

# Tories say pharmacy must play part in NHS redesign

Possible Conservative health policy set out in a report this week by the party's Public Services Improvement Policy Group says that community pharmacy must be involved in redesigning NHS services.

"Pharmacy lies at the interface between NHS care and individual self-care, which is why we believe it important to make better use of this resource," the report says. "Pharmacy has much to offer beyond its traditional remit by advising on care in acute illness, medicines reviews and monitoring of chronic conditions. Little mention is currently made of the use of pharmacy in achieving greater efficiency for NHS medicines or in the commissioning of local services." The Conservatives draw three lessons from this:

- Primary care teams that focus on supporting self-care must ensure that professionals work together between GP surgeries and pharmacies
- Community pharmacy must be involved in service redesign and commissioning
- Public awareness of services available from pharmacies must be raised

The report recommends less political interference in the day-to-day management of the NHS, calls for greater freedom for individual health professionals in return for clear accountability for outcomes, advocates putting patients before bureaucrats and stresses the need for greater emphasis on public health objectives with separate public health budgets.

Commenting on the document, NHS Confederation chief executive Gill Morgan said: "There is now consensus across the political parties and key health organisations that increased autonomy for local NHS services is the way to deliver better care for patients."

In a second document, "NHS autonomy and accountability", published later in the week, the Conservative party puts forward proposals for legislation to implement a number of the recommendations made by the policy group.

The "white paper" proposes the establishment of an NHS board responsible for setting commissioning standards based on available resources, and delivery of objectives. Developing national framework contracts for medical, dental and community pharmacy services would be included in the board's remit.

But Niall Dickson, chief executive of the King's Fund, said: "we need to be cautious about the value of an independent NHS board. Handing power to such a board would not, by itself, guarantee local autonomy or a greater voice for patients. The risk is that we move from one centralised system to another — and one that is no longer directly accountable to Ministers."

Within the document it is suggested that practice-based commissioners should not be able to negotiate contracts with pharmacies located within clinicians' own practice — or other providers with which they have direct or connected interests.

□ **Prime Minister in waiting** Gordon Brown has said that the NHS will be his first priority when he takes over from Tony Blair. Mr Brown said this week that the NHS had to do better and that he wanted to move forward quickly on areas such as tackling meticillin-resistant *Staphylococcus aureus*.

On cutting bureaucracy, Mr Brown said that he wanted to give more power to local hospitals, more say to patients and more say over getting on with the job to nurses and doctors.

## Queen's Birthday Honours for pharmacists



Barry Andrews, CBE



Raj Aggarwal, OBE



Howard Stokoe, MBE

Three pharmacists have been recognised for their work in this year's list of Queen's Birthday Honours, published on 16 June.

Barry Andrews, chairman of the Pharmaceutical Services Negotiating Committee since 2001, was awarded a CBE for his services to the pharmacy profession. Mr Andrews said that he was proud to be selected for the honour. "During my 42 years as a pharmacist, I have tried to encourage, develop and promote pharmacy and the role of pharmacists. This award recognises the important role that pharmacy plays within the community and the NHS, and the growing profile of community pharmacy," he said.

Sue Sharpe, PSNC chief executive, commented on Mr Andrews's achievement: "The CBE reflects his outstanding leadership of the committee during a period where community pharmacy has undergone the most fundamental change ever, as well as his commitment to pharmacy throughout his career." Mr Andrews will retire as PSNC chairman this summer.

Welsh pharmacist Raj Aggarwal was appointed OBE for his service to pharmacy and to the Asian community in Wales. Mr Aggarwal, community pharmacy owner in Cardiff and member of the boards of Community Pharmacy Wales and the National Pharmacy Association, said that he was passionate about his work "but I also try to give back to the community the good fortune I have received in my life".

Phil Parry, CPW chairman, congratulated both pharmacists: "We are delighted to hear that our two community pharmacist colleagues have been recognised for the excellence of their contribution to public life in this way."

An MBE was awarded to Howard Stokoe, pharmacist and lead category manager (pharmaceuticals) at NHS Purchasing and Supply Agency, for his NHS work.

