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Pharmacy representation on PECs must not be lost

It is essential that clinical pharmacy leaders are part of reconfigured primary care trust professional executive committees (PECs), say PEC pharmacists following an announcement that the committees are here to stay but their form and responsibilities may change.

Duncan Selbie, commissioning director at the Department of Health, wrote to strategic health authority chief executives last week to set out the department's plans for the future of PECs, whose roles, membership and functions are to be reviewed. In the letter, he argues that the current role of PECs is too vague. "As a result some PECs have developed to suit the needs of their local PCT, but others have withered," he wrote.

Other reasons cited for the review include current legislation making it difficult for PCTs to evolve and the introduction of practice-based commissioning having implications for clinical leadership, governance and accountability. "SHA and PCT reconfigurations are further drivers for a review of the role of the PEC against these crucial changes," he added.

The DoH plans to carry out a rapid review aimed at producing a document for consultation in mid-October. Following consultation, revised guidance will be issued early next year and new arrangements will probably come into effect from April 2007. Guidance on interim arrangements for PECs is provided in the letter.

Brian Jolley, a pharmacist and PEC chairman at Waveney PCT, Suffolk, said that it is essential that pharmacy engages and participates in both the interim and future PECs, to promote the profession and to ensure that it is included in the strategic thinking of reconfigured PCTs. "If national initiatives are to be carried down to a local level it is vital the there is pharmacy representation on the new PECs. It is also essential that PEC pharmacists link in with local pharmaceutical committees and pharmacists at a local level to make sure that these initiatives are realistic and appropriate," he added.

John Carr, a pharmacist and PEC chairman at East Staffordshire PCT, commented: "Mr Selbie believes that the rise of practice-based commissioning will supplant PECs as the largest aspect of clinical leadership — I think he may need to validate this outside a small group of enthusiasts."

He added that Mr Selbie should also be sure that practice-based commissioning takes place in a multidisciplinary environment where nurses, pharmacists, dentists, optometrists and allied health professionals can embrace the responsibilities of commissioning cost-effective health interventions, before burying the current PEC model.

He does, however, believe that a review of PECs is appropriate. "There are many models of success — the important feature is effective clinical leaders who have emerged from a variety of professions. I look for opportunities for pharmacists and other professions to be included where they are proven leaders, not just because they represent a profession," he said.

Flight security measures criticised over insulin

Recently introduced air travel security restrictions (*PJ*, 19 August, p209) may mean that passengers with diabetes have to place their insulin in aeroplanes' holds and compromise their glycaemic control, diabetes charities have warned.

Department for Transport guidelines only allow "essential medicines in liquid form sufficient and essential for the flight" in cabin luggage. A spokesman for the department told *The Journal* that up to 50ml of insulin would be allowed in cabin luggage. Diabetes UK suggests that 50ml would usually be enough for a few weeks. "If any more insulin is needed, we have been advised by the Department for Transport that it has to be stored in the hold," it adds.

A spokesman for Novo Nordisk told *The Journal* that, if there is no other option but to carry extra insulin in the aircraft hold, the following precautions should be taken to help reduce the risk of freezing: wrap insulin in bubble wrap or insert into padded envelopes (or wrap insulin in kitchen towel or tissue and insert into a thermos flask) and then wrap the package of insulin in something like towels and pack in the centre of belongings. However, he warned that patients should monitor their blood glucose levels more closely on arrival since insulin carried in the hold of aircraft may become frozen and, if blood glucose levels suggest this has happened, the insulin should not then be used.

The current restrictions have been strongly criticised by the Insulin Dependent Diabetes Trust. Chief executive Jenny Hirst told *The Journal*: "Patients are expected to run high blood glucose levels and feel ill while they are finding out if the insulin has been damaged."

Insulin can be placed into a padded envelope before packing for the hold

She added: "While we understand the need for security measures, a simple commonsense approach should be taken, as advised by the American Diabetes Association: always carry a letter from a doctor stating that insulin and other diabetes equipment need to be carried on board the aircraft; always contact the airline before flying and also the check-in desk and advise them of the need to take insulin on board; keep all insulins, preloaded pens and glucagon in their packets as dispensed, clearly labelled with the patient's name and address; and keep all diabetes supplies in a plastic bag in case cabin crew wish to 'look after' the supplies while flying."

