

No single clinical group can dominate new PECs

New Department of Health guidance on primary care trust professional executive committees (PECs) says that their membership should be locally determined with practising clinical professionals in the majority. It adds that no one clinical group should dominate.

The guidance, which is to be implemented by 1 October, recommends that all members should be appointed after being interviewed against defined roles set out in a job description, and they should be made on the basis of suitability against a person specification and competencies. No member should be appointed to represent professional interests.

The guidance says that PECs and practice-based commissioning (PBC) represent two different but mutually supportive parts of

clinical engagement and leadership that will be vital if PCTs are to commission high quality and effective services for patients. It expects PECs to set the overarching framework, direction and environment for PBC.

Publishing the guidance last week, health minister Andy Burnham said: "Whitehall will do less dictating on what these committees should look like. PCTs will be free to decide how many members they need to have and the NHS will be able to bring in extra members to tackle specific challenges. With the introduction of [PBC] and the delegation of budgets there needs to be a stronger emphasis on commissioning."

Paul Duell, interim PEC co-chairman at North East Essex PCT, said that the guidance showed that the DoH had listened during the

consultation process on the new guidance (*PJ*, 2 December 2006, p662).

"The guidance is very encouraging for pharmacists and all clinicians," he said. "They've recognised that PCTs are working differently."

Mr Duell said that one of the key changes is that what amounted to an election process has been replaced by a competency-based system.

"This is very encouraging for pharmacy and pharmacists," he said. "They're in an excellent position to take these posts up."

Mr Duell said that at Suffolk PCT, the new system had resulted in the appointment of two community pharmacists to a six-member PEC. One of the pharmacists, Dhiren Bhatt, is a co-chairman of the PEC.

Feedback sought on updated medicines use review form

Pharmacists in England and Wales are being invited to test a new version of the medicines use review form that has been produced following a recent review and consultation conducted by the Pharmaceutical Services Negotiating Committee and the Department of Health (*PJ*, 27 January, p97).

Feedback, along with suggestions on how the form may be further refined, can be e-mailed to Alastair Buxton, the PSNC's head of NHS services (alastair.buxton@psnc.org.uk) by 30 April.

The new form can be downloaded in both PDF and Microsoft Word formats from the PSNC website (www.psn.org.uk/advanced) and via *PJ Online* (www.pjonline.com/links/pj).

Technicians will seek membership of future leadership body

Pharmacy technicians will seek membership of any future professional leadership body that emerges following the Government's decision to split the functions of the Royal Pharmaceutical Society. And, as *The Journal* went to press, the King's Fund released a report indicating support for a royal college for the pharmacy profession.

In a letter to *The Journal* this week (p396), Steve Acres, vice-president of the Association of Pharmacy Technicians UK, says that one of APTUK's key objectives will be to seek membership for pharmacy technicians of a future royal college. He reveals that APTUK is currently reviewing its professional leadership role in light of the Government's White Paper on professional regulation.

"The future detailed structure and function of APTUK is far from clear since it de-

pends on the outcome of the many discussions, debates and decisions yet to be had," he writes.

The King's Fund report, based on a seminar it hosted last month, says that there is overwhelming support for a new professional leadership body to replace the present, somewhat fragmented structure.

Niall Dickson, chief executive of the King's Fund, said: "There was concern that any new royal college must reflect the many diverse interests within the profession, should not be dominated by any one section and that membership should be as wide as possible, for example, including pharmaceutical scientists."

The report is due to be published online and will be available from the King's Fund website (www.kingsfund.org.uk) and via *PJ Online* (www.pjonline.com/links/pj).

Home reviews do not improve quality of life

Home-based medication reviews by pharmacists appear to reduce the number of medicines prescribed, but have no effect on quality of life measures, an *Age and Ageing* paper published online on March 26 suggests (<http://ageing.oxfordjournals.org>).

The study included 136 at-risk patients aged over 80 years who were taking at least four medicines and living at home. It compared standard care with home-based medication review by a pharmacist.