Non-pharmacist David Barnett, chairman of the National Institute for Health and Clinical Excellence's appraisal committee, was appointed CBE in recognition of his services to the NHS.

## New Scottish health minister takes on pharmacy concerns

Patient information leaflets to explain the new services on offer through the community pharmacy contract in Scotland are in the pipeline, public health minister Shona Robison confirmed last week. The assurance was given in response to one of six Scottish Parliamentary questions about pharmacy posed by Mary Scanlon MSP (Con, Highlands and Islands). She was concerned that the public is unaware of the health care services pharmacies offer.

Ms Scanlon also asked how the Scottish Executive would ensure greater integration of pharmacy services into health policy. Ms Robison replied: "Health boards have in place, or are in the process of appointing, directors of pharmacy whose function is to co-ordinate the provision of pharmaceutical services within their health board and ensure integration of pharmacy services within health policy and planning of services."

The questions can be accessed via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

### The Society

#### Scottish annual meeting

Speakers at the annual meeting for members in Scotland called for strong professional leadership (p749).

#### Disciplinary committees

A Law and Ethics Bulletin explains the powers of the Society's new disciplinary committees (p751).

# Additional pseudoephedrine controls not necessary

Stricter controls on the availability of products containing ephedrine and pseudoephedrine are unnecessary, the All Party Parliamentary Group on Primary Care and Public Health and the All Party Parliamentary Drugs Misuse Group have concluded.

The two groups launched a joint inquiry after the Medicines and Healthcare products Regulatory Agency announced proposals to restrict the availability of such products to reduce the risk of their being used in the manufacture of the Controlled Drug methylamphetamine (*PJ*, 10 March, p269). The evidence they received suggested, they say, that the harm caused in the UK by the use of methylamphetamine is low.

“We did not hear from the Association of Chief Police Officers, the Serious Organised Crime Agency or the MHRA that there is incontrovertible evidence of sufficient numbers of cases involving methylamphetamine manufacture using pseudoephedrine and ephedrine from over-the-counter medicines,” they say. “We therefore are convinced that stricter controls are unnecessary at this time.”

This week the Royal Pharmaceutical Society wrote to MPs to voice its opposition to the reclassification and to draw their attention to some of the popular products that would have to be reformulated if the reclassification goes ahead. It also outlined its rec-

ommendations on how the potential for widespread misuse of products containing ephedrine and pseudoephedrine could be contained.

Pack sizes could be limited to 720mg (equivalent to 12 x 60mg tablets) and sales restricted to one pack per customer. The Society recommends that wholesalers track supplies of products containing ephedrine and pseudoephedrine and says it would also consider supporting the development of practice guidance for pharmacists to help prevent the diversion of stock. Similar restrictions have been suggested by the Company Chemists' Association and the Association of Independent Multiple Pharmacies.

# New “orange book” on managing drug misuse out for consultation

Updated advice on managing drug misuse is set out in draft guidelines published last week for consultation.

“Drug misuse and dependence — guidelines on clinical management: update 2007” was commissioned by the Department of Health in England and supported by the health departments in Scotland, Wales and Northern Ireland. The document updates and

replaces guidelines — known as the “orange book” — published in 1999, in light of “substantial developments in treatment” over the past eight years.

“The update,” the document says, “is based on current evidence and professional consensus on how to provide drug treatment for the majority of patients, in most instances. [It] does not provide rigid protocols on how clinicians must provide drug treatment for all drug misusers.”

The document highlights the importance of the relationship between the prescriber and the pharmacist dispensing medicines for drug misusers, and points out that, in many cases, the pharmacist will also be supervising the consumption of the medicines.

The guidelines propose that prescribers should liaise with the pharmacist when first prescribing Controlled Drugs for a patient:

- To ensure the pharmacy has sufficient capacity to take on a new patient
- To introduce the pharmacist to a new patient (eg, by offering a brief description, letter of introduction, shared care agreement)

- To ensure the pharmacist is part of a suitable local scheme (eg, a local enhanced service) and can provide supervised consumption of the prescribed medicine if requested by the prescriber

- To ensure the pharmacist will be able to confirm the prescriber and prescription are genuine

With regard to information sharing, the document suggests that pharmacists who also operate a needle exchange scheme should not usually inform a prescriber when a patient receiving prescribed medicine is also obtaining injecting equipment, except where the pharmacist has the patient's permission to do so.