Advice on air travel for passengers with diabetes is available from the Diabetes UK website (www.diabetes.org.uk) and via *PJ Online* (www.pjonline.com/links/pj).

PSNC opposes further easing of contract controls

No more changes to the rules on applying for new pharmacy contracts in England should be made, the Pharmaceutical Services Negotiating Committee has told the Department of Health.

Responding to the DoH review of progress on reforms in England to the control-of-entry system for NHS pharmacy contractors (*PJ*, June 17, p707), the PSNC said: "This review is being conducted soon after the reforms were brought into force, yet the evidence is that applicants have seized on the opportunities afforded by the exemptions, and the new criteria of choice, and that this has opened up the pharmacy market to a very great extent."

Overall, there have been 130 new contracts granted in the first year of the control-of-entry reforms, of which more than 100 were for 100-hour pharmacies and pharmacies in large retail developments.

However, the PSNC adds that a mechanism for existing contractors to appeal against new contracts granted under the exemptions should be brought in. This is because NHS Litigation Authority figures, based on cases where appeals are possible, show that primary care trusts are more likely to award contracts that should be refused than they are to refuse applications that should be approved.

"If this proportion occurred in the case of exempt applications where appeals are not possible then there will be considerable injustice," the PSNC says.

The PSNC also believes that PCTs are likely to be unable to monitor whether new contractors comply with any commitments they make in order to win their contracts.

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Delays will affect flu vaccine provision in Scotland

Community pharmacists in Scotland are being advised to work closely with GPs in order to minimise the effect of delays with influenza vaccine production.

Problems with manufacturing this year's vaccine mean that deliveries, which normally start in September, will be significantly delayed. Previously arranged delivery dates have been cancelled with manufacturers now dividing orders up into several part-deliveries. Pharmacists are expected to receive the first vaccine deliveries in early October, with the bulk of the orders arriving in late October and early November. However, deliveries will not be completed until the middle of December.

Harry McQuillan, chief executive officer, Scottish Pharmaceutical General Council, said: "It is vital for pharmacists to liaise with GPs about delivery of flu vaccines. GPs need to know the dates of delivery and the quantity of vaccine expected so they can organise clinics accordingly."

Mr McQuillan said that Scotland's chief medical officer is writing to GPs about the delays this week. The letter will stress that community pharmacists are GPs' main point of contact for vaccine delivery information. He added that the SPGC has discussed the delays with the Influenza Vaccine Monitoring Group.

Saturn Stills/Science Photo Library

Influenza vaccine orders will be delayed because of manufacturing problems

"The IVMG requested that pharmacists do not favour one practice over another when initial deliveries are made. In addition, the group asked pharmacists and GPs to honour existing orders and not to attempt to source additional supplies from elsewhere since this can create a problem with redistributing vaccines at a later date," he explained.

Timing of vaccination A study published in *Preventive Medicine* (2006;43:71), suggests that in countries where influenza generally peaks between December and March, vaccines administered after mid-November might be less beneficial.

Researchers looked at data from 68,166 high-risk patients in Israel aged 55 years and above who were immunised against influenza between October and November 2003.

Although patients vaccinated in late November were significantly younger and had a lower burden of illness compared with those vaccinated in early October, the researchers found that they had higher rates of hospital admission and longer hospital stays the following winter. They also had an increased risk for all-cause mortality (relative risk 1.78, 95 per cent confidence interval 1.13–2.80), say the researchers.

SMC rejects Exubera for use in NHS Scotland

Pfizer's inhaled insulin Exubera has been rejected for use in NHS Scotland by the Scottish Medicines Consortium. In its most recent set of assessments, the SMC rejected the use of Exubera for patients with type 1 and type 2 diabetes. It said that the economic case had not been demonstrated.

However, a number of diabetes treatments were accepted, including insulin glulisine (Apidra), the pioglitazone/metformin combination Competact for people with type 2 diabetes who cannot be treated with a sulphonylurea in combination with metformin, and duloxetine (Cymbalta) for diabetic peripheral neuropathic pain.

