

NICE offers advice for secondary prevention of MI

All patients who have had a myocardial infarction (MI) should be offered combination treatment with an angiotensin-converting enzyme inhibitor, aspirin, a beta-blocker and a statin, new guidance from the National Institute for Health and Clinical Excellence sets out.

Published this week by the institute, "Secondary prevention in primary and secondary care for patients following a myocardial infarction" provides best-practice advice based on the latest evidence, which, the insti-

tute says, supports and updates the National Service Framework for Coronary Heart Disease. The guideline does not cover interventions made in the early stages of an acute MI.

NICE provides specific guidance on how best to implement the quadruple therapy recommended in this patient group. The guideline also sets out when it is appropriate to use warfarin, calcium channel blockers and spironolactone.

NICE also recommends that all patients are offered a cardiological assessment to consider whether coronary revascularisation is appropriate.

The guideline highlights the need for good communication between health care professionals and patients, and makes clear that patients who have had a heart attack should have the opportunity to take part in decisions about their care.

NICE is explicit in its recommendations on the consumption of omega-3 fatty acids for this patient group. The new guideline says that patients should be advised to consume at least 7g of omega-3 fatty acids each week — corresponding to two to four portions of oily fish (see Panel). NICE recommends that pa-



A licensed omega-3 supplement should be considered for some patients

tients who are not achieving the suggested amount of omega-3s in their diet should be considered for supplementation (at least 1g of licensed omega-3-acid ethyl esters per day for up to four years), but only if started within three months of the MI.

The guideline is available on the NICE website (www.nice.org.uk) and via *PJ Online* (www.pjonline.com/links/pj).

Lifestyle advice

On top of drug treatment recommendations, NICE has expanded its guideline to include advice on lifestyle changes. Patients should be advised:

- To be physically active for 20 to 30 minutes a day to the point of breathlessness, starting at a level that is comfortable
- To quit smoking (if a smoker) and be offered assistance from a smoking cessation service
- To eat a Mediterranean-style diet, including more bread, fruit, vegetables and fish, and less meat

Without regulation Society will be a new body

When the regulatory function is removed from the Royal Pharmaceutical Society and the General Pharmaceutical Council is established, the Society will be a new and different body, the Society's President Hemant Patel said in a statement issued this week. "Freed from the constraints of regulation it can be more responsive to its membership," he added.

The statement came in response to a letter published in last week's *Journal* from health minister Lord Hunt (*PJ*, 19 May, p583), in which the minister said that there should be no doubt that the proposed royal college would be a new body.

The minister also said that professional leadership was primarily a matter for the profession itself. "We agree with this wholeheartedly," the President said. "It will be for the profession to decide the shape, functions and

membership of any new professional leadership body."

In the statement, the President also called on members to contribute their ideas about the functions that they would like to see the Society perform in the future. "We will be widening the debate in the profession and will be publishing a number of papers over the next few weeks based on the information that we submitted to Lord Carter's working party. These will demonstrate both the potential for improvement and an assessment of the risks involved — particularly if the process is poorly thought through or hurried."

A **News feature** considers recommendations made by Lord Carter of Coles last week about professional leadership and gathers some early reaction to that and Lord Hunt's letter (see p604).

Society retention fees to rise "substantially" next year

The next increase in annual retention fees will be substantial, Royal Pharmaceutical Society President Hemant Patel told a branch representatives meeting held at the Society headquarters last week.

"I am telling you at the earliest opportunity," he stated. However, Mr Patel was unable to elaborate on how large the fee increase would be. He made clear that a substantial increase in fees would have to occur now in order for the Society to continue its current obligations and to prepare for the intended separation of functions.

At the meeting, Ann Lewis, the Society's Secretary and Registrar, explained that "demerging" the Society would require huge change management that would be very costly.

