

New focus on long-term conditions for NHS Scotland

Pharmacists in Scotland will have a key role to play in the future NHS, as announced last week (*PJ*, 28 May, p635).

David Kerr's report — "Building a health service fit for the future" — was commissioned by the Scottish Executive as a national framework for service change over the next 15 to 20 years. It was produced in response to demographic changes: Scotland has an ageing and, unusually, a declining population. Other challenges are high rates of cardiovascular disease and cancer, and the fact that one-fifth of the population lives in a rural area.

In response to these challenges, the report recommends a new model of care:

- An NHS that is geared towards long-term conditions instead of the current focus on acute conditions
- A locally responsive NHS, rather than the current hospital-centred approach
- A move to team-based care from the current doctor-dependent care
- Preventive, integrated care instead of reactive, disjointed care
- A new focus on encouraging self-care

Health minister Andy Kerr said that some of the recommendations would have to be considered by the Scottish Executive but that other elements could be implemented straight away. "I want to see health boards get to work on identifying patients with long-term conditions who are most at risk of hospitalisation. This will enable them to provide



Andy Kerr: patients with long-term conditions need to be identified

proactive, co-ordinated care in the community," he said.

Long-term conditions are an area in which pharmacists will play an expanded role. The report states: "The new pharmacy contract should reflect the extended role that pharmacists, and in particular community pharmacists, could play in the monitoring and review of older people's medications and health status."

It proposes that a generic approach should be taken for managing long-term conditions, rather than a condition-specific approach. For pharmacists, this means addressing patients' pharmaceutical care needs. "Work in progress has demonstrated a willingness on the part of patients to engage in more innovative ways of obtaining their medicines and participating in

self-monitoring with help and support from their community pharmacist."

A new tiered model of unscheduled (out-of-hours) care is proposed. Pharmacy will have a role in the first level, along with GPs, the ambulance service, district and community nurses, and NHS 24. "They will act as the first point of contact to the NHS Scotland Unscheduled Care System," the report states. All professionals at this level will have to have the same core competencies in assessing and referring patients to the most appropriate part of the service. The report adds that it sees great potential in applying the forthcoming pharmacy contract "to tackle illness assessment, chronic disease management and the proactive management of older patients so that reactive emergency/unscheduled attendances are reduced".

A need for new technology is also covered, with a central requirement for an electronic health record. "We recommend that the electronic health record should be put in place within three years. It should be compulsory not optional and should result, over time, in a paper-free system," the report states.

Lyndon Braddick, director of the Royal Pharmaceutical Society's Scottish Department, said: "We are particularly pleased to see reference to the role of community pharmacies as walk-in centres with other health care professionals offering outreach services from pharmacy premises and the potential to offer direct access to self-care, chronic disease management and minor injury care in the communities where people both live and work."

Society asked to join advisory group on non-medical regulation

The Royal Pharmaceutical Society has been invited to join the advisory group reviewing non-medical professional regulation, the Society announced this week.

The group, led by Andrew Foster, NHS director of human resources, is reviewing the regulation of a broad range of health care

professions, including pharmacists. The Society had previously been dismayed at not being represented on the committee (*PJ*, 26 March, p349).

"The Society has made strong representations to the Department of Health to be part of this review group and our position was

supported by the Council for Healthcare Regulatory Excellence," Ann Lewis, the Society's Secretary and Registrar said. "I very much welcome the decision of health minister Jane Kennedy to include the Society in future meetings and we look forward to bringing our experience to the discussions."

CCA calls for closer working between GPs and pharmacy

GPs should meet with representatives from their "top five" pharmacies at least annually to agree three areas to improve patient care, says the Company Chemists' Association.

The CCA is calling for this to be formalised as a new organisational indicator in the Quality and Outcomes Framework (QoF) of the general medical services contract. It has submitted evidence for the new indicator to the QoF expert review panel, which will examine all proposals and subsequently make recommendations that will be the subject of negotiation between NHS employers and the British Medical Association.

Colin Baldwin, chief executive of the CCA, commented: "With the introduction of

new primary care contracts, closer joint working between general practice and pharmacy is essential. If CCA's submission to the QoF review is successful, it will create incentives for general practice to liaise proactively with pharmacy contractors. That will be good for patient care and for primary care team development as well."