The SMC also accepted etanercept (Enbrel) subcutaneous injection 50mg for the treatment of ankylosing spondylitis, psoriatic arthritis and rheumatoid arthritis. "The 50mg formulation facilitates once-weekly administration of etanercept at no additional cost over the existing 25mg formulation that is administered twice weekly," the consortium concluded. In addition, the SMC accepted: tipranavir (Aptivus) in combination with low-dose ritonavir for the treatment of HIV-1 infection in highly pretreated adult patients with virus resistant to multiple protease inhibitors; topiramate (Topomax) for prophylaxis of migraine headache in adults; budesonide (Novolizer) inhaler for the treatment of persistent asthma; and ibandronic acid (Bonviva) for the treatment of osteoporosis in postmenopausal women, in order to reduce the risk of vertebral fractures.

Submissions were rejected for bortezomib (Velcade) for progressive multiple myeloma (as a monotherapy for patients who have received at least one prior therapy and who have undergone or are unsuitable for bone marrow transplantation) and nebivolol (Nebilet) for stable mild to moderate chronic heart failure (in addition to standard therapies in patients over 70 years of age).

Martin Green elected chairman of Scottish negotiating body

Martin Green, an independent pharmacy contractor, has been appointed chairman of the Scottish Pharmaceutical General Council.

Mr Green owns five pharmacies in the Glasgow and Clyde area. In accepting his appointment, Mr Green said that he is looking forward to being able to play a key role in the development and negotiation of the new Scottish pharmaceutical care services contract.

Harry McQuillan, SPGC chief executive officer, commented: "I am looking forward to working closely with [Martin] for the benefit of community pharmacy contractors."

Mr Green was elected chairman at the SPGC's meeting on 6 September. He replaces Frank Owens, who stepped down as chairman in July (*PJ*, 24 June, p739). Paul Nightingale, SPGC vice-chairman, acted as chairman in the interim.

Dressings price cuts imposed

Prices paid to pharmacy contractors in England and Wales by the Department of Health for a range of dressings and blood glucose test strips are to be cut from 1 October.

After two years of consultations, the reimbursement price of standard and compression bandages will fall by 8 per cent to bring the cost in primary care in line with secondary care. Higher price cuts have been imposed on some other products, ranging from 40.5 per cent for some dressings packs to 78 per cent for a pack of standard gauze swabs.

The reimbursement price of some blood glucose test strips is also to fall — by 12 per cent — on the same date. Only those with a total cost to primary care of less than £15,000 last year are unaffected. There will be a further 3 per cent cut on 1 November if manufacturers stop providing free test meters, educational materials and telephone helplines for patients.

Independent Pharmacists' Federation member Graham Phillips said that the price cut would reduce the ability of pharmacies to generate purchase profit, which is a key element of their total remuneration under the NHS contract. It would hit independent pharmacies harder than the multiples. "This is why we want to move to remuneration based on cognitive services," he said. "It underlines the fact that we need to move towards a clinically based contract like they have in Scotland."

A Pharmaceutical Services Negotiating Committee spokesman said: "We hope and expect that prices to pharmacies will drop and have been in contact with the Department of Health. . . . Purchase profit income measurement will not be affected."

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Prescribers of opiate-substitutes urged to link dosing to client needs

Prescribers continue to offer drug misuse clients insufficient doses of methadone to prevent the use of illicit drugs, according to early results from a review of UK substance misuse services.

The preliminary findings, revealed by the Healthcare Commission and the National Treatment Agency for Substance Misuse (NTA) last week, suggest that although 95 per cent of drug treatment services have good policies on methadone prescribing, there is a need for prescribing to be more closely linked to the needs of individual clients rather than to standard policies.

Methadone consumption should be supervised for more clients during the early stages of programmes

Martin Bennett, co-ordinator for Sheffield's pharmacy services for drug misusers, and whose work was recently highlighted in the new national framework for pharmacists with special interests unveiled at the British Pharmaceutical Conference last week, commented: "A big problem with methadone prescribing in a lot of areas is underdosing."

The usual dosing range of methadone for drug misusers is 60 to 120mg. However, Mr Bennett said that some areas have a policy of using 30 to 50mg doses, which is often not enough to keep drug misusers in treatment programmes.

The review says that drug treatment services should aim to keep clients in treatment for longer and that more clients need to be supervised during the early stages of methadone consumption programmes.

"Supervised consumption of methadone or Subutex gives prescribers more confidence to give the correct dose," said Mr Bennett. Prescribers' concerns that drug misuse clients who request a higher dose are intending to sell the product on the street can be reduced by pharmacy involvement, he explained.

