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NHS pharmacy staff awarded 2.5 pc pay increase

Pharmacy staff working for the NHS will receive a 2.5 per cent pay rise from 1 April, Secretary of State for Health Patricia Hewitt announced last week.

Amicus, the trade union that represents hospital pharmacists, said that the pay award was a victory for the independence of the Review Body for Nursing and Other Health Professions. "We recognise that the review body was under considerable political pressure from the Chancellor and the Health Secretary to limit any award to 2 per cent and we are pleased that they resisted that unacceptable pressure."

However, special pay increases of up to 15 per cent, which the Guild of Hospital Pharmacists requested to improve recruitment and retention, were not awarded.

In its submission to the pay review body last year, Amicus called for national recruitment and retention premiums (RRPs) for pharmacists targeted at bands 6 and 7 (*PJ*, 10 December 2005, p711). However, the pay review body's report to the Government states that it is too early to consider the introduction or extension of RRPs because the effects of Agenda for Change cannot yet be fully assessed.

In response to evidence from Amicus that the data required to formulate a claim for RRPs are lacking, the review body has asked its secretariat to discuss with relevant parties how the data needs may be simplified.

Pay award declared a victory but concerns raised

David Miller, chairman of terms and conditions at the Guild of Healthcare Pharmacists, commented: "With the delays that have occurred in the implementation of Agenda for Change it is not surprising that the pay review body has recommended a 'holding position' with a 2.5 per cent uplift for a single year in line with the Retail Price Index. There is some concern that this is below the current average increase in earnings and there is danger that the progress achieved under AfC could be lost if increases continue to be below the market level in the long term."

The pay increase applies to pharmacists, pharmacy technicians and pharmacy assistants working for the NHS across the UK.

Tell accountant about VAT status of services

Contractors in England and Wales should alert their accountants as soon as possible to guidance on the VAT status of essential and advanced services, warns Mike Dent, head of finance at the Pharmaceutical Services Negotiating Committee.

Details of the VAT status of services delivered under the new community pharmacy contract in England and Wales were published this week by HM Revenue & Customs.

"It is unfortunate that HMRC has taken so long to come to a determination of the VAT liability of new contract funding," Mr Dent told *The Journal*. "The information sheet published by HMRC makes it clear that contractors will have to pay VAT on some aspects of their national contract income. . . . As this is a complicated area it is important that all contractors bring this issue to their accountants' notice as soon as possible," he said.

HMRC has decided that advanced services are exempt from VAT and that the item fee, establishment payment, protected professional allowance, repeat dispensing annual payment, transitional payment and special fees related to core dispensing activity are zero rated for VAT. However, other aspects of the essential services attract different liabilities or are outside the scope of VAT and contractors therefore need to apportion the practice payment to reflect the different liabilities of the activities it supports.

The PSNC is in discussion with HMRC about detailed implementation issues and with the DoH on recovering the costs to contractors of both VAT suffered and increased administration, Mr Dent said. "Communications on these will be forthcoming as soon as there is anything to report," he added.

Details of the VAT treatment of essential services can be found on the PSNC's website (www.psnc.org.uk) and in HMRC's VAT information sheet entitled "VAT — liability of essential and advanced services supplied in England and Wales under the NHS contract for community pharmacy" and available on the HMRC website (www.hmrc.gov.uk) and via *PJ Online* (www.pjonline.com/links/pj).

Ballot papers for Council election declared invalid

The Royal Pharmaceutical Society's Council election ballot papers sent out on 31 March have been declared invalid. An administrative error caused ballot papers to be sent to pharmacy technicians as well as pharmacists.

New ballot papers will be sent to all pharmacists this week, on salmon-coloured paper. Those pharmacists who have already voted will need to vote again because the original grey voting papers will not be counted.

The Society p425

In brief

Foster leaves DoH

Andrew Foster is to leave his role as director general for workforce at the Department of Health. A DoH spokesman said that Mr Foster has already delivered his review on non-medical professional regulation, so his departure will not affect the timing of the report, which ministers expect to publish in the spring.

