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Concerns remain for medicines management roles

Uncertainty continues over where medicines management teams will sit following the reconfiguration of primary care trusts and was highlighted by several speakers at a *Pharmacy Management* seminar on practice-based commissioning (PBC) held in Manchester last week. Debate about this issue has been ongoing since before the reconfigurations came into effect (*PJ*, 15 July, p65).

Shailen Rao, head of medicines management and diabetes lead at Hillingdon PCT and chairman of the Primary Care Pharmacists' Association, said that all the current medicines management functions will still need to be carried out but it is unclear which will remain the responsibility of PCTs and which the PBC clusters will be interested in.

"It is going to be a challenging time for medicines management teams to try to separate themselves out and make a well informed decision. The danger is that if the whole structure remains within the PCT, the PBC clusters are likely to ask questions about what value they are getting from the medicines management team," he said. It is important to make sure we are aligned and have a clear prescription of what value we can add, he told participants.

Peter James, one of the founding GPs in the East Berkshire GP Consortia, proposed that, in a competitive market, some PBC consortia might be looking to take over provision of pharmaceutical and prescribing advice from PCTs. He also suggested that others, such as those in the independent and private sectors, who have not played a major part before, might be looking to "get a piece of the action" once consortia are formed.

At the moment it is difficult to see where pharmacists will sit in the future and whose role it will be, said Dr James. "Is pharmaceutical advice to PCTs a commissioning function, which would sit within a PCT, or a providing function, which could sit with the provider" he asked.

Ted Butler, chairman of the meeting and of the editorial board of *Pharmacy Management*, suggested that there are four groups that could potentially give prescribing advice to practices under PBC: PCTs; prescribing advisers employed directly by PBC consortia; independent private companies; and hospital pharmacy departments.

A full report of the meeting will be published in next week's issue of *The Journal*.

□ **Progress with reform** A report on progress since publication of the White Paper "Our health, our care, our say" (*PJ*, 4 February, p123) was published last week by the Department of Health. "Our health, our care, our say: making it happen" highlights progress made in the past nine months and sets out action needed to deliver on commitments made in the White Paper. One of the ongoing actions listed for primary care trusts is to increase the use and scope of local pharmacies. The document can be downloaded from the DoH website (www.dh.gov.uk).

MHRA issues warning over high-dose NSAIDs

Non-selective non-steroidal anti-inflammatory drugs (NSAIDs) may be associated with a small increase in the absolute risk for thrombotic events, especially when used at high doses for long-term treatment. This is the conclusion of a review of NSAID safety data released this week by the Committee for Medicinal Products for Human Use, a division of the European Medicines Agency (EMEA).

Based on the EMEA's findings, the Medicines and Healthcare products Regulatory Agency's Commission on Human Medicines has this week written to health care professionals offering the following advice:

- The lowest effective dose of NSAID or selective cyclo-oxygenase-2 (COX-2) inhibitor should be prescribed for the shortest time necessary for control of symptoms. The need for long-term treatment should be reviewed periodically.
- Prescribing should be based on the safety profiles of individual NSAIDs or selective COX-2 inhibitors and on individual patient risk profiles.
- Prescribers should not switch between NSAIDs without careful consideration of the overall safety profile of the products, a patient's individual risk factors and patient preference.
- Concomitant aspirin (and possibly other antiplatelet drugs) greatly increases the gastrointestinal risks of NSAIDs and severely reduces any gastrointestinal safety advantages of selective COX-2 inhibitors. Aspirin should only be co-prescribed if absolutely necessary.

Individual NSAIDs' safety profiles should be considered by prescribers

The letter also says: "A review of the safety of NSAIDs in 2005 concluded that there were inadequate data to update prescribing advice [*PJ*, 22 October 2005, p503]. However, sufficient evidence has now accrued to suggest that some NSAIDs may be associated with a small increased risk of thrombotic events when used at high doses and for long-term treatment, that diclofenac has a thrombotic risk profile similar to that of licensed doses of etoricoxib and that naproxen is associated with a lower risk than [selective COX-2 inhibitors]."

According to the MHRA, the pharmaceutical industry will be asked to update any summaries of product characteristics for NSAIDs, based on the CHM's recommendations.

Pharmacist attacks Society employee with metal bar at Statutory Committee hearing

A Statutory Committee hearing was disrupted this week when a pharmacist, who was appearing before the committee for misconduct, attacked a Royal Pharmaceutical Society employee.

