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# Pharmacy should be represented at senior levels

NHS boards should ensure that pharmacy is represented at senior levels of decision-making, according to a report published by Audit Scotland this week.

The report entitled "A Scottish prescription: managing the use of medicines in hospitals" is the result of a review of the 12 mainland NHS boards, including 15 NHS bodies. It says that in order to plan effectively, and ensure that patients get access to the best medicines to meet their clinical needs, NHS boards need an up-to-date understanding and awareness of the wide range of issues that contribute to best practice in the use of medicines. "Pharmacy managers have that overview but most are not represented on key decision-making groups, such as senior management teams at NHS boards and operating divisions," it states.

The report also recommends that the Scottish Executive Health Department should improve workforce planning for pharmacists and pharmacy technicians. "The SEHD and NHS boards should ensure that workforce planning includes preregistration [trainee] posts and that sufficient training posts are available to meet the future needs of the service," the report says. It recommends that meaningful measures of activity for pharmacy staffing are developed in order to inform workforce planning.

The expanding and valuable role of clinical pharmacists is acknowledged in the report. However it says that only two-thirds of hospitals have a clinical pharmacy service and recommends that NHS boards develop plans to address gaps in this service.

A further recommendation is that a national hospital electronic prescribing and medicines administration system should be implemented to provide SEHD and NHS boards with better information on how medicines are used.

Norman Lannigan, chief pharmacist, NHS Lothian University Hospitals Division, and a member of the review advisory group, told *The Journal*: "This report, which will be presented to the Scottish Parliament, raises awareness of clinical and financial risk associated with the use of medicines in hospitals. It recognises the unique and leading contribution of pharmacy in managing these risks and it is particularly welcome that one of the recommendations is that pharmacy should be represented at the highest levels in NHS organisations.

"A challenge for the NHS in Scotland will be to address the variation in availability of clinical pharmacy services. Highlighted are the developing roles, such as supplementary prescribing and ward-based pharmacy technicians, which are seen by the report as being of good value and of benefit to good patient care as well as the effective management of risks associated with the use of medicines."

# Mistakes in identification put patients at risk

There is a lack of systematic and standardised processes to support the identification of patients so that health care staff can match them to their care, treatment and records, a report on patient safety incidents in England and Wales, published by the National Patient Safety Agency this week, has found.

"Reports involving mistaken identification have been filed from almost every acute discipline, but principally seem to involve mistakes in medication," says Peter Furness, clinical specialty adviser, pathology, at the NPSA, in a patient safety bulletin accompanying the report.

Between November 2003 and March 2005, 493 incidents in which mismatches between patients and their care had occurred were reported to the NPSA. One in eight of these involved missing wristbands or discrepancies between information on the wristband and other documentation. The NPSA is preparing advice, for the autumn, for the NHS to reduce the risk of mismatching and is undertaking further work to assess the potential of using electronic technologies to reduce the risk to patients.

**Mismatches between wristbands and records impact on patient care**

**News feature p135**

# Domiciliary oxygen change delayed until February 2006

New arrangements for the supply of oxygen to patients in the community in England are likely to be delayed until February next year, the Pharmaceutical Services Negotiating Committee has warned.

Contractors have been told by the Department of Health that existing oxygen contracts will be terminated on 30 September. But legal action by an unsuccessful bidder for new regional contracts is likely to delay the start of the new arrangements (*PJ*, 2 July, p5).

The PSNC is currently discussing with the DoH whether it wants community pharmacies to continue to supply oxygen cylinders and on what financial terms.

The delay is to avoid placing the current cylinder service provided through community pharmacies under pressure over the Christmas and New Year period.

# DoH consults again on charges for pharmacy contract applications

Primary care trusts in England will be able to levy charges for pharmacy contract applications if Department of Health proposals go through.

The Department is consulting for a second time on the plan, which will require a change to primary legislation. Charges were first mooted in the DoH consultation on changes to be brought in after the Office of Fair Trading recommended total deregulation of NHS pharmacy services (*PJ*, 29 August 2003, p285).

