

Royal college should be new entity, says Lord Hunt

The proposed royal college-type body for pharmacy should be a new entity, not a reincarnation of the present Royal Pharmaceutical Society, Lord Hunt, the minister with responsibility for pharmacy believes.

At the final evidence session of the All Party Pharmacy Group's inquiry into the future of pharmacy last week, Lord Hunt was asked whether he thought the Royal Pharmaceutical Society was capable of evolving into the proposed royal college of pharmacy. "No," he said, "I think it's very important that the college is seen as a new entity and starts with a clean sheet of paper, but clearly it needs to build on the foundations and the excellent work that has been undertaken by the Royal Pharmaceutical Society over many years."

Lord Hunt also stressed his desire for a royal college-type body to be on a par with the medical royal colleges. "I want to see this college really being influential in terms of professional reputation, leadership, develop-

ment, public confidence. It's vitally important that the right people come to the leadership positions – [people] of huge calibre," he said. "We want the president of the new royal college to be seen to be a peer of the presidents of medical royal colleges."

The Department of Health's role would, he stressed, be to facilitate the process of establishing a general pharmaceutical council and a body akin to a royal college for pharmacy. "It's right to split regulation from leadership. It's right that the profession should be consistent with other professions. Our role as a department is to ensure that that process occurs as smoothly as possible, while acknowledging the work of the current body," he said.

Lord Hunt also explained that he did not think that membership of the college should be compulsory. "Legislation to compel a member of the profession to join is not something I would support," he said. "I'd like every pharmacist to join, and if there's anything we can do to encourage that, we will." The col-



Lord Hunt: new body should be on a par with medical royal colleges

lege's likely involvement in revalidation may well be the way to encourage a high uptake of membership, he added.

Pharmacy bodies put forward options for establishing royal college

Representatives of 44 pharmacy bodies met this week to discuss ways of establishing a royal college-type body for the profession at the invitation of the Royal Pharmaceutical Society (see Panel).

Ijeoma Uchegbu, chairman of the Academy of Pharmaceutical Sciences, who attended the meeting, told *The Journal* that the academy believes that there should be a single college to unite all groups that work in pharmacy and to be the repository of knowledge for pharmacy.

But the academy does not believe that it is necessary for individual organisations to subsume themselves into a college. "At this stage all the pharmacy organisations should work together to create a body that people will be happy to join," Professor Uchegbu said.

She added that the Royal Pharmaceutical Society was best placed to lead on the formation of a college, but warned that not everyone agreed. "I was in a minority," she said. "A lot of people were strongly suspicious of the Society leading the process."

Geoff Saunders, chairman of the British Oncology Pharmacy Association, said that it was keen to be involved with a college, either as a faculty or as part of a faculty of specialisms, but that it would not want to lose its identity. "We're pleased that the Society is looking to involve other groups," he said. "But we don't want to see the Society rebranded as a royal college. A lot of opportunities could be lost if that were to happen."

Celia Feetam, president of the College of Mental Health Pharmacists, said that no new organisation could be a college unless it had tiered levels of entry and reaccreditation processes. As an organisation that already required accreditation for membership, the CMHP would have nothing to gain unless the royal college-type body did the same.

"We wouldn't want to lose our own agenda or lower any of the standards that we have set," she said.

She agreed that an umbrella body to reunite the profession was needed, but wanted specialist faculties to be able to speak

through the new body, rather than have uninformed people speaking on their behalf, as at present.

The Guild of Healthcare Pharmacists believes that a possible model for the royal college could be similar to the American Society of Health-system Pharmacists. ASHP members can be members of several groups within the organisation, such as community pharmacy, mental health, diabetes, hospital pharmacy, surgery, critical care and so on.

Guild professional secretary Jean Curtis said: "There is a developing need for clinical support groups where both hospital and community pharmacist can learn together. This should help develop the community pharmacist's clinical role further."

She added that recognition and accreditation by the college of different levels of practice across the profession is needed to support a structured career pathway in which employers can recognise the level of practice achieved by members of staff. "The college should be seen to be different from the current RPS: just tweaking the RPS will not attract members," Mrs Curtis said.

Representing the UK Radiopharmacy group, Adrian Hall said that the group, which includes pharmacists and clinical scientists, would certainly want to be associated with any future pharmacy college. "As practitioners, we all feel that what we do amounts to the practice of pharmacy even if it is not being done by pharmacists."