Samuel Edwin Ashby, who lives in Grantham, Lincolnshire, had just learnt that he was to be struck off the Register when he hit the member of staff from the fitness to practise and legal affairs directorate with what appeared to be an iron bar. Mr Ashby then wrestled with a journalist who intervened. The attacker was disarmed by members of the committee and arrested by the police.

The employee was taken to hospital for assessment and the Council chamber was sealed pending forensic examination.

Boots electronic prescription service system approved

NHS Connecting for Health has authorised the national roll-out of SmartScript, Boots the Chemists's electronic prescription service-compatible pharmacy system.

Five systems have now been approved for national roll-out, including in-house systems for Lloydspharmacy and Boots, and two commercially available systems from Cegedim and one from AAH.

The compliance status of all pharmacy systems is detailed on the NHS CfH website at www.connectingforhealth.nhs.uk.

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Influenza vaccine capacity lacking in case of pandemic, WHO warns

Immediate and sustained action is needed if the world is to be prepared for an influenza pandemic, the World Health Organization warned earlier this week. Specifically, it highlighted a shortfall in the amount of influenza vaccine available.

"We are presently several billion doses short of the amount of pandemic influenza vaccine we would need to protect the global population. This situation could lead to a public health crisis," said Marie-Paule Kieny, director of the WHO's Initiative for Vaccine Research.

The WHO said that production capacity for seasonal influenza vaccine currently stands at 350 million doses. By 2008–09, the WHO estimates that global production of pandemic influenza vaccine would not exceed 2.34 billion doses per year, which still falls short of the expected demand for vaccine during a pandemic. The problem is made worse because a two-dose course of vaccine may be needed to protect individuals.

In a "Global action plan", published earlier this week, the WHO sets out three approaches to increase vaccine production. First, it recommends an increase in the use of seasonal influenza vaccine to provide protection against seasonal influenza and to stimulate demand for more vaccine to be produced. Secondly, it recommends an increase in production capacity, for example through improvements to vaccine production yields and by building new plants. Thirdly, it calls for further research and development to design more potent and effective vaccines and to produce vaccines more efficiently and quickly.

Speaking at a press briefing in Geneva, Dr Kieny said: "Sustained action must be taken now, otherwise in three or four years we will be asking ourselves about the supply of vaccines and nothing will have moved. Although the industry has increased . . . [its] capacity, this will still be insufficient to meet the needs of the global population."

Tek Image/Science Photo Library

Influenza vaccine manufacture: further research is needed to improve efficiency

In the UK, the Joint Committee on Vaccination and Immunisation said that it is in favour of exploring the strategy of using pre-pandemic vaccination for significant sections of the population. The Department of Health is currently working on a revised pandemic contingency plan which will be published for consultation early next year.

Seasonal flu vaccine production The effort put into producing seasonal influenza vaccines is questioned in the *BMJ* this week. Tom Jefferson, Cochrane Vaccines Field, Rome, argues that there is little evidence to support the safety of these vaccines and suggests, given the huge resources involved, a re-evaluation is undertaken (*BMJ* 2006;333:912).

JCVI recommends influenza vaccination in pregnancy

Women in their second and third trimester of pregnancy should be routinely offered influenza vaccination because of the increased risk of morbidity and mortality to both mother and fetus from seasonal influenza, the Joint Committee on Vaccination and Immunisation has recommended.

The JCVI has also advised that patients with certain neurological conditions should be added to the "at risk" groups recommended for routine influenza immunisation. These include patients with multiple sclerosis and related conditions, patients with hereditary and degenerative disease of the central nervous system and patients with cerebrovascular disease. The recommendations, which will be considered by Government ministers, were reported in the minutes of the June meeting of the JCVI published earlier this week.

National pandemic influenza preparedness plans criticised

Almost a third of national pandemic influenza plans do not make recommendations about who should receive antiviral drugs or who should be vaccinated against pandemic influenza as a priority, a study reveals.

US and Israeli researchers examined 45 national plans from both developed and developing countries, including the UK. They found that just under half (49 per cent) had prioritised who should receive antiviral drugs in the event of an influenza pandemic. More (62 per cent) had prioritised who should receive influenza vaccine. Almost 30 per cent had prioritised neither.