At six months there was no difference in hospital or care home admissions or deaths. The intervention did, however, decrease the mean number of medicines prescribed (a reduction of 0.87 items, 95 per cent confidence interval -1.66 to -0.08, $P=0.03$). "This form of health intervention may not have a clear health gain, but may lead to modest savings in terms of reduced prescribing," the authors say. "Future research should focus on whether

such a prescribing effect would make this type of intervention cost effective."

Duncan Petty, a research pharmacist at Leeds University, commented: "This research was carried out by the same group that carried out the HOMER study, which found that pharmacist reviews increased hospital admissions [*PJ*, 22 January 2005, p71]. This new study found that reviews by pharmacists do not increase hospital admissions, but that they do not decrease them either, although in this study pharmacists had access to patients' medical notes, which they did not in HOMER.

"If you look across all the studies of pharmacist reviews of medicines for older people you tend to find that none of the reviews can be shown to reduce hospital admission rates. In fact very few interventions of any type, including community matrons, have any effect on reducing hospital admissions."

Remuneration in Scotland

Transitional remuneration arrangements for community pharmacy in Scotland are to remain in place in 2007-08, with an uplift of 2 per cent. There will also be new payments for preparations required for the introduction of the acute medication service and the chronic medication service. Details were published as *The Journal* went to press, and will be covered fully in next week's issue.

The Society

Revised Code of Ethics

The Society's revised Code of Ethics has been approved by the Council (p407).

Erasures for non-payment of fees

A total of 423 persons have had their names erased from the Society's Registers for failure to pay their retention fees for 2007 (p407).

Six in 10 hospital pharmacists have to work unpaid overtime to complete their daily workload

Almost 60 per cent of pharmacy staff say they do not have enough time to carry out their work, according to a survey of NHS staff conducted by the Healthcare Commission.

In addition, the survey revealed that half work an extra one to five hours a week unpaid and 10 per cent work an extra six to 10 hours unpaid. The most common reasons given for working extra hours were to meet deadlines (83 per cent), to provide the best care for patients (78 per cent) and to avoid letting colleagues down (77 per cent).

The survey also shows that 36 per cent of pharmacy staff employed by NHS trusts do not believe that they have been allocated to a pay band fairly under Agenda for Change.

The Healthcare Commission surveyed more than 128,000 staff across 326 trusts in England in October last year. The findings provide trusts with information they can use to improve working conditions and will be used as part of the Healthcare Commission's 2006-07 annual health check.

The survey also reveals that nearly two-thirds of pharmacy staff (61 per cent) had seen an error, near miss or incident that could have hurt a patient in the past 12 months and 77 per cent had reported the last error they observed.

A total of 87 per cent either agreed or strongly agreed that their trust encourages reporting of errors and 61 per cent said their

trust takes action to make sure the error does not happen again.

Overall, the survey suggests that NHS staff are less stressed, suffer fewer work-related injuries and see fewer potentially harmful errors, incidents and near misses than in previous years. However, the Healthcare Commission notes that there is room for improvement in making hand-washing facilities available, with only 61 per cent of staff saying that water, paper towels or alcohol rub are always available when needed.

The survey results are available on the Healthcare Commission website (www.healthcarecommission.org.uk) and via *PJ Online* (www.pjonline.com/links/pj).

DoH says human rights should be brought into health care planning

NHS Trusts in England have been told to consider people's human rights as a means of delivering more effective and better quality person-centred health care.

A framework, published by the Department of Health last week, says that a lack of understanding and respect for people's human rights is bad for their health. It refers to an Audit Commission report which says that research has shown that the application of human rights principles, such as dignity and respect, can help to improve a patient's experience and quality of care, and will inevitably lead to improved outcomes.