The document incorporates guidance from the National Institute for Health and Clinical Excellence, yet acknowledges “the different status of NICE in England and Wales, Northern Ireland and Scotland”.

It can be found on the National Treatment Agency for Substance Misuse website ([www.nta.nhs.uk](http://www.nta.nhs.uk)). Respondents are encouraged to make their submission by 27 July.



Jaime Duplass/Dreamstime.com

**Doctors should liaise with pharmacists when first prescribing CDs for a patient**

# Patient group direction plans for CDs supported by Society and PSNC

Proposals that would enable pharmacists and nurses to supply and administer diamorphine and morphine under patient group directions are supported by the Royal Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee.

In their separate responses to a consultation launched earlier this year by the Medicines and Healthcare products Regulatory Agency (*PJ*, 31 March, p355), the organisations say that the changes will improve access to pain relief and remove current inconsistencies between pharmacists' and nurses' ability to supply pain relief under a PGD.

A separate consultation by the Home Office sought views on allowing pharmacist independent prescribers to prescribe CDs and expanding the range of CDs that nurses can prescribe (*PJ*, 31 March, p355). The Society strongly supports these proposals, but believes that they should take effect immediately rather than late summer 2007, as suggested. “We believe that there are robust safeguards in place to ensure that patient safety will not be compromised as a result of the changes,” it writes.

The PSNC agrees. It writes that safeguards already exist and the public would be best served by adopting the proposals without delay. Stephen Lutener, head of regulation at

the PSNC, commented: “Pharmacist independent prescribers have so far been unable to prescribe any CDs, including those that can be purchased over the counter. We are pleased to see these proposals to remove the legislative barriers and so allow pharmacists to provide the wider range of services for which they have been trained.”

The Society also says that, although it supports the intention behind the principle that prescribing and dispensing of CDs must be separated, it believes there may be exceptional circumstances where it is in the patient's best interests for a professional to both prescribe and dispense.

# PSNC highlights opportunities for engaging in PBC

Guidance to help community pharmacists become actively engaged with practice-based commissioning has been published by the Pharmaceutical Services Negotiating Committee.

The local pharmaceutical committee briefing document points out that some primary care trusts have already started to advertise for willing service providers and many more are likely to do so over the next few months. "LPCs and individual contractors need to be regularly scanning the types of places where tenders will be sought, aware of the approach that their local commissioners are intending to take, and have proposals

prepared in advance so that they only need final refinement in order to be able to respond to such tight deadlines," it says. It highlights a recent advertisement for tenders placed on 8 March, which had a closing date of 23 March.

The document aims to help LPCs consider what they should be doing to assist community pharmacy contractors to understand and engage with PBC. It provides background information on the place of PBC in current policy as well as practical action points. It also gives examples of how pharmacists can contribute, through PBC, to preventing unnecessary hospital admissions,

implementing more cost-effective prescribing and redesigning care pathways.

Commenting on the launch of the guide, Barbara Parsons, head of pharmacy practice at the PSNC, said: "PBC is currently a high priority for LPCs, but it is not easy to keep on top of the myriad of policy documents on the subject issued by the Department of Health. This document clarifies the current state of play and will help LPCs to formulate robust business cases that target local health needs."

A second publication is under development and will focus on the opportunities practice-based commissioning provides for individual community pharmacy contractors.

## MPs question role of prescribing advisers and benefits of MURs during inquiry

Both the role of prescribing advisers and the benefits of medicines use reviews have been questioned by the Parliamentary Public Accounts Committee during an oral evidence session as part of its inquiry into prescribing costs in primary care. A National Audit Office report published earlier this year (*PJ*, 19 May, p576) identified potential savings of over £300m a year on the primary care prescribing bill that would not adversely affect patient care.

John Pugh, Liberal Democrat spokesman for health and member of the committee, asked whether there is research that suggests prescribing advisers are effective.

