

Pharmacy potential not being realised, says APPG

Pharmacists' potential as health care providers is not being realised quickly or consistently enough, the All-Party Pharmacy Group has concluded.

In the report of its inquiry into the future of pharmacy, which was published this week, the group stresses that many good examples of pharmacy practice and innovation are in progress. "They have happened thanks to the determination of the pharmacists concerned and the willingness of local stakeholders to collaborate," it says. "The problem is that these good examples are too few and far between. We do not see sufficient signs of a momentum that might improve this patchy picture."

Matters will not improve unless the barriers that are currently hampering progress are removed, the group argues. These barriers include a poor level of inter-professional collaboration, a need for a clearer national voice for pharmacy and a lack of integration between pharmacists' and GPs' IT systems. "None of these problems is insurmountable," the group insists. "While together they represent a major challenge to achieving the changes we wish to see, they can be addressed."

The report recommends that there be an additional set of nationally funded advanced services, including services for long-term conditions, sexual health, managing minor

ailments, diabetes screening, weight management and a range of other diagnostic, screening and referral services. "These advanced services should be funded from within the nationally agreed sum for community pharmacy services, thus requiring an appropriate uplift in that sum," the group says.

The group also believes that the Department of Health should consider introducing a quality and outcomes framework (QOF) for community pharmacists in time for the 2008-09 funding year. QOF payments for GPs could also be linked, the group says, to work with other health professionals, in order to encourage collaborative working.

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Pharmacy contract fails to stimulate innovation

The community pharmacy contract in England and Wales has widened the use of existing services rather than stimulated innovative practice, a summary of research funded by the Pharmacy Practice Research Trust suggests.

The researchers surveyed 31 primary care organisations (PCOs), all 1,080 community pharmacies within these PCOs, 24 out of 28 strategic health authorities and the Welsh Assembly Government to assess the impact of the community pharmacy contractual framework in England and Wales.

The summary of findings released this week suggests that 80 per cent of enhanced services were being commissioned before the new contract. The researchers say that specifications for enhanced services are currently following, rather than leading, practice. They recommend that the work begun by the Pharmaceutical Services Negotiating Committee to develop specifications for services to support people with long-term conditions should be progressed quickly.

Lead researcher Alison Blenkinsopp, professor of the practice of pharmacy, Keele University, said: "Our research findings highlight the need for action to boost inter-professional relationships between community pharmacists and general practice; to ensure that pharmacy is engaged with practice based commissioning; to stimulate and spread innovation in enhanced services; to make sure that PCOs conduct robust pharmaceutical needs assessments; and to promote [the pharmacy contract] to patients, the public and clinicians."

The surveys also highlight workforce issues, with pharmacists reporting that they are often stressed by the daily demands of work. About a third of pharmacists are less satisfied with their job now than before the contract came in and only a sixth are more satisfied.

The research will be presented at this year's British Pharmaceutical Conference.

Pharmacy stays open despite severe flooding



Getty Images

Floods in Sheffield reached Associated Chemists pharmacy (bottom right)

Sheffield pharmacy Associated Chemists (Wicker) Ltd has maintained its record of opening every day since 1952 despite being under water earlier this week. Customers came and went by boat.

Pharmacist James Wood said that the pharmacy had been knee-deep in water on 25 June but that damage and stock losses had been minimised by moving computer equipment and stock.

Speaking to *The Journal* the following day, Mr Wood said that the shop cellar had been flooded to the top of the stairs, but water was being pumped out by the fire brigade so that

power supplies in the pharmacy could be restored. "We're in the city centre, which was 5ft under water last night," Mr Wood said. "By 3pm the road was flooded and impassable. The water was above car roof level. Staff left by boat because their cars were flooded in the car park, but we opened as usual at 8.30 this morning. There's no power, so we're operating in the old fashioned way."

Mr Wood said that pharmacy services were limited, but that some of its 500 registered drug users were coming in for their supplies, and deliveries to the 20 nursing homes it supplies were going out as usual.