Society p624

Society and NPA call on pharmacists to address problem of pseudoephedrine misuse

Pharmacists are being called upon by the Royal Pharmaceutical Society and the National Pharmacy Association to put in place a number of measures that will reduce the potential for pseudoephedrine- or ephedrine-containing products bought from pharmacies being used in the manufacture of methamphetamine.

In a letter to be sent to members of both organisations next week, David Pruce, the Society's director of quality improvement, and

Michelle Styles, the NPA's acting director of pharmacy practice, appeal to pharmacists to ensure that ephedrine- and pseudoephedrine-containing products are not available for self-selection. They also suggest that requests to purchase more than one pack or repeat requests are referred to the pharmacist.

The NPA and the Society ask that all pharmacy staff are made aware of the potential for misuse associated with these products and that sales are refused when

there are reasonable grounds for suspecting misuse.

The letter comes as the Medicines and Healthcare products Regulatory Agency consults on proposals to reclassify pseudoephedrine- and ephedrine-containing products from pharmacy to prescription only medicine status.

The Society and the NPA are opposed to the planned reclassification but say they would support voluntary measures to address the issue.

GPs report a lack of PCT support for commissioning

GPs are committed to making practice-based commissioning work but believe that they lack support from primary care trusts, according to a survey of 257 GPs and practice managers carried out by the King's Fund and the NHS Alliance.

Although 73 per cent indicated they are firmly committed to the policy, 39 per cent reported a lack of support from their PCT and 23 per cent believe financial constraints and short-term thinking are preventing implementation. Excessive bureaucracy, meeting national targets and the turmoil of restructuring were also cited as barriers.

The survey findings are published in a report "Practice-based commissioning: from good idea to effective practice", which makes several recommendations to ensure consistent implementation of PBC. These include that PCTs should establish an "innovation risk fund" that can be called upon to underwrite the risk of innovative PBC plans that might otherwise be put on hold in a risk-averse environment.

Commenting on the report, Georgina Craig, lead for commissioning policy at the Company Chemists' Association, said: "It should come as no surprise that general practice is embracing PBC. It places practices right at the heart of decision-making on the future development of primary care and, as the main provider of primary care services, that is exactly where GPs want to be."

She added that the report is uncritical of PBC in its current form, whereas the CCA believes that PBC would be more robust if the inherent conflict of interest between practices' provider and commissioning functions were addressed and if it became a more collaborative process that ensures engagement with the wider primary care team.



Excessive bureaucracy is a barrier to commissioning

"Gordon Brown is looking for ways of increasing value for money in primary care; he would do well to put PBC policy under the spotlight," she added.

The full report is available on the King's Fund and NHS Alliance websites and via *PJ Online* (www.pjonline.com/links/pj).

Agenda for 2007 p611

Independents must prepare for EPS to avoid disadvantage

NHS Connecting for Health is advising independent pharmacies to upgrade their computer systems for release 1 of the Electronic Prescription Service to ensure they are not disadvantaged for release 2 of the service.

In an interview with the online news service EHI Primary Care (www.ehiprimarycare.com), Tim Donohoe, CfH's group programme director for EPS, said that, although 42 per cent of pharmacies have been enabled for release 1, this figure is largely accounted for by the major multiple pharmacies. "We need to make sure that pharmacy contractors are pressing their suppliers for a delivery date. You should know by this point when your supplier is going to de-

liver the system," he said. He added that CfH has received mixed messages about whether delays in independent pharmacies receiving upgrades are due to suppliers or pharmacists.

The initial implementer sites for release 2 of the EPS (when patients will be able to nominate a pharmacy and practices can introduce repeat dispensing) are expected to be up and running in the autumn, with suppliers becoming compliant in the last quarter and roll-out following as soon as possible after that, said Mr Donohoe.

Mr Donohoe also revealed that plans to populate the summary care record with data from the EPS have been put on hold for the foreseeable future.

NPA calls on pharmacists to demonstrate cost savings

The National Pharmacy Association has urged pharmacists to contact local primary care organisations and demonstrate how they can contribute to reducing prescribing costs.