Allocation decisions varied across different countries, although health care workers were consistently ranked at the top of priority lists (published online in the October issue of *PLoS Medicine* 2006;3:e436, www.plosmedicine.org).

NPA offers advice on establishing flu clinics

Guidance on setting up NHS influenza vaccination clinics in community pharmacy has been compiled by the National Pharmacy Association. It describes advantages of pharmacy-based flu vaccination services and sets out practical steps to establishing a service.

Stephen Fishwick, NPA head of NHS service development, said: "Although planning for flu and the broader 'Winter pressures' programme is likely to be well advanced in many locations, there may still be an opportunity for community pharmacy to offer its services — perhaps targeting late presenters. It may also be worth entering into discussions with commissioners this year in order to put down a marker for 2007–08."

Obtaining the guidance

Copies of the guidance can be downloaded from the member section of the NPA website (www.npa.co.uk). Members can also request hard copies by e-mailing nhsdev@npa.co.uk or telephoning 01727 858687 extension 3217.

Beclometasone inhalers to be discontinued, says GSK

Becotide and Becloforte inhalers are being discontinued, GlaxoSmithKline has announced.

Becotide 50µg, 100µg and 200µg and Becloforte 260µg metered dose inhalers will be discontinued in the third quarter of 2007, the company said this week. Because a range of other beclometasone inhalers are available, GSK said it does not expect the discontinuation to affect patient care. However, it adds, transfer to another inhaler may mean that patients' doses have to be changed. "Patients who are switched to a different device or medicine should be monitored frequently," the company added.

The discontinuation will have far-reaching consequences across both primary and secondary care, Hannah George, respiratory specialist pharmacist at Royal Liverpool University Hospital NHS Trust, told *The Journal*. "Many patients will have to be changed over to another beclometasone preparation, most likely a CFC-free product, which may not necessarily be equipotent," she said.

"It is of paramount importance that patients are adequately counselled over the switch. Pharmacists can also monitor patients for any signs and symptoms of changes in asthma control and advise the patient accordingly. We also need to ensure when dispensing prescriptions for inhaled beclometasone, especially CFC-free products, that we are 100 per cent sure of the intended preparation."

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Pharmacy review helps patients with knee pain

Following a pharmacy review, patients with knee pain experience less discomfort in the short term, according to researchers from Keele University.

In a study, (*BMJ Online First*, 20 October, www.bmj.com) 325 adults aged 55 years or older with knee pain were recruited from 15 general practices in North Staffordshire. Patients were randomised to receive pharmacy review, community physiotherapy sessions or an advice leaflet followed by a telephone call (control group).

The pharmacy intervention resulted in differences in the improvement of pain scores (mean difference 1.18, 95 per cent confidence interval 0.3–2.1; P=0.006) at three months compared with controls, however the difference in function score changes was not significant between the two groups.

At three months, the physiotherapy intervention led to differences in the improvement of pain scores (mean difference 1.15, 0.2–2.1; P=0.008) and function scores (3.99, 1.2–6.8; P=0.008) compared with controls.

None of the differences was sustained at six or 12 months for either intervention.

Alison Blenkinsopp, professor of the practice of pharmacy, Keele University, and one of the authors, said that the trial has demonstrated benefit from enhanced pharmacy review in the short term. "One question," she said, "is whether periodic pharmacy review over a longer period of time might have led to a benefit that was sustained for longer."

She added: "Patients with chronic knee pain clearly need support to help them manage their condition. Regular pharmacy review could make a valuable contribution."

Further data from the pharmacy review arm were presented last month at the British Pharmaceutical Conference (*PJ*, September Supplement, pB29); the authors will soon publish a full report, said Professor Blenkinsopp.

Another of the study contributors, Michael Phelan, pointed out that the reviews were undertaken in GP practices where the pharmacist had access to patients' medical records. "This was important in building up a picture of the prescribing of NSAIDs, identifying risk factors and understanding which other analgesics had been tried in the past," he said.

Mr Phelan explained that a treatment algorithm, agreed with all of the prescribers, was used to make changes to patients' therapy. He said that about half of the patients who were taking NSAIDs were found to be unsuitable for treatment with the drugs.

Professor Blenkinsopp said that the trial was important in quantifying the outcomes from the two individual interventions. "It is, of course, possible that a combination of enhanced pharmacy review and physiotherapy might produce an additive effect," she said.