SoP report takes global look at smoking cessation

Pharmacists' role in helping people give up smoking is highlighted in a University of London School of Pharmacy report, published this week.

The report "Ending the global tobacco pandemic" incorporates two surveys — one throughout the UK, the second in other countries — which looked at the scope of stop-smoking service provision.

It argues that governments and other stakeholders in public health, including pharmacy, should work globally to ensure that the

World Health Organization's Framework Convention for Tobacco Control is realised, with emphasis on smoking cessation services.

The report says that there is a need:

- To build pharmacists' competence and confidence to help people stop smoking
- To resolve uncertainty about the safety and value of nicotine replacement therapy
- For improved recognition of smoking cessation support services

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Early implementer sites for release 2 of EPS named

Early implementer sites for release 2 of the electronic prescription service have been announced by the Department of Health and NHS Connecting for Health.

From over a third of primary care trusts that responded to the call for expressions of interest (*PJ*, 31 March, p359), the following have been selected to go live with release 2 from 1 October: Berkshire East; Leicestershire County and Rutland; Liverpool; Southwark; and Sunderland.

A further 12 PCTs have been selected as a second wave of early implementer sites and will go live after 1 January 2008.

Release 2 of the EPS will involve doctors being able to add digital signatures to electronic prescriptions and patients being able to

nominate a pharmacy to dispense their medicines. The early implementer sites aim to ensure that release 2 compliant systems are usable and business processes and training and guidance materials are effective before further deployment.

The Pharmaceutical Services Negotiating Committee said that it will be monitoring the roll-out of release 2 closely to ensure that a level playing field for contractors is maintained as patients start to nominate pharmacies.

A Direction from the Secretary of State for Health needs to be given to a PCT before it can authorise prescribers to issue electronically signed prescriptions. Once this Direction is issued, the PCT is free to give

permission to any prescriber in its locality. "It is going to be essential for PCTs to work closely with local pharmaceutical committees and local medical committees to ensure that PCT decisions on granting authority to issue legal electronic prescriptions do not create local commercial imbalances," the PSNC said.

In contrast, any pharmacy contractor who has a release 2 compliant pharmacy system can dispense electronic prescriptions regardless of whether they are located within the early implementer PCTs' areas.

The status of release 2 compliant systems will be published on the NHS CfH website at www.connectingforhealth.nhs.uk/systemsandservices/eps.

Non-pharmacist appointed to lead the NPA

Alison White, interim chief executive of Business Link London, has been appointed chief executive of the National Pharmacy Association. She will start on 2 July.

NPA chairman Dilip Joshi said: "Alison is a visionary leader who has substantial senior management experience as well as an understanding of the challenges of working in the health arena."

Ms White is the first non-pharmacist to lead the NPA in its 86-year history. Before joining Business Link London she was managing director of Primecare, part of Nestor Healthcare Group Plc. She has also held posts at Royal Mail as consumer and small business director, group mergers and acquisitions director and operations director for Royal Mail International.



New NPA chief executive Alison White

CPPE to be scrutinised in independent evaluation

The Centre for Pharmacy Postgraduate Education is to be evaluated by the University of Birmingham's school of education to ensure that it is continuing to meet the needs of the NHS and the pharmacy workforce.

The university has been commissioned by the Department of Health to undertake the independent evaluation, the findings from which will inform recommendations made by an expert advisory group, chaired by Keith Ridge, England's chief pharmaceutical officer, to the DoH later this year. As part of the study, pharmacists and registered pharmacy technicians will be contacted and asked to take part in an electronic survey and telephone interview.

"Iron bar pharmacist" remanded in custody

Suspended pharmacist Samuel Edwin Ashby, who attacked a member of the Royal Pharmaceutical Society's staff at a Statutory Committee hearing on 25 October last year, has been jailed (*PJ*, 21 April, p446).