However, commenting on the feeling of the meeting, he said: "People would rather sell their children than have any non-pharmacists involved in the college."

Royal Pharmaceutical Society view

After the meeting, a Royal Pharmaceutical Society statement said: "There is widespread support for a professional body to support pharmacists. A pre-event questionnaire gives a flavour of opinion from some of those bodies that attended, with 24 of the 27 that responded saying they are in favour of such a body. The remaining three are more cautious, but still supportive. The overwhelming majority either want to work with, or associate with, a royal college too."

Society President Hemant Patel commented: "All of us involved have a shared interest in finding the answers to questions about what the precise functions of a future professional body might be, including its role in setting standards and supporting members in all sectors of the profession. It's important that everyone with an interest in the success of pharmacy takes part in this debate and we will be publishing a report in mid-May on the discussions."

Positive results for asthma MURs

Medicines use reviews for patients with asthma improve their understanding, prompt them to change the way they take their medicines and improve their asthma control, according to a survey commissioned by Lloydspharmacy.

Of 154 patients who had received an MUR at Lloydspharmacy and were interviewed by telephone in January this year, 87 per cent said that the review had prompted them to change the way they take their medicines and 78 per cent said that they now feel more confident managing their asthma. Nearly all respondents (95 per cent) said that the pharmacist had been able to improve their understanding by explaining things in "easy to understand" language.

Patients were also asked to rate their asthma control before and after the review using the Asthma Control Test. The survey found that 81 per cent of respondents had uncontrolled asthma before the MUR. Several months later, 46 per cent of these patients had gained a reasonable amount of control, it says.

Of the patients who were referred and attended an appointment with their GP or asthma nurse, 20 per cent had their dose in-



Patients with asthma are more confident in managing their condition after a medicines use review, survey finds

creased, 10 per cent had their dose reduced, 20 per cent were prescribed additional medicines and 12 per cent had their medication changed.

Andy Murdock, pharmacy director for Lloydspharmacy, commented: "Proper management of asthma has been a concern for a long time now and the asthma MUR was one of the first we offered. It is encouraging to know that our customers are finding the service as beneficial as we had hoped. Ninety-five per cent of respondents said they think it is an excellent idea to be able to have their review with their pharmacist and we are pleased that our patients are making the most of the free offering."

Charity highlights regional variations in use of hospital emergency services for asthma

The number of patients going to accident and emergency departments with asthma varies considerably across different regions of England, according to a report released this week by Asthma UK to coincide with World Asthma Day (1 May).

The charity says that standardised admission rates — calculated from the Department of Health's hospital episode statistics for 2004 — indicate a 65 per cent greater likelihood of patients living in north-west England using hospital emergency services for uncontrolled asthma than those living in the east of England. Figures show that for some primary care trusts the rates are four times higher than for those in other areas, Asthma UK reports.

Asthma UK also says that it should be possible to prevent around three quarters of asthma patients using hospital services unnecessarily, saving the NHS an estimated £43.7m.

Paul Gimson, lead pharmacist for long-term care at the Royal Pharmaceutical Society, responded: "In the UK there are 5.2

million people [who] are suffering from asthma, and the average community pharmacist serves 450 people with asthma. These figures support the Society's view that the community pharmacist is not properly integrated into the management of this condition."

He went on: "There is a huge scope for services such as medicines use reviews, patient education and therapy management. Our research demonstrates the value that pharmacy can have in improving asthmatic conditions, and we would urge the Government and commissioners to consider this when they are considering how to address the issues identified in this report."

On the back of its report, Asthma UK has launched an "Emergency asthma care" pack. The resource has been developed for all health care professionals who have contact with people at the time of an asthma attack, and pulls together standard guidance and templates for assessing and treating asthma emergencies.

Successful pharmacy weight management pilot extended

A community pharmacy-based weight management service in Ayrshire is being extended following a successful pilot.

From this week, the service, which is divided into three phases each lasting three months, was opened up to all 22 pharmacies in North Ayrshire. Phase 1 involves weekly monitoring of lifestyle, diet and behavioural changes. Phase 2 involves weekly supply of orlistat via a patient group direction, and phase 3 an extension of orlistat or lifestyle advice with monthly monitoring.

