

# Do not get left behind, NHS CfH warns contractors

Pharmacy contractors who unduly delay becoming compliant with release 1 of the electronic prescription service (EPS) run the risk of being left behind when release 2 is deployed nationally, Tim Donohoe, group programme director for the National Programme for IT, told *The Journal* in an interview this week.

"Our key message for contractors is to contact their supplier if they have not already done so. There is nothing to be gained by waiting," he said. He explained that contractors need to be ready for transition to release 2 later this year, when the potential business and commercial impacts of the EPS will kick in.

It is likely that, as happened with release 1, there will be initial implementer sites for release 2 in order to prove operational readiness of the systems before they are widely deployed. "Essentially what we would do is make sure that there is no commercial disadvantage once release 2 kicked in. But that does mean that we have got to get everybody to release 1 compliance before we can start to move to release 2." However, Mr Donohoe went on to explain that if 80 per cent of contractors were release 1 compliant, NHS Connecting for Health would not wait indefinitely before moving on to release 2.

NHS CfH is continuing to work with suppliers to get them to a point where their systems are capable of wider deployment. "Most of the key pharmacy systems are at, or approaching, the point where we will be able to do wider deployment," Mr Donohoe explained. He added that NHS CfH is hoping to see mass take-up of the service over the next couple of months and is working with suppliers to come up with a national deployment plan. "Two pharmacy chains are close to doing fairly large implementations," he revealed.

The NHS CfH website ([www.cfh.nhs.uk](http://www.cfh.nhs.uk)) has details of the compliance status of commercially available systems and within the next few days it is hoped that further information about the connectivity suppliers will be published. Mr Donohoe explained that a number of suppliers have already indicated that they will provide an all-in-one package, including system upgrade and network connectivity.

So far, over 400,000 prescriptions have been generated through the service and 240 live sites are issuing barcoded prescriptions. A further 700 sites have the relevant software but are not yet issuing electronic prescriptions.



Image from leaflet about EPS being distributed with this week's *Journal*

□ **EPS leaflet** NHS Connecting for Health has published a leaflet, "The electronic prescription service — an introduction for healthcare professionals", which is being distributed with this week's *Journal*. The leaflet explains how the EPS works and how it will be implemented. Further information and resources are available from the NHS CfH website ([www.cfh.nhs.uk/eps](http://www.cfh.nhs.uk/eps)).

## No evidence that PCTs slow to issue smartcards, says NHS CfH

Pharmacy contractors should inform their supplier or NHS Connecting for Health if primary care trusts are slow to issue smartcards, Tim Donohoe, group programme director for the National Programme for IT, told *The Journal* earlier this week. However, he added that NHS CfH has not detected any particular evidence that PCTs have not been forthcoming with smartcards.

Sue Sharpe, chief executive of the Pharmaceutical Services Negotiating Committee commented late last year that only

a handful of community pharmacists had been issued with smartcards and the delay meant that pharmacists could find themselves paying for electronic connection costs even though they could not take part in the electronic prescription service (*PJ*, 17 December 2005, p733).

"Our impression is that while some PCTs may be faster than others in terms of getting ready [for the EPS], everybody does seem to be moving in the general direction," Mr Donohoe said. NHS CfH is starting to monitor how many smart cards are being issued, and within

the next couple of weeks it hopes to obtain a monthly figure of how many cards have been issued and where.

"That will give us the ability to go back to particular PCTs and say why haven't you issued any, especially if suppliers bring to our attention the fact that they are doing upgrades in an area and smartcards aren't available," he explained. He added that if there are resource issues within the PCTs, NHS CfH is asking them to give priority to pharmacies where implementations are planned.

## Pharmacy applications up but university applications down

Applications for pharmacy courses are up by 9.6 per cent amid a general decline in the number of students applying to UK higher education institutions this year, according to the latest statistics from the Universities and Colleges Admissions Service (UCAS).