Mr Ashby attacked the Society's then interim head of professional conduct, Desmond Fitzpatrick, with a 10-inch iron bar leaving him with a head wound that required seven stitches. He launched the attack after being told that he was to be struck off the Register of Pharmacists because of his aggressive behaviour.

Inner London Crown Court judge Quentin Campbell remanded Mr Ashby in custody on 18 June, saying that he had still to decide whether his imprisonment would be for an extended term.

Mr Ashby has appealed against being struck off but, under powers given to the Society in the Pharmacists and Pharmacy Technicians Order 2007, his registration is currently suspended as a result of further disciplinary proceedings brought against him after the attack.

Remuneration reduction not as much as first announced

Monthly NHS remuneration for community pharmacies in England and Wales will not be reduced by as much as was announced earlier this month (*PJ*, 2 June, p635). As a result of negotiations with the Department of Health on revised forecasts for elements that contribute

to total remuneration — the global sum — the transitional monthly payment will be cut in July from £54.06 a month, for each 500 items dispensed, to £7.40 a month, for each 500 items dispensed, until the end of the financial year rather than being dropped entirely.

Incentive scheme guidance

Advice on the principles that primary care trusts should adopt in framing and administering incentive schemes has been issued by the Department of Health. The interim guidance is issued pending the outcome of a legal challenge over such schemes from the Association of the British Pharmaceutical Industry.

Generics case settled

Goldshield, one of a number of suppliers of generic medicines being sued for damages by the Department of Health after being accused of illegal price-fixing, has settled with the DoH. The company has agreed to pay the NHS £4m in full and final settlement with no admission of liability. Goldshield will also co-operate with the DoH in connection with continuing civil claims against other companies.

News in brief

Chlamydia treatment could soon be available OTC

People with asymptomatic chlamydia infection could soon buy treatment for the condition over the counter at community pharmacies. The Medicines and Healthcare products Regulatory Agency is consulting on a request from Actavis to reclassify azithromycin 500mg tablets (Clamelle) from a prescription-only medicine to a pharmacy medicine.

Azithromycin would be supplied according to a protocol after consultation with a pharmacist. Although licensed as a single 1g dose for individuals aged 16 years and over, the target group for this medicine would be those over 25 years old. Young people aged 16 to 24 years are eligible for free treatment under the national chlamydia screening programme.

Only individuals with a positive chlamydia test result would be considered for supply and the test must be a recognised NAAT (nucleic acid amplification test), either purchased privately or provided through the NHS. Linked IT technology must be in place so that pharmacists can check test results at the point of sale, says the consultation document.

It is thought that OTC supply will help genito-urinary medicine clinics to prioritise their waiting lists so that symptomatic cases can be treated more quickly. The consultation document emphasises that the reclassification will not replace existing services — NHS



BSIP/Chassnet/Science Photo Library

Azithromycin would be supplied after consultation with a pharmacist

supply of the medicine on a prescription or via an NHS or private patient group direction — but will complement them, allowing individuals an alternative choice of how to access treatment.

“The option of purchasing azithromycin through a pharmacy offers individuals the opportunity to access rapidly treatment from a convenient location as soon as they have been notified of a positive test result,” the consultation says.

The consultation also seeks views on whether partners of patients should be able to purchase treatment over the counter without a positive test result, or whether azithromycin

should be sold only to partners who have a positive result.

As a P medicine, azithromycin would be available over the counter only from pharmacies in which the staff had completed validated training. Two sets of training materials will be developed — one for pharmacists and one for medicines counter assistants. The pharmacy training package will encourage liaison with the local sexual health lead, GUM clinician and chlamydia co-ordinator. Pharmacists will refer customers to the GUM clinic and to the national chlamydia screening programme where appropriate.

Comments on the proposed reclassification should be sent to Veronica Popo in Room 14–138, Market Towers, 1 Nine Elms Lane, London SW8 5NQ (e-mail veronica.popo@mhra.gsi.gov.uk) by 2 August.

