

One in five online pharmacies operates from the UK

There are 570 websites selling medicines hosted in the UK, according to US research. The research does not indicate how many of them are operated by legitimate pharmacies or how many of them are illegal.

US internet research company MarkMonitor analysed 3,160 websites offering medicines for sale and found that only four were accredited under a US verification scheme — Verified Internet Pharmacy Practice Sites — and that one in 10 stated that no prescription was needed for a sale to take place. The research also found that half of the websites did not secure their customers' data and that most did not offer encrypted internet connection.

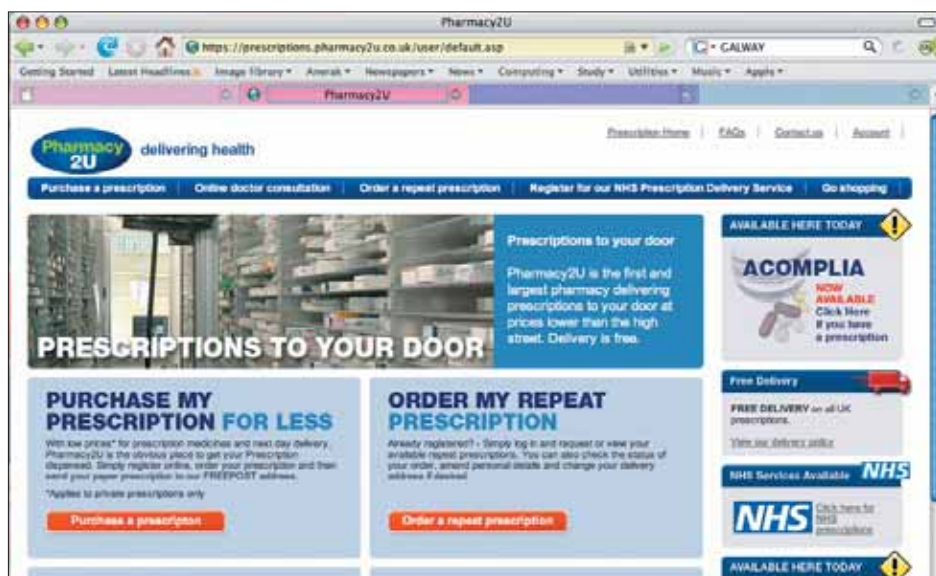
The Royal Pharmaceutical Society is currently piloting an internet pharmacy verification scheme under which legitimate online UK pharmacies will show a logo on their websites that links to the Society's database of registered pharmacy premises so that users can see the company's registration details. The verification scheme will be rolled out generally in 2008.

Even though this scheme is being piloted, the Society's current advice is that the safest way to purchase medicines is through face-to-face contact with a pharmacist.

Priya Sejjal, professional ethics pharmacist at the Society, said: "Internet pharmacy is an area of rapid growth and while the Society recognises that the increased provision of internet pharmacy services undoubtedly improves patient access and choice of pharmacy services, the nature of the world wide web is such that some medicines are now readily available from online suppliers who have no professional qualifications or health care expertise."

She added that patients considering buying medicines via the internet should be encouraged to check that the website is operated from a registered pharmacy.

A Medicines and Healthcare products Regulatory Agency spokeswoman said that the agency had asked MarkMonitor for its



Pharmacy2U is a UK internet pharmacy that operates within the law

evidence that 18 per cent of websites selling medicines are hosted in the UK.

She said that the MHRA's advice to consumers was that they should not buy medicines on the internet unless they are priced in sterling, the website gives the address and telephone number of a bricks-and-mortar pharmacy, identifies its chief pharmacist and insists on a prescription for prescription medicines.

"Our baseline is that it's not the wisest thing to buy drugs online," she said. "Whether they're based in the UK or not, you just don't know what you're going to get in the post. It's not nearly as effective as a face-to-face consultation with a pharmacist."

At any one time the MHRA is investigating around 100 cases where they believe there have been breaches of the Medicines Act relating to the illegal sale or supply of medicines via the internet.

The research, and the way it was presented by the lay media earlier this week, has upset legitimate online pharmacies.

Daniel Lee, managing director of Leeds-based Pharmacy2U, said: "There is little differentiation being made between overseas or UK purveyors of potentially dangerous counterfeit drugs and the perfectly legal and trustworthy supply of prescription drugs by registered and regulated UK-based pharmacies that have an online presence. There is reporting that all online pharmacy is unsafe, without regulation and that the only safe way to obtain prescription medicines is through face-to-face contact with a pharmacist, which is simply not true. Safe and credible online supplies of medicines can be achieved in the UK."