The service was developed as an extension to health "MOTs" offered by pharmacies in North Ayrshire (*PJ*, 6 January, p25).

Elaine Ward, programme pharmacist, Healthy North Ayrshire, explained: "Pharmacists can use vouchers to refer people to Weight Watchers. However, we found that only half of the people eligible for Weight Watchers said they would go, and only half of those actually went. So the pharmacy service is designed to complement the Weight Watchers option."

Pharmacists are paid £10 per patient per month for phases 1 and 2, with an additional £10 for the first month of providing orlistat. Payment for the final phase is £5 per patient per month.

News in brief

NHS pharmacist numbers

NHS pharmacy staff numbers remain on a par with those of recent years, the 2006 NHS workforce census suggests. Figures reveal 13,536 pharmacy staff members (11,902 full time equivalents [FTEs]) in 2006 — which includes 572 managers, 12 consultant pharmacists and 6,376 pharmacy technicians — compared with 13,595 (11,900 FTEs) in 2005.

Diabetes screening

Tesco Pharmacy has launched a free diabetes screening service. Customers using the service have to complete a questionnaire and get a blood glucose test followed by any necessary advice if any of their answers indicate risk.

Lloydspharmacy grows

The Lloydspharmacy chain has bought the 29 pharmacy-strong Manichem chain. Lloydspharmacy also expects to acquire 34 pharmacies and a health centre currently operated by Independent Pharmacy Care Centres Plc after the IPCC board decided to recommend an offer from Lloydspharmacy's holding company to its shareholders.

Rigorous accreditation process for PhwSIs revealed

Community pharmacists who want to become pharmacists with special interests (PhwSIs) will have to undergo a rigorous accreditation process in order to undertake advanced clinical practice. Details of the new process were revealed in guidance launched by health minister Andy Burnham last week.

The definition and accreditation process for PhwSIs is now shared with GPs with special interests, and both will have to undergo accreditation to ensure that they have the necessary skills for the role. The initial framework for PhwSIs was published last year (*PJ*, 9 September 2006, p299).

At the launch, David Colin-Thomé, national director for primary care at the Department of Health, said: "By introducing this new accreditation process our aim is to ensure GPs and pharmacists with special interests, and the services in which they work, are safe, of a high quality and improve the patient experience and health outcomes in the communities in which they are located."

Individual clinicians will be accredited by primary care trusts under the new nationally recognised scheme, which is to be delivered locally.

Accreditation panels should, as a minimum, include a senior commissioner, a senior

professional representative, a lay person and a senior clinician from the relevant specialty, the guidance says.

The services within which PhwSIs work must also be accredited according to the Government's "Standards for better health". Once commissioners have developed a service specification, most likely where services are being redesigned, PhwSIs will be invited to apply and will be appointed to deliver a particular clinical service within a defined integrated care pathway. In many circumstances, they will only be recruited into services that have already been accredited.

Ongoing competence of PhwSIs will be assessed at least every three years, says the guidance. If practitioners are unable to use their specialist skills for longer than 12 months, they must be reaccredited before they work again as a PhwSI, it adds.

The guidance specifies that PCTs should set up and manage a locally held list of accredited PhwSIs and GPwSIs, to include length and date of accreditation and details of specialty. The lists should be made available for public inspection.

"Local commissioners can now begin to explore how PhwSIs could support moving pharmaceutical care closer to home," Beth



Taylor, national PhwSI development lead, NHS Primary Care Contracting, told *The Journal*. "The new nationally defined, locally implemented accreditation process will assure patients and the NHS that these practitioners are working within a robust governance framework." She added that PCC is keen to support PhwSI implementation through work with early adopters and shared learning with others. Mrs Taylor encouraged those who may be interested to contact her at beth.taylor@southwarkpct.nhs.uk or via the PCC website.

The guidance, "Implementing care closer to home: convenient quality care for patients", is part of a suite of documents published last week, which also includes an introduction and overview of practitioners with special interests and a step-by-step guide for commissioners. The documents are available on the PCC website at www.primarycarecontracting.nhs.uk and via *PJ Online* (www.pjonline.com/links/pj).

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Definition of a pharmacist or a GP with a special interest

A pharmacist or GP with a special interest supplements his or her core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate skills and competencies to deliver those services without direct supervision.