□ **Loperamide reclassification** The MHRA is also consulting on a request to reclassify Imodium (loperamide) capsules and Imodium Instants from a pharmacy medicine to a general sale list medicine for the symptomatic treatment of acute episodes of diarrhoea associated with irritable bowel syndrome in adults aged 18 years and over following initial diagnosis by a doctor. The maximum pack size would be six dosage forms, equivalent to one day's treatment. Comments on the request should be sent to Veronica Popo (as above) by 13 July.

New option for patients with hepatitis B

A thymidine nucleoside analogue antiviral drug for treating hepatitis B has been launched this week by Novartis.

Marketed as Sebivo, telbivudine is indicated for the treatment of adults with chronic hepatitis B virus infection who have compensated liver disease and evidence of viral replication, persistently elevated serum alanine aminotransferase levels and histological evidence of active inflammation or fibrosis.

The recommended dose of telbivudine is one 600mg tablet taken orally once a day. Patients with renal impairment, whose creatinine clearance is less than 50ml/min, require a longer dosing interval, adjusted according to the severity of their renal impairment.

Telbivudine is not recommended as monotherapy for patients with established viral resistance to lamivudine.

Notice-board p765

Scotland and Wales add their support for HPV vaccine

Ministers in Scotland and Wales have echoed Department of Health support for providing a human papillomavirus vaccine as part of the childhood vaccination programme (*PJ*, 23 June, p727). All three governments support the recommendation of the Joint Committee for Vaccination and Immunisation that an HPV vaccine be included in the programme. The Scottish government says it is committed to providing the vaccine to girls around 12 years of age and intends to provide vaccines from autumn 2008. The Welsh Assembly Government says it hopes that girls will start being vaccinated “as early as 2008”.

Sorafenib rejected in Wales

Use of sorafenib (Nexavar; Bayer) in NHS Wales has been rejected by the All Wales Medicines Strategy Group.

The group made its decision on the basis of a lack of evidence for the drug's cost-effectiveness, it says. The recommendation has been endorsed by Edwina Hart, the Welsh Assembly Government's Minister for Health and Social Services. The Department of Health has not yet referred the drug to the National Institute for Health and Clinical Excellence, which covers England and Wales, and the AWMMSG's guidance is mandatory unless superseded by NICE guidance. The Scottish Medicines Consortium rejected the use of sorafenib in NHS Scotland last year.

NICE advises on treatments for glioma and alteplase for acute ischaemic stroke

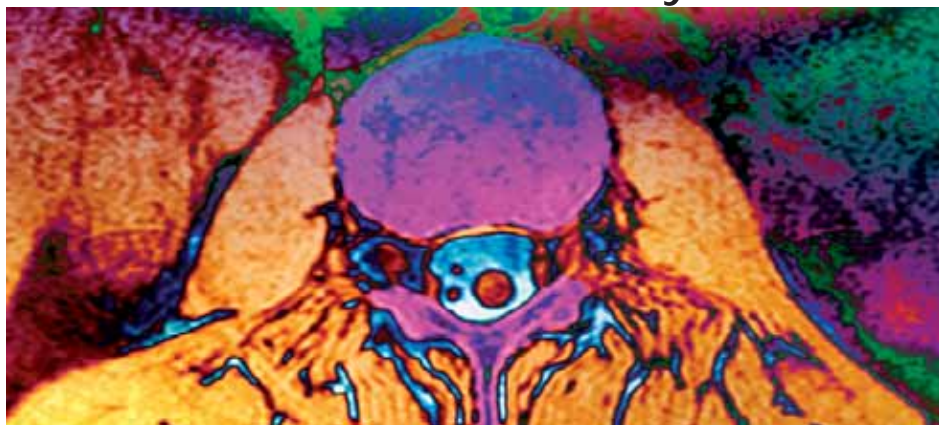
Temozolomide has been endorsed by the National Institute for Health and Clinical Excellence as a treatment option for newly diagnosed high-grade glioma. Carmustine implants, appraised separately by NICE, are also approved for use in this group of patients but only for those who have had at least 90 per cent of their tumour resected. NICE was not able to make recommendations regarding the sequential use of these treatments.