At that time, 60 of 270 responses favoured charging, with the balance of opinion favouring moderate fees to deter frivolous applications. Opposition was voiced in 27 responses. Subsequently, an expert advisory group recommended charges of £500 for applications requiring consultation and £150 for applications to be decided by PCTs without consultation.

The current plan is for enabling primary legislation that will give the Secretary of State power to introduce charges and set them nationally. Different fees would be charged for new applicants and those seeking contracts for additional premises, minor relocations and additional services from existing premises. Charges would not apply to doctors applying for outline consent to dispense in rural areas.

The consultation paper also proposes an extra criterion for the consideration of contract applications — whether they improve the provision of, or access to, over-the-counter medicines and other health care products.

Consultation on the proposals runs until 20 September.

Sue Sharpe, chief executive of the Pharmaceutical Services Negotiating Committee, commented: "There have been instances where a single applicant has submitted dozens of speculative applications around a town, each of which requires a PCT to undertake investigations."

# Information on choice of contraception is lacking

Raising the profile of different methods of contraception and changing prescribing practices could result in annual savings to the NHS of approximately £33m, according to research commissioned by the fpa.

The research, carried out at the Centre for Health Services Research, Newcastle University, suggests that contraceptive methods routinely offered to women do not always meet their needs and changing prescribing patterns would reduce the number of unintended pregnancies and subsequent costs to abortion and maternity services. For example, they estimate that the use of implants and the intrauterine system would increase by 9 per cent and 8 per cent, respectively, if women's preferences were reflected.

Nuttan Tanna is a specialist pharmacist who runs an undergraduate pharmacy and obstetrics and gynaecology teaching programme at Imperial College School for Science and Medicine, London. She believes that primary care organisations that want to invest resources in the development of locally based contraception services should include pharmacy input at the early business planning stage. "Pharmacies offer convenient access within the community and can play an important role in raising awareness about the different methods of contraception. Community pharmacists undertaking medicines use reviews as part of advanced services can ensure that these women are appropriately counselled and their GP informed if the woman wishes to consider alternative contraceptive methods." She added that pharmacists who are supported to train as prescribers could greatly reduce GP workload — another important factor that needs to be considered with service redesign.

The fpa research also addresses abortion waiting times. It says that reducing waiting times by 10 days would increase the proportion of abortions carried out under 10 weeks to 71 per cent. This would result in further savings of up to £30m per year since more women would be eligible for early procedures that are cheaper.

Mark Thomas/SPL

**Awareness of different contraceptives can be raised by pharmacists**

The full report will be published in September.

# OTC switches likely to benefit elderly patients

For elderly patients treating self-limiting conditions the benefits of switching medicines from prescription only to over-the-counter status are likely to outweigh the risks, say researchers. Nevertheless, the risks of OTC treatment for long-term conditions still need to be evaluated.

Sally-Anne Francis, University of London, and colleagues conducted a literature review to examine whether switching prescription drugs to OTC status would be good for elderly patients (*Drugs and Aging* 2005;22:361).

The researchers found evidence that the elderly population are significant consumers of OTC medicines, which they most commonly purchase to treat minor ailments. They cite possible benefits of OTC status as wider choice, increased access, increased patient independence and decreased GP visits. Overall, they believe that the benefits of switching outweigh the risks for treating short-term conditions provided systems to monitor their safe and effective use are in place.

However, the researchers say that although the potential adverse effects associated with individual drugs have been identified, the risks associated with increased access to OTC drugs have not been quantified. Concerns have been expressed relating to safety, effectiveness, drug interactions, delays in diagnosis, compliance problems, polypharmacy, treatment of multiple health problems, effect of hepatic or renal impairment, wasted expenditure and unfulfilled expectations.

"Long-term pharmacoepidemiological studies of patterns of OTC drug use need to be undertaken in order to quantify the risks associated with greater access to OTC drugs for the elderly," they suggest.

# National toolkit to assess implementation of contract

A quality assurance monitoring toolkit to help primary care trusts assess compliance with the new community pharmacy contract in England is being developed by the NHS Primary Care Contracting Team. The toolkit will be a nationally designed and agreed framework with a core set of indicators and quality markers.