The QoF is a voluntary system of financial incentives that rewards primary care teams for providing good quality care to their patients. Payments are linked to achievement of individual indicators and standards and represent approximately 15–20 per cent of available total practice remuneration.

The Society

National boards

The Society is seeking views on the Devolution Review Group's proposals for establishing national boards for England, Scotland and Wales (p683 and p687).

Degree accreditation

A process for accrediting UK pharmacy degrees that are in part delivered overseas was agreed at a meeting of the Society's Council last week (p684).

Annual general meeting

Further reports conclude our coverage of the Society's AGM (p685, p686 and p694).

Pharmacist jailed for six months for ESPS fraud

Surrey pharmacist Rajiv Kumar Sarna, who owns pharmacies in Reading, Ascot and Basingstoke, was sentenced last week to six months imprisonment for defrauding the NHS of £23,000. Mr Sarna made false claims for support under the Essential Small Pharmacies Scheme.

Mr Sarna successfully applied for ESPS payments for his pharmacies in Reading and Ascot in 1996. But in June 2002, the NHS Counter Fraud Service (NHS CFS) was alerted to Mr Sarna submitting prescriptions

from his Reading and Ascot pharmacies through his pharmacy in Basingstoke in order to keep dispensing volumes at his other two pharmacies within the ESPS limits.

Following a six-day trial at Winchester Crown Court, Mr Sarna was found guilty on 12 counts of false accounting. He repaid the full £23,000 before sentencing.

David Grey, operational manager of the NHS CFS pharmaceutical fraud team, said: "I am pleased with the sentence given in this

case. It illustrates the severity of Mr Sarna's actions and that cheating the NHS of its much-needed resources will not be tolerated. We will now be looking to ensure that action is taken by the Royal Pharmaceutical Society of Great Britain."

Steve Lutener, head of regulation at the Pharmaceutical Services Negotiating Committee, said that Mr Sarna's conviction could result in the removal of his rights to provide NHS pharmaceutical services through his pharmacies.

New rental charge for oxygen cylinders

BOC Medical will introduce a rental charge of £5.25 per cylinder per month for Drug Tariff oxygen cylinders (AE, F and DF sizes) from 1 June, the company announced last week.

Invoices will not be sent until the fourth week of June, giving contractors time to submit audits of their cylinders.

The Drug Tariff requires contractors to return all cylinders to the supplier. However, BOC acknowledges that this may be difficult, since cylinders may have been mislaid or returned to a different pharmacy.

Contractors who have completed audits of their cylinders will not be charged the rental fee for any cylinders, BOC has confirmed.

The Pharmaceutical Services Negotiating Committee says that it is imperative that any

contractors who have not yet submitted their audit do so immediately so that any remaining issues can be resolved by the end of June.

Contractors do not at present need to return cylinders to BOC, the PSNC says. Contractors simply need to send BOC an audit, by the end of June, of the cylinders they have, that are with patients and that are unaccounted for.

The PSNC has been assured that BOC will be reasonable in negotiations with contractors who complete and submit audits, but is advising contractors to hold off making any financial arrangements with oxygen contractors (unless the terms of their contracts require them to do so) while negotiations to reach a national settlement are ongoing.

European Court rejects parallel import case

Parallel importers have claimed victory after the European Court of Justice (ECJ) declined to rule on a case referred by Greek authorities (*PJ*, 6 November 2004, p673).

The court rejected the case referred to it by the Greek competition commission on the ground that the commission did not have the right to refer cases.

Following the decision, the president of the European Association of Euro-Pharmaceutical Companies, Hans Bøgh Sørensen, said: "We would naturally have preferred the ECJ to take a position on this important matter and had hoped it would give a clear European signal that the behaviour of GlaxoSmithKline in Greece, in trying to illegally restrict the supply of medicines, was anticompetitive as well as dangerous for patient health. But the interim measures in place from the Greek authorities mean that Glaxo has to meet in full orders for the three medicines Imigran, Lamictal and Serevent."

The EAEP's view is that in declining to rule, the court failed to uphold its own advocate general's opinion that GSK was entitled to restrict supplies in countries whose governments keep prices artificially low.

Lloydspharmacy reveals model pharmacies

Lloydspharmacy has unveiled the first of four model pharmacies that the company says will be used as benchmarks for the rest of its stores.

