

Pharmacists and GPs must co-operate, says Society

A fundamental change in the way in which community pharmacy and general practice work together is necessary to realise the potential of community pharmacy, says the Royal Pharmaceutical Society in its written response to the All-Party Pharmacy Group inquiry into the future of pharmacy (*PJ*, 24 June 2006, p739).

A concerted effort to create links between the pharmacy and GP contracts is needed to meet the Government's aspirations of supporting patients with long-term conditions, says the Society. "Exhortation is not enough, a crucial factor will be to ensure that GPs and pharmacists are able to share and access information about their patients and this must be backed up by investment to facilitate change," it warns. Without active monitoring and practical encouragement for further integration, the objectives of the White Paper on care closer to home cannot be met, it adds.

Although the general public view pharmacists as trusted health care professionals, there is a lack of understanding of their broader roles and the Society believes that these perceptions are mirrored among GPs, who may view the retail part of community pharmacy with some suspicion.

A lack of engagement between emerging practice-based commissioning (PBC) structures and local community pharmacists is another area of concern highlighted by the Society in its response. "There is a real risk that



Retail aspects of pharmacy may be viewed with suspicion by GPs

the potential benefits to the population will be lost and that the good work to date will be undone without proper local clinical engagement involving community pharmacists," it argues. It notes that there is considerable variation between primary care trusts in what and how many services are commissioned from community pharmacy and is concerned that the NHS overspend has resulted in a reduction in the number of enhanced services being commissioned at a time when it would expect an expansion of such services.

The Society argues that senior figures in the Department of Health need to promul-

gate, through commissioning networks, examples of how community pharmacy can contribute to patient care. It proposes that a requirement to involve community pharmacy in PBC is necessary in order for the issue to be taken seriously.

The Society also says that the departments of health should play a key role in working with the profession to support pharmacy through a significant period of change, as they have done for general practice. "In England and Wales, there is an opportunity to divert some of the money that is likely to be underspent from the first year of the new community pharmacy contract to provide this support," it says.

Other issues raised

- The Society is concerned that the centralisation of general practice and consequent loss of community pharmacies could leave large areas devoid of local health care support.
- The Society would like to see the exemptions to the "necessary and desirable" test removed.
- The Society believes that PCTs need to take ownership of medicines-related problems at board level to manage the true cost of prescribing.
- The Society says that funding of the MPharm needs to be increased to allow more clinical teaching.

Pharmacists under investigation for stop-smoking fraud allegations

Pharmacists are under investigation by the National Health Service Counter Fraud Service for allegedly making false claims for payments based on the number of people they have helped to stop smoking.

A spokesman for the Counter Fraud Service said: "Allegations of fraud involving NHS stop smoking services have been received by the NHS Counter Fraud Service. Our pharmaceutical fraud team is exploring the possibility of undertaking an exercise to uncover similar fraudulent behaviour

throughout England and Wales. While the investigations are ongoing, it would be inappropriate to comment further."

At the end of last year, *The Guardian* newspaper reported that pharmacists in five London primary care trust areas were under investigation. One was believed to have claimed almost 100 per cent success in helping people to stop smoking for four weeks.

Steve Lutener, head of regulation at the Pharmaceutical Services Negotiating Committee, said: "We believe that the vast

majority of pharmacists are scrupulously honest in submitting claims to the NHS. The PSNC is supportive of the work of the NHS Counter Fraud and Security Management Service in detecting and eradicating fraud against the NHS. We hope that the NHS CFSMS will conclude its investigation diligently and promptly, and take action if evidence of false claims is found, so that those pharmacists properly providing the stop smoking service can do so without there being continuing doubts as to their integrity."

Further CD changes come into effect in Wales

Further changes to arrangements for the management of Controlled Drugs came into effect in Wales on 1 January.

The Misuse of Drugs (Amendment) Regulations 2006 implement key changes to the arrangements for prescribing, dispensing, supplying, recording and monitoring of CDs in the community. From 1 January, privately prescribed Schedule 2 and 3 CDs should only be dispensed when presented on WP10PCD or WP10PCDSS prescription forms. These changes mirror those that came into effect in England and Scotland on 7 July 2006.