Benchmark prices for oxygen service set for pharmacists in Wales

Benchmark prices for provision of home oxygen services by community pharmacists in Wales after 1 February have been developed.

The fees have been agreed between Community Pharmacy Wales and the chief executives of the local health boards, but will be subject to agreement by individual LHBs, Peter Haydn Jones, chief executive of CPW, explained in a letter to contractors. CPW has argued, he added, that compensation "must recognise the difficulties of delivery of the service in current chaotic circumstances".

"We would recommend that you work with your regional committee to ensure that your LHB adopts these rates," Mr Jones said. "If the LHB decides against paying these rates you may wish to reconsider your position with regard to the continuation of the home oxygen service."

Lindsay McClure, head of information services at the Pharmaceutical Services Negotiating Committee, told *The Journal* that the PSNC is in discussion with the Department of Health about developing prices for contractors delivering oxygen services in England.

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Few opportunities for pharmacists in GMS contract

Few tangible opportunities for pharmacists exist within the revised general medical services (GMS) contract for 2006–07, which came into effect this week.

The new GMS contract includes additional clinical areas that will be included in the quality and outcomes framework (QOF) incentive scheme, such as dementia, depression, chronic kidney disease, atrial fibrillation, obesity and learning disabilities.

Sue Carter, head of prescribing and pharmacy at Adur, Arun & Worthing Teaching Primary Care Trust, said that although there may not be many directly remunerable opportunities for pharmacists, community pharmacists and PCT pharmacists may be able to use their knowledge of medicines to influence and build relationships with GPs by helping them meet their QOF aims.

"If pharmacists show that they are aware of the GMS contract and can contribute in some way to its implementation, then there may be opportunities for pharmacy that come out of it," explained Mrs Carter.

Good news for pharmacists is that the GMS contract now includes guidance on performing medication reviews. Mrs Carter said that for two years GPs have had medication review as part of their contract but without any formal guidance on how those reviews should be done. "For the first time, GPs are being shown in the GMS guidance all aspects of a medication review," she said.

It is expected that at least a level 2 medication review will occur, which is undertaken in a systematic way by a competent person. "Pharmacists have very good skills in this area and therefore [there are] good opportunities," said Mrs Carter.

Guidance on excessive or inappropriate prescribing has also been published, which could have implications for pharmacists who are prescribers or are working with prescribers. "Community pharmacists or PCT pharmacists can use this guidance in a constructive, positive way to help influence prescribing," Mrs Carter said. "It gives added substance to what is already happening."

GPs' practice could be influenced by prescribing guidance

Pharmacists charged in price-fixing case

Pharmacists working as directors of Goldshield Group Plc were due to be charged with conspiracy to defraud the NHS this week following a four-year investigation by the Serious Fraud Office. In a statement, the SFO confirmed that criminal proceedings are being brought against nine individuals and five companies. The announcement follows an investigation into the activities of several suppliers suspected of conspiring to defraud the NHS through prices charged for penicillin-based antibiotics and warfarin between 1 January 1996 and 31 December 2000.

The pharmacists are Ajit Ramanlal Patel and Kirti Vinubhai Patel. Other individuals due to be charged are Denis William O'Neill and John Stephen Clark, of Kent Pharmaceuticals Ltd, Jonathan Raymond Close and Nicholas Mark Foster, formerly of Norton Healthcare Ltd, Luma Auchi, formerly of Regent-GM Laboratories Ltd, Michael John Frederick Sparrow, formerly of Generics (UK) Ltd and Anil Kumar Sharma, formerly of Ranbaxy (UK) Ltd. The SFO would not say whether any of these individuals were pharmacists.

Summonses have also been issued upon Kent Pharmaceuticals Ltd, Norton Healthcare Ltd, Generics (UK) Ltd, Ranbaxy (UK) Ltd and Goldshield Group Plc.

SFO assistant director Philip Lewis said: "This important case involving an allegation of dishonest price fixing by companies is likely to have a significant impact upon the business culture of this country."

