

# Pfizer discounts acceptable to England and Wales

Details of Pfizer's pharmacy discount scheme, which will come into effect on 5 March 2007 when the company begins its direct-to-pharmacy distribution arrangements, have been announced.

The discount scheme is value based and will range from 8.5 per cent to 11.5 per cent. There is no minimum order value and no minimum order quantity required to earn discount (see Panel). Products not eligible for discount are those that are already zero discounted and two hospital-only lines.

Initial reaction to the scheme has been mixed. The Pharmaceutical Services Negotiating Committee is satisfied that Pfizer has set purchase terms that will not be detrimental to contractors in England and Wales. The National Pharmacy Association is also encouraged by Pfizer's announcement. However, the Scottish Pharmaceutical General Council is unhappy with the discount scheme. A spokesman told *The Journal* that Pfizer had not consulted the SPGC before setting its discount scale and had failed to recognise that discount recovery works differently in Scotland, where there are separate discount rates for proprietary and generic purchases. "To say that we are displeased is putting it mildly," the spokesman said.

All three organisations remain concerned about the revised distribution arrangements for Pfizer products.

David Watson, Pfizer's head of trade, said the discount terms demonstrated that the company's new distribution arrangements were not a cost-cutting exercise.

"We decided to publish details of the discount scheme rather than go to individual chains and tell them what their discount is," he said. However, he revealed that Pfizer would continue to negotiate different discounts for different buying groups in future. "But, in general, our approach will be on a business-by-business basis."

Like the SPGC, the NPA is concerned about how the discount terms will affect contractors in Scotland. In a statement it said: "[Pfizer's] approach appears to be consistent with the principles of fair funding associated with the new contract in England . . . However, we are concerned about the impact on NPA members in Scotland, where the average level of discount is higher. We would expect that the new Pfizer discount arrangements will be factored in to the UK discount/invoicing inquiries."

Mr Watson said: "It would be difficult to justify why pharmacists in one part of the

country would get a different discount to pharmacists in another part of the country. But we recognise that clawback will be different."

He added that it was difficult for any company to match clawback or to follow it. "It is a better tool if used the other way around. The key driver for the [Government] is to have clarity on where the money is going. If as a result they need to adjust clawback up or down that is up to them."

In its response to Pfizer's announcement, the PSNC said that the new purchase terms would be taken into account when calculating contract funding for 2007-08.

Both the NPA and PSNC drew attention to an assessment carried out by logistics consultants on Pfizer's behalf, which indicates that the consultants are satisfied that Pfizer and UniChem will be able to maintain existing service levels under the new arrangements.

## Discount bands

Up to £250,000 per year	8.5 per cent
£250,001 to £1m	9.5 per cent
Over £1m to £5m	10.5 per cent
Over £5m	11.5 per cent

## UK smoking ban from 1 July

Smoking in enclosed public places and workplaces will be banned in England from July 2007, Secretary of State for Health Patricia Hewitt announced last week. England will be the last UK country to introduce a ban.

The smokefree elements of the Health Act 2006, the Regulations for which are being finalised and will be laid before Parliament shortly, will come into force at 6am on 1 July.

## New arrangements for CD inspections to start next year

Rules governing the management and supervision of Controlled Drugs by health organisations in England and Scotland arising from the Shipman Inquiry come into force next year. They will apply in England from 1 January 2007 and in Scotland from 1 March 2007. Arrangements for Wales have yet to be decided.

The Controlled Drugs (Supervision of Management and Use) Regulations 2006 transfer responsibility for inspecting storage and handling of CDs in community pharmacies from the police to Royal Pharmaceutical Society inspectors. More widely, they require each primary care trust, health board, NHS trust, foundation trust, special health board and independent hospital to appoint an "accountable officer" to monitor and ensure best practice in the management and use of CDs.