Although PhwSIs may be accredited only from spring 2007 onwards, there are several existing and emerging service models similar to PhwSIs in the areas of substance misuse, anticoagulation, Parkinson's disease, diabetes, sexual health, pain management, dermatology and old people.

HPA reports on malaria cases

Nearly 80 per cent of the 1,758 cases of malaria reported in UK travellers last year were caused by the potentially fatal *Plasmodium falciparum*, according to Health Protection Agency figures. The data indicate a change in the pattern of infection over the past 20 years from predominantly *P vivax* to predominantly *P falciparum*.

Faulty equipment campaign

The public has been urged to report faults found with medical equipment as part of a campaign launched this week by the Medicines and Healthcare products Regulatory Agency.

The MHRA has produced leaflets and posters explaining the dangers of using faulty equipment and how members of the public can report a problem. The MHRA started distributing the resources to pharmacies (and other health care sites) in England last week.

Supplementary prescribing funding extended

Scottish funding for supplementary prescribing clinics will continue in 2007-08, with money also on offer for new clinics. This will cover the transitional period until the introduction of the chronic medication service in April 2008.

An NHS circular published this week sets out the details of the scheme which enables community pharmacists and GPs to jointly establish supplementary prescribing clinics.

The funding of £150 for a half-day clinic each week remains the same but the payment towards the initial cost of setting up the clinics has been increased from £500 to £750.

Co-ordination of the funding has been transferred to NHS boards (from NHS National Services Scotland), and pharmacists who already have funding in place will have this automatically extended.

Pharmacist convicted of fraud over stop-smoking service

Pharmacist Anil Shah, of Dearcare Pharmacy, Richmond Way, London, has been fined £3,000 plus £1,500 costs after being found guilty of three counts of defrauding the NHS.

Mr Shah claimed payment from Hammersmith and Fulham Primary Care Trust for stop-smoking services that he had not provided.

An NHS Counter Fraud and Security Management Service investigation found that he had claimed payment for more nicotine replacement treatments than he had provided and claimed payments for helping people give up smoking who had not done so.

One man who Mr Shah claimed had used the service had not received any treatment.

Alliance Boots calls for access to electronic records

All community pharmacists should have access to a core set of clinical information about patients in order to reach the full potential of their professional roles and to fulfil their responsibilities under the new contract, Alliance Boots says in its written response to the Parliamentary Health Committee's inquiry into the electronic care record (*PJ*, 10 February, p154).

Alliance Boots writes that pharmacist access to records will benefit patients and enhance joint working with GPs. "Information about the service that we provide to a patient would benefit other health care providers and so should be uploaded onto the summary care record," it adds. Certain pharmacists, such as prescribers and those providing specific services, should have access to a fuller data set, including laboratory test results, it writes.

The response also highlights that many members of the public already volunteer personal data regarding lifestyle, body weight and health-related purchases as part of company initiatives, suggesting broad public acceptance of data-holding in patients' best interests.

The company also believes that patients who do not want their information shared should have the ability to limit who sees what information or to authorise the health professional to view the information only during a consultation.

The Alliance Boots response, along with the full joint response from the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee, the Company Chemists' Association and the Association of Independent Multiple Pharmacies (*PJ*, 24 March, p333), is available



Pharmacists providing specific services should have access to fuller data

from the UK Parliament website at www.parliament.uk and via *PJ Online* (www.pjonline.com/links/pj).

AMS will test electronic prescription transfer

Scotland's acute medication service (AMS) will initially be used to demonstrate the process of electronic transfer of prescriptions, the Scottish Executive confirmed this week.

The long-term goal is to divide prescriptions into those for acute and those for chronic conditions. Acute prescriptions will be processed through AMS and chronic prescriptions through the chronic medication service (CMS).

However, this cannot happen until CMS is introduced in 2008.

Alison Strath, principal pharmaceutical officer at the Scottish Executive, told *The Journal*: "In the first instance, we are using AMS to test the infrastructure for electronic transfer of prescriptions. We need to demonstrate that the infrastructure for single prescriptions works and ensure that pharmacists are comfortable with the process before moving to the next stage. Once this has been tested, GPs will be able to take repeat prescriptions out of AMS and move them into serial dispensing within CMS, where appropriate."