The aim of the document is to fill what the DoH calls a glaring gap in practical human rights guidance for trusts. Media debates, from which many people get their only information on human rights, tend to miss the link between core human rights principles — fairness, dignity and respect — and good quality and efficient health care. It seeks to explain the principles behind human rights, their relevance to NHS trusts and some of the practical benefits they can bring for patients and staff when they are put into practice. Some practical examples and indicators of what a human rights-based approach can look like are given, supported by case studies from pilot projects at five trusts.

Applying human rights to health care

Some examples of how human rights can be applied in practice.

Principle	Human right	Example policy
Dignity	Not to be treated in a degrading way	Enough staff to change wet sheets promptly
Equality	Not to experience discrimination	Improve mental health services for ethnic groups
Respect	Respect for family and private life	Allow family access to detained patients or those in residential care
Autonomy	Respect for private life	Involve people in decisions made about their treatment and care

Patient questionnaire awaits Welsh Assembly approval

Community pharmacists in Wales need to wait for the Welsh Assembly Government to confirm it is satisfied with the format of the community pharmacy patient questionnaire before they can start using it.

The format of the patient questionnaire was agreed by the Department of Health and the Pharmaceutical Services Negotiating Committee in England. However, WAG has yet to confirm whether it is happy with the format for Wales and how a bilingual version will be provided. Community Pharmacy Wales says it will continue to seek an early decision from WAG so that contractors can plan for the questionnaires to be completed by 31 March 2008.

Alliance Boots bid raised; other companies showing interest

Alliance Boots has opened its books to inspection by private equity group KKR and Stefano Pessina after the group increased its informal offer to £10.2bn (£10.40 per share) from £9.7bn. Despite this, there has still been no formal takeover offer.

As well as KKR and Mr Pessina — who is Alliance Boots's deputy chairman — German company Celesio is now believed to be interested in buying Alliance Boots. Celesio, the parent company of Lloydsparmacy, is rumoured to be trying to find a private equity group that might be interested in buying Alliance Boots with a view to selling to Celesio the stores that made up the former Alliance Pharmacy chain.

A Celesio spokesman refused to confirm whether or not Celesio had any interest in

putting together a rival private equity counter bid, or any other form of bid, with a view to subsequent acquisition of the Alliance Pharmacy part of Alliance Boots or any other section of the business. He declined to confirm a report in the *Financial Times* that Celesio had engaged NM Rothschild in this regard. However, he added that Celesio was always interested in opportunities to grow its pharmacy and wholesale business.

□ Alliance Boots announced last week that its community pharmacy stores, currently branded as Alliance Pharmacy are to be rebranded as Boots pharmacies using a new "your local Boots pharmacy" format at a cost of £65m. Rebranding will start in the summer and is expected to take two years to complete.

E-prescribing would help hospitals control infection

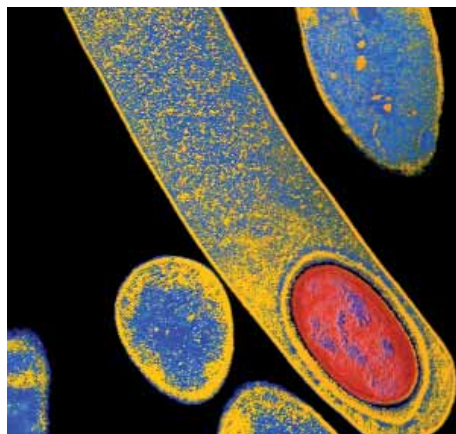
Hospitals will continue to struggle to control outbreaks of infectious diseases unless they introduce electronic prescribing, says the Health Protection Agency.

"We've got to get some form of computerised monitoring of our prescribing," said Andrew Pearson, deputy director of the HPA's centre for infections. "The problem is that very few hospitals in the UK have electronic prescribing — just three."

Dr Pearson was speaking at a conference on health care-associated infections in London last week. He said it was crucial that patients received the correct treatment but the evidence suggests that often they do not. Without knowledge of what has been prescribed, when and at what dose, infections like *Clostridium difficile* will continue to thrive, he added.