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## Increased attention given to pharmacy at Scottish party political conferences



Left to right: Harry McQuillan, Chancellor of the Exchequer Gordon Brown, Margaret Ryan, of the Society, Lyndon Braddick and Alex MacKinnon, of the SPGC

There has been an increase in the attention given to pharmacy at this year's party political conferences, according to Lyndon Braddick, director for the Scottish Department of the Royal Pharmaceutical Society.

"It is by taking our message to the politicians and political activists that we are changing attitudes and perceptions about pharmacy," he said, following the Scottish Labour Party Conference held in Oban last month.

As a joint venture the Society and the Scottish Pharmaceutical General Council have maintained a stand at this year's Scottish Liberal Democrat, Scottish Conservative, Scottish National Party and Scottish Labour Party conferences. Harry McQuillan, chief executive officer, SPGC, commented: "It is encouraging to experience the change from having to seek meetings with MSPs to provide them with information to being actively asked for updates and advice."

# Pandemic flu an ethical dilemma

Pandemic flu, when it comes, will pose an ethical dilemma for health professionals who are likely to feel conflicting obligations towards patients and to members of their own families.

Speaking at a Hospital Pharmacists Group conference on emergency planning last week, Lindsey Davies, national director of pandemic influenza preparedness at the Department of Health, said: "We are looking at the human resource issues of how far can and should you expect people to do their duty, and to whom. There are some real ethical issues there."

She said that it was highly likely that schools would be closed locally for between three and six weeks because children were "super-spreaders" of flu. Research was being commissioned on the likely impact of this on the workforce and on the provision of alternative child-care arrangements.

Professor Davies added that local planners were actively considering the potential for bringing back recently retired staff, particularly in primary care, to meet any shortfalls.

The hope was that it would be possible to reduce the impact of pandemic flu to that of



**A public issue of protective masks is unlikely in the UK**

a very bad seasonal flu winter. The first 100 known cases of pandemic flu in the UK will be subject to extensive tests, but once the pandemic starts, the plan will be to "throw everything at it", Professor Davies said.

# Guidance published on treating addicts in prison

Guidance on the clinical management of drug dependency among adult prisoners has been published by the Department of Health, in conjunction with the Royal Pharmaceutical Society, among other professional organisations.

The guidance describes how clinical services for drug misusers should develop over the coming two years as more resources are made available. It says that recent years have seen substantial progress in the provision of non-clinical drugs services in prisons but that the development of clinical services has been slow by comparison, with detoxification over a set period being the only prescribing response to drug dependency in most prisons.

The guidance makes it clear that although detoxification remains the preferred model a range of treatment options is required to meet the various needs of different prisoner patients.

Key elements of the new treatment model include:

- Prescribed management of withdrawal
- Stabilisation on opiate substitutes followed by detoxification or maintenance therapy
- Alcohol detoxification
- Benzodiazepine withdrawal
- Clinical monitoring of stimulant withdrawal
- Joint working between clinical, CARAT (counselling, assessment, referral, advice and throughcare) and criminal justice integrated teams
- Psychosocial support for at least 28 days

The guidance will be reviewed in a year's time.

# Hospital prescribing costs up, community costs down

The cost of medicines used in hospitals in England rose by 2.3 per cent in 2005 while the cost of prescribing in primary care fell by 2 per cent, according to figures released by the Information Centre for health and social care last week.

The cost of medicines prescribed in hospital but dispensed in the community rose by 7.4 per cent. In 2004, the corresponding growth figures were 10.7 per cent, 7.5 per cent and 14.8 per cent, respectively.

Compared with 2004, the net ingredients cost for prescribed medicines fell by 0.9 per cent. The previous year (2003-04) saw a rise of 8.2 per cent. Recent controls over drug costs were the main cause of the difference.

Medicines used in hospitals represented 23.1 per cent of the estimated total cost of medicines to the NHS, which is £10.3bn in 2005. The estimated cost of medicines per person in England for 2005 is £203.40.