In a separate statement, the Department of Health announced that Norton Healthcare Ltd, Norton Pharmaceuticals Ltd and the DoH have settled civil claims brought against Norton for alleged anti-competitive cartel conduct in connection with the supply of generic drugs to the NHS.

Under the terms of the settlement Norton has agreed to compensate the NHS by paying £13.5m and to co-operate in connection with the continuing claims regarding the alleged price-fixing arrangements.

Jim Gee, director of counter fraud services at the DoH, said: "Norton is the third of the defendant companies to have recognised the strength of the claim made by the NHS and to have decided to act in the public interest."

NPSA launches "Please ask"

"Please ask", a campaign designed to encourage patients to play a more active part in their own health care, has been launched by the National Patient Safety Agency.

The campaign provides individuals with information about patient safety, and aims to help patients feel comfortable asking questions of health care professionals and raising concerns about their NHS experiences. A magazine will be distributed throughout GP practices in England and Wales and a website provides further information about the campaign (www.npsa.nhs.uk/pleaseask).

PCT reconfiguration update

Strategic health authorities are expected to submit reports on reconfiguration of primary care trusts to the Department of Health by 10 April. This follows local consultations on proposals, which ended on 22 March. In a ministerial statement, Secretary of State for Health Patricia Hewitt said that no decisions will be taken before the results of the consultations have been considered. The Government aims to have new PCTs established from 1 October.

Experts set to examine clinical trial process after adverse events at Northwick Park

Clinical trial, immunology and toxicology experts are to examine how the trial process should be modified after the incident at Northwick Park Hospital (*PJ*, 25 March, p342).

The expert group, headed by Gordon Duff, chairman of the Committee on Human Medicines, will look at the transition from pre-clinical to phase I trials and the design of these trials, the Medicines and Healthcare products Regulatory Agency announced this week. It will then advise the Government on the future authorisation of such trials, producing an interim report within three months. Until the group completes its report, no phase I trial of a novel molecule targeting the immune system and acting via a novel mechanism will be authorised unless the MHRA has an additional expert opinion that the substance will not cause effects similar to those seen in the Northwick Park case.

The establishment of the group was announced as the MHRA revealed the results of its preliminary investigation into what went wrong in the Northwick Park trial. The MHRA said it had found no evidence to suggest there was any problem with the manufacture of the product or the conduct of the trial. "If these findings are confirmed, it would indicate that this product showed a pharmacological effect in man which was not seen in pre-clinical tests in animals at much higher doses," Kent Woods, chief executive of the MHRA said.

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Advising smokers to stop is successful, says NICE

Brief chats with smokers about quitting are both successful in encouraging them to stop and cost-effective, the National Institute for Health and Clinical Excellence says in its first public health intervention guidance published last week.

"We found unequivocal evidence that these interventions make a difference to behaviour," said Matt Kearney, a GP and member of the independent Public Health Advisory Committee that formulated the recommendations. Brief interventions may include simple advice to stop, an assessment of the patient's commitment to quit, an offer of pharmacotherapy and behavioural support, and provision of self-help material or referral to more intensive support.

The guidance states that GPs and nurses should advise all smokers to quit. Pharmacists, it says, should refer people who smoke to an intensive support service such as the NHS Stop Smoking Service, or if appropriate to themselves. If the smoker is unwilling or unable to accept this referral, a pharmacist with suitable training should offer treatment and additional support.

The guidance has attracted a lukewarm response from the public health charity PharmacyHealthLink, which says that the guidance fails to reflect the role of pharmacists in smoking cessation.

Miriam Armstrong, chief executive of PharmacyHealthLink, said: "We are extremely disappointed for two main reasons. First, the new guidance could be interpreted as suggesting that pharmacists should refrain from opportunistically advising smokers to stop. Secondly, PharmacyHealthLink specifically advised NICE on the relevance of the new pharmacy contract to their public health guidance. In particular, we suggested that, as pharmacists are already required to provide opportunistic brief advice, as well as prescription-linked brief advice under the essential services element of the new contract, this would need to be reflected in the new guidance."