In the US, where electronic prescribing in hospitals is well established, the University of Maryland uses computer software to monitor antibiotic use at different hospitals, said Dr Pearson. The software flags up prescribing errors so patients' drugs can be corrected. In a trial comparing patients whose errors were corrected with those that were not, the difference in death rate was 4.5 per cent at three months so the trial was stopped, he said.

"This was [an] uncomplicated way of measuring the errors and this dramatic effect is now being picked up by 44 hospitals in the



Dr Karl Loumatmaa/Science Photo Library

***Clostridium difficile* likely to thrive without electronic prescribing**

States and will be piloted by one hospital here later in the year."

James Nash, a director of infection prevention and control at East Kent Hospitals NHS Trust, explained that restricting the use of antibiotics is one way of helping to reduce the errors associated with them, and it can be effective in reducing cases of *C difficile*.

Cases of the infection fell dramatically twice in three Kent hospitals: first, when ceftriaxone was taken out of ward stocks in 2003 and secondly when other antibiotics were restricted alongside infection control measures

in 2005 in response to an outbreak of the 027 strain of *C difficile*. There was huge opposition to the antibiotic restrictions among hospital staff, Dr Nash said, but it had significant benefits for patients, with *C difficile* rates falling even further in 2006.

Hospital pharmacists played a key role in this, said Dr Nash. "Changing the antibiotics is the most difficult thing to do and it needs the help of management and of the pharmacists in controlling access."

But computer prescribing would be better than occasional audits. "Because we don't have electronic prescribing in place we only have an approximate idea of what antibiotics are being given," Dr Nash added.

Speaking to *The Journal* after the conference, Shilpa Jethwa, a specialist pharmacist in antibiotics at Northwick Park Hospital, London, said that electronic prescribing would be a helpful, but costly, intervention. "If it worked it would be really useful and a very good audit tool," she said.

She added that electronic prescribing would cut the time needed to chase hospital notes and that a record of local resistance patterns would allow clinicians to prescribe the most appropriate treatment for patients.

Sir Liam Donaldson, England's chief medical officer, is expected to write to NHS trusts to recommend they implement enhanced surveillance sampling for *C difficile*.

Feedback on prescribing habits can help reduce cases of *C difficile*

Pharmacists' feedback to doctors about their prescribing habits can help reduce cases of *Clostridium difficile* and increase prescribing of narrow-spectrum, rather than broad-spectrum, antibiotics, a study published online suggests (*Journal of Antimicrobial Chemotherapy*, 26 March, <http://jac.oxfordjournals.org>).

Researchers examined the effectiveness of implementing a "narrow-spectrum antibiotic policy" supported by a pharmacist-led programme of audit and feedback of antibiotic use and *C difficile* infection rates. Changes in use of narrow- and broad-spectrum antibiotics were accompanied by a 65 per cent fall in *C difficile* infection rates (incidence rate ratio 0.35, 95 per cent confidence interval 0.17–0.93).

Pharmacists played a crucial role in the research, Sheldon Stone, consultant in health care of the elderly at the Royal Free Hospital,

London, and one of the authors of the paper, told *The Journal*. "This research could not have been done unless we had pharmacy time dedicated to the study."

Dr Stone and his colleagues were able to extend their work to the medical admissions unit by funding a pharmacist post through the Government's £12m antimicrobial pharmacy initiative launched in 2003. However, Dr Stone added: "In common with all such posts, that pump priming funding runs out this month, and such posts need to be made permanent. Without such investment, initiatives such as ours, which successfully reduced *Clostridium difficile*-associated disease, will be harder to implement. Primary care trusts should be required to commission an AMT [antimicrobial pharmacist, microbiologist and part time IT] for each trust to implement interventions such as ours."

Age exemption checks no longer required if proof is in place

Pharmacists in Scotland are no longer required to check proof of exemption from NHS prescription charges on age grounds, provided the patient's date of birth is recorded on the patient medication record or is specified on a computer-generated prescription (electronic or paper). Checks must still be carried out for handwritten prescriptions.