## Defence in depth

Planners are working on a five-point strategy for "defence in depth". The planned five strategies are likely to be:

- Hygiene/masks/isolation — public funding for the general issue of masks is unlikely but they are being considered for health and social care workers
- Antivirals — a stockpile sufficient to treat 25 per cent of the population will be provided (Infected people will be told to stay at home and get a

friend to collect a supply. Alternatively, the drugs will be delivered. People will be infectious for 24 hours before they experience any symptoms.)

- Antibiotics — to reduce secondary infections
- Prepandemic vaccine — any decision to use a prepandemic vaccine is still to be made
- Pandemic specific vaccine — cannot be produced in advance or in large enough quantities to impact on the first wave of infection; could possibly be produced quickly enough for a second wave

# Specialist A&E departments are more appropriate for heart disease and stroke

Rapid specialist care delivered from centres of excellence can save lives and reduce disability, according to Roger Boyle, national clinical director for heart disease and stroke.

In a report setting out his vision for the emergency care of heart disease and stroke patients, Professor Boyle suggests that paramedics should have a role in deciding which hospitals they take patients to. "Going via a local A&E adds a delay that can mean it is too late for the patient to benefit from the newest drugs and procedures."

He explains that a new strategy for stroke care is being drawn up that is likely to recommend a "hub and spoke" model with round-the-clock, seven-days-a-week access to a CT scanner and thrombolytic drugs.

Likewise, pilots looking at different models of heart attack care are being conducted and will look at the option of providing primary angioplasty from specialist centres.

In a second report, Sir George Alberti, national director for emergency access, explains that some A&E departments are not going to be able to deliver the degree of specialisation and specialist cover made possible by modern medicine. "I believe that the case for changing the way we provide urgent care — from a twisted ankle to a brain haemorrhage — is very clear," he says.

The reports are available from the Department of Health website ([www.dh.gov.uk](http://www.dh.gov.uk)) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

# Kidney disease prescribing information “too vague”

Prescribing information for health care professionals treating patients with kidney disease is too vague, concludes the latest issue of the *Drug and Therapeutics Bulletin*.

The *DTB* reviews methods for identifying and classifying chronic kidney disease in adults and sets out the implications of the disease for patients' health. It also offers advice on prescribing for patients with chronic kidney disease.

It suggests that information provided in summaries of product characteristics (SPCs) can be unhelpful, stating that drugs should be used “with caution” in patients with kidney disease without explaining what that means in practice, but it reminds prescribers that they

can seek guidance from local medicines information services and from specialist pharmacists.

Andrea Devaney, lead renal pharmacist at the Oxford Radcliffe Hospitals NHS Trust and a committee member of the UK Renal Pharmacy Group, commented: “I would support and encourage, on behalf of the UK Renal Pharmacy Group, the authors' advice for prescribers to contact specialist renal pharmacists for further guidance on drug dosing in renal impairment.”

She added that new chronic kidney disease guidelines and national reporting of estimated glomerular filtration rate (eGFR) values will improve recognition of the condition. “But caution must be applied

when extrapolating eGFR values for drug dosing. Most published reference texts recommend doses based on non-normalised estimates of GFR (Cockcroft and Gault estimates). In practice, I believe, Cockcroft and Gault will remain the gold standard for dosage adjustment in chronic kidney disease until such a time as reference tests recommend doses based on GFR normalised for body size.

“The ‘Renal drug handbook’ goes some way to fill the dosing gaps highlighted by the authors in SPCs and the BNF since it includes practical, anecdotal dosage recommendations often based on experience from the front line.”

## Patients who can repeat instructions on how to take medicines may not interpret them correctly

Many patients who can apparently understand instructions on medicine labels are unable to interpret those instructions appropriately, a US study published online has shown ([www.annals.org](http://www.annals.org), 29 November).

Researchers showed five medicine labels to 395 patients attending a primary care clinic and asked them how they would take each medicine. A third of those able to read the instruction “take two tablets by mouth twice daily” were unable to correctly demonstrate the number of tablets to take each day. This rose to over a half among those with low literacy skills.