Felicity Harvey, head of the Department of Health's medicines, pharmacy and industry group, responded that there are many examples of individual primary care trusts that have invested in prescribing advisers and of

the sorts of savings that they have made as a result of the work that the prescribing advisers have done. "The advisers can save at least £2 for every £1 of salary," she said.

Dr Pugh said that the NAO report highlighted research that suggests that many PCTs believe MURs are of limited value, or are unconvinced by their benefits. "There are two methods — the advisers and the reviews — neither of which is guaranteed to work and neither of which is impressing the people it should impress," he said.

Dr Harvey explained that the number of medicines use reviews is now beginning to increase after a slow start. "It is still fairly early on. The intervention was initially trialled in the medicines management collaborative; Coventry PCT took it forward and found that the medicines use review had huge benefits," she said.

### News in brief

#### Scotland's public health service

Tier two of Scotland's public health service — part of the new community pharmacy contract — gets going next week, when display units for national health campaign materials start to be fitted in pharmacies. CJC Media will supply and fit Perspex mountings to all participating pharmacies over the next four weeks and will inform NHS boards to trigger payment.

#### Alliance Boots opposition waning

Pension objections to the sale of Alliance Boots to private equity investors Kohlberg Kravis Roberts and Stefano Pessina have been removed. The trustee's demand for pension assurances has been satisfied with a promise of £418m over 10 years with further provision of £600m as a safety net.

#### Procurement to ensure equality

Guidance on how best to use the NHS procurement process to ensure equality in health care has been published by the Department of Health. "Beyond procurement" describes a variety of approaches to procurement and makes recommendations as to how procurement staff should apply anti-discriminatory legislation to their work.

#### Cervical cancer vaccines

The Department of Health says it intends, in principle, to introduce a human papillomavirus vaccine into the national immunisation programme, subject to an independent cost-benefit analysis. Funding for the vaccine will be considered in the context of the Comprehensive Spending Review.

## nhs.uk offers patients choice about where to get treatment



The Government is providing online information to help people in England make choices about where they receive NHS treatment. "NHS choices" — available at [www.nhs.uk](http://www.nhs.uk) — was launched this week by health secretary Patricia Hewitt.

The site includes information on medical conditions, and also allows patients to com-

pare NHS hospitals' ability to provide common procedures. "For example," the Department of Health says, "those patients for whom waiting time is a critical factor will be able to identify the most appropriate hospital, while others who may wish to base their decision on travelling times, or incidence of MRSA, will also have their preferences met."

# New oral multiple myeloma treatment set for launch

A new oral therapy for people with multiple myeloma will be launched next week. Lenalidomide, developed by Celgene and marketed as Revlimid, is indicated for treatment of multiple myeloma in combination with a dexamethasone regimen for patients who have received at least one previous therapy.

Structurally related to thalidomide — known to cause severe, life-threatening birth defects — lenalidomide is contraindicated in pregnancy and in women of childbearing potential unless certain pregnancy prevention conditions are met (see Panel).

The mechanism of action of lenalidomide is not fully understood. However, one of the known antineoplastic actions of the drug is inhibition of growth of various haematopoietic tumour cells, including those for multiple myeloma. Lenalidomide has also been shown to display antiangiogenic and immunomodulatory properties.

The starting dose of lenalidomide is 25mg, taken orally, once a day on days 1–21 of repeated 28-day cycles.

The dose of lenalidomide used should be adjusted on the basis of results of clinical assessment and laboratory tests — such as low neutrophil or platelet counts — aided by the four strengths of capsule available: 5mg, 10mg, 15mg and 25mg.

Adjustment of the lenalidomide dose is recommended for patients who have impaired renal function because the drug is excreted substantially by the kidney. Monitoring the renal function of all patients is advised.

## Prevention of pregnancy during treatment

A teratogenic effect of lenalidomide, if used during pregnancy, cannot be ruled out, the summary of product characteristics states.

Women of childbearing potential must use one effective method of contraception throughout lenalidomide therapy — beginning four weeks before and continuing until four weeks after therapy — unless the patient commits to absolute and continuous abstinence confirmed on a monthly basis.