□ **Fife pain award** NHS Fife's multidisciplinary pain management programme has won a £10,000 "Evidence into practice award" organised by NHS Quality Improvement Scotland. The service is jointly run by a pharmacist, Debbie Paton, and a physiotherapist. Miss Paton's role was featured in the *PJ* earlier this year (19 August, p223). The award will be used to develop the service.

"Drug safety belt" used to communicate aims of pharmaceutical care

A community pharmacy campaign that invites patients to wear a "drug safety belt" to communicate the concepts of pharmaceutical care is helping reduce drug-related problems in Austria.

Speaking at the annual symposium of the European Society of Clinical Pharmacy held in Vienna last week, Christian Wurstbauer, chief executive of PharmCare Network, explained that improved patient care and better business results were the twin drivers for the project that has persuaded nearly 40,000 patients to "put on the drug safety belt".

His company had first developed training material for pharmacists concerned with asthma, diabetes and hypertension. Standard methods of consultation and documentation were introduced and the results were encouraging. In a study of 178 patients with asthma, 50 per cent reported improved quality of life and there was a "remarkable" two-thirds reduction in sick days. However, the pharmacists were unhappy with the paper-based system and thought that the service should be available to all patients. Software was developed that automatically generates a patient record, integrated with the dispensing process. It provides real-time interaction and duplication checks focused on current medications. A "traffic-light" presentation guides pharmacists to the most critical issues to discuss with patients.

Christian Wurstbauer, PharmCare Network

How well do your medicines fit? Detail from the campaign poster

The term "drug safety belt" was coined to help patients understand the concept of pharmaceutical care and posters and publicity material were distributed to all participating pharmacies. The message to patients is that with the drug safety belt, the pharmacist will check that medicines are safe for the individual. Patients are able to register for the service free of charge. The campaign quickly attracted media attention and gained support from politicians, doctors and patients.

Almost 300 pharmacies now participate in the scheme. Drug interactions have been reduced by 40 per cent and compliance has improved by 23 per cent. Moreover, 70 per cent of drug-related problems can be resolved in the pharmacy. Current developments include the introduction of a central medication database, linking pharmacies through the Health Information Network and providing patients with control of their data through smart cards.

"Keep well" pilot aims to find ways of preventing ill health starting in Lanarkshire

Pharmacists in Scotland are to have a role in an initiative aimed at finding ways of preventing ill health in people who do not traditionally use health services.

A "Keep well" pilot will tackle heart disease in North Lanarkshire. It will start by offering health checks to people aged between 45 and 64 years identified from GP lists. The checks will include blood pressure, blood glucose and cholesterol measurement, and tackle lifestyle issues like smoking, diet, alcohol consumption and weight. Although initially GP-led, the pilot will evolve to include other health care providers.

George Lindsay, chief pharmacist, primary care, NHS Lanarkshire, said: "[Pharmacists] can encourage people to keep health check appointments and get the message across to people who are difficult to reach through GP lists." And there is potential for pharmacists to play other roles. This week, it was decided that a community pharmacist should sit on the locality clinical forums in Airdrie, Coatbridge and Wishaw, the three locations involved in the pilot. "This will be a good way for pharmacy to keep in touch and work out how pharmacists can get involved," he added.

The Lanarkshire "Keep well" pilot is one of five funded by the Scottish Executive to develop preventive health care. The others — in Glasgow, Dundee and Edinburgh — are expected to launch within the next few months.

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NICE publishes guideline on urinary incontinence

A guideline for the management of urinary incontinence in women has been published this week by the National Institute for Health and Clinical Excellence.

The new guideline provides recommendations on the diagnosis of urinary incontinence, treatments for the condition and competencies expected of surgeons performing procedures.

In its guideline NICE recommends that duloxetine should not be used as a first-line treatment for women with stress urinary incontinence.

The guideline also says: "Duloxetine should not routinely be used as a second-line treatment for women with stress UI, although it may be offered as second-line therapy if women prefer pharmacological to surgical treatment or are not suitable for surgical treatment. If duloxetine is prescribed, women should be counselled about its adverse effects."