UCAS revealed that almost 13,000 fewer students had applied to institutions in the UK by the 15 January deadline for courses starting in September 2006 than had applied by that time last year.

However, subject areas that have experienced an increase in applications include pharmacy, pharmacology and toxicology (9.6 per cent), nursing (15.4 per cent), social work (7.4 per cent) and mathematics (11.5 per cent). Subjects experiencing a decline include

law (7.4 per cent), psychology (6.3 per cent) and biology (6.3 per cent).

Top-up fees, whereby universities can charge students up to £3,000 per year for tuition, come into effect in England from September. Scottish and Welsh institutions have not introduced top-up fees and the number of students applying for courses in these countries may reflect this. The number of applicants to English institutions is down by 3.7 per cent while the numbers of applicants to Scottish and Welsh institutions are up by 1.6 per cent and 0.5 per cent, respectively. In addition, the number of English applicants to Scottish universities rose by 1.9 per cent whereas the number of English applicants to English universities dropped by 4.5 per cent.

### The Society

#### National pharmacy boards

The Council has agreed the final composition of the Society's English Pharmacy Board and has revised some earlier decisions on the composition of the national boards for Scotland and Wales (p243).

#### Extemporaneous methadone

The requirements of the Code of Ethics and Standards for pharmacists are being relaxed to allow the extemporaneous dispensing of methadone mixture subject to compliance with a number of specific requirements (p245).

# Pharmacy oxygen supplies should continue

Home oxygen provision should be opened up to allow community pharmacies to continue to provide cylinders to patients alongside the new supplier companies, the Pharmaceutical Services Negotiating Committee said last week.

The problems experienced in the first two weeks' after the new arrangements were implemented highlight the benefits of the previous system, PSNC chief executive Sue Sharpe said. "We are not confident that what we have seen are only temporary flaws," she added.

"The case for providing domiciliary oxygen as part of the patient's pharmacy service is overwhelming. Pharmacies know their patients and under the previous system could identify and assist those with urgent needs. As we have seen, the new regional suppliers cannot do this at present and we believe they

will never be able to replicate the personal care and support that pharmacies provided," Mrs Sharpe said. "We call on the Department of Health to open up the supply of domiciliary oxygen provision, to allow patients a choice of provider, and to allow community pharmacies to continue to provide this vital service."

In light of the death of a patient waiting for an emergency oxygen delivery ordered by a doctor, John D'Arcy, chief executive of the National Pharmacy Association, commented: "The NPA has always been concerned about the possible 'worst case scenario' implications, whereby oxygen suppliers would not be able to deliver emergency oxygen in the stated four-hour response time. In the old system there was flexibility: if one community pharmacy could not supply oxygen, arrangements would be made to effect supplies through an-

other pharmacy. This highlights the difficulties and problems inherent in the new system, when patients have to rely solely on one supplier, covering a large geographic area.

"Unfortunately, the arrangements for home oxygen deliveries from the oxygen suppliers have clearly not been thought through properly," he added. "Planning and procedures have not been robust enough to match the demands currently being placed by oxygen patients."

This week, the Royal Pharmaceutical Society has written to the DoH to demand urgent action in addressing the problems that have been experienced by patients in accessing home oxygen under the new arrangements. "The DoH must engage with this entirely unacceptable situation and ensure that patients' access to home oxygen is restored," President Hemant Patel said.

## Independent pharmacies threatened, say MPs



Small shop closures will widen health inequalities for vulnerable people, MPs say

Independent pharmacies stand only a moderate chance of still being in business in 2015, according to a Parliamentary report published last week.

The report, from the All-Party Parliamentary Group for Small Shops, says that independent pharmacies are more likely to survive than independent convenience stores/grocers, newsagents and petrol stations, but less likely than independent bakers and rural shops. Pharmacies and post offices are ranked together as moderately likely to survive.