The call follows publication of the National Audit Office report on prescribing costs in primary care (*PJ*, 19 May, p576), which highlighted potential annual savings of over £300m.

"[The report] is likely to sting staff in PCTs, already under acute pressure to minimise costs and prove efficiency — making this an opportunity for community pharmacists to salve wounds," the NPA said.

Meanwhile, pharmacists are largely spared the blame for the wastage identified in the NAO report in an online poll conducted by the BBC. The poll asks who is responsible for "wasting millions on drugs". Of the 7,562 respondents, less than 8 per cent hold pharmacists responsible, while over 45 per cent blame patients and over 30 per cent blame doctors.

Community Pharmacy Framework report published

Innovative practice in community pharmacy is one of the features of the final report on the Community Pharmacy Framework Collaborative published by the National Prescribing Centre.

The report sets out broad results from the collaborative and shares some of the ideas that emerged.

The CPFC programme was launched in 2005 (*PJ*, 7 May 2005, p535) with the aim of helping individuals and organisations to implement effectively the new community pharmacy contract in England. The report acknowledges that implementation of the contract is an evolving process. However, it adds that the influence of the CPFC programme has accelerated the spread of good ideas.

The report makes suggestions as to what pharmacists, and others, can do to ensure the

development and delivery of local pharmacy services. These include:

- Develop effective relationships
- Learn from the successes and failures of other organisations
- Promote joint learning meetings between pharmacists and GPs
- Create multidisciplinary community pharmacy development teams
- Try out ideas on a small scale first
- Support community pharmacists by providing training in different ways
- Communicate messages to all stakeholders
- Include service users

The report is available from the NPC website (www.npc.co.uk) and via *PJ Online* (www.pjonline.com/links/pj).

PJ Online

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Retail Round-up

Retail Round-up is published monthly and covers the business aspects of community pharmacy. The May issue includes articles on window displays, foot care, preparation for the ban on smoking in public places and installing a specialist television service to boost sales.

www.pjonline.com/r

NICE guideline issued on treating fever in under-5s

How to assess and manage young children with a raised temperature is the subject of National Institute for Health and Clinical Excellence guidance published this week.

"Feverish illness in children: assessment and initial management in children younger than 5 years" is the first national guideline to provide all health care professionals — including pharmacists, GPs, nurses and paediatricians — with a practical "traffic light" tool to assess symptoms and decide whether a child needs to be referred to a specialist or may be treated at home.

The tool arranges signs and symptoms in columns — green (low risk), amber (intermediate risk) and red (high risk). A table of signs and symptoms suggestive of specific diseases is also given.

The guideline features a section on management by remote access which, it says, also applies to health care professionals whose scope of practice does not include the physical examination of children, for example, community pharmacists. This section advises health care professionals to identify any immediately

life-threatening symptoms, including compromise of the airway, breathing or circulation, and decreased levels of consciousness. Children with these symptoms should be referred immediately for emergency medical care.

Children who have features in the red column but who are not considered to have an immediately life-threatening illness, should be urgently assessed by a health care professional in a face-to-face setting within two hours. Children with amber features should be assessed by a health care professional face-to-face within a timescale judged to be suitable by the remote assessor, and children with green features can be managed at home with appropriate advice, it says.

A section on antipyretic interventions recommends that antipyretics should not be used routinely in children with fever who are otherwise well but can be considered in those who appear distressed or unwell.

It adds that either paracetamol or ibuprofen can be used to reduce fever but advises that they should not be used at the same time and should not routinely be given alternately.



Monika Adamczyk/Dreamstime.com

Parents' perception of their child's fever should be taken seriously

Parental perception of a fever should be considered valid and taken seriously by health care professionals, NICE recommends.

The guideline is available on the NICE website (www.nice.org.uk) and via *PJ Online* (www.pjonline.com/links/pj).

Home Office plans another update to laws covering Controlled Drugs

Consultation has started on Home Office proposals to update the Misuse of Drugs Regulations 2001 to reflect modern practice and implement a proposal arising from the Shipman Inquiry.