"Prescribing improves if the prescriber feels secure that their prescription is being used properly under supervision," he said. Patients are usually aware of the right dose to keep them in treatment, he said, and if their consumption is being supervised they know that too much will only make them drowsy.

A detailed report is expected from the NTA and the Healthcare Commission later in the year.

Stoma supplies should be designated an optional service

Representatives of pharmacy contractors in England have told the Department of Health that they want the supply of stoma and incontinence appliances and catheters to be an optional NHS service.

This view is set out in the Pharmaceutical Services Negotiating Committee's response to a DoH consultation on the matter earlier this year (*PJ*, 5 August, p152). The consultation proposed two levels of service — essential services (dispensing, repeat dispensing, complimentary supplies, product delivery and telephone support) to be provided by all contractors, and additional services (product customisation and home visits) which contractors could opt to provide.

The PSNC says that the new proposed service should not be imposed on all contractors because some of them might not be able to provide even the basic service to the required standards. For example, not all pharmacies are able to operate delivery services. Alternatively, the PSNC says that delivery should be made an additional service if everyone is to be expected to provide stoma supplies.

However, the committee makes it clear that its support for any of the proposals is conditional on the agreement of remuneration arrangements that cover the full cost of the service plus a fair return.

On the issue of "complimentary supplies", the PSNC points out that pharmacy contractors are currently prohibited from offering patients inducements to bring prescriptions to them for dispensing. However, it supports the proposal in the context of stoma supplies provided it is fully reflected in any new model for reimbursement and remuneration, including a fair return.

Variations across England in smoking cessation revealed

Variations exist across England in provision of smoking cessation services, according to the results of a review published by the Healthcare Commission this week.

The commission's performance review of tobacco control and stop smoking services showed that although no primary care trusts were judged to be weak (performing below minimum requirements), only 33 per cent were designated excellent (providing services that went beyond minimum requirements and considered to be leaders in the field). Fifty-six per cent of PCTs were considered good (performing beyond minimum requirements) and 11 per cent were fair (meeting minimum requirements).

PCTs in the most deprived areas achieved the best scores — almost 50 per cent scored excellent and only 2 per cent scored fair. In contrast, PCTs in the most affluent areas achieved the lowest scores (less than 20 per cent scored excellent and 25 per cent scored fair).

The performances of Gateshead PCT and South Tyneside PCT were considered excellent in the review. Pharmacy staff in the region were involved in an initiative called "drop in 2 quit" earlier this year (*PJ*, 4 March, p254). Clinics staffed by smoking cessation advisers, including pharmacists and pharmacy staff, were held on eight consecutive weekends. The service was accessed by 692 people, 675 of whom set a quit date and 371 of whom quit.

Maria Williams is stop smoking service coordinator for both South Tyneside PCT and Gateshead PCT and led the "drop in 2 quit" service. She believes that the PCTs scored so highly in the review because they have a well established, well known service, which delivers a wide range of choice for its users. The service has six specialist advisers and over 280 intermediate advisers from many professional groups. "The pharmacists and pharmacy staff played a really important role in delivering the programme. They were able to offer advice as well as prescribe and dispense nicotine replacement therapy, which helped us to provide a one-stop service," she told *The Journal*. There are plans to rerun the initiative in both Gateshead and South Tyneside PCTs in October.

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Parallel import case unresolved

GlaxoSmithKline has been told that its quota supply system in Greece does not contravene Greek competition law, but the question of whether it is allowed under EU law remains unresolved.

Aince March 2001, GSK has been restricting sales of medicines to Greek pharmacies and wholesalers to 125 per cent of what it believes is sufficient for the nation's needs to try to restrict parallel importing by other EU countries from Greece. Three months before that, GSK refused to supply products at all to certain pharmacies and wholesalers.

A complaint to the Hellenic Competition Commission ensued and the commission referred the matter for judgment to the European Court (*PJ*, 6 November 2004, p673 and 4 June 2005, p668). The court declined to rule because it decided that it could not accept cases from the competition commission.

Now the competition commission has said that it will not punish GSK for selectively refusing sales for three months. But it warned that the company faces a possible fine of 3 per cent of its gross revenues if it does it again.

It has also declined to approve the company's current distribution policy as being compatible with EU law because the European Commission is in the process of deciding whether similar behaviour elsewhere in Europe is anticompetitive.