The following key priorities for the conservative (non-surgical) management of the condition are offered by NICE:

- A trial of supervised pelvic floor muscle training of at least three months' duration should be offered as first-line treatment to women with stress or mixed urinary incontinence.
- Bladder training lasting for a minimum of six weeks should be offered as first-line treatment to women with urge or mixed urinary incontinence.
- Immediate release non-proprietary oxybutynin should be offered to women with overactive bladder syndrome or mixed urinary incontinence as first-line drug treatment, if bladder training has been ineffective. If immediate release oxybutynin is not well tolerated, darifenacin [due to be launched in the UK this week], solifenacin, tolterodine, trospium or an extended release or transdermal formulation of oxybutynin should be considered as alternatives. Women should be counselled about the adverse effects of antimuscarinic drugs.
- Pelvic floor muscle training should be offered to women in their first pregnancy as a preventive strategy for urinary incontinence.

Familial breast cancer NICE has also published an update of its familial breast cancer guideline. The updated guideline recommends yearly magnetic resonance imaging screening for some women aged between 20 and 49 years if they have a high risk of breast cancer. Other recommendations on the identification and care of patients at risk of familial breast cancer remain the same. All NICE guidance is available from its website (www.nice.org.uk).

Society's standards could be adopted by all independent prescribers

It would be appropriate for professional standards for pharmacist prescribers, which are currently being developed by the Royal Pharmaceutical Society, to be adopted by all independent prescribers, according to Robert Clayton, head of practice at the Society, in his response to a letter published in the *BMJ* earlier this month (2006;333:756).

The letter, from Jeffrey Aronson, president-elect of the British Pharmacological Society, and colleagues, suggests that an independent systematic review of the evidence relevant to prescribing and its teaching and assessment for graduates and undergraduates should be jointly commissioned by interested parties, including the Royal Pharmaceutical Society. The review can then be used to propose a set of minimum standards and interested parties can hold an open symposium where the problems can be discussed and solutions sought. The letter follows an earlier editorial on poor prescribing by the same authors (*BMJ* 2006;333:459).

Responding to the letter, Mr Clayton said: "The Society is already in the process of a review of pharmacists' undergraduate education, which will consider the position of independent prescribing. It is also looking at developing professional standards for pharmacist prescribers, and is in the process of holding a series of stakeholder meetings."

Prescribing standards needed

Matt Griffiths, national prescribing and medicines management adviser at the Royal College of Nursing, pointed out that the Nursing and Midwifery Council has published standards for postgraduate training of nurse prescribers. These have been widely consulted upon with other health care professions, he told *The Journal*. In addition, Neal Maskrey, director of evidence-based therapeutics at the National Prescribing Centre, argues in an online response that the present and future learning needs of existing postgraduate prescribers, both medical and non-medical, also need to be considered. Both organisations are interested in exploring Professor Aronson's suggestion.

Peter Rubin, chairman of the General Medical Council Education Committee, comments: "There is a growing risk that this debate will escalate in the wider media, where the underlying issues are not widely understood, with resulting alarm to patients and the public about their safety. It is essential that this perception does not become entrenched. The GMC therefore strongly supports the value of acquiring such evidence and will convene a meeting of interested parties to take this important matter forward."

Performance indicators will help to identify and share best practice

Figures for trust-by-trust performance across a number of key efficiency and productivity indicators are published this week by the NHS Institute for Innovation and Improvement.

The "Better care, better value" indicators highlight how reducing inpatient stays, minimising emergency admissions and reducing staff turnover could free resources worth £2.2bn and improve patient care.

Increasing low-cost statin prescribing is one of the indicators. The institute predicts that if every primary care trust achieved a 69 per cent rate of low-cost statin prescribing (the rate achieved by the top 25 per cent of trusts) a saving of £84.7m would be made in one year. Recommendations are made on how to increase low-cost statin prescribing, such as conducting prescribing audits and analysing prescribing data.

It is hoped that the indicators will help PCTs and acute hospitals to identify where productivity or efficiency might be improved in four key areas: finance, clinical productivity, workforce, and prescribing and procurement. The figures will be published quarterly.

The institute was established in 2005 to improve health outcomes and raise the quality of delivery in the NHS by accelerating the uptake of proven innovation and improvements in delivery models, medical products and devices, and health care leadership. Further details are available at the NHS better care, better value website (www.productivity.nhs.uk/index.asp).

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Prescription charges in England to be reviewed

Prescription charges in England are to be subject to a review during this Parliamentary session, the Government announced last week.