If accepted, the plans will mean that Controlled Drug registers will no longer need to be kept in a fixed format — either electronic or hard copy — as at present. Instead, it will simply be necessary to record the required information under specified headings. No substantive changes to the information that is to be recorded are proposed, except that electronic registers with a running balance are to become mandatory once their use is widespread.

Another proposal is that accountable officers in NHS and non-NHS organisations should be able to authorise individuals, or classes of individuals, to witness the destruction of CDs, because the role of police chemist inspection officers has changed. People to be authorised as witnesses will not be allowed to have any role in the day-to-

day management of CDs in the setting in which their authority is given.

A third proposal is that the law relating to CD requisitions should be brought into line with that for CD prescriptions, so far as supply in the community by pharmacies or dispensing doctors is concerned. This would require requisition forms to be sent to NHS pricing bureaux along with prescriptions, so that a complete picture of CD movements in the community can be built up.

There are also proposals to move midazolam from Schedule 4 to Schedule 3 of the Regulations (with exemption from safe custody requirements) in order to reduce the risk of diversion or misuse and to apply safe custody requirements to care homes, since the current application to nursing homes is obsolete.

The same consultation is also seeking views on allowing electronic prescribing of CDs. No specific proposals are being made at present.

Pharmacists can tackle health inequalities

Community pharmacists have a crucial role to play in reducing health inequalities, Ivana Silva, head of pharmaceuticals and professional affairs at the Pharmaceutical Group of the EU, said at the European Society of Clinical Pharmacy conference in Edinburgh last week.

"Community pharmacists play a central role in active health promotion and the traditional pharmacy model ensures equality of access," she said. "Any government serious about reducing health inequality cannot afford to ignore the community pharmacist."

However, she stressed that pharmacists will also need to continue to advance their roles individually, so that they are ready to help patients and members of the public contribute to their own well-being and quality of life.

"Pharmacists need to continue to be proactive and dynamic, to keep abreast of developments, to strengthen their competencies... and to demonstrate the added value of their community pharmacy practice to individual patients and society, to the health system, to the national economy and to EU welfare," she said.

Meetings p615

Workforce planning integral to optimal care

Workforce planning is a major issue and will be integral to promoting health, reducing health inequalities and delivering the best possible care with the resources available, the Government has said.

In its response to the House of Commons Health Committee's report on workforce planning (*PJ*, 31 March, p358), the Government says it believes that detailed planning should be conducted on a local level, but that the Government should work with the NHS "to ensure that policy direction and national trends are both understood and built into local workforce plans".

The Government also explains that although pay rises have been curtailed in the wake of the increases resulting from Agenda for Change, average NHS earnings are expected to increase by 4 per cent this year. "Affordable pay uplifts are essential if the NHS is to meet the financial targets needed to reach and maintain financial balance," it says.

The response explains that workforce expansion has slowed because the NHS is now in a position where workforce demands are balanced with the supply of new staff. The report is available from the Department of Health website (www.dh.gov.uk).

Testosterone of use in MS?

Treatment with testosterone may slow brain degeneration in men with relapsing-remitting multiple sclerosis (*Archives of Neurology* 2007;64:683). A group of 10 men applied testosterone gel to their upper arms for 12 months after a six-month observation phase in which no therapies were administered. Treatment was associated with an improvement in cognitive performance and a slowing of brain atrophy, the researchers report.

Coenzyme Q₁₀ and Parkinson's

Although use of daily 300mg coenzyme Q₁₀ supplements leads to plasma levels sufficient to exert an intracellular effect in patients with Parkinson's disease, it does not improve symptoms of the disease when added to standard Parkinson's disease therapies, a placebo-controlled trial of 131 patients shows (published online in *Archives of Neurology*, 14 May, www.archneurol.com).