The report notes that one of the factors ranged against pharmacies is the Office of Fair Trading's view of what constitutes fair competition

"There are strong concerns over the deregulation of community pharmacies," the report says. "Implementing proposals put forward by the OFT could result in the number of community pharmacies decreasing dramatically over the next few years. The New Economics Foundation has suggested a decline of 4 per cent per year, the equivalent of one pharmacy per day. The UK can expect

such a projection to continue to 2015 unless the market is carefully reformed."

The report says that competition from large scale grocery retailers introducing pharmacies is likely to result in a halving in the number of local pharmacies.

"This will result in restricted access for the more vulnerable sections of society, such as the sick and the elderly, as these groups struggle to access large format stores, given their reduced mobility," the report states.

John D'Arcy, National Pharmacy Association chief executive, said: "Small independent retailers face serious issues that urgently need to be addressed. This report highlights that small shops are being squeezed out of the retail landscape. This is not good news for local communities. There is strong evidence that small, local shops such as pharmacies, are often the lifeline for the elderly and mothers with young children, who don't have access to cars. This is particularly the case in rural areas and small village communities. We urge the Government to take this report seriously and take steps to safeguard the future of independent retailing."

## Ximelagatran withdrawn due to liver safety concerns

The oral anticoagulant ximelagatran (Exanta), a direct thrombin inhibitor, has been withdrawn from the market and its development has been terminated, AstraZeneca announced last week.

Ximelagatran is not marketed in the UK but its launch had been expected for some time (*PJ*, 7 January, p23). In several European and South American countries it is licensed and marketed for 11 days' use for the prevention of venous thromboembolism for patients undergoing elective hip or knee replacement surgery.

Its withdrawal is the result of patient safety data from the EXTEND trial, which examines the prophylactic use of ximelagatran for up to 35 days after orthopaedic surgery.

In a statement, AstraZeneca said: "The new patient report indicates a potential risk of severe liver injury, with an observation of rapid onset of signs and symptoms in the weeks following the end of the 35 days' treatment." Supplies will continue for a short time to allow patients to be changed to alternatives.

## MA for Herceptin submitted

Roche announced this week that it has submitted a marketing authorisation application to the European Medicines Agency for Herceptin (trastuzumab) as adjuvant treatment for early stage HER2-positive breast cancer.

The National Institute for Health and Clinical Excellence agreed last year (*PJ*, 12 November 2005, p600) that it would fast track its assessment of Herceptin under a new appraisal system that allows guidance to be issued as soon as eight weeks after a drug receives its marketing authorisation.

# Discharge guidance to reduce medicines-related risk

Detailed guidance for those involved in moving patients between different health care settings has been launched by a group of pharmacy organisations with the aim of reducing medicines-related risks on admission, transfer or discharge.

“Moving patients, moving medicines, moving safely”, has been jointly produced by the Royal Pharmaceutical Society, the Guild of Healthcare Pharmacists, the Pharmaceutical Services Negotiating Committee and the Primary Care Pharmacists Association.

The guidance covers England and Wales but is expected to be of benefit in Scotland, too. It includes a list of 13 elements that should be in place to maximise effective transfer and minimise the risks relating to medicines use, together with a template to use for recording an organisation's state of readiness in each of these areas. This is followed by a nine-point action plan for improving efficiency of transfer, with a further template to help in preparing an action plan for an organisation.



Guidance for health care teams

Society Council member Sid Dajani, who chairs the Council's Practice Committee, said: “Medication issues are of particular concern when patients are being transferred from one health care setting to another. This new guidance and workbook will help pharmacists, primary care organisations, NHS trusts and

other health care professionals to measure and reduce the risks to patients during transfer. It will also aid communication to ensure a much more seamless and compliant approach.”

Andrew Alldred, chairman of the guild's practice committee, said that transfer of medicines between care settings is known to introduce risks — risks that are being targeted in the Institute for Healthcare Improvement's “100k lives campaign”, which aims to save 100,000 lives worldwide in 18 months by improving care and reducing patient harm.