In separate guidance, NICE approved the use of alteplase for the treatment of acute ischaemic stroke. NICE makes the point that alteplase should only be used by appropriately trained clinicians and in centres equipped to enable it to be used according to its licence.

NICE has developed tools to help organisations implement the recommendations. These, along with the guidance, are available on the NICE website (www.nice.org.uk) and via *PJ Online* (www.pjonline.com/links/pj)

NICE has also published a clinical guideline this week on the management of faecal incontinence. It calls for health care professionals to ask patients proactively in high-risk groups whether they have signs of faecal incontinence and outlines treatment options.

Risk of confusion over cytarabine



Liposomal cytarabine needs to be given with concomitant steroids to avoid causing arachnoiditis — inflammation of the arachnoid membrane (centre, blue)

Confusion between cytarabine and liposomal cytarabine has been highlighted as a potential risk in an early warning report issued by the National Patient Safety Agency.

The "rapid response report" is the first to be issued by the NPSA as part of a pilot of one-page information sheets, which are intended to communicate important patient safety issues to NHS professionals rapidly. The rapid response reports are different from existing NPSA safety announcements, such as patient safety alerts and safer practice notices.

The report alerts staff to possible confusion between two preparations of intrathecal cytarabine — standard cytarabine and a newer, longer-acting formulation, liposomal cytarabine (Depocyte).

Administration of liposomal cytarabine without concomitant steroids can induce severe acute arachnoiditis. In addition, administration of the wrong preparation can lead to over- or under-dosing due to the dosing frequency of the two products being different.

The warning follows an incident reported to the NPSA in which a patient was given liposomal cytarabine rather than the standard formulation that was prescribed. In the reported case, the pharmacist failed to follow normal checking procedures to establish the correct drug was administered, believing that the haematology unit's drug of choice was Depocyte even though standard cytarabine (without steroid cover) had been prescribed.

The report requires action by 18 July and instructs chief pharmacists to ensure that medical, nursing and pharmacy staff involved in intrathecal chemotherapy are aware of the potential risk. It also requires local action to be taken to minimise this risk.

The report is available on the NPSA website at www.npsa.nhs.uk and via *PJ Online* (www.pjonline.com/links/pj).

The NPSA would welcome feedback on the pilot and the rapid response report and comments can be e-mailed to rrr@npsa.nhs.uk.

New restrictions on piroxicam prescribing

New restrictions on the use of piroxicam have been issued by the European Medicines Agency (EMA) because of the risk of gastrointestinal side effects and serious skin reactions. The restrictions apply to the oral, injectable and suppository forms of the drug but not to topical preparations.

The new prescribing advice is based on the opinion of the EMA's Committee for Medicinal Products for Human Use (CHMP), that piroxicam should no longer be used for the short-term treatment of painful and inflammatory conditions. The drug can still be prescribed for long-term relief of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis but should not be first-line non-steroidal anti-inflammatory drug therapy.

The Medicines and Healthcare products Regulatory Agency advises that there is no need for urgent action but that patients being treated for long-term conditions with piroxicam should have their treatment reviewed at their next routine appointment. An alternative treatment should be considered if appropriate.

Patients who have previously received piroxicam for short-term use should receive an alternative medicine if similar treatment is needed in the future.

The MHRA also advises that, for all NSAIDs, the lowest effective dose should be used for the shortest period necessary to control symptoms.

Prescribers will receive a letter to inform them of these changes in the near future. Summaries of product characteristics will be updated when the CHMP opinion is ratified by the European Commission.

Contamination may lead to suspension of Viracept

Roche's anti-HIV medicine Viracept (nelfinavir mesilate) has been recommended for suspension by the European Medicines Agency.