This suggests, the authors argue, that the “teach back” technique, where patients are asked to repeat back instructions to demonstrate their understanding, may be inadequate for identifying potential errors in medication

administration. “Medication review needs to verify that patients, or their surrogates, can accurately describe and demonstrate how to take medications safely,” they say.

Almost half (46.3 per cent) of the patients misunderstood one or more of the prescription label instructions and the authors suggest that patients of all ages would benefit from additional efforts to improve the clarity and comprehensibility of labelling on prescription drugs.

“The text and format of existing primary and auxiliary labels on prescription medication containers should be redesigned and standardised,” they say. “Less complex and more explicit dosing instructions may ultimately improve patient understanding; however, more research is needed to properly evaluate different instructional formats.”

## Global patient safety initiative to involve UK pharmacists

A patient safety initiative involving seven countries, including the UK, has been launched this week by the World Health Organization Collaborating Centre for Patient Safety, the World Alliance for Patient Safety and the Commonwealth Fund.

The “Action on patient safety (high 5s) initiative” aims to reduce significantly or eliminate five safety problems in selected hospitals in each country over a five-year period. The National Patient Safety Agency has been chosen to oversee the programme in the UK.

The five areas to be targeted are: continuity of medication errors; high concentration solution drug errors; patient care handover errors; wrong site/wrong procedure/wrong person surgical errors; and hand hygiene practices.

Prevention of continuity of medication errors will involve medication reconciliation — creating a complete and accurate list of current medicines and communicating this to the next provider of care. Errors in solutions with high drug concentrations will be tackled by improving availability, access, prescribing, ordering, preparation, distribution, labelling and verification and by planning administration.

Helen Glenister, deputy chief executive of the NPSA, told *The Journal* that the agency will be working with the chief medical officer, the Department of Health and the international collaborators in mapping out how the initiative will be taken forward in the UK. “We would see that the whole initiative would need to involve the relevant stakeholders to whom the solutions are focused. So for these two solutions [prevention of continuity of medication errors and prevention of high concentration drug errors] it would be pharmacists.”

The WHO collaborating centre will work with participating countries (Australia, Canada, New Zealand, Germany, the Netherlands, the UK and the US) to develop standardised operating protocols for each of the five solutions.

## Call for doctors to improve their handwriting

Doctors need to make a commitment to write more legibly, say academics writing in this month's *Journal of the Royal Society of Medicine* (2006;99:645). They argue that deciphering illegible notes is still a problem in the UK, despite the issue being known about for some years. “The considerable time and frustration associated with this detective work far outweighs the extra effort needed to dot an ‘i’ or cross a ‘t,’” they say.

The academics propose a number of measures that would address the problem: IT systems to computerise patient notes, handwriting tests and US-style penmanship classes for medical staff. However, they conclude that a less daunting and more economical solution is possible: a New Year's resolution to write legibly.

The editorial forms part of a series published under the banner: “Inconvenient truths”. Another argues that the threat of



Writing tests could address the problem

global terrorism needs to be put in perspective, given the number of preventable deaths that occur daily from HIV, malaria and tuberculosis.

# Postgraduate training differences need to be resolved, says CCA

Principles for pharmacy education and training being developed by the Royal Pharmaceutical Society should be used to resolve differences in the provision of postgraduate training arising from the division of Great Britain into England, Scotland and Wales, according to the Company Chemists Association.

Responding to a Society consultation on the draft principles (*PJ*, 27 May, p639), the CCA said: "Cross-border issues (for example, the different remits of the Centre for Pharmacy Postgraduate Education and the Welsh Centre for Postgraduate Pharmaceutical Education, and the differences in funding and availability of training packages) already cause difficulties for pharmacists and their employees."

The CCA also believes that there should be a review of pharmacy education funding because there is no structure for student placements in community pharmacy.