Pat Treacy, a competition expert at UK law firm Bristows, said : "The result in this particular proceeding is probably, on balance, more favourable to pharmaceutical companies than to parallel traders.

"However, in the wider context it remains to be seen what its significance will be. This issue will continue to trouble both parallel traders and the pharmaceutical industry for some time to come."

Medicine prices in Greece are controlled by the government and are among the lowest in Europe.

PAGB refocuses its attention on members

The Proprietary Association of Great Britain is to stop providing consumer health information and is to refocus its work on helping companies meet the new regulatory requirements of recent European pharmaceutical legislation.

Recent feedback to the PAGB from member companies has indicated that they now expect it to concentrate on supporting their needs, rather than raising the profile of self-care and providing information to help consumers look after their health.

As a result, the association will concentrate on trying to make sure that the implementation regulations for the new requirements are as industry-friendly as possible, and unnecessary red tape is removed. It intends to build on the model of the recent Better Regulation of Over-the-Counter Medicines Initiative, which involves the Medicines and Healthcare products Regulatory Agency, the PAGB, the National Pharmacy Association and Government representatives.

Former director of communications and commercial affairs Mike Owen left the association last year and was not replaced.

Sheila Kelly: doing what only we can do

Executive director Sheila Kelly said: "We are trying not to duplicate what other people are doing. It's about doing the things that only we can do."

Survey shows that patients want clearer health information

Members of patient groups think it essential that both patients and their care-givers get information that is easy to understand so that they can make properly informed decisions about their treatment.

A survey earlier this year by the International Alliance of Patients' Organizations found that 98 per cent of respondent members of patient organisations from 12 countries agreed with this view.

The survey also found 95 per cent support for the view that patients not only had a right to participate in health care decisions that affected them, but that they also had a responsibility to do so.

The same percentage said that governments should be more active in taking into account the views of patients' organisations and doctors when they formulate health policy.

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New poisoning statistics released

Over a third of enquiries to the National Poisons Information Service involve children under 10 years of age, according to the service's 2005–06 report.

The report says that pharmaceuticals make up 66 per cent of all enquiries, and industrial and household chemicals account for 13 per cent and 11 per cent, respectively.

Simon Thomas, chairman of the NPIS clinical standards group and report contributor, told *The Journal* that safe storage of household products and pharmaceuticals is a key public health message in the prevention of childhood poisoning.

"Pharmacists are in the position to provide information to the public on appropriate storage of medicines — keeping them where they cannot be reached by children," said Dr Thomas. "There is also an opportunity to educate people about how to dispose safely of unused medicines kept at home. In instances where medicines are not dispensed in child-resistant packaging, pharmacists could inform patients of which medicines might be particularly hazardous to children."

Paracetamol is top enquiry

Overall, the NPIS received in excess of 115,000 queries about paracetamol — over 99,000 visits to paracetamol poisoning information on TOXBASE (the NPIS's online information database) and around 16,000 telephone calls. After paracetamol, queries about ibuprofen (over 42,500) and aspirin (over 25,500) were the next most commonly dealt with by the service.

Pharmacists told "focus on what you control"

David Coles: build credibility

Pharmacists should focus on things that are already within their control, for example, upgrading IT systems, training pharmacy staff and investing in continuing professional development, according to David Coles, managing director of UniChem.

Speaking at the wholesaler's annual convention, held in Rio de Janeiro, Brazil, last week, Mr Coles said that by doing this, pharmacists would build credibility and influence, allowing them to extend their sphere of influence with stakeholders such as GPs and primary care organisations.

"If all pharmacists were doing this your representative bodies would have greater power to promote your agenda," he said.

Mr Coles added that the Government's vision for pharmacy depended on "confidence in a coherent plan for change, the availability of sufficient and well-targeted funding, and the control or encouragement of competition".

UniChem outlines increased level of pharmacy support

UniChem plans more support to help customers make the most of commercial opportunities arising from the pharmacy contract.

At its annual convention, in Rio de Janeiro, Brazil, last week, Jeremy Main, UniChem's sales director, said that the wholesaler provides professional services support, including medicines use review seminars and telephone support.

In addition, UniChem plans to offer support through GP and primary care organisation briefing packs designed to help pharmacists engage with these stakeholders.