Mr Lee said that Pharmacy2U had always tried to be at the forefront of differentiating between those operating outside the law and pharmacies like itself.

"But everyone gets tarred with the same brush," he said. "To have this sort of research published without balancing comment is scaremongering. We would welcome the shutting down of all these illegal websites."

CD destruction rules change

Accountable officers, responsible for monitoring and managing the use of Controlled Drugs within an NHS organisation, can now authorise people to witness the destruction of CDs, following amendments to the Misuse of Drugs Regulations 2001 that came into force last week (*PJ*, 18 August, p189).

Steve Lutener, head of regulation at the Pharmaceutical Services Negotiating Committee, explained that previously destruction needed to be witnessed either by police chemist inspection officers or the Royal Pharmaceutical Society's inspectors, but the Regulations now require the accountable officer to authorise people to oversee the destruction of stock CDs.

Pharmacy vacancies fall

The number of unfilled pharmacy jobs in NHS organisations in England has fallen.

Three-month vacancies that trusts were actively trying to fill on 31 March stood at 77 pharmacists (1.4 per cent vacancy rate), 15 pre-registration trainees (2.2 per cent) and 46 other qualified pharmacy staff (0.8 per cent). This is down from 118 (2.1 per cent), 22 (2.9 per cent) and 75 (1.3 per cent), respectively, in 2006.

Anthony Oxley, Guild of Healthcare Pharmacists president, said that many departments were not actively seeking staff because of recruitment freezes. He suggested that the figures reflect the financial state of the NHS rather than an improvement in recruitment.

Scotland funds error studies

Scotland is to spend £2.5m on research aimed at finding out why mistakes are made when patients are treated in hospital.

The money is to be spent through the Scottish Patient Safety Research Network, led by Rhona Flin, professor of applied psychology at the University of Aberdeen. The University of St Andrews and the University of Dundee will collaborate in the work.

Huw Davies, professor of health care policy and management at the University of St Andrews, said: "We need to understand the organisational and professional contexts within which these unfortunate events occur so that we are better able to design safer systems."

Restricted approval of rituximab and adalimumab

Arthritis treatments rituximab (Mabthera) and adalimumab (Humira) have been approved for use in England and Wales by the National Institute for Health and Clinical Excellence, with restrictions, in separate technology appraisals published this week.

NICE recommends rituximab in combination with methotrexate for the treatment of adults with severe active rheumatoid arthritis who have had an inadequate response to or are intolerant of other disease-modifying anti-rheumatic drugs (DMARDs), including treatment with at least one anti-tumour necrosis factor drug.

Rituximab/methotrexate treatment, NICE stipulates, should only be continued in patients who respond adequately, defined as an improvement in disease activity score of 1.2 points or greater. Furthermore, NICE limits repeat courses of rituximab to six-monthly intervals.

Adalimumab is recommended as a treatment option for adults with active and progressive psoriatic arthritis only when:

- The patient has peripheral arthritis with three or more tender joints and three or more swollen joints
- The patient has not responded to adequate treatment attempts with at least two standard DMARDs, given individually or in combination

NICE requires adalimumab treatment to be discontinued after 12 weeks if an adequate response is not achieved according to criteria set out in its guidance.

Both technology appraisals are available from NICE's website (www.nice.org.uk) and via *PJ Online* (www.pjonline.com/links/pj).

NICE issues guidance on managing urinary tract infection in children

Children from three months of age with acute pyelonephritis (upper urinary tract infection) should be treated with an oral antibiotic with low resistance patterns, such as a cephalosporin or co-amoxiclav, for seven to 10 days, the National Institute for Health and Clinical Excellence sets out in a new clinical guideline, developed in conjunction with the National Collaborating Centre for Women's and Children's Health.

If such children are not suitable for oral treatment, they should be treated with an intravenous antibiotic, such as cefotaxime or ceftriaxone, for two to four days, followed by oral antibiotics for a total period of 10 days.

Children three months of age or older with cystitis (lower urinary tract infection) should be treated with oral antibiotics, selected using locally developed guidance, for three days. NICE



Ian Boddy/Science Photo Library

Oral antibiotics are first-line for children three months of age or older with UTI

suggests trimethoprim, nitrofurantoin, amoxicillin or a cephalosporin as suitable options. It recommends that parents be advised to take

their child to be reassessed if they are still unwell after 24 to 48 hours of treatment.

Infants younger than three months should be referred immediately to a paediatric specialist if urinary tract infection is suspected. In terms of prophylaxis, NICE does not recommend routine antibiotic cover following a first-time urinary tract infection.

The guideline sets out common signs of urinary tract infection in children of different ages.