However, it was clear at the launch of the guidance that NICE believes all health professionals have a role to play in helping smokers to quit. Mike Kelly, director of the NICE Centre for Public Health Excellence, said that all health professionals should actively engage in brief discussions during consultations. Pharmacists should give opportunistic advice to smokers, he said. "If a patient asks about nicotine replacement therapy that is the moment that pharmacists should be taking it forward," he added.

To coincide with the launch, public health minister Caroline Flint announced an amendment to the "Standards for better health", which reinforces the status of NICE public health guidance and allows the Healthcare Commission to assess the progress of NHS organisations towards implementing it.

NICE guidance on the optimal provision of smoking cessation services is currently under development and is due to be published in summer 2007.

Guidance can be accessed at www.nice.org.uk or via *PJ Online* (www.pjonline.com/links/pj).

Responses to patient pack dispensing proposals published by DoH

Patient pack dispensing should be introduced in England, but the Government's proposals of how it should be initiated will not work, respondents to the Department of Health consultation on the topic have argued.

In the consultation — "Proposals to simplify the reimbursement arrangements for NHS dispensing contractors"— the DoH suggested that reimbursement should be based on the amount prescribed rather than that dispensed (*PJ*, 17 September 2005, p329). The summary of responses to the consultation has been published this week and it reveals that respondents warned that reimbursing in this way would undermine the intention of the change. It would, they argued, prompt primary care trusts to encourage prescribing of amounts below the size of available patient packs. To avoid losing out financially, contractors would then snip packs, rather than dispense a patient pack, they said.

The respondents also criticised the DoH suggestion that pharmacists be allowed to dispense the sub-pack nearest to the quantity prescribed. They argued that pharmacists should be able to round only to the nearest pack, as a sub-pack would not contain a patient information leaflet. The need for rounding discretion would be reduced, however, if pack sizes were standardised and this would provide a more satisfactory long-term solution, many respondents suggested.

News in brief

Prescription numbers up

Community pharmacies in Scotland dispensed two million more prescriptions last year than the year before. Statistics released last week show that in 2005, a total of 73,574,646 items were dispensed in community pharmacies compared with 71,661,029 items in 2004. The gross total payment to pharmacies, including ingredient cost plus fees and allowances, went up by over £4m.

Prescriptions dispensed in Wales

English prescriptions dispensed in Wales, including those for patients under 25 years old, will now be charged at the English fee. The change follows a vote by the Welsh Assembly Government last week. Welsh prescriptions dispensed in Wales for patients under 25 years will continue to be free of charge.

New dopamine agonist patch to treat Parkinson's disease

A new dopamine agonist for the treatment of early stage Parkinson's disease has been launched this week by Schwarz Pharma.

Rotigotine (Neupro) is delivered via a transdermal patch, which should be applied to dry, intact, healthy skin once every 24 hours. Transdermal delivery over 24 hours ensures stable plasma drug levels hence avoiding the peaks and troughs that can lead to fluctuations in symptom control, says Schwarz Pharma.

Rotigotine is licensed for use as monotherapy (ie, without levodopa) for early stage, idiopathic Parkinson's disease. The starting dose is 2mg/24 hours, increased by 2mg/24 hours each week to a maximum of 8mg/24 hours.

The most commonly reported side effects include nausea, vomiting, somnolence, dizziness and application site reactions. Hallucinations, sleep attacks and compulsive behaviours have also been reported. Rotigotine is not an ergot-derived dopamine agonist and so does not carry the same warnings about fibrotic reactions as these dopamine agonists.

Drug delivery via a patch allows constant stimulation of dopamine receptors

Rotigotine stimulates all subtypes of dopamine receptors, with preference for D_3 over D_2 and over D_1, the company says.

Notice-board p413

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Hypoglycaemia management in some hospitals is inadequate

Treatment of hypoglycaemia in hospital is inadequate and haphazard, according to several research groups presenting their work at the Diabetes UK annual professional conference held in Birmingham last week.

Pharmacists at Guy's and St Thomas' NHS Foundation Trust, London, found that routine stock for treating hypoglycaemia was inadequate. In 33 adult wards evaluated, Lucozade was located on one ward and glucose tablets on none. They also found that nurses' knowledge about hypoglycaemia was lacking. In 27 questionnaire-based interviews, four nurses considered insulin to be an appropriate treatment for hypoglycaemia and two recommended oral products for patients who could not swallow.