Investment reluctance Some community pharmacists are reluctant to invest in their pharmacies because they are concerned about the impact of changes to control-of-entry requirements, according to participants of workshops held at the convention.

"We started off looking at the barriers to implementation of the contract," Chris Martin, chairman of the UniChem customer forums, explained to *The Journal* after the workshops.

"Many of the pharmacists had fears around changes to the control-of-entry requirements. And their uncertainty around that has meant that some contractors are reluctant to invest in their pharmacies, particularly in terms of things like skill mix, when they do not know what the effect will be in their local area," he said.

The workshops also considered what services pharmacies might provide in the future. Participants tended to see practice-based commissioning as a great opportunity, in terms of services pharmacists could offer in areas like diagnostics, Mr Martin added.

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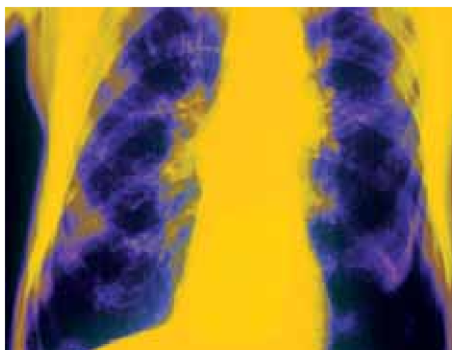
Data support steroid use in COPD

Use of inhaled corticosteroids to treat patients with chronic obstructive pulmonary disease (COPD) reduces risk of death, particularly from cardiovascular causes, according to research published in *Chest* this month (2006;130:640).

The influence of inhaled corticosteroids on mortality in COPD remains a controversial issue, say the researchers. Their aim was to determine, using a health research database, the effect of inhaled corticosteroids on total and cause-specific mortality in a cohort of COPD patients.

The researchers looked at mortality in 4,022 people 90 to 365 days after discharge from hospital with a diagnosis of COPD. In people aged 65 years and over, inhaled corticosteroids were associated with a 25 per cent reduction in all-cause mortality. A reduction in all-cause mortality of 53 per cent was seen in people aged 35 to 64 years old. The reduction appeared to be largely ascribable to reduced cardiovascular mortality and, to some extent, mortality from COPD, say the researchers. The effect of corticosteroids was most evident when administered within the first 30 days after discharge, they add.

The authors of an accompanying editorial (ibid, p629) comment that these data add to the growing body of evidence for the beneficial effects of inhaled corticosteroids in reducing mortality in COPD patients. "If true, the 'effect' of therapy with inhaled corticosteroids on cardiovascular mortality in this COPD population would be as large, if not larger, than that for statins or angiotensin-converting enzyme inhibitors in the populations of patients with cardiovascular disorders," they say. However, they warn that pharmacoepidemiological studies contain many limitations and biases. They say that more clinical and animal studies are needed to better understand the mechanisms by which inhaled corticosteroids may reduce cardiovascular morbidity and mortality in COPD patients.



Scott Camazine/Science Photo Library

COPD: inhaled corticosteroids reduce all-cause and cardiovascular mortality

News in brief

Celecoxib as chemopreventive

Celecoxib has no role as a chemopreventive agent in the general population or in patients with non-familial colonic adenomas, say authors of an editorial commenting on two trials published in *The New England Journal of Medicine* (2006;355:950). The trials (ibid, p873 and p885) show that celecoxib prevents metachronous adenomas in patients with a history of adenomas but also demonstrate the drug's associated cardiovascular risks.

"Measure up" campaign

Diabetes UK has launched "Measure up", a campaign to encourage people to measure their waistline as a first step to assessing their diabetes risk. The charity says that at-risk waist measurements are 37 inches or more for men, except those of South Asian origin whose waists should not exceed 35 inches, and 31.5 inches or more for all women. The charity has also launched a short online test, at www.diabetes.org.uk/measureup, to help people understand diabetes risk. The campaign is supported by sanofi-aventis.

BOC's pursuit of cylinders is unacceptable

BOC's continued pursuit of cylinders it believes to be lost or missing is unacceptable, the National Pharmacy Association argues.

In a statement, chief executive John D'Arcy repeated the NPA's call, first made in April, for BOC to follow the lead of Medigas and Air Products.