The full guideline, "Urinary tract infection in children: diagnosis, treatment and long-term management", is available from the NICE website (www.nice.org.uk) and via *PJ Online* (www.pjonline.com/links/pj).

NICE has also released a clinical guideline on the diagnosis and management of chronic fatigue.

NICE allows MS drug for specific patients

Natalizumab (Tysabri) has been recommended by the National Institute for Health and Clinical Excellence for the treatment of selected multiple sclerosis (MS) patients in its latest round of appraisals, released this week.

The monoclonal antibody is approved as an option only for patients with rapidly evolving severe relapsing-remitting MS, defined by two or more disabling relapses in one year, and one or more gadolinium-enhancing lesions on brain magnetic resonance imaging or a significant increase in T2 lesion load compared with a previous MRI scan.

According to NICE, patients who are already receiving natalizumab but who do not fit the institute's latest restriction should have the option of continuing therapy with the drug.

The technology appraisal documents are available from the institute's website (www.nice.org.uk) and via *PJ Online* (www.pjonline.com/links/pj).

Emtricitabine and tenofovir/emtricitabine approved for Wales

Emtricitabine (Emtriva) and tenofovir/emtricitabine (Truvada) have been accepted for use in the NHS in Wales, following ministerial approval of the recommendations made by the All-Wales Medicines Strategy Group at its June meeting.

Emtricitabine (in combination with other antiretroviral agents) and emtricitabine/tenofovir are recommended for treatment-naïve HIV1-infected adults. Both should be used in line with current British HIV Association guidelines.

In addition, clofarabine (Evoltra) has been recommended for use, under limited conditions, for the treatment of acute lymphoblastic leukaemia in patients under 21 years old.

Patients must be relapsed or refractory after receiving at least two other regimens. There must be no other treatment option expected to result in a durable response and there must be an intention for patients to proceed to stem cell transplantation.

Parathyroid hormone (Preotact) has been recommended as an alternative to teriparatide for the treatment of postmenopausal women with osteoporosis at high risk of fractures.

Due to a lack of robust evidence of clinical and cost-effectiveness, dexrazoxane (Savene) was not recommended for the treatment of tissue damage caused by leakage of anthracycline chemotherapy from the veins into surrounding tissues.

Pemetrexed rejected by NICE for non-small cell lung cancer

The National Institute for Health and Clinical Excellence has rejected antifolate agent pemetrexed (Alimta) in guidance released this week.

NICE ruled that pemetrexed should not be used to treat locally advanced or metastatic non-small cell lung cancer, saying that the

drug would not be a cost-effective use of NHS resources when compared with either docetaxel or best supportive care. The reduction in rates of alopecia seen with pemetrexed is not sufficient reason to recommend it as an alternative to docetaxel, NICE says.

EU prescriptions could in future be valid in the UK

Legislation that controls the prescribing and dispensing of medicines in the UK and defines what information a prescription must contain in order to be valid is about to become fragmented as a result of intervention by the European Commission.

The commission has said that the part of the Medicines Act 1968 that restricts the prescribing of prescription-only medicines and unlicensed treatments to UK registered health professionals does not comply with the European Community treaty.

As a result, the Medicines and Healthcare products Regulatory Agency has launched a consultation on proposals to allow prescriptions written by doctors and dentists in the European Economic Area — the EU plus Iceland, Liechtenstein and Norway — and, possibly, Switzerland to be valid in the UK.

The MHRA says that most countries in the EEA do not operate registration systems that allow pharmacists to authenticate prescribers, which means that pharmacists will have no way of checking whether a European doctor or dentist is authorised to prescribe.

Instead, they will have to rely on their professional judgement. In addition, the consultation proposes that the rules about what information a prescription must show in order to be valid should not apply to European prescriptions.

The due diligence test that provides pharmacists with a potential defence against charges of supplying a medicine unlawfully if a prescription subsequently proves to be forged will also apply to European prescriptions, but the consultation gives no clues as to what might constitute due diligence.

There will be no obligation to dispense any European prescription, but the Royal Pharmaceutical Society and the Pharmaceutical Society of Northern Ireland are expected to produce professional guidance on how pharmacists should decide whether or not to dispense a foreign prescription.

At present, the UK is the only EEA country that allows practitioners other than doctors and dentists to prescribe human medicines. The plan is to rewrite the legislation so that prescriptions from other



Jan Kranendonk/Dreamstime.com

European Commission intervenes in prescription legislation

European practitioners will be valid in the UK once they are allowed to prescribe in their own countries.

The current proposal does not apply to any Controlled Drugs, but the MHRA is asking for views on whether it is right for all Schedule 1 to 5 CDs to be excluded.