Further information is available from the Royal Pharmaceutical Society's website (www.rpsgb.org.uk). Changes to CD record-keeping, originally planned to come into effect on 1 January, have been delayed until 1 January 2008 (*PJ*, 9 September 2006, p319).

Soraya Dhillon MBE in New Year's honours

Soraya Dhillon, head of the University of Hertfordshire's school of pharmacy, has been made MBE in this year's New Year's honours list.

Professor Dhillon is also chairman of Luton and Dunstable Hospital NHS Trust and was awarded her MBE for services to health care. She was appointed foundation professor and head of the school of pharmacy at the University of Hertfordshire when it was established in September 2004.

Gordon Duff, chairman of the Commission on Human Medicines, has become a Knight Bachelor, for services to public health. Professor Duff led the inquiry into the TGN1412 trial at Northwick Park in March 2006, during which six men suffered severe adverse reactions (*PJ*, 18 March 2006, p307).

Concerns continue over distribution arrangements

A lack of consultation with community pharmacy groups by pharmaceutical companies planning to review their distribution arrangements has again been highlighted by the National Pharmacy Association. And health minister Andy Burnham admits, in his response to a parliamentary question on the matter, that there has been no formal consultation with relevant bodies.

The NPA has called for industry-wide discussion about the future of the pharmaceutical supply chain, responding to reports that AstraZeneca and other manufacturers might make changes to their distribution systems similar to those announced by Pfizer (*PJ*, 16 December 2006, p725). The NPA maintains that a multiplicity of distribution and discount

structures within the UK introduces vulnerability into the supply chain and increases the burden of administration for pharmacists.

Mr Burnham confirmed that the Department of Health had been informed by Pfizer and AstraZeneca of their intentions to alter existing distribution arrangements. "Ministers have had no official meetings with representatives of pharmaceutical companies and wholesalers to discuss the potential consequences of the proposed changes on the pharmaceutical distribution network. However, the Department has received a number of letters from wholesalers and their representatives on these matters," Mr Burnham told the Government.

John D'Arcy, the NPA's chief executive, said: "It isn't good enough for these schemes

to be decided behind closed doors — there needs to be some joined-up thinking. . . . Effectively, Pfizer and AstraZeneca and others are dictating the systems for distribution without testing for vulnerability or seeking the advice of [pharmacists]."

Martin Sawyer, executive director, British Association of Pharmaceutical Wholesalers, said that the BAPW has written to Mr Burnham detailing concerns over the cumulative effect of changes to the wholesale distribution market on competition and the NHS.

"We want to have a grown-up discussion on the implications on the robustness of the supply chain for the NHS, for example, in the event of a flu pandemic or an extreme need for pharmaceuticals," he added.

Campaign shows controlling nature of tobacco addiction



An NHS campaign launched earlier this week uses the image of smokers being seized by fish hooks to demonstrate the controlling nature of smoking and to encourage smokers to break their addiction.

Other anti-smoking initiatives include plans to raise the legal minimum age to purchase tobacco from 16 to 18 years across the UK.

NHS Direct now on Freeview

NHS Direct has extended its television service to digital Freeview channel 108. The new service will offer news on current health issues, health advice, features on long-term conditions, answers to common health questions and information about NHS services.

NHS Direct's interactive television service has been available to satellite viewers since mid-2004 (*PJ*, 3/10 January 2004, p6).

Statutory Committee chairman arrested and charged

Lord Fraser of Carmyllie, chairman of the Royal Pharmaceutical Society's Statutory Committee, was arrested and charged shortly before Christmas after flying from London to Dundee.

Lord Fraser has been charged with behaving in a threatening, abusive, insulting or dis-

Three more companies discredit the industry

Three more companies are revealed to have recently brought discredit on the UK pharmaceutical industry in the latest batch of rulings published by the Prescription Medicines Code of Practice Authority.