“We hope that the information in this document will help raise awareness and the use of the checklist to measure the organisation's performance will assist in identifying areas where practice can be improved to reduce some of the potential risks to patients.”

Copies of the workbook and guidance cost £20 and can be obtained from the Royal Pharmaceutical Society practice division by e-mailing [practice@rpsgb.org](mailto:practice@rpsgb.org).

**Article p235**  
**Leading article p220**

## Manslaughter investigation protocol agreed

Police investigations into unexpected deaths or serious untoward harm in the NHS should only take place when there is clear evidence of a criminal offence having been committed.

So says a protocol agreed between the Department of Health, the Association of Chief Police Officers and the Health and Safety Executive. HSE investigations should only take place where a breach of health and safety requirements is the likely cause or a significant factor in the death. The protocol applies to all primary and secondary care activities in England and a modified form will be issued for Wales. It does not apply to Scotland or Northern Ireland.

The protocol says that decisions in the NHS to report incidents to the police should only be made by trust chief executives or executive directors in one of three circum-

stances: evidence or suspicion that actions leading to harm were intended; evidence or suspicion that adverse consequences were intended; or evidence or suspicion of gross negligence or recklessness.

The police or HSE can initiate investigations if contacted about an incident by a patient, or by relatives or a coroner where a death has occurred. If such a referral is made, a joint NHS trust, police and HSE incident co-ordination group must meet within five days to set out the needs of each organisation so that actions can be agreed that do not prejudice the different needs of each.

Where the police or the HSE feels the need to interview NHS staff, the protocol says that staff should be encouraged to make early, voluntary statements and should be given access to legal representation for this purpose.

### News in brief

#### Switch data exclusivity guidance

Guidelines on how pharmaceutical companies can claim a year's data exclusivity on reclassifications of medicines from prescription-only to over-the-counter status have been published by the European Commission. Exclusivity would be granted on the basis of significant pre-clinical or clinical trials. The guidelines are available via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

#### MPs welcome prescribing plans

Plans for pharmacists to be able to prescribe independently have been welcomed by members of Parliament in an Early-Day Motion tabled on 13 February by Laura Moffatt (Lab, Crawley).

## Welsh innovations support

Support for health professionals developing innovations for the NHS in Wales was announced by health minister Brian Gibbons last week.

Welsh Innovations in Healthcare — funded by the Welsh Assembly Government — aims to maximise the development of new and improved ways of delivering services and treatments, and to advise health organisations on how they can use expertise in the NHS in Wales to benefit patients and the public. In August 2005 the WAG signed a three-year, £480,000 contract with Angle Technology Plc and TrusTECH to deliver the service.

## Seizure and abnormal heart rhythm warning on atomoxetine

Warnings on the risk of seizures and abnormal heart rhythm when taking atomoxetine (Strattera; Lilly) have been set out in a Medicines and Healthcare products Regulatory Agency letter to doctors.

The letter follows a Europe-wide review of the risks and benefits of atomoxetine. The new advice to prescribers is that seizures are a potential risk with atomoxetine, that treatment should, therefore, be introduced with caution in patients with a history of seizure and that discontinuation should be considered in patients who develop seizures or who experience more frequent seizures. The letter also states that QT interval prolongation has

been associated with atomoxetine treatment and that atomoxetine should, therefore, be used with caution in those with congenital or acquired long QT or a family history of QT prolongation. Strattera's summary of product characteristics is being updated to reflect these new warnings, the MHRA says.

The MHRA is also reminding prescribers that patients should be monitored for signs of depression, suicidal thoughts or suicidal behaviour and referred for appropriate treatment if necessary and that atomoxetine should be discontinued in patients with jaundice or laboratory evidence of liver injury and should not be restarted.

# NICE releases nutrition guidance

Pharmacists should be included in multidisciplinary teams providing nutrition support to patients in England and Wales, National Institute for Health and Clinical Excellence guidelines issued this week recommend.