Student selection, it says, should take account of the fact that pharmacy is a vocation, as well as a science-based profession. Soft skills, such as communication, should be taken into account alongside commitment to complete the course.

The CCA is also concerned at how fitness-to-practise requirements might apply to pharmacy students.

It favours a process that would enable the Society to impress on students that they are training for membership of a profession with a code of ethics, while ensuring that "normal undergraduate behaviour is not penalised".

## UK clinical pharmacy pioneer wins US award

A pharmacist instrumental in the development of clinical pharmacy in the UK was presented with a leadership award at a conference in the US this week.

David Angaran, clinical professor of pharmacy at the University of Florida College of Pharmacy, was presented with the American Society of Health-System Pharmacists' award for distinguished leadership in health-system pharmacy practice, for his dedication to quality improvement in hospital pharmacy, managed care, specialty pharmacy and academia.

In the late 1970s, Professor Angaran, then one of the pioneers of clinical pharmacy in the US, worked as part of an academic exchange programme, helping to develop clinical

pharmacy services in the UK. He worked at Manchester University and the Hope Hospital, Salford, where he helped develop the masters degree in clinical pharmacy, the first such degree in the UK.

Cynthia Brennan, president of ASHP commented: "In the halls of academia and in the practice setting, Professor Angaran's dedication to and insistence on continued progress and improvement in clinical care are emblematic of the leadership skills pharmacy is known for. The example he sets for new pharmacy practitioners is invaluable."

Professor Angaran was the keynote speaker at the first United Kingdom Clinical Pharmacy Association conference in 1980.

## Oxygen advice for travellers

Patients from Scotland or Northern Ireland who present prescriptions for cylinder oxygen to a community pharmacy in England or Wales should be referred to a GP or out-of-hours service, the Pharmaceutical Services Negotiating Committee has advised.

The NHS home oxygen service has issued guidance for home oxygen patients travelling away from home in which it urges patients to make arrangements for supply away from home before they leave.

However, the PSNC warns that some patients from Scotland and Northern Ireland, where supply is still provided through community pharmacies, may try to obtain oxygen with a prescription.

These patients should be referred to a GP or out-of-hours service to complete a home oxygen order form to send to the local oxygen service supplier.

## NHS dress code expected

Guidance for the NHS in England on dress codes and religious belief is to be published early next year.

The guidance, which is being prepared by NHS Employers, will address situations where dress codes, staff uniforms, religious considerations and health and safety come together. It is expected to build on existing guidance contained in the Commission for Racial Equality's employment code of practice and guidance on religious belief at work issued by the Advisory, Conciliation and Arbitration Service.

An NHS Employers spokesman said: "It is a complex and sensitive issue, so we will be discussing it with employers and a wide range of stakeholders."

According to the ACAS guide, any prohibition on wearing items that symbolise religious belief has to be objectively justified.

# Rosiglitazone monotherapy has lower failure rate in type 2 diabetes than metformin and glibenclamide

People with type 2 diabetes who are treated initially with rosiglitazone have lower monotherapy failure rates at five years compared with patients initially treated with either metformin or glibenclamide.

This is the key finding of ADOPT (a diabetes outcome progression trial), the first long-term study to show that the progressive loss of blood sugar control in type 2 diabetes can be delayed.

In the study of 4,360 patients, rosiglitazone was associated with a cumulative incidence of monotherapy failure at five years of 15 per cent, compared with 21 per cent for metformin and 34 per cent for glibenclamide. This translates to a risk reduction of 32 per cent for rosiglitazone compared with metformin, and 63 per cent compared with glibenclamide ( $P<0.001$  for both).

Rosiglitazone was more effective than metformin or glibenclamide in delaying the progressive loss of blood sugar control, as measured by fasting plasma glucose and glycated haemoglobin levels. Rosiglitazone also improved insulin sensitivity compared with metformin and glibenclamide ( $P<0.001$  for both) and reduced the rate of loss of beta-cell function ( $P=0.02$  against metformin and  $P<0.001$  against glibenclamide).