The November code of practice review — published by the PMCPA, which enforces the Association of the British Pharmaceutical Industry's code of practice — reveals that Pfizer brought discredit on the industry by linking the provision of the services of nurse advisers at medical practices to the use of Lipitor (atorvastatin).

Janssen-Cilag was ruled to have brought discredit on the industry because its public relations company offered to pay journalists £200 each to attend a National Institute for Health and Clinical Excellence appeal hear-

ing over NICE's decision not to recommend the use of erythropoietins for chemotherapy-induced anaemia, including Eprex (epoetin alfa). Janssen-Cilag was held responsible for the actions of its PR company, even though it did not know about the offer.

Daiichi-Sankyo was ruled to have discredited the industry for a second time for reusing an advertisement that had previously been found in breach of the code.

The November PMCPA review also provides details of how Merck Sharp & Dohme brought discredit on the industry (*PJ*, 7 October 2006, p417) and its subsequent suspension from ABPI membership. The ABPI reinstated MSD's membership on 3 January, although it said the company's compliance should be audited within six months.

Co-op expands community health fund scheme

The Co-operative Pharmacy is to extend its community health fund scheme to West Yorkshire and to the Cardiff and Newport area, the company announced this week.

The scheme, which began in Plymouth and Swansea, has given away £20,000 to health-related charities and projects. Application forms are available from local Co-operative Pharmacy branches, with the next sets of awards due to be made in spring.

Regular IT updates initiated

Regular updates on implementation of the electronic prescription service are now being issued by NHS Connecting for Health.

The first issue of the monthly newsletter was published at the end of last year and reveals that 35 per cent of community pharmacies have had their software upgraded to enable operation of release 1 of the service (where electronic prescriptions operate in parallel with FP10s). Release 2 functionality, including electronic signatures and nomination of pharmacies, has been possible within the national database, or spine, since August 2006, although software is yet to be rolled out.

The newsletter also says that a test claim message has been successfully received by the NHS Business Services Authority Prescription Pricing Division. A total of 1,128 community pharmacies are operationally live and 113,359 electronic prescriptions have been dispensed. "EPS Update" is available to download at www.connectingforhealth.nhs.uk/eps/whatsnew.

Home oxygen service cost soars, claims *Pulse*

The cost of home oxygen provision has soared since the service was transferred from community pharmacists to regional supply companies, an investigation by medical newspaper *Pulse* has suggested.

A survey of 35 primary care organisations found they had an average overspend on home oxygen of £210,000, although one had overspent by £1.2m on a budget of £380,000. *Pulse* quotes Peter Fellows, chairman of the General Practitioners' Committee prescribing subcommittee: "Primary care trusts expected to save money under this system [but] pharmacists did a lot of work that was essentially unpaid. These big organisations are not going to do work for free."

The Department of Health has, however, challenged *Pulse's* claims. A spokeswoman told *The Journal*: "We do not agree with the figures published in *Pulse*. We have not yet completed the first year of this new service, and full information is not yet available to confirm the final cost to the NHS."

Individual PCTs are responsible for financial management of the oxygen service contract, she explained. "The DoH and the NHS knew that PCTs in some service regions faced potentially higher service costs and so the Department supported the NHS in implementing these changes, meaning PCTs did not meet the full costs of these changes until 1 April 2006."

PCTs are also getting more services for the money spent, she said. "For the first time patients have access to a new ambulatory oxygen service to support mobility and the contracts include new elements such as the requirement to support patients outside the home (eg, on holiday or at work) which were not previously a formal requirement."

Lindsay McClure, head of information services at the Pharmaceutical Services Negotiating Committee, said she was not surprised that the transition to the new service had cost more than expected. "The move was never soundly based and the chaos during the transition period has inevitably added to costs. This must serve as a lesson for the future."

Record collection of BNFs for developing countries



A record number of outdated copies of the British National Formulary has been collected by AAH Pharmaceuticals for PharmAid, a scheme organised by the Commonwealth Pharmaceutical Association.

The company revealed that in 2006 its van drivers collected around 22,500 BNFs, four times the number collected in 2005.