This is one of a number of changes to the National Health Service (Pharmaceutical Services) (Scotland) Regulations which came into force on 1 April. The amendments state that patients who are exempt from charges

because of their age are still required to sign the declaration on the back of the prescription to confirm that the prescription has been dispensed.

The amendments also enable the new ePharmacy service by allowing prescription data to be transferred electronically between GP practices and community pharmacies via a central messaging store.

A further amendment means that pharmacists can refuse to dispense a prescription for a person who commits or threatens to commit a violent or criminal act at the pharmacy.

DoH consults on law change to combat infectious disease

Proposals to update legislation on the control of infectious diseases have been published by the Department of Health.

The planned changes apply to England and include allowing infected people to be quarantined and increasing the scope of the Act to cover contamination by deliberate or accidental release of chemicals or radiation as well as through infectious diseases.

The consultation is open until 25 June and can be accessed online (www.dh.gov.uk).

Paracetamol pack cuts had little effect on suicides

New research has shown that restricting the size of packs of paracetamol sold over the counter since 1998 might have had no effect in reducing the number of deaths from suicide.

Oliver Morgan, of the Imperial College department of primary care and social medicine, London, and colleagues analysed suicide statistics before and after the law change and found that, although paracetamol-related deaths fell, so did deaths from salicylates, antidepressants and, to a lesser extent, compound paracetamol preparations. Non-drug deaths from suicide also fell at the same rate.

They conclude that the concomitant fall in non-paracetamol deaths raises a question over whether the decline in paracetamol deaths was due to the law change or was part of a wider trend of decreasing numbers of

suicides (*PLoS Medicine* 2007;4:e105). "We found little evidence to support the hypothesis that the 1998 regulations limiting pack size resulted in a greater reduction in poisoning deaths involving paracetamol than occurred for other drugs or non-drug poisoning suicide," they conclude.

Commenting on the finding in the same issue, Nicholas Buckley, from the Australian National Medical School's department of clinical pharmacology and toxicology, Canberra, said that the research had not shown that legislation had no effect, but that it was not possible to reject the possibility that the reduction was due to chance. He added that it was likely that pack size restriction did have some effect, but that it was far more modest than had been hoped (*ibid*, e152).



Paracetamol over the counter sales were restricted in 1998

Project seeks to improve safety of injectables

Safety issues affecting injectable medicines are to be tackled through a project established by the NHS Purchasing and Supply Agency.

The pilot project is a collaboration with the pharmaceutical industry and will operate across a number of NHS sites.

Tom Gray, chief pharmacist at Derby Hospitals NHS Foundation Trust, one of the trusts involved in the project, told *The Journal*: "[The project] is an exciting opportunity to understand better the risks of intravenous medicines therapy and improve our products and service to patients in this trust, as well as contribute to safer and more cost-effective solutions across the NHS, and build on our existing expertise in this area."

Last week, the National Patient Safety Agency recommended that health care staff should implement a "purchasing for safety" policy for injectable medicines. The advice came as part of the NPSA's work programme (*PJ*, 31 March, p356), which is the focus of a **News feature** this week (p392).

Two free-of-charge training days to support implementation of the NPSA's alert on injectable medicines have been organised by Baxter Healthcare. The events are aimed at chief pharmacists and others involved in implementing the alert. They will take place in London on 13 June and in Harrogate on 25 June. Details are available by e-mailing patient_safety_uk@baxter.com.

EMA orders revision of telithromycin indications

Telithromycin (Ketek; sanofi-aventis) should only be used to treat cases of bronchitis, sinusitis and tonsillitis/pharyngitis caused by bacterial strains that are suspected or proven to be resistant to macrolide and beta-lactam antibiotics, the European Medicines Agency (EMA) has recommended, following a review by its Committee for Medicinal Products for Human Use (CHMP).