Evaluation of summary care record to start this month

Evaluation of the summary care record early adopter programme will start this month and will be carried out by University College London, NHS Connecting for Health announced last week.

The review will last one year and will look at the following aspects of the summary care record: usability, usage and functionality; impact and benefits; patient access; the public information programme; and the consent/dissent model. Emerging findings will inform continued roll-out of the programme with the final report expected in summer 2008.

Meanwhile, the Department of Health, the General Medical Council and the Information Commissioner have published a joint statement to ensure that all those who have access to patient information in the course of their work are clear about what is expected of them. It says that it is essential, if legal and professional requirements are to be met, and the trust of patients retained, that the NHS provides and is seen to provide a confidential service. The DoH strongly supports the Information Commissioner's call for custodial penalties to apply where individuals obtain information unlawfully and the law is being amended to reflect this.

EPS approval for Eclipse

Hadley Healthcare Solutions has now been given the go-ahead by NHS Connecting for Health for its electronic prescription service-compatible eclipsePMR system to be deployed in England.

The company said that it is continuing to work closely with the relevant programmes in Scotland and Wales to ensure that its system meets their requirements. There are now nine pharmacy systems accredited for national rollout. The compliance status of all pharmacy systems is listed on the NHS CfH website at www.connectingforhealth.nhs.uk.

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What's new
PJ Online is continually being updated. Details of recent changes can be found on the "What's new" page or via the various "New on this site" links.
www.pjonline.com/whatsnew

Treasures of the Royal Pharmaceutical Society
A series that aims to raise awareness of key historical pharmacy-related material maintained by the Society.
www.pjonline.com/museum

Director of NHS national knowledge service predicts expanded role for chief pharmacists

With the development of prescriptions for knowledge as well as medicines, chief pharmacists will become chief knowledge officers for medicines, according to Sir Muir Gray, director of the NHS National Knowledge Service.

Speaking at the Guild of Healthcare Pharmacists and UK Clinical Pharmacy Association's joint conference in Brighton last weekend, Sir Muir also predicted that drug budgets will become a thing of the past and be replaced by programme budgets. Chief pharmacists would then work with other health care professionals on overall programme budgets, of which medicines would be a part, he said.

He also described a new medicines knowledge base being developed by the National electronic Library for Medicines (NeLM) for both patients and prescribers that will be tested in May or June 2007.

Alongside this development, "national knowledge weeks" will be implemented. The top 50 health problems will be the subjects of the first series of these, he explained.

Other features of the new NeLM website will include a facility to target information more effectively so that "everyone does not get everything all the time", and an option to collate information, such as national guidance and summaries of product characteristics.

Decongestant switch is disproportionate to the risk

Making all products containing pseudoephedrine prescription medicines is a disproportionate response to the threat posed by the drug's illicit conversion to methylamphetamine. That is the view set out by the Royal Pharmaceutical Society in a submission to a Parliamentary inquiry into reclassification plans announced by the Medicines and Healthcare products Regulatory Agency earlier this year (*PJ*, 10 March, p269).

The Society's evidence to a joint inquiry by the all-party groups on drug misuse and on primary care and public health points out that there is evidence of only a single case of conversion of pseudoephedrine obtained from pharmacy medicines to methylamphetamine. On this basis, the Society says that reclassification at a time when pandemic influenza might strike would increase, not decrease, the risk to public health.

It adds that there could be significant disruption of access to over-the-counter treatments and there could be lengthy delays while manufacturers reformulated products so that they could remain available.

"The Society does not believe that the majority of the population should be inconvenienced in order to reduce what is currently seen as a small future risk when other, more proportionate, approaches could be used," the submission says.



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Reclassifying products when pandemic influenza could strike increases the risk to public health

It adds that allowing pharmacists and their support staff to continue to manage the supply of pseudoephedrine/ephedrine-containing products would give a clear signal of faith in the profession.

The Society advocates restricting packs to a total of 720mg of pseudoephedrine and selling only one pack at a time.

□ **Pharmacy group view** Commenting on behalf of the All-Party Pharmacy Group,

chairman Howard Stoate said: "We support measures to prevent crystal meth from hitting Britain's streets, but we question whether making flu remedies containing pseudoephedrine and ephedrine prescription-only is the best option. These medicines are currently supplied as pharmacy-only products by pharmacists, who are the NHS's experts in medicines.