Lloydspharmacy in Bromsgrove, Worcestershire, was officially opened earlier this week by Sue Lunec, pharmaceutical adviser for Bromsgrove and Redditch Primary Care Trust.

Three further pharmacies will be re-launched later this month in Scunthorpe, Bristol and Birmingham.

Each pharmacy will provide a model for design, layout and best practice and will incorporate features such as a dedicated care room for private consultations, a customer waiting area and a new fixture system.



Pictured (left to right) at the model store opening are Richard Smith, chief operations director, Tony Walters, director of acquisitions and development, Andy Murdock, pharmacy director, Justin Ash, managing director and Mark Green commercial director

VAT and the new contract

HM Revenue and Customs has given preliminary consideration to whether or not VAT should be levied on services provided under the new community pharmacy contract, and it is in discussion with the Department of Health, the Pharmaceutical Services Negotiating Committee says.

HMRC has not, however, been in direct communication with the PSNC, and no guidance for contractors has been published. At present the PSNC is discussing the VAT implications with the Department of Health, Sue Sharpe, chief executive of the PSNC, said. "The PSNC assumes that HM Revenue and Customs will issue guidance to contractors once it has concluded its discussions with the Department of Health," she added.

Society issues response to the fifth Shipman report

The Royal Pharmaceutical Society has issued its response to the Fifth Report of the Shipman Inquiry chaired by Dame Janet Smith.

The Society broadly welcomes the report's recommendations, many of which it believes have implications for the regulation of all health care professionals. In particular, it supports the view of the principles and aims that should underpin a health care regulator's fitness-to-practise procedures. These are that the procedures must be: capable of scrutiny; transparent; thorough, careful and of high quality; properly resourced in every aspect; performed by persons who are suitably qualified and properly trained to carry out the procedures.

The Society's response does, however, raise a number of concerns about the recommendations. For instance, the Society believes that

the wider implications of the recommendations need to be considered, in particular their implications for secondary care and the impact that any changes will have on arrangements in Scotland and Wales.

The Society is also concerned about the regulations not being flexible enough, creating a risk-adverse culture that would curtail innovation and creativity in the pharmacy profession. The Society also rejects the report's suggestion that provisions should be subject to primary legislation and rules, since this is, the Society argues, contrary to the aims of trying to achieve simple and flexible legislation and reserving operational matters to guidance documents. The recommendation that primary care trusts should be able to issue warnings to GPs and impose financial penalties on

them also raises concern from the Society, which argues that clinical judgements that are in an individual patient's interest may be at variance from disseminated guidance and that any complaints system needs to recognise this.

The Society disagrees with the report's recommendation that consideration should be given to appointing a body of full-time, or nearly full-time, panellists who could sit on fitness-to-practise panels of all the health care regulatory bodies. "Having professionals from similar professional backgrounds as part of the judgement process provides an important safeguard for both the public and the professional," the Society argues.

The response is available via the fitness-to-practise section of the Society's website (www.rpsgb.org/fitnessstopractise).

Error rates in community pharmacy leave room for improvement

Error rates in community pharmacy are low, but could still be improved, the final report of "Patient safety in community pharmacy — understanding errors and managing risk" by the Community Pharmacy Practice Research Consortium has shown.

The prevailing risk culture obstructs incident reporting, the report says, but there is huge potential for community pharmacists to use feedback from incident reporting to improve services for patients.

The research was commissioned by the consortium, which consists of the Company Chemists Association, National Pharmaceutical Association, Royal Pharmaceutical Society and Scottish Pharmaceutical General Council.

The study sought to understand the current situation and so inform current and future planning and policy development.

"This research should prove a valuable resource," Frank Owens, chairman of the SPGC, commented, "not just in understanding better the existing cultural attitudes to

risk but, more importantly, in informing discussions on the redesign of pharmaceutical care services and making better use of pharmacists' skills and experiences".

Ann Lewis, the Society's Secretary and Registrar, said she believed that the low error rate in community pharmacy was a reflection of the care and attention that pharmacists pay to dispensing. "However, we recognise that more work needs to be done to encourage the reporting of, and learning from, errors," she added.

The report also found that skill mix in community pharmacy varies not only across pharmacy types but also throughout the day. For instance, the study found that medicines counter assistants engage in all aspects of dispensing, but that this is most likely to occur during busy periods, in an "all hands on deck" capacity.