Progress on renal services

Recent improvements to services for people with kidney disease, made as a result of the National Service Framework for Renal Services, are summarised in a report published this week by the Department of Health. The "Second progress report", which includes relevant case studies, is available from the DoH website (www.dh.gov.uk) and via *PJ Online* (www.pjonline.com/links/pj).

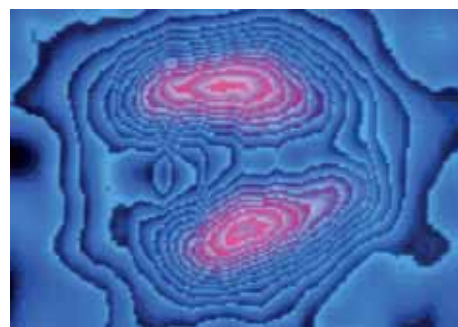
MI risk for rosiglitazone disputed

An increased risk of myocardial infarction for people with diabetes taking rosiglitazone has been identified by the authors of a meta-analysis published online in *The New England Journal of Medicine* (21 May, www.nejm.org). But the drug's manufacturer GlaxoSmithKline — which experienced a fall in share price of up to eight per cent on the New York Stock Exchange on the day of the article's publication — has rejected the study's findings.

The authors of the disputed analysis looked at data from 42 studies and found that people treated with rosiglitazone were more likely to experience an MI than those in control groups (odds ratio 1.43, 95 per cent confidence interval 1.03–1.98; $P=0.03$). An increase in the likelihood of death from cardiovascular events was not statistically significant (1.64, CI 0.98–2.74; $P=0.06$).

The authors concede that the findings are based on publicly available trial results rather than patient-level source data, which are more complete but to which there is limited access. "Furthermore," they say, "results are based on a relatively small number of events, resulting in odds ratios that could be affected by small changes in the classification of events. Nonetheless, our findings are worrisome because of the high incidence of cardiovascular events in patients with diabetes."

In a statement, GSK criticised the findings for being based on a meta-analysis. "The data compiled from these varied studies [are] complex and can be conflicting," the manufacturer said. GSK added that in an analysis of patients in a US managed-care database of more than 33,000 people with diabetes there was no difference in ischaemic cardiovascular events, including MI, among patients taking rosiglitazone-containing regimens compared with other oral anti-diabetic drugs.



Gamma scan of a human heart (in inferior sagittal section) post MI

CNRI/Science Photo Library

The authors of an editorial (ibid) published alongside the meta-analysis say that the study's weaknesses, largely related to the quality of available data, are substantial. "The possibility that the findings were due to chance cannot be excluded."

However, they argue that based on the meta-analysis the possibility of cardiovascular benefit associated with the use of rosiglitazone seems remote. They claim: "We are not aware of data showing that rosiglitazone prevents microvascular disease. In view of the potential cardiovascular risks and in the absence of evidence of other health advantages, except for laboratory measures of glycaemic control, the rationale for prescribing rosiglitazone at this time is unclear."

Statements issued by UK and European regulators, in response to the study, point out that information related to the potential for increased risk of MI with rosiglitazone is already contained within product information. They advise patients not to stop treatment with rosiglitazone and to discuss the medicine with their doctor at their next routine appointment.

Pharmacists need to improve their lobbying of MPs

Pharmacists are useless at lobbying, according to Jim Devine, Labour MP for Livingston, West Lothian. He was speaking at a meeting of the Chiltern region of the Royal Pharmaceutical Society entitled "Can pharmacy better influence the political and policy agenda at a local or national level?", in Westminster this week.

"You are the worst professional group I know at lobbying," he told participants, explaining that he has been an MP since October 2005 and, during that time, he has never had a pharmacist attend one of his constituency surgeries or write him a letter. In contrast, he currently has 124 letters from nurses in his constituency who are angry about the staged pay increase and has had recent visits from 30 junior doctors who have been affected by changes in their job application process.