Combined oral contraceptive pills are unsuitable for use because of an increased risk of venous thromboembolism in patients with multiple myeloma taking both lenalidomide and dexamethasone.

The most serious adverse reactions associated with treatment are venous thromboembolism (including deep vein thrombosis and pulmonary embolism) and severe neutropenia.

Further information will be available on Notice-board in next week's *Journal*.

## Viracept recall resulted from cleaning errors

Blunders during the routine cleaning process at a manufacturing plant led to contamination of the Viracept (nelfinavir) products recalled last week (*PJ*, 16 June, p694).

The contamination occurred in Basel, Switzerland, ahead of manufacture of the active pharmaceutical ingredient. As a result of human error, a cleaning product reacted with ethanol, accelerating the production of a by-product, methane sulfonic acid ethyl ester, which was then present at higher than usual

levels in the Viracept tablets. Staff involved in the maintenance procedures have been re-trained to prevent the problem recurring.

A spokeswoman for Roche said the company is investigating all avenues to find substitute sources of Viracept and is working with Pfizer, which markets a different nelfinavir product in the US. Roche believes that no other products were affected and it estimates that 45,000 patients worldwide were taking Viracept at the time of the recall.

## Two advertising complaints upheld by medicines agency

Two complaints about medicines advertisements have been upheld by the Medicines and Healthcare products Regulatory Agency. A third complaint has been rejected by the agency.

A Sanofi Pasteur MSD advertisement for Gardasil (human papillomavirus vaccine) was ruled to be misleading because the supporting data for its claim that the vaccine “reduces the incidence of precancerous vaginal lesions” were not statistically significant. The company agreed to withdraw the claim.

The second upheld complaint concerned a promotional letter for vaccine supplies that had been e-mailed to GPs and that included product claims and indications, and should have complied with all the requirements for medicines advertisements.

The company — GP Supplies Ltd — agreed to restrict its marketing materials to product names, pictures and details of available pack quantities and strengths.

A complaint that claims made in an advertisement for Reminyl XL (galantamine) were not evidence-based was rejected.

## Experience of pharmacist smokers could be valuable

Pharmacists' own experience of nicotine addiction may help reduce feelings of isolation among smokers hoping to quit, Lloydspharmacy pharmacy director Andy Murdock believes.

Research by Lloydspharmacy, ahead of the introduction of the ban on smoking in public places in England on 1 July, has found that about 3,800 pharmacists smoke. Of these, 57 per cent say that their credibility when advising others on how best to quit is impeded not at all or only very little.

Mr Murdock thinks that many smokers wanting to quit may be reassured by the fact that smoking cessation professionals have had similar experiences themselves. “Smokers may feel increasingly isolated when the ban comes into effect,” he said. “People need to understand that we are here to help them and



Lloydspharmacy's 25-foot cigarette model

that the experts are only human and may have battled with nicotine addiction themselves and know how they feel.”

To promote its smoking cessation services ahead of the ban, Lloydspharmacy will be taking a 25-foot model of a cigarette on a tour of England. Last month a survey found that over a quarter of smokers intend to quit either before the ban comes into effect or in the first year of its introduction.

## NRT effective even without behavioural support

Smokers who use nicotine replacement therapy are more likely than those who do not to remain abstinent for at least six months after attempting to quit spontaneously (without additional behavioural support), according to research published online in *Thorax* (15 June, www.thorax.bmj.com). The association does not appear to be explained by a greater commitment to stop smoking, say the researchers.

# Wash-out unnecessary before starting abatacept

Rheumatoid arthritis patients who do not respond to tumour necrosis factor (TNF) inhibitors do not need a wash-out period before starting abatacept (Orencia), according to data presented last week at the annual congress of the European League Against Rheumatism (EULAR) in Barcelona.

The new study assessed abatacept safety in 842 patients who started taking it after inadequate response to an anti-TNF. Of these, 370 were classed as "prior" users as they had stopped the therapy at least two months before entering the study. The remaining 472 "current" users had received an anti-TNF within two months of starting abatacept.