Policies on workforce development need, therefore, to be flexible and accommodate a wide variety of pharmacy team structures, the report urges.



Counter assistants may be asked to help with dispensing during busy periods

Commenting on the report's skill mix findings, John D'Arcy, chief executive of the NPA, said: "This research has confirmed our long-held view that skill mix is a complicated issue — and there is no 'one-size-fits-all' solution to freeing pharmacists' time and making best use of the whole pharmacy team."

Hospital pharmacy is formally designated as a department of the University of Nottingham's school of pharmacy

The pharmacy department at the Queen's Medical Centre University Hospital has been formally designated as a department of the school of pharmacy at the University of Nottingham.

It will be called "The University of Nottingham, school of pharmacy — department of medicines management and hospital pharmacy". The school believes that this is the first collaboration of its kind.

The trust's chief pharmacist and clinical director of medicines management, Malcolm Partridge, has been appointed head of the new department.

Professor Partridge explained: "The arrangement is exactly the model undergraduates require if they are to understand their academic learning in the context of a real hospital environment." He added that a specialist hospital pharmacy component of the course will also be offered.

The university will make funding available to build on existing relationships with the hospital and to develop new activities.

A senior pharmacist and a team of hospital-based clinical teachers will offer specialist input into teaching and project work.

Research team wins award

A team at Cardiff University's school of pharmacy has won an award for its evaluation of whether community pharmacies can provide an adequate service for a bilingual society.

Dai John, Arwyn Jones and Louise Hughes were presented with £2,000 by deputy health minister John Griffiths at the 2005 Welsh Assembly Government and NHS Wales Welsh language in health care awards last week. The team took first prize in the "Welsh language in health care in education" category.

The researchers interviewed members of the public in west and north Wales about their use of community pharmacy services and their experiences of the services delivered in Welsh, English or both languages.

Improve access to contraception services for young people

Pharmacists need to consider what more they can do to improve access to contraception services for young people, according to Karen O'Brien, chronic disease and medicine management lead, Central Manchester Primary Care Trust, and joint founder project manager of the Manchester, Salford and Trafford emergency hormonal contraception scheme.

"As pharmacists we need to look at how we can encourage young people to access contraception services through community pharmacies and how we can make the service more holistic," she said.

Her comments come in response to Office of National Statistics data showing that conceptions in under-16-year-olds have increased; the estimated number of conceptions in girls under 16 years rose from 7,875 in 2002 to 8,076 in 2003. However, the conception rate for women aged 15-19 years fell by 1 per cent in the same period.

"It would be interesting to see if there is a difference between areas in which EHC is available free of charge and those in which it



Damien Lovegrove/SPL

Contraception services need to be specifically targeted at young people

is not — I would have expected a higher rate had we not had the EHC scheme," Mrs O'Brien said. "Contraception services need to be more specifically targeted at young people," she added. "We currently give advice on the risk of sexually transmitted infections and failure rates but we need to look at how we can go further."

DTB challenges first-line use of certain anti-hypertensives

First-line use of angiotensin converting enzyme inhibitors or angiotensin-II receptor antagonists in patients with type 2 diabetes who also have microalbuminuria has been called into question by the *Drug and Therapeutics Bulletin*.

DTB suggests there is only limited evidence to support this approach, pointing out that most patients with type 2 diabetes and high blood pressure will require combination drug treatment. "This will usually include an ACE inhibitor or angiotensin-II receptor antagonist," the review concludes (2005;43:41).

□ **Hypnotherapy** The June issue of DTB also considers the limitations of hypnotherapy for gastrointestinal disorders (ibid, p45).

SIGN issues guidance on bipolar affective disorder

Lithium should be used as the maintenance treatment of choice after a diagnosis of bipolar affective disorder, according to guidance published by the Scottish Intercollegiate Guidelines Network this week.

SIGN also recommends that patients with acute manic symptoms should be treated with an antipsychotic drug or semisodium valproate. Benzodiazepines are recommended as adjunctive treatment where sedation is a priority.

Short-term use of antidepressants can be valuable for symptoms of depression but treatment should be reduced and discontinued during an acute manic episode.