The pharmacists found that of 54 patients with blood glucose readings less than 4mmol/L, 15 received sub-optimal treatment (inadequate intake of carbohydrate) and 38 received inappropriate treatment (no treatment or no carbohydrate). Self-contained treatment packs will now be issued to all wards and outpatient clinics and a treatment algorithm will be displayed on wards, say the researchers.

Researchers from the John Radcliffe Hospital, Oxford, say that the management of hypoglycaemia in hospital is often haphazard, with resources disorganised and difficult to access. They have developed a portable kit for wards, which contains all necessary first-line treatment and a trust guideline as an algorithm. Evaluation of the kit has prompted risk reducing and cost-effective changes, they say.

Insulin considered appropriate therapy for hypoglycaemia by some nurses

Researchers from the Royal Gwent Hospital, Newport, conducted an audit of 46 junior doctors, which highlighted gaps in the doctors' knowledge. For example, about 72 per cent did not know what capillary blood value indicated hypoglycaemia and 25 per cent did not name intramuscular glucagon as a treatment option for hypoglycaemia. The researchers conclude that the questionnaire-styled audit raised awareness of trust guidelines and is a useful educational tool.

Vitamin C and E supplements do not prevent pre-eclampsia

Vitamin C and E supplementation does not prevent pre-eclampsia in women at risk, according to research published online in *The Lancet* (30 March, www.thelancet.com).

A total of 2,404 women identified as being at risk of pre-eclampsia were randomised to receive either vitamin C with vitamin E (1,000mg/400IU) or placebo from the second trimester of pregnancy until delivery. The researchers found that not only was the incidence of pre-eclampsia similar in patients given the combination treatment compared with those given placebo (15 per cent versus 16 per cent, risk ratio 0.97, 95 per cent confidence interval 0.80–1.17), but the mean gestational age at pre-eclampsia diagnosis was more than a week earlier in the treatment arm (34 weeks versus 35 weeks +1 day, difference 8 days, 95 per cent confidence interval 2–14).

Patients in the treatment arm were also at greater risk of having babies with low birthweight (28 per cent versus 24 per cent, risk ratio 1.15, 95 per cent confidence interval 1.02–1.30), but no difference in small size for gestational age was seen between the two groups (21 per cent versus 19 per cent, 1.12, 0.96–1.31).

The authors conclude that use of these antioxidants at such high doses is not warranted in pregnancy.

Patient safety website will allow European dialogue

A web-based forum for exchanging ideas and knowledge relating to patient safety was demonstrated at the 11th congress of the European Association of Hospital Pharmacists, held in Geneva last month.

Anne de Roos, of the Dutch Association of Hospital Pharmacists, which has developed the initiative on behalf of EAHP, explained that the forum (www.clinicalknowledge.net) can collate information about patient safety projects undertaken by European hospital pharmacists. The website, which is likely to be password-protected in the future, includes a directory on patient safety topics, project plans and access to related publications and weblinks.

A report of the EAHP congress appears in the April issue of *Hospital Pharmacist*.

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WHO targets loss of health workers in poor countries

Developed countries need to increase health care training to stem the flow of workers from developing countries and all countries need to revitalise education strategies, the World Health Organization argues in two reports this week.

"The world health report 2006 — working together for health" proposes a road map for training, sustaining and retaining the workforce. It argues that supervision, reliable pay, adequate facilities and lifelong learning can improve the availability, competence, responsiveness and productivity of the workforce.

In the second report, the WHO's Commission on Intellectual Property Rights, Innovation and Public Health warns that low-income countries are losing skilled health care workers to high-income countries and from rural areas to urban areas. "The persistent flow of health care workers out of a country causes shortages of specialist personnel, and represents a huge loss in terms of investment in their education. . . . Developed countries should support developing countries' efforts to improve health delivery systems, inter alia, by increasing the supply of their own trained health care workers," it argues.