After six months, the frequency of adverse events, serious adverse events, infections, neoplasms and deaths was similar in both groups.

Abatacept was launched in the UK last week but has been available in the US for about a year. Most other biologic therapies used to treat rheumatoid arthritis are TNF inhibitors but abatacept works by selectively inhibiting T-cell activation.

Michael Schiff, of the University of Colorado School of Medicine in Denver, said: "It's become a common question: how long do we have to wait before starting abatacept? But these data are encouraging and suggest we don't have to wait for a wash-out period."

Anthony Hammond, consultant rheumatologist at Maidstone and Tunbridge Wells NHS

Trust, was a UK investigator for the abatacept trial. He said: "We've seen good results with this drug. And remember that these are patients with serious rheumatic disease who have failed on both methotrexate and anti-TNFs, so it's a welcome addition."

The results were presented days after the National Institute for Health and Clinical Excellence agreed to review its decision not



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**Patients with rheumatoid arthritis who fail on anti-TNF therapy may benefit from a second or third biologic**

to recommend trying a second anti-TNF therapy following poor response to a first.

Dr Hammond welcomed the decision and added: "Latest data from the British Society for Rheumatology Biologics Register show that many patients derive benefit from a second and even a third biologic.

"If you take money out of the equation cycling biologics is certainly worthwhile."

## Long-term etanercept exposure considered safe in severe psoriasis

Long-term exposure to etanercept (Enbrel) does not appear to cause more infections or adverse events than placebo, according to US and Canadian researchers (*Archives of Dermatology* 2007;143:719).

They examined the effects of extended exposure to etanercept (50mg twice weekly) in 591 patients treated for moderate to severe psoriasis. Patients were randomised to etanercept or placebo for the first 12 weeks of the study and then all patients received open-label etanercept for up to 84 weeks.

The researchers report that exposure-adjusted rates of adverse events, serious adverse events, infections and serious infections were similar for etanercept and placebo, although they concede that some of the observed serious adverse events were considered possibly related to etanercept by the study investigator.

The researchers add that antibodies to etanercept developed in 18.3 per cent of patients during the study, but these antibodies did not appear to cause adverse events or reduce the drug's effectiveness.

## Prescription charges to go for TB drugs supplied by clinics

Drugs supplied by clinics to treat tuberculosis will be free from prescription charges from September, says the Department of Health.

The move is part of a package of measures to help control the spread of TB in England and follows the launch of a "TB action plan" in 2004. This week, the DoH published a "TB toolkit", which sets out examples of good practice for delivering TB services and provides guidance on commissioning, laboratory services and surveillance.

England's chief medical officer Sir Liam Donaldson said: "Among the key recommendations in the action plan was the need to ensure well-organised and co-ordinated patient services.

"The toolkit . . . will provide commissioners with a framework to commission effective, high quality TB services and also recommends best practice for TB service deliverers and laboratories to continue to provide improving TB control in England."

## Use topical corticosteroids *od*

Older topical corticosteroids, like newer preparations, should be applied just once a day, according to Hywel Williams, of the centre of evidence based dermatology, Queen's Medical Centre, University of Nottingham (*BMJ* 2007;334:1272). Professor Williams argues that less frequent application of potent corticosteroids does not result in loss of efficacy and could lead to fewer local side effects. He suggests that once daily use will be more convenient for patients and may reduce costs.

## Internet-based guide for handling cytotoxics launched

An internet-based guide to the management and awareness of the risks of cytotoxic handling (MARCH) was launched last week.

The guide, which can be accessed at [www.marchguidelines.com](http://www.marchguidelines.com), is designed to inform health care professionals about avoiding unnecessary exposure to potentially harmful drugs, and highlights current topical issues in oncology.

Speaking at the launch, Graham Sewell, professor of clinical pharmacy at Kingston

University and chairman of the MARCH advisory panel, explained that the guidelines are constructed from the best available evidence and expert opinion, and are continuously being reviewed.

The launch took place at the first joint British Oncology Pharmacy Association and UK Oncology Nursing Society study day, held in London last week.

The guide and the study day were both sponsored by Teva Hospitals.

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