## NICE guidance

Nutrition support should, the guideline says, be considered in people who have:

- A body mass index (BMI) of less than 18.5kg/m<sup>2</sup>
- Unintentional weight loss of more than 10 per cent within the past six months
- A BMI of less than 20kg/m<sup>2</sup> and unintentional weight loss greater than 5 per cent within the past six months
- Eaten little or nothing for more than five days or who are likely to eat little or nothing for the next five days
- A poor absorptive capacity, high nutrient losses or increased nutritional needs

NICE's clinical guideline on nutrition support in adults states that all acute hospital trusts should have a multidisciplinary nutrition support team (which may include pharmacists); that all hospital trusts should have a nutrition steering committee (which should include senior representation from pharmacy); and that support in the community should be delivered by a co-ordinated multidisciplinary team including input from pharmacy.

It also recommends that hospital patients and residents of care homes should be screened for malnutrition or risk of malnutrition by health care professionals with appropriate skills and training.

□ **Other guidance** This week NICE also published a technology appraisal of adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B (see right), as well as guidance on computerised cognitive behavioural therapy and health care services for skin cancers.

All four documents are available via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

# Chronic hepatitis B treatments given thumbs up by NICE

Newer treatments for chronic hepatitis B in adults have been recommended for use in the NHS in England and Wales by the National Institute for Health and Clinical Excellence.

Peginterferon alfa-2a (Pegasys; Roche) has been recommended for initial treatment.

Adefovir dipivoxil (Hepsera; Gilead) has been recommended for use if a relapse occurs, or if treatment with interferon alfa or peginterferon alfa-2a has been unsuccessful, or is poorly tolerated or contraindicated.

The guidance also states that adefovir should not normally be given before treatment with lamivudine. It can be given alone or in combination with lamivudine if previous treatment has resulted in viral resistance or if lamivudine resistance is likely to occur rapidly and have an adverse outcome.

NICE's technology appraisal of the two treatments is available via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

# Alternating paracetamol/ibuprofen regimen effectively lowers fever in children

An alternating regimen of paracetamol and ibuprofen lowers fever faster than either drug alone in children aged six to 36 months, without increasing adverse effects, according to a paper published in the *Archives of Pediatrics and Adolescent Medicine* this month (2006;160:197).

Researchers in Israel randomised 464 children aged six to 36 months to receive either paracetamol syrup (12.5mg/kg every six hours) or ibuprofen suspension (5mg/kg every eight hours) or alternating paracetamol and ibuprofen every four hours for three days. All children were given a double loading dose of either paracetamol (25mg/kg) or ibuprofen (10mg/kg).

The researchers found that the group receiving alternating therapy had a lower mean temperature and more rapid reduction of fever compared with the single therapy groups ( $P < 0.001$ ). In addition, the alternating group received fewer antipyretic medicines, had lower stress scores and required fewer days away from nursery ( $P < 0.001$ ). None of the patients had a drug-related adverse event or serious illness, the researchers say.

The researchers highlight that their results cannot be extrapolated to children younger than six months or to those with renal or hepatic abnormalities. They also note that all children in their study visited a doctor for treatment so may have been more seriously ill than children who receive over-the-counter antipyretics.

# Infection a risk with preservative-free drops

Some patients using preservative-free eye drops in multiple-use containers could be at risk of serious eye infection due to microbial contamination of the product, according to the authors of a new study (*British Journal of Ophthalmology* 2006;90:139). They found the overall incidence of contamination in used preservative-free bottles to be 8.4 per cent (95 per cent confidence interval 3.71–15.9).

Preservative-free eye drops can be ordered from special manufacturers and come in traditional glass containers for use over a number of days. The authors explain that these specials are given arbitrary expiry dates based on practical considerations and that the generally accepted timeframe for use is three days in an inpatient setting and up to seven days in an outpatient setting.