"While other oxygen suppliers (eg, Medigas and Air Products) have announced that they will not pursue pharmacies for lost or missing cylinders, BOC is continuing with this line. Affected pharmacies have engaged in the provision of an oxygen service over many years and now run the risk of [being penalised for an] inability to reconcile their cylinders. The whole situation is unacceptable," he said.

A spokesman for BOC confirmed that the company's position regarding charges for cylinders has not changed and that the company still has no intention to charge rental on 1,360-litre Drug Tariff cylinders to customers with whom it normally trades and has agreed cylinder holdings.

Last week, BOC also announced that, since transfer of patients to the new service is not complete, it will continue, until 1 October, to supply oxygen cylinders to community pharmacies in England and Wales, except for those in the eastern and north eastern regions, where transition to the new service is complete and so no further supplies to pharmacies are expected.

NPA launches price service

Members of the National Pharmacy Association have a new service to help them judge whether they are getting a good deal when they buy generic medicines.

The NPA target pricing service provides an hourly updated target price for the top 80 generic medicines. The target price is close to an average of all the available prices of a product from various suppliers. The price information is collated by WaveData, a company that monitors various product prices, including parallel imports and zero-discount items.

NPA pharmacy business manager Raj Nutan said: "With the importance of purchase profits being recognised in pharmaceutical contracts it is vital to make sure that buying is efficient."

New pharmacy course to start at the University of Wolverhampton later this month

A new MPharm course at the University of Wolverhampton is to start this month after being accredited by the Royal Pharmaceutical Society.

The course will be led by Kelvin Chan, previously the director and professor of biomedical science at the Institute for the Advancement of Chinese Medicine at Baptist University in Hong Kong. Before that he was head of the school of pharmacy at Liverpool John Moore's University.

The department is part of the school of applied sciences, which already provides degree courses in pharmaceutical science, pharmacology and biomedical science.

There will be a heavy emphasis on practice-based learning, with plans to employ 4.25 whole time equivalent teacher-practitioners for an initial intake of 60 students.

The school of health at the university provides opportunities for interprofessional learning with nurses as well as access to a clinical skills laboratory.

Professor Chan told *The Journal* that the university has a solid science background and is keen to expand its research in pharmaceutical sciences. The university also recognised a high demand for a pharmacy course in the West Midlands, which is home to many families of Asian origin, whose children are keen to enter the profession but would like to study near to home, said Professor Chan.

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On-demand SSRI for premature ejaculation proves effective

A selective serotonin reuptake inhibitor developed specifically for on-demand treatment of premature ejaculation has shown promising results in phase III trials.

SSRIs are increasingly being used as off-label treatment for premature ejaculation as a result of their side effect of delayed ejaculation. However, SSRIs licensed to treat depression are long-acting and associated with a number of adverse effects. Dapoxetine, a short-acting SSRI that takes one hour to reach maximum serum concentration and has a half-life of 1.2 hours, was therefore developed to treat premature ejaculation.

Researchers combined the results of two randomised controlled trials involving over 2,600 men with moderate to severe premature ejaculation. The men were given either placebo, dapoxetine 30mg or dapoxetine 60mg as needed, one to three hours before anticipated intercourse. The primary endpoint was intravaginal ejaculatory latency time (IELT).

The results showed that dapoxetine prolonged IELT compared with placebo ($P<0.0001$). At baseline, mean (standard deviation) IELT was 0.90 (0.47), 0.92 (0.50) and 0.91 (0.48) minutes in the placebo, dapoxetine 30mg and dapoxetine 60mg groups, respectively. At week 12, it was 1.75 (2.21), 2.78 (3.48) and 3.32 (3.68) minutes, respectively. Both doses of dapoxetine were effective from the first dose, say the researchers.

Dapoxetine also resulted in improvements in patient perception of control over ejaculation, satisfaction with sexual intercourse and overall impression of change in condition. Partners benefited through improved satisfaction with sexual intercourse, they add.

The most common adverse effects were nausea, diarrhoea, headache and dizziness, and were dose-related, say the researchers. Sexual side effects were reported in 2.9 per cent of those on dapoxetine 30mg and 3.8 per cent of those on dapoxetine 60mg.

"These trials have shown that dapoxetine is effective and generally well tolerated for the treatment of premature ejaculation when given on demand," the researchers conclude (*Lancet* 2006;368:929).

Immunomodulating agent for MS promising

A new oral immunomodulating agent called fingolimod has shown promise in a proof-of-concept study for the treatment of relapsing multiple sclerosis.