"As a GP myself I am confident that pharmacists can make sensible judgements and appropriate interventions to prevent the abuse of these medicines."

Vice-chairman of the group, Sandra Gidley, said: "These proposals appear to signal a vote of no confidence in the pharmacy profession. They imply that pharmacists are unable to use their clinical skills to make a professional judgement. The MHRA should look at experience overseas, where control of these products has been exercised through pharmacies. We are keen to see the results of the MHRA's consultation on the issue."

At a meeting of the APPG last week, health minister Lord Hunt said: "The advice that I received before approving the consultation was of very serious concerns indeed, both in terms of the police and the Home Office. . . . It should not be seen as in any way undermining our confidence in the profession. But the advice was very strong."

Reimbursement concession for amlodipine besilate to end in two months' time

Pharmacy contractors in England and Wales have been warned by the Pharmaceutical Services Negotiating Committee that the concession for reimbursement of amlodipine besilate will end on 1 July.

After this date, prescriptions for any amlodipine salt will be reimbursed based on the Drug Tariff price for amlodipine.

Currently, if amlodipine besilate is prescribed and contractors supply and endorse Istin, payment is based on the list price for Istin. However, the formulation patent on Istin expired last month and several generic products based on the besilate salt have since been launched.

In some areas, where GP systems are using drug databases other than the NHS Dictionary of Medicines and Devices, prescribing systems continue to default to a specific amlodipine salt. The PSNC has produced a template letter for contractors to send to prescribers to develop locally agreed protocols for substitution with a bio-equivalent salt. This will prevent delays in patients accessing medicines and support competition in the generic market place, it says. The PSNC has also written to pharmacy and GP system suppliers on this issue.

NPA welcomes commissioning assessments

Plans announced by the Healthcare Commission to assess practice-based commissioning, in terms of outcomes achieved for the resources invested, have been welcomed by the National Pharmacy Association.

The NPA said this week that local commissioners should ensure that all providers have an equal opportunity to deliver services in order to maximise the range of providers. It called on commissioners to publish service specifications, demographic data and information on current provision and to allow time for new providers to prepare proposals.

"There needs to be a clear entry point. . . so that new providers have an opportunity to contest service provision with established providers," it said.

Stephen Fishwick, NPA head of NHS service development, added: "Views from po-

tential providers could be obtained through the local providers forums, which are to be established under the commissioning framework for health and well-being. No assumptions should be made about the parameters of community pharmacy's role and community pharmacists must be among those to be considered by commissioners."

Guidance published last year (*PJ*, 2 December 2006, p655) on the practical implementation of practice-based commissioning to develop enhanced primary care services says: "Primary care trusts should seek to establish a range of providers (such as GP limited companies, third sector organisations that are 'values-driven', community pharmacies and private companies) from which patients can choose, driving up quality through contestability."

Check for payment of Protected Professional Allowance

Eligible contractors are advised to check whether they have received the Protected Professional Allowance — the fee payable to pharmacies that existed before 1 April 2005 and which dispense few prescriptions.

The Pharmaceutical Services Negotiating Committee points out that, where there has been a transfer of pharmacy ownership since

2005, the new contractor may not have received payment because of delays in primary care trusts notifying the NHS Business Services Authority of its eligibility. The PSNC advises contractors to contact their PCT to arrange back payment.

Pharmacies that opened on or after 1 April 2005 are not entitled to the allowance.

Clostridium difficile cases rise in 2006, HPA reveals

Cases of *Clostridium difficile* infection in patients over 65 years of age are increasing, figures released last week by the Health Protection Agency indicate (see Panel).

The agency says that in 2006 there were 55,681 cases of *C difficile* reported in England in this age group (a rate of 2.39 cases per 1,000 bed days), corresponding to an 8 per cent rise compared with the 51,767 cases (a rate of 2.22 cases per 1,000 bed days) in 2005. Infection rates were highest in small acute trusts, the HPA says, a pattern seen consistently each year since *C difficile* reporting was made mandatory in 2004.

The HPA also reveals that acute trusts saw a 7 per cent decrease in cases of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia for the period between October and December last year (1,542 cases) compared with the July to September period (1,652 cases). The agency says that rates of MRSA infection, while highest in acute teaching trusts, have stabilised since the mandatory surveillance system was implemented in April 2001.