The books will be sent to doctors, pharmacists and other health care professionals in developing countries in the Commonwealth.

More Welsh MURs allowed

Pharmacists in Wales can now be paid for up to 400 medicines use reviews a year, following amendment of the Directions for Advanced Pharmaceutical Services in Wales.

Pharmacies that made arrangements to provide advanced services before 1 October 2006 are eligible for the maximum payment in the financial year 2006–07.

The fee for MURs and prescription-linked interventions has also been formally increased from £23 to £25.

HPA's malaria prevention guidelines updated

New guidelines on the prevention of malaria have been published by the Health Protection Agency.

The guidelines are for use by health care professionals but may also be of use to prospective travellers. They are intended for UK-based visitors to malaria endemic areas and may not be appropriate for use by people living in endemic areas.

Produced by the HPA's advisory committee on malaria prevention for UK travellers, the new guidelines update and combine the "Guidelines for malaria prevention in travellers from the United Kingdom for 2003"

and "Malaria prophylaxis for long-term travellers" in a new format. They include the latest advice for travellers to the Indian subcontinent and an extended section on bite prevention. Advice for travellers with special medical needs and for different types of traveller, is also included.

"Guidelines for malaria prevention in travellers from the United Kingdom" can be downloaded from the HPA website (www.hpa.org.uk) and via *PJ Online* (www.pjonline.org.uk/links/pj). The HPA advises that its website should be checked regularly for updates and alerts.

FPMM adopts competency frameworks

Competency frameworks for general, advanced and consultant level pharmacists have been adopted by the Faculty of Prescribing and Medicines Management and will be used as a basis for membership of both the FPMM and the College of Pharmacy Practice. The move is designed to help members demonstrate the competencies required by employers both inside and outside the NHS.

The frameworks have already been adopted by the Department of Health for posts in the NHS in both primary and sec-

ondary care. The frameworks were initially designed for NHS-employed pharmacists but the structure and content has broad applicability and relevance to pharmacists employed in the private sector, says the FPMM. They can be used for recruitment and selection, performance review and continuing professional development.

The FPMM is a semi-autonomous body within the CPP providing professional support for UK pharmacists who specialise in prescribing and medicines management.

Proposals wanted for information prescription pilots

Proposals for pilots to test the provision of information prescriptions are being sought by the Department of Health.

The DoH wants information prescriptions to be given out by health and social care professionals to provide relevant, timely and trustworthy information to users of their services. Ahead of the national roll-out in 2008, the DoH is funding 10 pilot projects and has invited applications for a further 10, with funding of around £80,000 for each.

The pilots will run for 10 months from mid-February, to try to develop a systematic approach to information prescriptions which ensures that anyone with a long-term condition or social care need can access information for their well-being, health and care.

Further details of how to submit a proposal to pilot information prescriptions are available from the DoH website (www.dh.gov.uk) and via *PJ Online* (www.pjonline.com/links/pj).

Covert medication guidance issued

Guidance on covert medication — the practice of hiding patients' medicines in food or drink — was published by the Mental Welfare Commission for Scotland before Christmas.

The commission says that the legal basis for giving covert medication is unclear but that the practice is widespread in care homes. This was one of the reasons why the guidance was produced.

The guidance stresses that covert medication is not a substitute for explanation and education, and that it should only be considered if the patient lacks the capacity to make a decision. It includes a pathway of issues that should be considered, and evidence recorded, when medicines are given covertly. These include:

- What treatment is being considered and why is it necessary?
- What alternative administration methods were considered?
- How does the patient lack capacity? (record legal documentation)



Covert medication: legal basis is unclear

- What benefits will the patient receive from treatment?
- Who was involved in the decision?

The guidance states that a pharmacist's advice must be sought on crushing tablets or combining medicines with food or drink.

News in brief

NES cytotoxic consultation

NHS Education for Scotland has produced a draft education and training framework for the safe use of cytotoxic drugs. The framework, accessible online (www.nes.scot.nhs.uk), includes detailed learning outcomes on topics such as prescribing, preparation and dispensing, safe handling, and safe and responsive treatment. Comments are welcomed by 15 January.