He suggested that effective ways by which pharmacists can lobby Parliament include at-

tending constituency surgeries, organising local conferences and inviting MPs to speak, and asking MPs to raise issues through adjournment debates and early day motions in the House of Commons. "We are your servants. We are a resource to you. Please use us," he said.

Norman Lamb, Liberal Democrat MP for North Norfolk and shadow health spokesman, said that he has had more encouraging experience of engaging with pharmacists and has been lobbied regularly by pharmacists in Norfolk.

"For a profession that is necessarily disparate, I believe that you are starting to get your act together in terms of becoming an effective lobbying force. But clearly there is much more that you can do," he said.

Mr Lamb suggested that the profession should identify a particular week for an assault on all members of Parliament. This

should be done on a concerted national basis so that it demonstrates the value pharmacists can offer to the health service, he said. He warned that writing letters is not enough and urged pharmacists to book an appointment with their MP.

Mr Lamb added that effective engagement is needed at the top as well as locally. "As a profession, you have to ensure that, at the top end, there is effective engagement with ministers. You need to ensure that your leaders are disseminating information down so that your lobbying with your own MPs can be at its most effective and the messages you are sending out are similar across the country."

Graham Phillips, a member of the Society's Council, highlighted the Society's lobbying toolkit, which is available on its website at www.rpsgb.org and via *PJ Online* (www.pjonline.com/links/pj).

New health ministers for Scotland now announced

Scotland's new health ministers have now been announced but it has yet to be decided who will take the lead on pharmacy.

The new cabinet was formed last week following the Scottish National Party's successful performance in the Scottish Parliamentary election. Nicola Sturgeon MSP (SNP, Glasgow Govan) has been appointed Cabinet Secretary for Health and Wellbeing. Her ministerial team comprises Shona Robison MSP (SNP, Dundee East) who has been appointed Minister for Public Health and Stewart Maxwell MSP (SNP, West of Scotland) who has been appointed Minister for Communities and Sport.

SPGC is now Community Pharmacy Scotland

The Scottish Pharmaceutical General Council's transition to Community Pharmacy Scotland was completed earlier this month and is highlighted in the organisation's latest *Vision* newsletter, which will be sent to pharmacists this week.

At its first meeting, CPS appointed Martin Green as chairman and James Semple as vice-chairman; both previously held the same posts at SPGC. Mr Green said that the new name reflected CPS's role in ensuring the abilities and responsibilities of community pharmacists are recognised in a modernising NHS. A new logo and website for CPS will be unveiled shortly.

In the newsletter, CPS reports that the new "contract preparatory payments" — payments for work required before the introduction of the acute medication service and chronic medication service — are currently being finalised. It reveals that the payments will be made in stages throughout the year and will be linked to activities such as:

- A spring clean for the pharmacy's patient medication record system (to ensure information is up to date and accessible)
- Work around the business rules for pricing (relating to endorsing prescriptions)
- Provision of information to CPS for remuneration modelling



Martin Green: new name reflects role in ensuring community pharmacists' abilities are recognised

- Training packages from NHS Education for Scotland on certain disease states

CPS plans to set out how these payments will fit in with the rest of contractors' remuneration by publishing an updated version of the financial framework it produced last year.

News in brief

Pharmacist in French Government

Roselyne Bachelot-Narquin, a French pharmacist, has been named minister for health, youth and sport in France. The French prime minister's new, down sized Government was announced last week by President Nicolas Sarkozy, sworn into office on 16 May.

MHRA to speed up licensing

This year's Medicines and Healthcare products Regulatory Agency business plan says that the organisation will aim to meet all its licensing time targets by the fourth quarter. Problems with the introduction of a new IT system last year meant that priority had to be given to the most important licence applications and a backlog of work built up.

DoH underlines community pharmacists' public health role

Pharmacists' role in public health is highlighted in the Department of Health's annual review, published last week.

"Pharmacies have a very important contribution to make to improving health and reducing health inequalities," the report says. "They are ideally placed in the heart of the

communities they serve to impart healthy lifestyle messages both to people who are well and to those who are not."

