, head of regulation at the Pharmaceutical Services Negotiating Committee, said: "As we approach implementation on 1 April 2005, pharmacy contractors will be in varying states of preparedness, but will have a transitional period of six months in which to make amendments to meet the requirements of the 'essential services' tier."

Moss to be rebranded as Alliance Pharmacy



The Alliance brand, as shown here, is being piloted in 20 stores around the UK

Moss Pharmacy's network of community pharmacies is to be rebranded as Alliance Pharmacy, it was announced last week.

The Alliance Pharmacy brand will have a new visual identity and a new slogan, "Because we care", which will appear on marketing materials and in-store literature.

Tricia Kennerley, chief services officer for Moss Pharmacy, explained that there were two main reasons for Moss Pharmacy, the UK retail pharmacy division of Alliance UniChem, to rebrand as Alliance Pharmacy. "Firstly, rebranding to Alliance Pharmacy will enable us to create one brand across Europe," she said. "Secondly, only half of our UK pharmacies are currently under the Moss brand

and we want to move to a consistent brand across the whole company."

The brand will be piloted in 20 stores around the UK until May so that the company can see if any minor tweaks are necessary. The Alliance Pharmacy brand will then be steadily rolled out to the rest of the company's network of over 880 community pharmacies until the end of 2006, as branches are refitted.

"I am delighted with the new brand — the look is exactly what we want to portray," Ms Kennerley said. "The timing is also ideal, since our pharmacies will be embarking on a new community pharmacy contract at the same time as the new branding."

Rural agreement in force

An agreement to resolve the long-standing dispute between pharmacists and doctors over dispensing in rural areas was implemented this week.

The agreement came into effect on 1 April with the implementation of the NHS (Pharmaceutical Services) Regulations 2005. The Regulations will underpin the new pharmacy contract.

Under the new agreement, doctors will not be allowed to apply to dispense from any premises that are within 1.6km of a pharmacy.

In return for this, pharmacies have relinquished the right to additional contracts without having to prove that they will not financially undermine the ability of local doctors to provide proper medical services.

News feature p386

Lloydspharmacy launches refurbishment programme

Lloydspharmacy launched a refurbishment and relocation programme and a five point "pledge card" at the company's conference at Stoneleigh Park near Coventry last month.

The multi-million pound programme will see many of the company's pharmacies being upgraded or relocated to health centres. The programme will also allow the company to provide better facilities for staff.

The credit card-sized pledge card highlights five key areas that the company hopes will help it to work in closer partnership with NHS primary care teams. The company is setting up an assessment process to measure how well the pledges are kept.

The company also announced that pharmacists at Lloydspharmacy will now be entitled to two days of study leave per year for continuing professional development and to funding for medicines use review training accreditation and that the Lloydspharmacy dispenser training programme has been granted accreditation by the College of Pharmacy Practice.

NPA meets with BOC to discuss oxygen service provision

Representatives of the National Pharmaceutical Association have met their BOC counterparts to discuss arrangements for oxygen service provision between 1 April, when BOC instituted its rental charge, and 1 October, when changes to the domiciliary oxygen service are due (*PJ*, 19 February, p197).

The two sides agreed that ensuring patients received the oxygen they needed was paramount and so it was essential to ensure that there were sufficient cylinders available. The NPA accepted that contractors should do everything possible to reconcile cylinders

in their possession and to liaise with BOC on these reconciliations. However, in a report of the NPA board's March meeting, the NPA said it believes that full and proper reconciliation may prove impossible. The board argues that community pharmacists should not face financial penalties for being unable to account for all cylinders.

The NPA is encouraging all its members to send details of any reconciliation with BOC to their primary care trusts with covering letters warning that if any costs fall on them, they will be looking to the PCT for compensation.

Opportunities for pharmacy in delivery of NHS Improvement Plan

A new document that explains how the NHS and Department of Health will deliver the NHS Improvement Plan indicates that there is increasing support for pharmacy-based services, according to a member of the NHS health and social care leadership network.

Beth Taylor, principal pharmacist for Community Health London and South East Specialist Pharmacy Services, said that pharmacists should be aware of the direction being taken by the Government and the opportunities that are being created through its policies on patient choice and a patient-centred NHS. "There is a move away from a top-driven NHS with much more local decision-making," she said.

Ms Taylor cited the example of emergency hormonal contraception provision and the different options available for service delivery. "Pharmacy is an important part of that menu and this thinking can be applied to lots of other services," she said.

Ms Taylor, who was previously a member of the NHS Modernisation Board, is currently the only pharmacist on the newly created leadership network but hopes other pharmacists will become involved as its role develops.

"Creating a patient-led NHS — delivering the NHS improvement plan" is available via *PJ Online* (www.pjonline.com/links/pj).

Urine kits urge men to take chlamydia test

Offering urine test kits and a streamlined process for accessing treatment are key factors in encouraging young men to be tested for chlamydia, according to the results of a study published this week.

The two-phase project was led by the Men's Health Forum and funded by the Department of Health, the National Pharmaceutical Association and Roche Diagnostics. The first phase was a qualitative attitudinal study among men aged 18 to 25 years, and revealed that many believe that chlamydia testing involves a painful swab "umbrella test". Although symptoms are seen in only 50 per cent of chlamydia cases, many of the men questioned said they would only seek help if they experienced symptoms.

The second phase was a chlamydia screening trial that targeted 4,000 young men in Telford, Shropshire. Six local employers provided free chlamydia testing kits to their staff (*PJ*, 31 July 2004, p138) who, if infected, were able to obtain antibiotics from participating pharmacies under a patient group direction.



A total of 401 urine samples were submitted for analysis during the trial

There were 401 samples submitted for analysis, with almost 10 per cent of men in the target age range (under 30 years) in the six workplaces choosing to take the test. In total, 3.4 per cent of men under 30 years tested positive for chlamydia. The majority preferred to obtain treatment from their pharmacy.

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

Young adults like to get sexual health advice from pharmacies

Over half of young people say they would like to obtain information or advice on sexual health from pharmacies, according to research published this week.

Developing Patient Partnerships, a health education charity, surveyed 501 people aged between 16 and 24 years by telephone. The results showed that 52 per cent would "prefer" to visit a pharmacy to obtain information on sexual health, although over 80 per cent also indicated that they would prefer to obtain information from their GP. The survey revealed that anonymity is an important

factor for 75 per cent of young people when deciding where to obtain help and that 48 per cent wrongly believed that they must visit their GP before they can access sexual health clinics.

DPP has launched a campaign called "Sussed on sex", which offers online (www.sussed.uk.net) signposting to a range of sexual health services and information. To support the campaign, the Royal Pharmaceutical Society's public relations unit is running a media awareness campaign through its network of branch public relations officers.