The investigators collected 95 used eye drop bottles at day three (inpatients) and day seven (outpatients), and the drops were cultured for microbial growth. Four per cent of bottles collected from inpatients were contaminated compared with 25 per cent of outpatient bottles — a statistically significant difference ( $P < 0.01$ ). Of the 53 eye drop bottles containing antibiotics, none showed any microbial contamination. Contaminated bottles contained acetylcysteine, prednisolone or hypromellose as active ingredients.

Several of the contaminated bottles grew more than one type of organism. The most commonly isolated organism was *Staphylococcus aureus*, with an occurrence of 4.5 per cent.

The authors state the design of multiple-dose eye drop containers, spillage of contents



Cordelia Molloy/Science Photo Library

## Traditional glass dropper bottles are at risk of microbial contamination

and poor patient administration technique as possible causes of contamination. Many patients experience allergy or irritation from preservatives in eye drops, but are unable to use single-dose-unit eye drops because they are either unavailable or prohibitively expensive. Furthermore, patients with compromised ocular surface defences may be at risk of serious eye infections, say the authors.

The authors suggest that doctors exercise caution when prescribing multiple-use eye drops without preservative in patients at high risk of infection.

# Role of antibiotic pharmacists gets doctors' support

Support for hospital antibiotic pharmacists has been given this week in a report released by the British Medical Association.

At the launch of the report, Robert Spencer, chairman of the Hospital Infection Society and medical microbiologist, said that these pharmacists have an essential role in the development and implementation of antibiotic policies and guidelines. He praised the work that hospital pharmacists do at the ward level in bringing potential antibiotic prescribing issues to the attention of doctors or microbiologists.

The Government's commitment of nearly £12m for funding antibiotic pharmacists in acute NHS trusts (*PJ*, 14 June 2003, p813) will soon be coming to an end. Dr Spencer said that he "would like to see this funding continue beyond the three-year initiative".

The BMA report offers new guidance for health care professionals on health care associated infections (HCAIs) in a bid to reduce



Pharmacists working on wards can draw attention to antibiotic prescribing issues

the incidence of HCAIs by at least 15 per cent — a goal that could save the NHS some £150m and reduce patient deaths. The panel of experts emphasised the fact that patients are at risk of HCAIs in all health care settings

and that any kind of infection acquired in a health institution would constitute an HCAI, not just methicillin-resistant *Staphylococcus aureus* or *Clostridium difficile*.

The report calls for health professionals to refocus on hand hygiene to prevent spread of infection, but the report also identifies time constraints and poor access to washing facilities as barriers to hand-washing compliance.

Dr Spencer said: "We cannot rely on the pharmaceutical industry to [come to our rescue with] a magic antibiotic. There needs to be a big emphasis on prevention of infection, not treatment, to preserve [the current] antibiotics." The new report endorses the role of clinical pharmacists in the support of prudent antimicrobial prescribing in hospitals.

Speaking at the press conference, Vivienne Nathanson, head of ethics and science at the BMA, emphasised that all health care workers — including pharmacists — need to work as a team to help reduce HCAIs.

## Most pharmacists not confident in supply of prescription-only veterinary medicines

Most pharmacists do not believe they are competent to supply prescription-only veterinary medicines, the results of a survey published last week suggest.

The survey of 186 pharmacists found that 47 per cent dispensed veterinary prescriptions for companion animals, but that 86 per cent believed they needed to increase their knowledge of veterinary pharmacy to allow them to dispense veterinary medicines safely (*Veterinary Record* 2006;158:223).

In addition, 91 per cent said they were not aware of the provisions of the Veterinary Surgeons Act 1966 as it relates to the diagno-

sis of diseases in animals. To comply with the Act, pharmacists should not dispense non-prescription-only medicines for animals if doing so involves making a diagnosis or advising on a diagnosis, the authors explain.

However, pharmacists seem eager to learn more about the supply of veterinary medicines: 85 per cent said they would be interested in furthering their knowledge in order to become competent to dispense veterinary medicines and 46 per cent said they would be prepared to make significant commitments in time and cost, either to themselves or to their pharmacy, to do so.