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

Variation in blood clotting gene alters response to warfarin

Variations in a gene involved in blood clotting appear to play a key role in a patient's response to warfarin and may be a useful dose predictor, new research suggests.

Scientists in the US examined the genetic make up of 186 patients who had been stabilised on warfarin therapy, focusing on a gene encoding for vitamin K epoxide reductase complex 1 (VKORC1).

By matching genetic variations to actual warfarin doses the scientists observed that people with a particular variation generally took similar doses of warfarin. Variations in

the VKORC1 gene could be matched to three groups: patients taking low warfarin doses, intermediate doses or high doses.

"We found that 25 per cent of the [overall] variance in warfarin dose is due to this one gene," said Allan Rettie, of the University of Washington, Seattle, and one of the study authors. "This is possibly the single biggest contributor to variability in people's responses to the drug and could be a central factor in setting the initial dose."

The study is published in *The New England Journal of Medicine* (2005;352:2285).

Corticosteroids raise death rate in head injuries by 15 pc

Use of corticosteroids to treat head injury is associated with a 15 per cent higher risk of death within six months compared with placebo, follow-up data from the CRASH (corticosteroid randomisation after significant head injury) trial have shown (*Lancet* 2004;364:1321).

Earlier analysis of the data had indicated that corticosteroids were associated with an 18 per cent higher risk of death within two weeks, although the mechanism behind this increase was not clear (*PJ*, 16 October 2004, p552).

At total of 10,008 adults with head injury were randomised to a 48-hour infusion of methylprednisolone or placebo. The risk of death was higher in the corticosteroid group than in the placebo group (25.7 per cent compared with 22.3 per cent), as was the risk of death or severe disability (38.1 per cent compared with 36.3 per cent).

News in brief

Prescription charging

The Scottish Executive has hinted that abolition of NHS prescription charges in Scotland is unlikely. During question time in the Scottish Parliament, deputy health minister Rhona Brankin said that she does not believe there is widespread support for abolishing prescription charges but rather there is a perception that the current rules for medical exemption are inequitable.

NES PGD website

NHS Education for Scotland has launched a patient group direction (PGD) educational website. It provides a guide to the use and development of PGDs, along with examples of good practice in a number of therapeutic areas. The website has been developed for use by pharmacists, nurses and allied health professionals and can be accessed at www.nes.scot.nhs.uk/pgds.

Antenatal betamethasone

Antenatal exposure to betamethasone does not worsen cardiovascular risk factors (although it may result in insulin resistance) in individuals whose mothers received the drug to prevent neonatal respiratory distress syndrome as part of a clinical trial. Researchers say that betamethasone should continue to be used to prevent this condition (*Lancet* 2005;365:1856).

Some British South Asian patients may miss doses

Some British South Asian patients with type 2 diabetes make deliberate efforts to reduce their intake of oral hypoglycaemic medicines without being advised to, a qualitative study has found (*BMJ Online First* www.bmj.com).

The observational cross-sectional study used interviews in English and Punjabi to examine the views of 32 patients of South Asian origin with type 2 diabetes about oral hypoglycaemic agents. The researchers found that respondents considered these agents to be an important part of their diabetic regimen, but that some made deliberate efforts to reduce their tablet intake, either because they believed that the drugs worked by relieving symptoms or because they were concerned that the tablets could be detrimental to health

if taken for long periods, with other drugs or without traditional food.

Alia Gilani, a bilingual prescribing support pharmacist for Greater Glasgow Primary Care Division, who runs a medicines review clinic based in a mosque, says that the study confirms the impact a patient's cultural views can have on the treatment of diabetes.

"In order for pharmacists to address concordance issues with British Pakistani and Indian patients, there is a clear need to understand the reasons for non-adherence and tailor our interventions accordingly," she said. "Poor glycaemic control may be due to self regulation of tablets; supplementary pharmacist prescribers need to be aware of this before changing dosage regimens."



Patrick Filet/Rex Features

Traditional foods may be seen as crucial to minimising harmful effects of drugs

Pharmacy diabetes scheme benefits patients

A pharmacist-run diabetes programme has been shown to improve patients' perceptions of their condition and their medicines.

Twelve-month data from the programme, run by Pharmacy Alliance and Hillingdon Primary Care Trust, show that patients benefit from targeted advice and support from their local pharmacist.