The CHMP began its review of the safety and effectiveness of telithromycin in January 2006, responding to reports of the drug causing serious liver impairment. The product's summary of product characteristics was updated to include stronger warnings about severe liver reactions to the drug, and a contraindication for patients with a history of serious liver disorders. In January this year the CHMP requested further information from the manufacturer to undertake a safety assessment of its approved indications. The indication for telithromycin for the treatment of adults with mild to moderate community-acquired pneumonia remains unchanged.

The CHMP stipulates that warnings about visual effects and transient loss of consciousness associated with the drug should be strengthened and that telithromycin use be contraindicated for patients with myasthenia gravis.

Safety concerns lead to withdrawal of pergolide in the US

Pergolide, a Parkinson's disease therapy, is being withdrawn from the US market because of its potential to cause heart valve damage, the US Food and Drug Administration has announced. No similar action is being taken in the UK or Europe, although measures introduced in 2004-05 to reduce the risk associated with the drug continue to be monitored.

At the end of last week, the FDA announced that companies that manufacture and distribute pergolide have agreed voluntarily to withdraw the drug. US patients being treated with pergolide are to be reviewed and, if continued treatment with a dopamine agonist is considered necessary, another dopamine agonist will be substituted.

A spokesman for Lilly, which markets pergolide as Celance in the UK, told *The Journal* that the company was not taking action in the UK or Europe.

He explained that the drug is indicated for first-line use in the US, whereas its use is restricted to second-line in the UK. He added

that pergolide is not widely prescribed in the UK.

The Medicines and Healthcare products Regulatory Agency issued a statement following the US announcement. It said: "In late 2004/early 2005 the use of pergolide was restricted to use under specialist supervision in patients who had failed therapy with other (non-ergot) medicines for Parkinson's disease. In addition, monitoring requirements for regular echocardiograms were added in the EU to minimise risk to patients."

There will be further review of this issue at a European level later this month to consider what further action is required in the EU to minimise risk, the MHRA said.

The agency also pointed out that research has indicated a similar frequency of heart valve damage with cabergoline (Cabaser) as with pergolide. "As a result, the same restrictions are being applied to the use of cabergoline for Parkinson's disease as for pergolide."

The MHRA statement can be accessed from its website (www.mhra.gov.uk).

Access to *PJ Online* is free to all

Retail Pharmacy

Retail Pharmacy is published monthly and covers the business aspects of community pharmacy. Recent articles consider topics such as public relations, consultation areas, colour schemes, e-business, over-the-counter statins and the sale of goods legislation. www.pjonline.com/retailpharmacy

Study shows benefit of omega-3s

Adding an omega-3 fatty acid to standard treatment with a statin provides further protection against major coronary events, a five-year study of Japanese patients with hypercholesterolaemia suggests (*Lancet* 2007;369:1090).

A total of 18,645 patients with a total cholesterol of 6.5mmol/L or higher were randomised to receive, in addition to standard therapy with a statin, either 1,800mg of the omega-3 fatty acid eicosapentaenoic acid (EPA) or placebo.

After a mean follow-up of 4.6 years, major coronary events (including sudden cardiac death and fatal and non-fatal myocardial infarction) were observed less often in the EPA group than in the control group — quantified as a 19 per cent relative reduction (2.8 per cent versus 3.5 per cent; $P=0.011$). However, sub-analyses reveal that sudden cardiac death and coronary death did not differ between study groups.



Omega-3 oil reduced major coronary events in Japanese population

The authors say that because the study population was exclusively Japanese, the results cannot be generalised to people in other countries. They explain: "In Japan, death from coronary artery disease is rare and the average intake of fish is about five times higher than that in other countries."

Core skills for enhanced services in Wales should be defined by working group

The core competencies required to provide enhanced services in Wales should be defined by a working group, Community Pharmacy Wales, local health boards and the Welsh Assembly Government have agreed.

Such a working group would define the competencies necessary to provide a particular enhanced service, endorse training frameworks and discuss funding of this process. And it should be established under the auspices of the Welsh Committee for Professional Development of Pharmacy, the groups argue.