A draft document has been undergoing consultation and review throughout July and supporting guidance has also been developed. A final working document will be piloted by PCTs and their pharmacy contractors during August and the toolkit is expected to be launched in September via the primary care contracting website (www.primarycarecontracting.nhs.uk) and through strategic health authorities.

The Pharmaceutical Services Negotiating Committee has advised contractors that they should not permit PCTs to monitor their provision of essential and advanced services until October when the toolkit can be used.

# PSNC issues advice on using compliance aids

Pharmacy contractors must make their own decisions about whether to dispense using compliance aids in order to meet their obligations under the Disability Discrimination Act 1995, says the Pharmaceutical Services Negotiating Committee.

Guidance issued by the PSNC late last week says that there is no contractual requirement to dispense using compliance aids at a prescriber's request. Nor can prescribers expect prescriptions to be dispensed in instalments except in the case of instalment prescriptions for drug misusers. In the event that a patient's medicines are dispensed in a compliance aid because the pharmacist deems it necessary in order to comply with the DDA, any changes to treatment before that supply has been exhausted will need a new prescription to be issued. This, the PSNC says, is so that a completely new compliance aid can be prepared with the previous one being discarded to avoid confusion.

The PSNC adds that enhanced services should be commissioned locally if prescribers want compliance aids to be used for patients who are not entitled to them under the DDA.

## News in brief

**MURs in all Tesco pharmacies**

Medicines use reviews are now being offered in all Tesco Pharmacies in England and Wales. The company says it is the first national chain to offer the service in every pharmacy. A total of 395 pharmacists employed by Tesco are accredited to provide reviews, which fall under the advanced services tier of the new community pharmacy contract in England and Wales.

# Consultant pharmacist appointed in critical care

Southampton University Hospitals NHS Trust has appointed what is thought to be the first consultant pharmacist recruited using the Department of Health's recent guidance (*PJ*, 9 April, p409).

Mark Tomlin, who has worked as a hospital pharmacist for over 20 years, has been appointed consultant pharmacist for critical care. He will spend five sessions a week on expert practice, two sessions each on leadership, and research and practice development, and one on education and training. He was previously a directorate pharmacist at the trust. His new role will focus less on management and more on education and research.

The pharmacy department at the trust made a proposal to create the consultant post, which was approved by Hampshire and Isle of Wight Strategic Health Authority. The interview panel consisted of a clinical pharmacy manager, the chief pharmacist, a critical care medical consultant and a member with experience of non-medical consultants.

**Mark Tomlin consultant pharmacist**

Mr Tomlin was asked to present a portfolio showing experience in all six competencies for consultant practice (expert professional practice, building working relationships, leadership, management, education, training and development, and research and evaluation). The post, which will be managed through the pharmacy department, has been allocated band 8c under Agenda for Change.

"This is an exciting development and we are fortunate that we had a local practitioner who had developed the skills to forward the expert practice and research elements of this new role," said Martin Stephens, chief pharmacist for the trust. He highlighted patient safety and managing cost as two of the key challenges of the post. "We have a local strategy to develop the workforce to manage finances and the consultant's responsibility in this area was key to the support we received from the trust and the strategic health authority," he added.

Mr Tomlin was a member of the team that developed the adult critical care career pathway document (*PJ*, 2 July, p3), which he hopes will help others develop their career in the specialty. He expects around a dozen consultant posts in critical care to be created.

## General Dental Council gets extended regulatory powers

New powers have been given to the General Dental Council to make sure that dentists registered in the UK are fit to practise and maintain satisfactory standards.

An Order made under Section 60 of the Health Act 1999 has given the GDC power to regulate professionals associated with dentistry and to investigate complaints about the cost of private dentistry.

It introduces a minimum striking-off period of five years for dentists who are removed from the dental register for disciplinary reasons and makes professional indemnity insurance compulsory.

## Diagnostic testing to be piloted in Manchester pharmacies

A pharmacy-based diagnostic service is to be piloted in 22 community pharmacies by Greater Manchester Strategic Health Authority later this year. Training for pharmacy staff has now begun.