Since the programme was launched in May 2004, 181 patients have been recruited into the scheme. Patients attend sessions at their local pharmacy to have their blood glucose, blood pressure, cholesterol levels and body mass index measured, and to talk to a pharmacist. The pharmacist provides advice to patients, or refers them to a GP as necessary.

During the programme the patients were followed up after two months (56 per cent), four months (30 per cent) and six months (20 per cent).

In addition to improvements in patients' blood glucose levels, cholesterol levels, blood pressure, and body mass index, the results show that patients believed they were better informed about their condition and medi-

cines after taking part in the programme. For example, at recruitment, 34 per cent of patients said they had received little or no information on what their medicines do, compared with 11 per cent at a two-month follow up. Similarly, at recruitment 55 per cent of patients said they had received little or no information on whether their medicines have any side effects, compared with 34 per cent after follow up.

The percentage of patients who said they were worried about the long-term effects of their medicines decreased from 35 per cent at recruitment to 14 per cent at follow up. Pharmacy Alliance says that to date 28 patients have been referred to their GPs.

Anoop Shah, a community pharmacist running the programme at Daya Pharmacy, Hayes, Middlesex, commented: "Diabetes is a long-term chronic problem that changes over time. Anything you can do to prevent long-term complications will impact on patients' lives. As pharmacists we see patients weekly or monthly, which is more often than their GPs see them, so we are a good point of contact."

World No Tobacco Day focuses on role of health professionals in helping smokers stop

The involvement of health care professionals, including pharmacists, in helping people give up smoking was the theme of this year's World No Tobacco Day, launched earlier this week in London.

Public health minister Caroline Flint said at the launch: "Doctors, nurses and pharmacists enjoy a high degree of public trust and their regular contact with those with smoking-related conditions puts them in a prime position to provide support."

To coincide with World No Tobacco Day the International Pharmaceutical Federation published a booklet to help pharmacists set up smoking cessation services. "Pharmacists against tobacco — how to get started" provides examples of best practice in terms of smoking cessation and tobacco control.

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

Easy access to NRT can improve quit rate

Easy access to free nicotine replacement therapy patches can substantially increase the likelihood of quitting smoking, a study in *The Lancet* concludes (2005;365:1849).

A six-week course of NRT was sent to 34,000 smokers in New York, 1,300 of whom were followed up at six months.

More NRT recipients than comparison group members had quit smoking at six months (33 per cent compared with 6 per cent).

However, an accompanying editorial (*ibid*, p1831) suggests that the success of the programme may have been overestimated, since it relied on self-verification of quitting at six months.

Men's health promotion window display competition kicks off

Pharmacy staff have been invited to take part in a competition aimed at promoting men's health. For the second year running, Developing Patient Partnerships and the Men's Health Forum are looking for the most creative window display that encourages men to come into the pharmacy for advice and information about their health and weight.

The competition forms part of national men's health week (13–19 June), which this year focuses on obesity. The winner of the competition, called "Men's health — a weighty issue", will receive £800.

The Royal Pharmaceutical Society is running a media campaign to support the com-

petition and will also be involved in the judging.

Entrants should send a photograph of their window display and their store details to Marianne McGlynn, Developing Patient Partnerships, Tavistock House, Tavistock Square, London WC1H 9JP, or e-mail a digital picture to mmglynn@dpp.org.uk. The closing date is 29 July.

☐ **Leaflets and posters** Developing Patient Partnerships is offering pharmacies free leaflets and posters aimed at men, highlighting the services available from pharmacies. They can be obtained by telephoning 020 7383 6780 (e-mail dpp@bma.org.uk).

Several new therapeutic classes to go OTC this year

By the end of the year pharmacists will be able to sell a number of medicines for conditions that have only previously been treatable with medicines prescribed by doctors.

The first of these — chloramphenicol eye drops (*PJ*, 4 December 2004, p803) — is expected next week but others are under consideration.

Kent Woods, chief executive of the Medicines and Healthcare products Regulatory Agency, said in his foreword to the MHRA business plan for 2005–06 published last week: “The public need medicines — and indeed devices — over the counter, and children need medicines suitable for them. We will do all we can to make more products available, though without compromising the health of the public. We expect several new therapeutic classes of medicines to become available during the year.”