Fingolimod is thought to modify the course of relapsing multiple sclerosis by sequestering lymphocytes in secondary lymphoid organs through an interaction with G protein-coupled receptors for sphingosine-1-phosphate. Thus, peripheral lymphocyte counts and recirculation of lymphocytes to the central nervous system is reduced.

Researchers randomly assigned 281 patients to receive fingolimod 1.25mg, 5mg or placebo once daily for six months. Magnetic resonance imaging was used to measure the number of new inflammatory lesions at monthly intervals.

The median total cumulative number of lesions was lower in the fingolimod 1.25mg group (one lesion; $P<0.001$) and the fingolimod 5mg group (three lesions; $P=0.006$) than in the placebo group (five lesions). At six months, the number of patients who were free of lesions was greater in both treatment groups than in the placebo group ($P<0.001$), with separation beginning at two months. Annual relapse rates were reduced significantly in patients receiving treatment.

A six-month extension study, in which patients on placebo were re-randomised to receive fingolimod showed that the number of lesions in the two continuous treatment groups remained low and the number decreased among patients who switched from placebo to fingolimod. Frequently reported adverse events associated with fingolimod were nasopharyngitis, dyspnoea, headache, diarrhoea and nausea.

The researchers conclude that fingolimod may be a treatment option for MS but larger-scale, longer-term clinical studies are needed to evaluate further its benefits and risks (*New England Journal of Medicine* 2006;355;1124).

Diabetes research examines promise of therapeutic target

A new therapeutic target for type 2 diabetes has been tested in mice and could provide a future treatment for people with the condition (*Science* 2006;313:1137).

Endoplasmic reticulum stress, researchers say, occurs in response to obesity and plays a central role in the development of insulin resistance and type 2 diabetes. They discovered that treatment of obese and diabetic mice with experimental "chemical chaperones" — which improve endoplasmic reticulum folding capacity and stabilise protein conformation — resulted in restoration of blood sugar levels, insulin sensitivity and fatty liver disease.

"Caged" iron chelators tamed for dermatology applications

Caged iron chelators being developed as potential sunscreen ingredients may also have applications for skin conditions, Charareh Pourzand, from Bath School of Pharmacy and Pharmacology, has revealed to *The Journal*.

Dr Pourzand's team of researchers has developed a promising technique to protect skin cells from the damaging effects of the sun. It involves moderating the amount of labile iron present in skin cells using iron chelators.

The researchers explain that UVA radiation of skin cells leads to an immediate release of labile iron, which can cause oxidative cell membrane damage and cell death. The researchers' breakthrough involves the "caging" of the experimental iron chelator so that it is inactive when not exposed to UVA radiation, thereby reducing the potential for toxicity from systemic iron depletion.

The researchers aim to find a caging group that is deactivated only on exposure to the level of UVA radiation in sunlight. They say that prototypic nitroaromatic caging groups are unsuitable for long-term administration. "Exploration of more benign caging groups is anticipated as an essential future development for the project," they say.

Dr Pourzand said that they are concentrating on improving the structure of the compounds to increase lipophilicity and skin penetration. The association between increased iron pool and skin inflammation could make the technique applicable for other skin conditions, such as psoriasis, she suggested.

The researchers announced details of their work last week after having their initial findings published online in the *Journal of Investigative Dermatology* earlier this year (18 May, www.nature.com/jid).

H5N1 research gathers pace

The race to develop a vaccine against a future influenza pandemic continues, with two new reports of progress published online.

Chinese researchers tested inactivated whole-virion H5N1 influenza adjuvanted with aluminium hydroxide in 120 volunteers. The vaccine produced promising immune responses (78 per cent seropositivity) and no serious adverse events with a two-dose regimen. The researchers suggest that manufacturing capacity would increase if a whole-virion approach is used, because up to 30 per cent of vaccine antigen is expected to be lost during manufacture of split-virion vaccines (*Lancet*, 7 September, www.thelancet.com).

In another study, US researchers tested a live attenuated cold-adapted H5N1 vaccine in mice and ferrets. A single dose was poorly immunogenic but provided complete protection from lethal challenge with H5N1 viruses in mice. A second dose protected ferrets from viral replication in the lungs (*PLoS Medicine*, September 2006, www.plosmedicine.org).