The step follows the recall of all batches of the product earlier this month after the active ingredient from which they were prepared was found to be contaminated with the genotoxic substance ethyl mesilate (methane sulfonic acid ethyl ester) (*PJ*, 16 June, p694 and 23 June, p728). A meeting of toxicology experts has concluded that there are insufficient data to establish a toxic dose of ethyl mesilate in humans.

Roche has been asked to identify and follow up all patients exposed to contaminated product since March, all women ever exposed to Viracept during pregnancy and all children ever exposed to the product, including *in utero* exposure.

Presentation of risk influences consent

The way in which a treatment's effect is described, even when descriptions are quantitatively equal, influences patients' willingness to take that treatment, according to research published last week (*Annals of Internal Medicine* 2007;146:848).

In a cross-sectional survey of 2,754 healthy people, researchers presented scenarios regarding a hypothetical drug therapy to reduce the risk of heart attacks or hip fractures. Participants were randomly assigned to a scenario with one of three outcomes after five years of treatment.

For a heart attack, treatment effect was presented as postponement by two months for all patients, postponement by eight months for 25 per cent of patients or a number needed to treat (NNT) of 13 patients to prevent one heart attack. For hip fracture, treatment effect was presented as postponement by 16 days for all patients, postpone-

ment by 16 months for 3 per cent of patients, or an NNT of 57 patients to prevent one fracture. The benefits described were equivalent and calculated from clinical trials.

The researchers found that in both groups, the proportion of respondents who consented to therapy was highest when the effect was presented in NNT and lowest when it was presented as a short-term postponement of the outcome for all patients ($P < 0.001$ for both groups). Many respondents reported difficulty in understanding the description of treatment benefit regardless of how it was presented, and these people were less likely to consent to therapy, say the researchers.

The researchers acknowledge that the study has limitations but emphasise that the different formats evoked different choices when lay people responded to hypothetical scenarios. "Perhaps the same is true in real life," they say.

Primary care pharmacist job losses to be quantified

Primary care pharmacists will find out later this summer how many of their jobs have disappeared because of recent budget cuts and NHS reorganisation.

The Primary Care Pharmacists' Association announced this week that it is surveying members in England to discover the effect on posts of wiping out the last financial year's NHS deficit and the merger of primary care trusts. The PCPA intends to telephone as many PCTs as possible in July and expects the results to be known by the end of the summer.

The Pharmaceutical Advisors Group in England and Wales, representing PCT pharmaceutical advisers, is also questioning its members about the impact of PCT reorganisation, introduced last October. It wants to find out how departments are now organised and whether PCTs are continuing to employ pharmaceutical advisers. A questionnaire has gone to the group's regional representatives, who are being asked to pass it on to individual PCT members.

At the same time, the Guild of Healthcare Pharmacists, which represents mostly hospital pharmacists, wants to find out how many jobs have disappeared in NHS trusts between 2006 and 2007 or have been frozen because of a combination of Agenda for Change and budget cuts.

Shailen Rao, PCPA chairman, said: "Whether [primary care] jobs have gone because of the cuts or [through] PCT reorganisation doesn't really matter, but [we need] to find out where this has been happening. Our members are crying out to find out what's happening elsewhere in the country."

Helen Chadwick, PAG secretary and deputy chief pharmacist at Milton Keynes PCT, said: "We want to discover where people are now and what the set up is. We want to discover whether there are any gaps and whether PCTs are employing advisers and support staff."

President of the guild Anthony Oxley said morale across the NHS was low because of the cuts and reorganisation. He said: "Every profession in the health service feels bruised at the moment — I think morale has been sapped across the board."

"It's going to be quite difficult to get a figure for the number of pharmacy job losses, but it is something we are working on at a regional level."

The latest annual hospital pharmacist recruitment survey, covering the whole of the UK, for the first time asked pharmacists to identify how many posts they thought were under threat in the previous 12 months. The question was added in the hope that the answers would reveal whether the regrading of



Shailen Rao: PCPA to survey members

posts brought in by Agenda for Change had resulted in job losses.