In its response to the Health Select Committee's report on NHS charges (*PJ*, 22 July, p92), the Government said: "The time is now right for a wider review of the current arrangements for prescription charges. Accordingly, ministers have asked officials in the Department of Health to undertake a review of the current exemptions for prescription charges and to put forward options to them that would be expenditure-neutral for the NHS. The Government will report the outcome of this review to Parliament before the 2007 summer recess."

The review will look at options to revise the list of medical exemptions to prescription charges, introduce a flat-rate prescription charge with no exemptions or base exemptions solely on income. The Department of Health will also commission qualitative and quantitative research on public attitudes to health charges, the extent to which charges affect health and the use of health services and the extend to which charges reduce "frivolous" demand.

Flat-rate no exemption charge possible

Rob Darracott, director of corporate and strategic development at the Royal Pharmaceutical Society, commented: "It has long been the Society's view that there should be no financial barrier to the use of prescribed medicines, and that implies a major reform of the existing charging system in a way which could be shown to have little or no deterrent on use. The health service in Wales has already changed its approach to charging and the proposed review of exemptions in England is a step in the right direction."

The Government rejected a number of the Health Select Committee's recommendations, however, including introducing reference pricing, using a limited NHS formulary of medicines and introducing a monthly prescription prepayment certificate (PPC).

Instead, systems at the NHS Business Services Authority will be amended so that PPCs can be purchased by monthly direct debit from 1 July 2007. This will mean that 12-month PPCs will be available for a monthly charge of £7.95. In addition, a three-month certificate will replace the four-month certificate.

OFT considers Pfizer deal

Pfizer's exclusive distribution deal with UniChem may be investigated by the Office of Fair Trading. A spokesman for the OFT told *The Journal* that the office has received a number of complaints about the manufacturer's decision to distribute its prescription products directly to customers through UniChem from March next year. He said: "We are considering whether Pfizer's action raises competition concerns and if this is something which the OFT should investigate further."

On top of its call to pharmacists to "save pharmacy" with an online campaign (www.savepharmacy.co.uk), AAH Pharmaceuticals has this week confirmed that it will be submitting a complaint to the OFT within the next fortnight.

The British Association of Pharmaceutical Wholesalers has taken advice and is considering a legal challenge to the deal.

Martin Sawer, executive director, BAPW, commented: "Our concern regarding the new Pfizer distribution arrangements is over the implications for the NHS and its patients. The overriding issue must be one of public interest — the taxpayer and NHS patients will be paying for these new arrangements, in financial and service terms. We therefore believe the proposed arrangements warrant public scrutiny."

Health minister Andy Burnham said in a Parliamentary written answer that the new arrangements would be monitored.

□ **UniChem correspondence** A spokeswoman for UniChem has told *The Journal* that the company is writing to all members of Parliament who have expressed concern over the deal with Pfizer, assuring them of UniChem's "capability to supply all pharmacists and dispensing doctors".

CHRE to oppose election of council members

Regulatory councils should have no elected professional members, the Council for Healthcare Regulatory Excellence is expected to say.

In a draft response to the Foster and Donaldson reviews of professional regulation in the UK (*PJ*, 27 July, p97), the CHRE makes a bald statement that the current practice of electing professional members by any profession should cease. The only explanation of thinking behind the statement is that "governance changes to regulatory bodies must be an urgent priority if regulatory councils are to be fit for purpose and embrace the culture change needed to drive improvement."

The response was to be considered for approval by the CHRE on 25 October, as *The Journal* went to press. Comments by CHRE council members on an earlier draft have already been incorporated.

The revised draft calls for a consistent fitness-to-practise (FTP) system for all professions requiring harmonisation of rules and processes at all stages of FTP processes. It also calls for either an independent, outsourced adjudication system or a central pool of panel members who work to common rules.

Overall, the CHRE sees the fact that there have been separate reviews of medical and non-medical regulation as a problem. It says that the two reports are not adequately integrated and make divergent recommendations on key areas that go to the heart of public protection.

King's Fund commissions a new review of health spending

Health spending in the UK is to be re-analysed by Sir Derek Wanless to see whether extra money allocated to the NHS as a result of his 2002 report to the Treasury is being spent wisely.

Sir Derek will examine the underlying assumptions of his original spending recommendations and see whether they are on track.