Service for struggling trainees

A service to help preregistration trainees pass the registration examination has been launched by a former member of the Royal Pharmaceutical Society's board of examiners. The service, accessible via a website (www.passtheprereg.com), is primarily intended for trainees who have been unsuccessful in a previous attempt at the examination.

Financial incentives may improve patients' adherence to their antipsychotic medication

Financial incentives to encourage patients to adhere to antipsychotic medication might help them stay out of hospital, according to UK researchers (*Psychiatric Bulletin* 2007;31:4). However, their conclusions are reached from limited data.

The researchers, based in East London, explored the use of direct financial incentives through questionnaires sent to 150 assertive outreach teams in England and by offering payments of £5–£15 to five formerly non-adherent patients for single depot injections of their antipsychotic medication.

The researchers surmised from the 70 questionnaire responses returned that attitudes towards the approach are generally negative. Most outreach team managers (76 per

cent) had objections to such schemes and just under half (42 per cent) considered the approach unethical.

However, the researchers say that patients who accepted the offer of payment (four of the five patients in the study) had improved adherence to their medication and three of the patients have not been admitted to hospital since entering the scheme.

The researchers concede that there are a number of practical issues that need to be addressed if this scheme is to become widespread. They conclude: "Financial incentives might be a treatment option for a high-risk group of non-adherent patients for whom all other interventions to achieve adherence have failed."

Graham Parton, chairman of the UK Psychiatric Pharmacy Group, commented: "Although this small study does not tell us a great deal in terms of the effectiveness of using financial incentives to improve adherence, it does raise the premise that it could be an attractive option and is certainly worth exploring."

David Taylor, chief pharmacist, South London and Maudsley NHS Trust, added: "There will be numerous viewpoints on the ethics of such a practice but it would be best first to establish whether or not the practice is effective — as with any other untested intervention. The ethical standpoint is partly determined by the likely outcome. This study does not inform debate in this respect."

Study highlights fracture risk with PPI drugs

Patients receiving proton pump inhibitor drugs at high doses have a greater risk of hip fracture, according to the authors of a recent study (*JAMA* 2006;296:2947).

Investigators in the US analysed records from 13,556 cases of hip fracture and 135,386 controls from the UK General Practice Research Database and found that the long-term use of high-dose PPIs is associated with an increased risk of hip fracture (adjusted odds ratio 2.65, 95 per cent confidence interval 1.8–3.9; $P < 0.001$). The strength of the association increased with each year of PPI treatment.

It is suggested that calcium malabsorption secondary to gastric acid suppression might explain the increased risk. On the other hand, the authors say that limited experimental data suggest the osteoclastic proton transport system may be inhibited by PPIs, potentially reducing bone resorption.

They say: "It is possible that the potentially protective effect of osteoclastic proton pump inhibition may have cancelled out some of the negative effects of gastric acid suppression by PPIs, especially at regular doses. . . . However, with high-dose PPI therapy, the effect of gastric acid suppression dominated."

Some could stop alendronate after five years

Some women may be able to stop taking osteoporosis medicines after five years without an increase in non-vertebral fractures, a recent study suggests (*JAMA* 2006;296:2927).

Researchers randomised 1,099 women who had completed a mean of five years' alendronate treatment to continue with either active treatment or placebo for a further five years.

Discontinuing treatment did not contribute to an increase in non-vertebral fractures or x-ray-detected vertebral fractures over the subsequent five years, and bone mineral density remained at or above the baseline figures (from 10 years earlier).

However, the risk of clinically diagnosed vertebral fracture was lower for patients who remained on treatment compared with those taking placebo (2.4 per cent versus 5.3 per cent, relative risk 0.45, 95 per cent confidence interval 0.24–0.85).

The authors suggest that, although after five years of treatment many women may be able to stop taking bisphosphonates, women at high risk of clinical vertebral fractures — such as those with existing vertebral fracture or very low bone mineral density — may benefit from ongoing treatment.