Results from the double-blind, randomised, controlled study were presented at the International Diabetes Federation's World Diabetes Congress in Cape Town, and are published in *The New England Journal of Medicine* (2006; 355:2427).

The authors found that glibenclamide was associated with a lower risk of cardiovascular events (including congestive heart failure) than

rosiglitazone. Metformin was associated with a similar risk to rosiglitazone. Rosiglitazone was associated with more weight gain and oedema than the other two agents but with fewer gastrointestinal events than metformin and less hypoglycaemia than glibenclamide. A late unexpected finding was rosiglitazone's association with fractures in women.

Bernard Zinman, one of the study authors, commented that the first-choice agent would still probably be metformin, but that around 15 per cent of patients would not tolerate that choice. He said: "The study clearly provided evidence showing the benefits of rosiglitazone over [glibenclamide] and, indeed, over metformin, in achieving durability. So I think it will change clinical practice and probably people will be using combination therapy early on."

## News in brief

### Diabetes care planning

Pharmacy support is highlighted as part of the care planning process for people with diabetes in a report published this week by the Department of Health and Diabetes UK. The report describes the principles and processes of care planning, and outlines the evidence base for the model it describes. It also considers workforce issues and quality assurance.

### New mental health plan

Reducing antidepressant prescribing is one of the key targets in Scotland's new mental health plan "Delivering for mental health" published this week. The plan says the NHS should reduce the year-on-year increase in prescribing of antidepressants to zero by 2010. It also says mental health services should focus on better prevention, more local care and improved support to aid recovery.

### Scotland's health check

Annual progress reports on health improvement targets are to be published in Scotland. The first of these public reviews was announced this week at a World Health Organization conference in Edinburgh. It sets out initiatives introduced in areas such as diet, physical activity, alcohol, tobacco and health inequalities, and describes the challenges still faced.

## Drug Tariff update on IT allowances for Wales

Updated information regarding IT allowances for community pharmacy contractors in Wales will be published in the December Drug Tariff (part VIA). It sets out how previous IT allowances should be used and when future payments can be expected.

The technical architecture that underpins the National Programme for IT in England and Informing Health Care in Wales is developing separately (*PJ*, 29 April 2006, p494). The delivery of the IT component of the pharmacy contract in Wales will take place in two phases.

The first phase involves developing IT infrastructure. Contractors received two allowances of £1,300 in 2005–06. This funding had to be targeted to ensure any IT invested in is capable of running the latest version of the contractor's patient medication records system as well as supporting secure connectivity and enabling access to the NHS Wales network. As a minimum, by 31 March 2007, contractors are required to have initiated discussions with their pharmacy system supplier to arrange for an approved connectivity pack-



Use of bar-coded prescriptions will be implemented during the second phase

age. When an approved connection is live and active contractors will receive a further £200 per month from their local health board.

It is expected that the second phase will be delivered through two releases. In release 1 use of bar-coded prescription forms will be implemented across Wales. Release 2 will provide a mechanism for electronically transmitting pharmacy claims for payment. A one-off allowance of £1,000 will be paid to contractors during 2007–08 to support this.

## Scottish public health rules

Proposed changes to Scotland's public health legislation are described in a consultation document published by the Scottish Executive. Among the proposals are a new notification and reporting system, and stronger powers to quarantine people in significant disease outbreaks. Other changes relate to clarification of the roles played by organisations with responsibilities for public health. The consultation closes on 12 January 2007.

## Reminder for Haj pilgrims

Travellers to Saudi Arabia for the annual Haj or Umrah pilgrimage to Mecca should seek health advice at least 10 days before they travel, the Health Protection Agency has advised. The next Haj takes place between 29 December and 3 January 2007. Information about appropriate vaccinations and other health matters can be found on the National Travel Health Network and Centre website ([www.nathnac.org](http://www.nathnac.org)).