Patients diagnosed with diabetes or coronary heart disease will have the choice of continueing to use existing services, or of accessing new services offered by the pilot through participating pharmacies.

The 22 pharmacies taking part in the Department of Health initiative were selected from four Greater Manchester primary care trusts (Salford, Stockport, Oldham, Ashton Leigh & Wigan) and patient recruitment is expected to start from early September.

In advance of the launch of the pilot, Greater Manchester SHA commissioned Pharmacy Alliance, UniChem's professional services division, to develop a programme for the service, including a training programme for pharmacists and their staff.

Mark Stephenson, UniChem's marketing director, commented that there was a whole host of new opportunities for pharmacists, particularly in the provision of patient-focused services, through which revenue can be generated. "This is a groundbreaking project which will demonstrate in practical terms the way in which community pharmacy and local health organisations can work together to offer effective patient care."

# Deadline set for fitness-to-practise declarations to PCTs in England

Pharmacy contractors in England have until 3 October to make fitness-to-practise declarations to their primary care trusts. Contractors with multiple contracts only have to send the information to the PCT in which their registered office is based.

At present, the declaration requirements apply only to sole traders, partners and board members, directors and superintendent pharmacists of corporate bodies. Where the individuals are pharmacists, they must provide the names of two referees able to report on recent work. Subject to ministerial approval, the requirements are expected to extend to include employee pharmacists and providers of local pharmaceutical services.

Once PCTs have the information, they will be expected to decide whether the individuals concerned should be allowed to continue to hold NHS contracts. There are three grounds on which people can be disqualified — fraud, prejudicing the efficiency of services and unsuitability. The existence of a criminal conviction is not a prerequisite for disqualification.

Guidance to PCTs, which was issued in draft earlier this year (*PJ*, 16 April, p442), sets out the principles and, in some cases, procedures that PCTs should follow in order to make fair decisions that protect the interests of patients without being unfair to contractors and contract applicants. It states that each case must be dealt with according to individual circumstances and that PCTs must not impose preferences or prejudices or target particular businesses because they appear to fit a stereotype. All decisions should be made according to robust procedures and should be likely to be upheld if subject to judicial review.

The guidance explains how PCTs should interpret the terms "fraud", "efficiency" and "suitability" in the context of fitness to practise. Fraud, it says, applies to the obtaining of any benefit without entitlement, while efficiency applies to issues of competence and quality of performance. Suitability is less well defined but can apply to the consequences of decisions taken by professional bodies or courts, to the contents of referees' reports and to the absence of sufficient evidence of satisfactory qualifications or experience.

The Pharmaceutical Services Negotiating Committee has produced a model form (accessible via *PJ Online*, www.pjonline.com/links/pj) that contractors can use to provide the required information.

# Carers and liver patients added to flu target lists

People with chronic liver disease and people who are the main carers for elderly or disabled persons are to be offered influenza immunisation this year as part of the flu immunisation campaigns in England and Wales.

Details of the campaigns have been sent to health care professionals, including pharmacists, this week. As in previous years, all people aged 65 years and over, and all those aged over six months who fall into specific clinical risk groups should be offered immunisation.

## 2005–06 flu vaccine

The strains of flu virus recommended by the World Health Organization to be included in the components for the 2005-06 vaccine are:

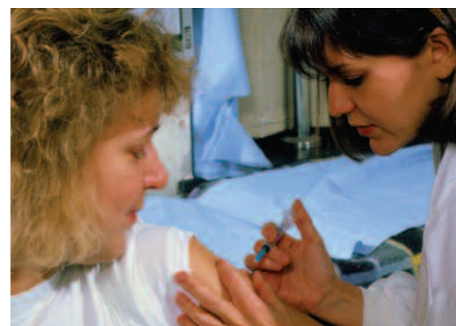
- An A/New Caledonia/20/99(H1N1)-like virus
- An A/California/7/2004 (H3N2)-like virus
- A B/Shanghai/361/2002-like virus

Manufacturers supplying the UK market include: Chiron Vaccines, GlaxoSmithKline, MASTA, sanofi pasteur MSD, Solvay Healthcare and Wyeth Vaccines.