In his 2002 report, Sir Derek said that too little had been spent on the NHS in the previous 30 years and that much more would need to be spent up to 2023 to make up the shortfall. It was this that triggered the Government's decision to increase NHS funding annually by 7.4 per cent in real terms until 2007–08.

After being hired last week by the King's Fund to look again at health spending, Sir Derek said: "This is an ideal time to look back at the lessons of the past five years to see if the extra money has been spent productively."

He is to consider how changes in demographics, productivity, staff pay, drug costs, medical advances and the health of the population have influenced health spending and will analyse how the NHS has actually spent the extra money it has been given.

Sir Derek's report is expected to be published by May 2007 before the next Government comprehensive spending review. A King's Fund spokesman said that he hoped it would contribute to the Government's thinking.

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Recipients of NPPG award study pupils' views on chronic illness

The experiences of young people with chronic illness will be investigated by this year's winners of the Neonatal and Paediatric Pharmacists' Group research award, organised in association with Mandeville Medicines (a manufacturer of unlicensed "specials").

Researchers from the School of Pharmacy, University of London, and University College London Hospitals NHS Trust will interview children and teenagers from five to 18 years of age in full-time education, and their parents or carers, recruited from paediatric outpatient clinics for asthma, diabetes, rheumatology and gastroenterology at University College Hospital.

Kevin Taylor, professor of clinical pharmaceutics at the School of Pharmacy and one of the researchers, said that the project "will allow documentation of practices and procedures within schools, provide information on the perspectives and problems of young people and their parents and enable an assessment of the extent to which young people are supported in the safe and optimal use of their medicines".

The £5,000 grant will be awarded at the NPPG conference in Harrogate next week.

Last year's winners will present the findings of their research at the conference; the team from the Evelina Children's Hospital pharmacy department and Stratford Pharmacy (a community pharmacy in London) looked at the development of an electronic learning and assessment package for responding to the symptoms of childhood ailments.

IPF officially launched at The Pharmacy Show

The Independent Pharmacy Federation was officially launched at The Pharmacy Show, a trade exhibition held in Birmingham last week.

The IPF was created to provide a voice for independent pharmacy, to support and enhance the effectiveness of independent pharmacy representatives on national bodies, to collate and analyse information from independent contractors to assist in contract negotiation and to identify new service opportunities that add value and income.

At the launch, Graham Phillips, a founder member, emphasised that the IPF is not a buying group, it is not a competitor to other national pharmacy organisations or an implied criticism of them. He also said that its existence does not imply criticism of independent pharmacists who sit on the boards of these organisations.

The IPF's aims are to be a voice for independent pharmacy and a forum for discussion, a "head office" for independent pharmacy, a support for independents' representatives on other pharmacy bodies, a lobbying organisation for independents and a vehicle to promote the next generation of independents, said Mr Phillips.

Excellence awards mark successes in animal health industry

Merial and Pfizer were two companies recognised at the inaugural Animal Health Industry Excellence Awards, held in London earlier this month.

Pfizer took the Animal Health Company of the Year award, while Merial won awards for the Best New Livestock Product for Vaxxitek HVT + IBD, an innovative poultry vaccine that offers immunity against Marek's and Gumboro diseases, and Best New Equine Veterinary Product for Equioxx/Previcox (firocoxib), a non-steroidal anti-inflammatory aimed at equine osteoarthritis. Together with business partner Bioject, Merial also secured the award for the Best Drug Delivery Advance, with PureVax, a feline rabies vaccine that uses needle-free technology developed by Bioject.

UK distribution specialist Centaur Services won the Best Manufacturing/ Production Project Award for its application of 2D barcode technology while Indian Immunologicals's programme to make cattle vaccination affordable and accessible to rural Indian farmers, Operation Pratirodh, won the Corporate Social Responsibility award.

Other industry awards went to:

- Velcera Pharmaceuticals for its licensing deal with NovaDel Pharma over its transmucosal oral spray drug delivery technology (Licensing Deal of the Year)
- Klifovet, a contract research company (Best Supporting Role)
- Genitrix Animal Health and Nutrition (Achievement or Contribution by a Small Business)

The chairman of the International Federation for Animal Health and chief executive of the National Office of Animal Health Philip Sketchley presented the Lifetime Achievement Award to Peter Holdsworth, chief executive of the new Australian Animal Health Alliance and a leading force behind the World Association for the Advancement of Veterinary Parasitology.