## Society adviser becomes MP

Willie Rennie, who has been public affairs adviser to the Royal Pharmaceutical Society in Scotland, has been elected to Parliament.

Mr Rennie won the Dunfermline and West Fife by-election for the Liberal Democrats earlier this month. He achieved a 16 per cent swing to overturn a Labour majority of 11,562.

Lyndon Braddick, director of the Society's Scottish Department, said: "We congratulate Willie on his election success. He has been our public affairs adviser in Scotland for a number of years and has a very good understanding of the work of the Society."

Maurice Hickey, a former member of the Society's Scottish Executive, added: "I am certain that he will be an extremely able and successful MP, and I am sure that he will continue to be a friend of our profession."

### News in brief

#### Health Acts to be consolidated

The 14 Acts of Parliament that govern the NHS are to be consolidated into two Acts — one for England and one for Wales. There will be no substantive changes to NHS law and recent statutes on quality and standards that overlap with social care and on regulating health professions will be excluded.

#### Monitoring ADRs

New software has been introduced at the Medicines and Healthcare products Regulatory Agency to analyse reported adverse drug reactions. It is expected to signal potential problems earlier and to improve the focus on reactions in children and pregnant women.

## Generic exemption plan for prescription charges

NHS managers have been discussing exempting prescriptions for generic medicines from the prescription charge.

This was revealed to the House of Commons Health Select Committee by Dame Gill Morgan, NHS Confederation chief executive, during an evidence session for the committee's inquiry into NHS charges.

Dame Gill said that exempting generics from the charge and allowing patients to have branded medicines only if they paid a fee would both improve equity and encourage generic prescribing.

At a later evidence session, health minister Jane Kennedy told the committee that the Prescription Pricing Authority was shortly to report on the possibility of allowing patients to pay for prepayment certificates in instalments.

## Guidance for practice-based commissioning issued

A booklet of top tips, practical ideas and case studies for use by GPs and other primary care staff to help them get involved in practice-based commissioning has been published by the Department of Health.

"Practice-based commissioning: early wins and top tips" makes recommendations for nine clinical areas, including chronic obstructive pulmonary disease, dermatology, heart failure, long-term conditions, mental health, ophthalmology, orthopaedics, podiatry and urology. One tip advises practices to set up a skills directory of clinicians and other health professionals within a practice, other practices and local providers, to facilitate appropriate referrals.

# Funding set to close paediatric dosing knowledge gap

Little is currently being done to study prescribing and dosing errors in children in the UK, researchers have found in the preliminary stages of a new project being funded by the Department of Health.

The COSMIC (co-operative of safety of medicines in children) study, led by researchers from the University of Nottingham and the School of Pharmacy, London, will investigate 20 initiatives that are being used to reduce paediatric dosing errors in various UK hospitals. Examples of the initiatives include electronic prescribing systems, education packages and designated "quiet rooms" for dose calculation. Researchers will observe the schemes in action and will interview the doctors, pharmacists and nurses involved.

Ian Wong, director of paediatric pharmacy research at the School of Pharmacy and one of the project leaders, said: "In many cases we use

a pharmacist as our main contact at the hospital. They help to organise meetings with the appropriate people and can orientate the study investigators with their hospital's initiative."

Professor Wong added that, in looking at the use of electronic prescribing, the investigators have encountered some interesting issues. "A number of trusts are using electronic prescribing, but do not have the drug calculation package in operation. They are wary that, in making prescribers or pharmacists rely on calculation software for error prevention, they could become 'de-skilled' and unable to prescribe safely without it. We could be creating a new kind of risk, so there needs to be a balance."

Once the project has run its 18-month course, investigators will report to the DoH on which of the schemes might work if introduced across the entire NHS.