In addition to carers and people with liver disease, the groups who should be considered for immunisation include those with chronic respiratory disease, chronic heart disease, chronic renal disease, diabetes and those who are immunosuppressed. People who live in long-term residential care homes or other long-stay care facilities where rapid spread of infection is likely should also be offered flu immunisation.

Funding to support implementation of the programme will be provided to primary care trusts and local health boards later this year and will be allocated on a pro rata basis according to the size of the area's elderly population. A range of providers may be commissioned under the scheme, with general and personal medical services contractors due to be paid £7.51 for every flu vaccination administered to at-risk patients.

NHS employees directly involved in patient care should be offered immunisation through their occupational health service. Funding for immunisation of NHS staff is the responsibility of individual trusts and employers.



**Influenza immunisation will be given to carers of elderly and disabled people**

The Department of Health and Welsh Assembly Government are again calling for improved uptake rates across the target groups and national publicity campaigns will run from October.

Details of the flu immunisation campaign in Scotland are due to be published shortly.

# Two million doses of H5N1 bird-flu vaccine ordered by UK Government

Two million doses of vaccine against the H5N1 avian influenza virus are to be ordered by the UK Government.

Manufacturers have been invited to tender for the order, which will form a strategic stockpile for first-line defence for priority groups of workers if a flu pandemic strikes (*PJ*, 5 March, p258). The hope is that the vaccine will provide some defence while a vaccine against the precise pandemic strain is developed.

However, the main line of defence against pandemic flu in the UK will be antiviral drugs. Roche has been contracted to provide 7.3 million courses of oseltamivir (Tamiflu) by April 2006, with a further 7.3 million courses to be provided as soon as possible in the following 12 months.

The UK influenza pandemic contingency plan sets out an order of precedence for vaccination. If supplies are limited, health care staff with patient contact will get top priority, followed by essential service providers, such as the security services and undertakers. People in selected industries maintaining essential supplies, such as pharmaceuticals, come fifth in the list of priority groups, with the general population coming last in group seven.

The strategy for use of antivirals is currently provisional. But the philosophy will be to minimise serious illness and death, to maintain essential services and to minimise societal disruption.

Last November, the World Health Organization said that governments around the world should pay for the development of possible seed vaccines, to reduce the development time of the right vaccine, once the global pandemic strain had been identified. H5N1 was one of the seed strains the WHO had in mind.

The expected scenario in any pandemic is that the virus will spread worldwide in three to six months and that between 25 per cent and 30 per cent of the global population will catch the disease. Mortality is expected to be 1 per cent of those infected.

Development and testing of a vaccine against the pandemic strain is expected to take from six to eight months.

Research published this month has shown that oseltamivir boosts the survival rate of mice infected with the H5N1 bird-flu virus (*Journal of Infectious Diseases* 2005;192:665).

# Echinacea has no clinically significant effects on common cold

Extracts from *Echinacea angustifolia* roots have no clinically significant effects on common cold infection or illness, according to data published this week (*New England Journal of Medicine* 2005;353:341).

Ronald Turner, University of Virginia School of Medicine, Charlottesville, and colleagues tested three preparations of echinacea on 399 volunteers. The three phytochemically distinct preparations were produced by extraction from *E angustifolia* roots with supercritical carbon dioxide, 60 per cent ethanol or 20 per cent ethanol. Volunteers received echinacea prophylaxis (starting seven days before viral challenge) or treatment (starting at the time of challenge) or placebo. Viral challenge was with rhinovirus type 39, after which volunteers were isolated in individual hotel rooms for the following five days.

The researchers found that the echinacea preparations, either alone or in combination, had no effect on infection rate, symptoms or the course of the illness. "Given the great variety of echinacea preparations, it will be difficult to provide conclusive evidence that echinacea has no role in the treatment of the common cold. Our study, however, adds to the accumulating evidence that suggests that the burden of proof should lie with those who advocate this treatment," they conclude.