Peter Haydn Jones, chief executive of Community Pharmacy Wales, and Susan Murphy, chairman of the LHB heads of pharmacy and medicines management group in Wales, outlined the proposal in a letter to contractors last week. They are advising pharmacists not to seek formal assessment for any training until core competencies are agreed.

Commentary: finding should not be discounted

Dariusz Mozaffarian from the departments of medicine and epidemiology, Harvard Medical School and Harvard School of Public Health, Boston, Massachusetts, says that the reduction in non-fatal events with fish oil in the Japanese study should not necessarily be discounted.

"In view of the diverse physiological effects of fish oil and their differing dose-response curves, the main benefit at lower levels of consumption might be prevention of primary ventricular arrhythmia, whereas at high levels of consumption (eg, more than 1g per day of EPA and DHA), modest benefits for non-fatal coronary events could also begin to occur because of, for example, triglyceride-lowering, antihypertensive, or anti-inflammatory effects. Compared with anti-arrhythmic effects, these effects could require a prolonged duration of consumption to reduce risk. In this respect, the long follow-up in [the study] is important: most risk reduction occurred after 2.5 years. Notably, the benefits were in addition to statin treatment, and fish oil was safe and generally well tolerated," he says.

Study clarifies first-choice treatment options for epilepsy

Lamotrigine should be the drug of first choice to treat most patients with partial epilepsy, and valproate should remain first-line treatment for those with generalised and unclassifiable epilepsy, according to two articles published in *The Lancet* (2007;369:1000 and 1016). During the unblinded, randomised controlled study, known as SANAD (standard and new antiepileptic drugs), doctors were allowed to choose the dose and preparation of the allocated drug.

Arm A of SANAD recruited 1,712 patients and compared carbamazepine with gabapentin, lamotrigine, oxcarbazepine and topiramate for patients with partial epilepsy.

For time to treatment failure, lamotrigine was found to be better than carbamazepine (hazard ratio 0.78, 95 per cent confidence interval 0.63–0.97), gabapentin (0.65, 0.52–0.80) and topiramate (0.64, 0.52–0.79). For time to 12-month remission, the results suggest that lamotrigine is as good as carbamazepine.

Arm B recruited 716 patients and compared valproate with lamotrigine and topira-

mate for patients with generalised onset seizures and seizures that are difficult to classify.

The researchers found that valproate is better tolerated than topiramate and more efficacious than lamotrigine and say it should remain as first-line therapy. However, they emphasise that there will always be circumstances, such as pregnancy, that would favour the choice of an alternative drug.

The researchers highlight that, since the study was designed, more antiepileptic drugs have been licensed in the UK and the same questions apply to these as to the drugs studied in SANAD.

The author of an accompanying editorial (*ibid*, p970), comments that SANAD was too small to address even common serious adverse events. He recommends that it might be wiser to conclude that lamotrigine is the drug of first choice in patients with partial seizures, and valproate for patients with generalised or unclassified seizures in the absence of factors that would lead to an alternative choice.

News in brief

Practice leaflet content agreed

Information that must be included in community pharmacy practice leaflets in England has been agreed. Details are available on the Pharmaceutical Services Negotiating Committee website (www.psn.org.uk). Community Pharmacy Wales does not expect the information to be substantially different in Wales, but is waiting for Welsh Assembly Government approval.

Influenza programme announced

The Department of Health has set out details of the influenza immunisation programme for 2007–08. It suggests that primary care trusts should consider offering a local enhanced service contract to community pharmacists to administer flu vaccine. The virus strains recommended for vaccines used in the 2007–08 flu season are A/Solomon Islands/3/2006(H1N1)-like virus, A/Wisconsin/67/2005(H3N2)-like virus and a B/Malaysia/2506/2004-like virus.

Discharge planning criticised

Some 70 per cent of GP practices say that they receive hospital discharge summaries late "fairly often" or "very often", according to an NHS Alliance survey of over 650 general practices. Nearly 40 per cent say that this has compromised patient safety.