The results of the survey, carried out in May 2006, revealed that 2 per cent of hospital jobs (122 pharmacist posts) were thought to be under threat at that time. But since the figure only reflected anticipated job losses brought about by Agenda for Change and not direct budget cuts to balance the NHS books, the true number could be much higher, according to David Scott, from John Radcliffe Hospital in Oxford, who carried out the survey.

Recruitment feature p765

NPA highlights potential for waste medicine problem if new disposal directive goes ahead

Pharmacies might have to stop accepting medicines for disposal from the public, according to a warning issued this week by the National Pharmacy Association in Scotland.

The NPA is concerned that this might happen if the Waste Framework Directive is implemented without excluding the low concentrations of hazardous waste found in returned medicines from the hazardous waste legislative requirements.

Billy Templeton, NHS service development manager for Scotland, NPA, said: "The

Waste Framework Directive currently states that pharmacists would not be able to accept any returned medicines without purchasing a waste management licence and would need to purchase a waste carrier's licence to pick up unwanted medicines from patients' homes."

He added: "Community pharmacies are already subject to regulation through the Royal Pharmaceutical Society regarding the safe disposal of medicines and additional regulation is unnecessary in our view."

Alliance Boots leaves European wholesalers' association

Alliance Boots has withdrawn from the European Association of Pharmaceutical Full-line Wholesalers (GIRP) because of differences of "outlook and approach" relating to direct-to-pharmacy distribution arrangements in the UK (*PJ*, 2 December 2006, p658).

Ornella Barra, wholesale and commercial affairs director of Alliance Boots, has subsequently resigned from GIRP's executive committee. She commented: "Pharmaceutical manufacturers are asking for new and innovative services from full-line wholesalers and we have tried to meet their demands.

Unfortunately GIRP has been unable and unwilling to embrace these changes."

GIRP president René Jenny commented on the changes to medicines distribution at a Pharmaceutical Forum meeting in Brussels this week: "We [GIRP] are not opposed to change, however we suggest less revolutionary approaches which do not endanger the continuous supply of all medicines."

Alliance Boots's wholesaler, UniChem, withdrew from the British Association of Pharmaceutical Wholesalers earlier this year (*PJ*, 14 April, p417).

News in brief

Boots in private hands

Alliance Boots became privately owned on 26 June. A company statement said that it would publish an annual performance review, updates on major developments and continue to pursue its corporate social responsibility agenda.

Stock trading system launched

An internet-based stock trading system, endorsed by the National Pharmacy Association, is being rolled out across the UK from 1 July. The site, Rxchange, allows members to buy or sell short-dated, excess or otherwise unwanted stock. Details are published in *Retail Round-up*, distributed to community pharmacists and technicians with this week's *Journal*.

Echinacea in common cold

Echinacea can reduce both the incidence and duration of the common cold, a meta-analysis of 14 studies indicates (*The Lancet Infectious Diseases* 2007;7:473). Researchers found that the herb reduced the likelihood of developing a cold by 58 per cent ($P < 0.001$) and reduced a cold's duration by 1.4 days ($P = 0.01$).

Response to methylamphetamine threat needs balance, MHRA told

Controls over pseudoephedrine and ephedrine need to be balanced and proportionate, the Serious Organised Crime Agency has told the Medicines and Healthcare products Regulatory Agency.

Responding to the MHRA's proposal to make all medicines containing ephedrine or pseudoephedrine available only on prescription (*PJ*, 10 March, p269), SOCA said that US legislation to limit the over-the-counter availability of pseudoephedrine had had a significant impact on the domestic production of illicit methylamphetamine. But it warned that domestic production in the US had never amounted to more than 20 per cent of the illicit supply and that controls over sales could be circumvented. Most methylamphetamine was produced in "super-labs" by Mexican drug traffickers.

In the US, pseudoephedrine products used to be available in unlimited quantities from supermarkets. Subsequent changes, which vary from state to state, included restricting the product to supplies from pharmacies, requiring customers to produce photo-ID and

sign for purchases, and limiting supplies to a maximum of 9g per person over a 30-day period.