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# Two cancer drugs referred early for NICE evaluation

The National Institute for Health and Clinical Excellence is to evaluate trastuzumab (Herceptin) for the treatment of early stage breast cancer and bortezomib (Velcade) for the treatment of multiple myeloma in advance of its 12th wave work programme.

Patricia Hewitt, Secretary of State for Health, announced last week that she has decided to refer the two drugs early to allow NICE to begin preliminary work on the development of advice to the NHS on the clinical and cost effectiveness of these treatments.

Trastuzumab is not yet licensed for the treatment of early stage breast cancer. However, interim results from three major trials presented at the American Society of Clinical Oncology annual meeting in May (*PJ*, 21 May, p605) suggest that it could halve the risk of recurrence in early breast cancer.

"The manufacturer is analysing the trial results and if those are encouraging, we expect them to apply to the Medicines and Healthcare products Regulatory Agency for an extended licence for the drug. Once an application is made it could take as little as two to three months for an extended licence to be issued. In the meantime I will expect health bodies to consider the evidence base for these treatments and develop plans for their managed introduction," said Mrs Hewitt.

Private medical insurers BUPA, Norwich Union, Western Provident Association and Standard Life have agreed to pay for the use of trastuzumab in early stage breast cancer in advance of an extension to its licence being granted in the UK.

## News in brief

### Beta-blockers for PTSD?

Beta-blockers interfere with the way the brain stores memories and could be used to treat sufferers of post-traumatic stress disorder, according to a report in *Nature* this week. Researchers are recruiting subjects for a trial to test whether propranolol can help break the link between recalling a traumatic memory and panic symptoms (2005;436:448).

### Post-herpetic neuralgia

Tricyclic antidepressants and some opioids are as effective for treating post-herpetic neuralgia as newer drugs such as gabapentin, tramadol and pregabalin, the authors of a systematic review conclude. They add that tricyclic antidepressants should be used first line (*PLoS Medicine* 2005;2:e164).

### Vardenafil works for 10 hours

Vardenafil (Levitra) is effective for up to 10 hours after administration, results presented at the World Congress of Sexology in Montreal earlier this month have shown. A study of 383 men with erectile dysfunction showed that vardenafil taken six to 10 hours before intercourse led to a penetration success rate of 81 per cent, compared with 51 per cent for placebo, and a maintenance of erection success rate of 70 per cent, compared with 34 per cent for placebo.

### Carboplatin versus radiotherapy

A single injection of carboplatin is an effective adjuvant treatment for stage I seminoma with similar outcomes to adjuvant radiotherapy, new data show (*Lancet* 2005; 366:293). Carboplatin may reduce risk of relapse. Long-term follow up is needed to confirm these findings.

## NICE to consider decision support systems

Ways of evaluating computerised decision support systems are to be tested by the National Institute for Health and Clinical Excellence in a joint pilot study with NHS Connecting for Health (the organisation responsible for the Government's national programme for IT).

Such systems use patient data to generate patient-specific advice or interpretation. They can include:

**Decision support systems may help improve patient care**

- Systems that promote effective practice (eg, by advising on the need for particular blood tests before surgery)
- Systems that advise on the correct drug doses for individual patients
- Systems that remind clinicians when routine screening tests are due

Carole Longson, director of the centre for health technology evaluation at NICE, said: "These types of technology are likely to become increasingly important in the future and may offer opportunities to promote effective and efficient patient care. This work will help us to be responsive to changes in the way health care could develop and be delivered in the future."

The feasibility study will begin this month with results expected in 2006.

## Advice on national IT programme offered to pharmacists

UniChem is offering IT advice to pharmacists to help them meet the demands of the Government's national programme for IT.

The service forms part of an IT Solutions package, available to UniChem customers through the company's "Your portfolio" service. Advice on issues such as upgrading or installing a patient medication records system, electronic transmission of prescriptions (ETP) and N3 connectivity, online ordering, electronic invoicing, e-mail and website hosting will be offered.