The report also suggests that pharmaceutical companies should:

- Adopt transparent pricing policies, reducing prices on a more consistent basis for low-income developing countries
- Adopt patent and enforcement policies that increase access to medicines in developing countries
- Avoid filing patents, or enforcing them in ways that might inhibit access

"Companies are also encouraged to grant voluntary licences in developing countries, where this will facilitate greater access to medicines, and to accompany this with technology transfer activities," the report adds.

Trevor Jones, former director general of the Association of the British Pharmaceutical Industry, who is a member of the commission, comments in an annex to the report that he disagrees with some of the commission's conclusions. "Concerning access, patents are not the issue but the overwhelming poverty of individuals, absence of state health care financing, lack of medical personnel, transport and distribution infrastructure plus supply chain charges which can make affordable originator or generic products unaffordable," he says.

"The report proposes that companies should avoid filing or enforcing patents in developing countries," he adds. "Companies do not patent in countries where there is an insufficient market and where enforcement is not possible. This does not mean that they will not then make those products available there at appropriate prices."

Umesh Chandran, WHO/Science Photo Library

Poor countries are losing skilled health workers to rich countries, warns WHO

New collaboration announced for medicines research in Scotland

Research into personalised medicine received a boost this week with the announcement of a new collaboration in Scotland between industry, academia and the NHS.

The new group, called the Translational Medicine Research Collaboration, will conduct research into the use of disease biomarkers to monitor response to treatment and to develop new treatments. Translational medicine is about getting the results of research into clinical use quickly and includes identifying which patients respond best to existing medicines.

The collaboration comprises Wyeth Pharmaceuticals, four Scottish universities (Aberdeen, Dundee, Edinburgh and Glasgow), NHS Scotland and Scottish Enterprise. It will be set up as a central research laboratory with "centres of excellence" in each university. Funding will include an investment of an estimated £33m over the next five years by Wyeth and up to £17.5m from Scottish Enterprise.

Frank Walsh, executive vice-president, Wyeth Research, commented: "The Translational Medicine Research Collaboration represents a truly novel concept in industry-academic-government partnership, and we are delighted to be the major pharmaceutical partner in this relationship. Translational medicine is key to the successful development of the next generation of innovative medicines."

Scottish health minister Andy Kerr added: "Translational medicine research is particularly relevant to the NHS, bringing theoretical laboratory-based science closer to practical applications of direct benefit to our NHS patients. It is a great example of the public and private sectors working together for mutual benefit."

PDA calls for firmer stance on remote supervision

The Pharmacists' Defence Association has again voiced its opposition to the Government's plans for remote pharmacy supervision with the release of a document "Remote supervision — a step too far?".

The document summarises the PDA's concerns about the changes proposed in the new Health Act — some of which were discussed in February at its annual conference in Birmingham (*PJ*, 11 March, p297).

The PDA calls for the Royal Pharmaceutical Society to take a firmer stance — and a like-minded one — on the issue of remote supervision.

Boots aims for 60 stores open until midnight by 2007

Boots The Chemists aims to have 60 pharmacies open until midnight by the end of 2006, the company announced this week.

So far, eight stores have extended their hours — this week two more stores, in Oxford and Milton Keynes, were added to the six previously open until midnight. The next phase of the roll-out will include stores in Newcastle, Leicester, Blackburn, Bolton and Torquay. "The majority of the midnight pharmacies will be located in edge-of-town retail parks to aid with access and parking," the company says. "There will also be a fair representation in train stations and airports."

Statistics reveal increase in pharmacy staff in NHS Wales

Pharmacy staff numbers, ranging from pharmacy technicians to senior managers, in NHS Wales increased by 6.3 per cent from 2004 to 2005, Government statistics have revealed.

The biggest proportional increase was the 13.6 per cent rise in technicians, from 399 to 453. There was also a significant 10.5 per cent rise seen among manager-level staff, from 57 to 63, and an increase from two to five consultant officers.

The numbers of scientific officers and students or trainees both fell by around 6 per cent. The total number of pharmacy staff rose from 1,174 to 1,248.