The business plan reflects an expectation of increased workload at the MHRA arising from last year’s EU expansion, particularly in relation to the licensing of parallel imports.

“We expect the recent enlargement of the EU to result in applications to import products from new member states, but we do not yet know to what extent,” the plan says.

Workload in relation to the licensing of generic products is also expected to rise.

“The large number of repeat use mutual recognition procedures (from the UK into new member states) expected for the second half of 2004 did not materialise, but may do so in 2005 as generic product companies establish commercial bases and markets in new member states.”

Licensing fees generally are to be frozen this year leading to a planned operating deficit of £2.4m this year.



Adults and children need OTC medicines

UK paediatric incentive consultation starts

Consultation has started in the UK on European plans intended to make more properly tested medicines available for paediatric use so that children do not have to be prescribed unlicensed or off-label medicines (*PJ*, 20 March 2004, p341).

The aim of the European proposal is to promote the research, development and au-

thorisation of medicines for use by children. It seeks to do this by offering incentives in the form of patent extensions and market exclusivity to companies that test medicines for use in children, regardless of whether the outcome is positive.

The MHRA consultation closes on 17 August.

Pharmaceutical parts of Scottish health bill debated

Amendments to the pharmaceutical care part of the new Smoking, Health and Social Care (Scotland) Bill were considered by the Scottish Executive’s health committee last week.

Two successful amendments widen ministers’ powers to determine standards of new pharmaceutical care services contracts beyond existing powers on dispensing. Another amendment passed is for primary legislation to require ministers to publish and maintain the Drug Tariff.

The only area of debate was around dispensing of appliances. Following an explanation from deputy health minister Rhona Brankin, proposed amendments were withdrawn. She said that stoma services will become a dedicated health care service in their own right. Patients will be able to obtain stoma appliances either with a prescription from a community pharmacy or from a contracted appliance supplier.

“Currently, appliance suppliers have no recognised registration body. They work from premises that are not subject to regulation and to standards that have not been nationally agreed. That would lead to a mismatch in trying to define appliance supply services within the constraints of the provisions for pharmaceutical care services,” Ms Brankin said.

New European review started for fluoxetine

European medicines regulators have started a new review of the use of fluoxetine (Prozac) in children and adolescents.

The review — an arbitration review by the European Medicines Agency (EMA) Committee for Medicinal Products for Human Use — follows applications by Eli Lilly throughout the EU for the extension of Prozac’s indications to include the treatment of major depressive episodes in children and adolescents.

Prozac is licensed throughout the EU under its mutual recognition procedures for

national marketing authorisations. An EMA spokeswoman said that the company has applied to the national authorities for the licensed indications to be changed on the basis of new clinical evidence. The mutual recognition rules mean that all the national authorities are required to come to the same conclusion.

The spokeswoman said that they had been unable to do so, and that the French authorities had asked for the arbitration review. She was unable to say how long the review might take.

Formulary expansion for independent nurse prescribers

More than 50 new medicines to treat an additional 32 conditions were added to the nurse prescribers’ extended formulary at the beginning of May.

The additions were made after considering the responses to a consultation that started in April last year. At the time, the proposal was for an extra 60 medicines to treat 30 conditions.

As a result of the change, independent nurse prescribers can now prescribe medicines to treat a range of central nervous sys-

tem conditions, including acute dystonias and recurrent generalised tonic-clonic seizures and certain infections, including cellulitis, dental infections and acute exacerbations of chronic bronchitis.

The most recent figures from the Nursing and Midwifery Council, which are now 12 months old, show that there are a little over 2,000 extended formulary nurse prescribers. Updated figures are expected later this month.

Details of the new formulary are accessible via *PJ Online* (www.pjonline.com/links/pj).



PJ Online

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Homepage

Following feedback, the *PJ Online* homepage has been modified with fewer but more descriptive links. The search facility has a page of tips, and the results page has been redesigned. www.pjonline.com

Clarification

The report of the prosecution of Rajiv Sarna for making a fraudulent Essential Small Pharmacy Scheme claim (p668) was based on information provided by NHS Counter Fraud Services. NHS Counter Fraud Services now accepts that Mr Sarna would have been entitled to £15,600 of the £23,000 he claimed. Mr Sarna returned £23,000 to the NHS before his trial, not before sentencing as reported, and will now receive a refund of £15,600.