Anthony Roberts, IT director at UniChem, said: "IT systems are integral to the future of pharmacy, enabling pharmacists to facilitate many of the services required under the new contract. Installing the right IT system and gaining sufficient IT knowledge is essential to pharmacists' success in this new age, and now is the time for them to address their IT requirements."

☐ Detailed information on how ETP will be rolled out across the country will be published shortly by NHS Connecting for Health, according to Lindsay McClure, head of information services at the Pharmaceutical Services Negotiating Committee.

She added: "Good progress has been made with agreeing the detail of the new contract IT allowance and we anticipate that we will be in a position to publish detailed information on the payment levels and the process for claiming payment within the next few weeks."

# Parliamentary skin group calls for pharmacists' views on services

The All Party Parliamentary Group on Skin has launched an inquiry into the current state of dermatology services and is calling for pharmacists' views.

The group wants to identify where diagnosis, treatment and long-term management of skin disease is taking place.

Christine Clark, a pharmacist and member of the APPG on Skin, said it is important that pharmacists share their experiences. "Pharmacists have to diagnose a lot of skin conditions and help people manage them effectively," she said. This could sometimes cause concern among dermatologists, who may believe that diagnosis should be reserved for specialists. "We're seeing different ends of the same problem and we need to reconcile," she added.

Dr Clark believes that anxieties about diagnosis are understandable but said: "We know that experienced community pharmacists are extremely good at picking up warning signs for skin conditions where there is cause for concern."

She called on pharmacists to respond to the inquiry and to consider factors such as who should take responsibility for diagnosis, where treatment should take place, how self-management can be promoted and how pharmacists see their role developing in this area, including the need for training.

Guidance on making a submission to the inquiry, which closes on 1 October, is available from Jessica David of the APPG on Skin secretariat (tel 020 7591 4833).

BSIP, Laurent/SPL

**Patients with acne may seek advice from pharmacists**

# Stopping smoking becomes more popular

There has been a 45 per cent increase in the number of people claiming to have given up smoking in England.

Annual figures published this week show that 297,828 (56 per cent) people who set a quit date in 2004–05 said that they were still not smoking four weeks later. This is a 45 per cent rise over the previous year.

Older people had more success than younger people, with 66 per cent of those aged 60 years and over claiming success, compared with 39 per cent of those aged under 18 years.

The number of people who could be confirmed as having given up smoking was lower, with only 36 per cent of claims being verified by exhaled carbon monoxide checks in 2004–05. This compares with 35 per cent in the year before.

Four out of every five people who sought assistance from NHS stop-smoking schemes had help from nicotine replacement therapy, with a further 6 per cent receiving bupropion. Both treatments were used by 1 per cent.

# Patients to benefit from new industry-NHS framework

A revised framework outlining ways in which the pharmaceutical industry can co-operate with the NHS has been launched.

The aim of the framework is to improve patient care, and it has been agreed jointly by the Association of the British Pharmaceutical Industry and all three bodies that represent NHS members and organisations: the National Association of Primary Care, the NHS Alliance and the NHS Confederation.

"Production of this publication comes at a time when relationships between the industry and the NHS have been under close scrutiny. Not only does the framework provide safeguards and reassurance that such relationships are conducted to the highest possible ethical standards, but it also spells out the clear advantages that such ventures can bring," said Richard Barker, director general of the ABPI.

The document includes a guide for partnerships and a checklist to assist in the planning of joint initiatives. It also contains several case histories that exemplify constructive ways in which the pharmaceutical industry and the NHS have worked together on projects, resulting in benefits to patients.

A copy of "NHS and pharmaceutical industry working together for patients" can be obtained free from the ABPI, 12 Whitehall, London SW1A 2DY (tel 020 7747 1446, e-mail publications@abpi.org.uk).

## News in brief

**TEVA takes over IVAX**

Generics company TEVA Pharmaceutical Industries, based in Israel, is to buy the US IVAX Corporation. IVAX will cost TEVA $7.4bn. TEVA chairman Isreal Makov said: "Bringing our two companies together will vastly enhance our leadership position in the global generics industry." After the takeover, TEVA will employ 25,000 people and is expected to generate annual sales of over $7bn.