Clostridium difficile 2006 figures: patients 65 and over

Quarter	Cases
January – March 2006	15,335
April – June 2006	14,694
July – September 2006	12,838
October – December 2006	12,814

- The Health Protection Agency reveals more cases of *C difficile* in people over 65 years of age in 2006 than in 2005
- The HPA says it has observed in the past that counts tend to be highest in the first quarter. Quarterly figures indicate a reduction in cases reported throughout the year

Last month the Department of Health announced the introduction of a new web-based system for reporting all cases of *C difficile*-associated diarrhoea in patients over two years

of age. The system, which is modelled on and incorporates the MRSA enhanced surveillance scheme (MESS), will be known in future as the health care-associated infection (HCAI) data capture system. Less information will be required when reporting *C difficile* cases because the scale of reporting is larger than with MRSA, a letter from the chief medical officer and the chief nursing officer specifies.

In March the Healthcare Commission unveiled plans to evolve its annual health check of NHS organisations to include standards for tackling HCAs, the consultation for which ended on 20 April. The watchdog proposes that progress on controlling *C difficile* infections should impact on NHS trusts' performance ratings. Healthcare Commission chief executive Anna Walker said last week: "Trusts that are found to have breached significant requirements of the hygiene code will be issued with improvement notices to ensure that they take the appropriate remedial action."

The HPA's annual report on HCAI surveillance is due in October.

Increase in haemorrhagic stroke due to antithrombotic use

Despite a substantial fall in hypertension-associated intracerebral haemorrhagic stroke over the past 25 years, the overall number of over 75 year olds dying of intracerebral haemorrhagic stroke has not fallen. This is in part due to an increase in cases associated with antithrombotic use, research published online this week suggests (*Lancet Neurology*, 1 May, <http://neurology.thelancet.com>).

Peter Rothwell and colleagues from the department of clinical neurology at the University of Oxford examined data from two studies to investigate the incidence of intracerebral haemorrhagic stroke over time for patients aged under and over 75 years, together with associated risk factors and medicines.

The researchers found that the overall incidence of intracerebral haemorrhage associated with hypertension fell (rate ratio 0.37, 95 per cent confidence interval 0.20–0.69; $P=0.002$) but the incidence of intracerebral haemorrhage associated with antithrombotic use increased (7.4, CI 1.7–32; $P=0.007$).

"Antithrombotic drugs, such as aspirin, are undoubtedly of overall benefit in older patients with a definite indication, such as a previous heart attack or stroke, but our results emphasise the need for caution in advising widespread use of daily prophylactic aspirin in healthy older people who are not known to have vascular disease," said Professor Rothwell.

Reducing salt intake lowers risk of cardiovascular events

Sodium reduction, previously shown to lower blood pressure, may also reduce long-term risk of cardiovascular events, according to research published on *BMJ Online First* (20 April, www.bmj.com). Researchers followed 2,415 participants with pre-hypertension from two trials completed in the 1990s in which interventions reduced sodium intake by about 25 to 35 per cent.

They found that, 10 to 15 years later, the risk of cardiovascular events was 25 per cent lower among the intervention group (relative risk 0.75, 95 per cent confidence interval 0.57–0.99; $P=0.04$).

UK Biobank begins — volunteers seen at assessment centres in Manchester and Oxford

The UK Biobank project, which aims to collect genetic and lifestyle information from 500,000 volunteers for use in research, has kicked off in England. The project's assessment centre in Manchester will soon be assessing 110 volunteers a day, and a site in Oxford began receiving volunteers this week.

Rory Collins, principal investigator and chief executive of UK Biobank, spoke last month at "Healthcare innovations: the next frontier", a conference organised by the Association of the British Pharmaceutical Industry, the Medical Research Council and the NHS National Institute for Health Research. He said: "What we are doing is getting consent from participants for access to their past and future medical and other health-related records so we can enhance our understanding of these individuals at baseline,



UK Biobank will take blood and urine samples and personal data from volunteers

and then find out what conditions they develop in the future."

Professor Collins said that this would help researchers to look at why a person does or

does not develop a particular disease. He explained that in the future there would be calls for research proposals to use the Biobank resource.