SOCA said that it had not changed its view that the harm caused in the UK by methylamphetamine was currently low, but that the threat of future harm was great if a market for the drug developed. It added that the conditions that enabled the rapid spread of methylamphetamine abuse in Australia, Canada, New Zealand and the US were now present in the UK. These conditions were:

- An established market for problematic polydrug users
- An established recreational drug market
- Affordability
- Light controls over precursors and chemicals used in manufacture

SOCA also said that current demand for methylamphetamine in the UK was met by importing the drug from overseas.

The MHRA's consultation on the matter closed this week.

P medicines should not be self-selected

Pharmacy-only medicines must not be available for self-selection by members of the public, the Royal Pharmaceutical Society's Council has concluded following its consultation on the matter, which closed in April this year.

Over 90 per cent of consultation respondents agreed that the Society should place professional restrictions on access and display of P medicines. Just under two thirds agreed with prohibition on self-selection of the products.

The National Pharmacy Association said that the public's interests are best served if pharmacy medicines are not available for self-selection but that this should not rule out open display.

The Society has stipulated that the current restrictions do not preclude displaying P medicines for better viewing by the public.

The NPA said: "We believe that the Society has shown professional leadership in this issue and has made a decision that will protect public safety while recognising that a more modern approach to the display of goods is now possible."

The Society p779

PAGB believes pseudoephedrine reclassification will negatively impact on self care



John Harold

On the limited evidence available, it seems wrong for millions of people to lose access to medicines containing pseudoephedrine, outgoing president of the Proprietary Association of Great Britain, John Harold, said at the association's annual dinner last week.

Commenting on the Medicines and Healthcare products Regulatory Agency's proposal to make such products available only on prescription, Mr Harold said: "Reclassifying pseudoephedrine could cost the NHS in excess of £300m in additional doctor appointments and will divert resources from other areas where time could be better spent."

Mr Harold also suggested it would shake confidence in Government commitment to making the pharmacist the first port of call for minor ailments and to a health policy based on self care and self medication.

He went on to criticise the commitment of policy makers to self care: "The Government wants people to manage minor ailments themselves but does virtually nothing to encourage self medication."

□ **New president** Roger Scarlett-Smith, chief executive officer of GlaxoSmithKline Consumer Healthcare, has succeeded John Harold as PAGB president.

NPA draws up training ahead of pseudoephedrine decision

A training programme to raise awareness of issues around the potential misuse of pseudoephedrine- and ephedrine-containing products is being prepared by the National Pharmacy Association.

The programme will be released as soon as possible after the Government decides what additional restrictions around pseudoephedrine supply are to be put in place.

The decision to prepare an awareness-training programme comes after the NPA looked at measures taken internationally to help lessen the risk of pseudoephedrine and ephedrine sold from pharmacies being used as a precursor for methylamphetamine. In the US, there is an obligation under federal law

for staff working for general retailers and pharmacies to undertake awareness training.

Colette McCreedy, the NPA's acting chief executive, commented: "We are sending a strong message to Government and stakeholders that the NPA is prepared to invest in solutions that further reduce the risk of pharmacy-supplied pseudoephedrine being used to produce methylamphetamine."

The content of the training programme will meet a specification agreed by the NPA, the Company Chemists' Association, the Association of Independent Multiples and the Royal Pharmaceutical Society, with input from the Proprietary Association of Great Britain and pharmaceutical manufacturers.

STOP PRESS . . . PRODUCT RECALL

Prosulf

Prosulf (protamine sulphate; CP) injection 10mg/ml batch 07 is being recalled, because the finished product has failed to meet normal assay criteria. In this batch are 5ml ampoules in packs of 10, with an expiry date of May 2011. The batches were first distributed on 14 June. Recipients are requested to quarantine any remaining stock and return it to their supplier for credit. Medical information is available on 01978 669272. Stock return enquiries should be directed to customer services on 01978 669215 or 01978 669219.