The report provides an overview of developments in health and social services over the past 12 months. It is available from the DoH website (www.dh.gov.uk).

Advertisement

Treatment preferences shifted by patients' knowledge of drug name

Patients' treatment choices may be influenced by knowing a drug's name despite their initial decisions being based solely on risks and benefits, according to research published in the journal of the Canadian Medical Association (*CMAJ* 2007;176:1583).

Researchers conducted a randomised controlled trial in 98 patients aged 65 years or older to investigate the impact of different decision aids (decision board, decision booklet with audiotape or interactive computer program) and graphic presentation of data (pie chart or pictogram) on patients' comprehension and choice of three treatments for anticoagulation: treatment A (warfarin); treatment B (aspirin); and treatment C (no treatment).

The researchers also tested the effects of blinding to treatment name in a before-after comparison.

Regardless of format or graphic presentation, comprehension scores (maximum 10) increased by an absolute mean of 3.1 ($P<0.01$) after exposure to a decision aid, with 96 per cent of subjects believing that the aid helped them to make their treatment choice.

However, the most remarkable finding, say the researchers, is that, despite identical presentations of information, 36 per cent of the group changed their choice once the treatment name was known. This included 46 per cent of those who initially chose warfarin and 78 per cent of those who initially chose no treatment.

This reaction to warfarin and to no treatment, say the researchers, reflects the many seemingly irrational influences on treatment behaviours. "These influences may well outweigh strictly evidence-based data or detailed numerical benefit:harm analyses, even if the latter are fully understood. This is an important finding, since some of the participants in our study chose a less effective treatment simply because of its name," say the researchers.

The author of an accompanying commentary (*ibid*, p1597) points out that knowing the name of the drug may bring to mind other attributes of the process involved, such as ease of access and the need for monitoring, which are not obvious in descriptions based solely on outcomes.

Support for LHRH agonists for breast cancer

Addition of luteinising-hormone-releasing hormone agonists (such as goserelin) to treatment regimens for pre-menopausal women with hormone-receptor-positive breast cancer can reduce the risk of disease recurrence by more than an eighth, a meta-analysis published in *The Lancet* claims (2007;369:1711).

Researchers analysed data from 16 randomised studies of 11,906 pre-menopausal women with early breast cancer. Women taking LHRH agonists as a single treatment did not experience significant reductions in cancer recurrence or death after recurrence compared with no systemic treatment. However, addition of an LHRH agonist to treatment with tamoxifen, chemotherapy or both, resulted in a 12.7 per cent relative reduction in hazard rate for disease recurrence (95 per cent confidence interval 2.4–21.9; $P=0.02$) and a 15.1 per cent relative reduction in hazard rate

for death after recurrence (CI 1.8–26.7; $P=0.03$).

The authors say: "Some trials have shown a worse outcome after chemotherapy in women who did not experience amenorrhoea after chemotherapy and these women could be the ones who benefit most from the addition of an LHRH agonist." They say that more detailed assessment is needed in terms of LHRH agonist value according to oestrogen and progesterone receptor status.

None of the trials assessed LHRH agonist treatment versus chemotherapy, with tamoxifen given in both study arms — the authors say that this premise needs to be addressed. They conclude that LHRH agonists provide an additional class of agents for treating pre-menopausal women with hormone-receptor-positive breast cancer but the optimal duration of treatment is unknown.

NPA supports application fees for pharmacy contracts

Support for Government plans to introduce fees associated with applications for pharmacy contracts has come from the National Pharmacy Association.

The NPA hopes the move will help prevent speculative and blocking applications. However, the NPA believes that once an application is successful then the charge should be refunded. Raj Nutan NPA pharmacy busi-

ness manager added: "We oppose fees for minor relocations of pharmacies. Owners of premises forced to relocate, for example, due to fire or flood would be penalised unjustly. Change of ownership should also be exempt from charges."

The NPA says it is disappointed that fees are not going to be levied for doctors' dispensing applications.