Adam Gault/Science Photo Library

**Initiatives to cut paediatric dosing errors will be observed in action**

"We look forward to making recommendations on tried and tested ways to reduce calculation errors in children's medicines," said Professor Wong.

## Drug metabolism differs in children and adults

Specific differences between children and adults in the types and levels of enzymes that metabolise drugs have now been identified by researchers.

Ronald Hines, professor of paediatrics at the Medical College of Wisconsin, presented data at the American Association for the Advancement of Science annual meeting in St Louis, Missouri, last week. The data were obtained through analysis of samples from a tissue bank of human liver cells representing ages from eight weeks' gestation to 18 years.

The researchers found that, at one or two years old, children have only 20 to 50 per cent of adult levels of the oxidative enzyme CYP3A4, with a gradual increase observed until adult levels are reached at 18 years. In contrast, they say that 50 per cent of children

have adult levels of CYP2C9 at or near birth. Of the conjugating enzymes studied, SULT2A1 is low or absent during the first trimester, is highly variable in the first four months of life and increases gradually to adult levels by the age of one year. In addition, SULT1A1 is constant throughout development and SULT1E1 levels are five times higher than adult levels throughout the first trimester and decline steadily after that.

"The dramatic changes observed in enzyme expression must be considered when examining issues of drug effectiveness and safety during early life stages," said Dr Hines. He added that additional studies are needed to understand how these changes are regulated in order to better predict drug responses in children.

PJ Online

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### Travel medicine

Updated resources include a vaccines article and various links.  
[www.pjonline.com/travel](http://www.pjonline.com/travel)

### No Smoking Day

No Smoking Day is 8 March. The no smoking page on *PJ Online* has been reorganised to make it easier to use.  
[www.pjonline.com/nosmokingday](http://www.pjonline.com/nosmokingday)

### Links

The links section is regularly updated. Currently it lists over 70 health organisations, 150 online journals, pharmaceutical companies and societies, various Department of Health websites and online health resources.  
[www.pjonline.com/links](http://www.pjonline.com/links)

## World Health Organization calls for concrete international action on counterfeit medicines

Immediate concrete action against the growing global epidemic of counterfeit medicines has been called for by the World Health Organization.

At an international conference last week, the WHO pushed for stronger global co-operation, political commitment and creative solutions to solve the problem. Its aim is to create a global task force to focus on legislation and law enforcement, trade, risk communication and the development of innovative technological solutions to detect counterfeits and the transfer of these solutions to developing countries.

Harvey Bale, director general of the International Federation of Pharmaceutical Manufacturers and Associations and president of the Pharmaceutical Security Institute (PSI), told the meeting that counterfeits, which were already a major hazard in developing countries,

were a growing problem in developed countries.

The PSI — an international pharmaceutical industry anti-counterfeiting organisation — recorded 781 instances of counterfeiting in 2005, compared with 557 in 2004. There had been 39 known cases in the UK, which ranked seventh in the world for detection of counterfeits.

Calling on governments worldwide to treat medicines counterfeiting as a serious crime with uniformly tough enforcement and penalties, as well as tighter control of the pharmaceutical supply chain, Dr Bale said: "It's a grave error to see counterfeit medicines as a similar problem to other fake products."

Howard Zucker, the WHO's assistant director general for health technology and pharmaceuticals, agreed. "People don't die from carrying a fake handbag or wearing a

fake T-shirt," he said. "They can die from taking a counterfeit medicine."

After the conference, David Pruce, director of practice and quality improvement at the Royal Pharmaceutical Society, said: "We will be contacting the WHO and offering our support for their call for action."

He added: "Although we have only had a small number of cases of counterfeit medicines reaching the legitimate medicine supply chain in Great Britain, it is important that we do not become complacent. A far greater worry is the availability of prescription-only medicines over the internet. This is by far the riskiest way of obtaining medicines unless people can be certain that they are obtaining the medicine from a pharmacy registered in this country. The Society is currently leading a working group to consider how purchasing medicines from the internet could be made safer."