Organisations consulted about proposed premises fee increase

The Department of Health is consulting pharmacy organisations about the Royal Pharmaceutical Society's proposed 56 per cent increase in premises fees.

The consultation documents contain the Society's business case for the proposed premises annual retention fee increase from £156 to £243 (*PJ*, 11 August, p162).

The Society's justification for the rise includes the increased cost of inspection and regulation and increased workload as a result of the Pharmacist and Pharmacy Technicians Order 2007. It cites the increased level of complaints received and the subsequent investigation and potential prosecution of pharmacists, superintendent pharmacists and premises owners. The Society also mentions the investment needed to ensure that inspectors keep pace with the ever-increasing complexity of cases, particularly those referred by the NHS counter fraud service.

The Society this year aims to recover the full cost of regulatory activities relating to the registration and inspection of pharmacy premises. In previous years this has been heavily subsidised by contributions from its publications directorate and members' retention fees, after requests to increase the premises fee have been refused by the Department of Health, it says.

Colette McCreedy, National Pharmacy Association director of practice, said: "This will be an item on the NPA board agenda for September. Our initial reaction is one of concern of the impact that this increase may have on the community pharmacy business model."

The Pharmaceutical Society Negotiating Committee will also be discussing the proposed increase at its September meeting. Stephen Lutener, head of regulation at the PSNC, said: "For pharmacy contractors, it is part of PSNC's negotiation of NHS funding that significant increases in regulatory burden should be reflected in future funding. As premises fees are collected under statutory provisions, we would be making a claim against the NHS for any increase in premises fees."

The proposal is out for consultation until 9 October.

PDA and IPF urge Society to ask Government for financial support

The Pharmacists' Defence Association and the Independent Pharmacy Federation this week added their voices to others complaining about the Royal Pharmaceutical Society's proposed hike in pharmacists' retention fees (*PJ*, 4 August, p129). Both organisations urge the Society to call on the Government to finance the Society's demerger.

The IPF said the Society must immediately acknowledge that the Government is the real problem and explain this to the membership. "If Lambeth takes a clear and unambiguous stance against the Government then the IPF and many organisations would add their weight to the cause," it said.

Responding to this, Andrew Gush, the Society's Treasurer, said: "The support of the IPF is welcome, but it must be accepted that there is an obligation on the Society in terms of due diligence to give full financial disclosures and answers for the whole budget, rather than just challenge the Government in terms of their responsibility for a very significant part of the financial burden, shared by our members as a consequence of these impositions."

He added: "The Society will continue to challenge for a fair outcome for its members and I accept that we should now make members realise through clear communication that we are doing so robustly. The leadership will be seen to be vigorous and the membership will be informed of our progress."

The PDA encouraged the Society to make representations to the Government to support financially the setting up of the new regulatory procedures and secretariats since this will form the basis of the new General Pharmaceutical Council. It added that the Society should lobby the Government to reduce onerous bureaucracy and unnecessary regulation that has resulted as a consequence of the rules governing the Pharmacists and Pharmacy Technicians Order 2007.

Mr Gush said: "As Treasurer, I can assure the IPF and the PDA that the Council is committed to taking the fight over the Society's retention fees to the Government. We have clearly stated that the Government has an obligation to remove the financial liability placed on our members by the imposition of the recommendations of the White Paper and recent regulatory changes caused by the Order."

Pharmacists must learn to assess mental health needs of old people

All pharmacists should receive training in the assessment and care of old people with mental health needs, an Age Concern report recommends.

The report says that the Royal Pharmaceutical Society should require the curricula for all basic training programmes to include modules on the assessment and care of old people with mental health needs. It adds: "Basic training should reinforce the message that older people are the main users of health and social care services. Older people with mental health problems should be involved in curriculum development, training delivery and role playing."

It also says that the Society should develop initiatives to improve the quality of pharmacists' practice in identifying and responding to old people's mental health needs. "Initiatives could include continuing professional development on the prevention of mental health problems in later life," it says.

Paul Gimson, lead pharmacist for long-term conditions at the Society, said the report should be of interest to pharmacists. "It states that two-thirds of people with depression are undiagnosed and 50 per cent of those diagnosed are treated with antidepressants. Pharmacy has a clear role in identifying and supporting these people. The Society is in the process of updating its mental health guidance and will be considering this report as part of that process."

"Improving services and support for older people with mental health problems" makes 35 recommendations and identifies five key areas for action: ending discrimination, pri-



Old people may need support to prevent mental health problems developing

oritising prevention, enabling old people to help themselves, improving current services and facilitating change through improved education, training and support.

Damian Day, head of accreditation at the Society, commented: "The recommendations made in the Age Concern mental health report will be considered through the Society's Fit for the Future education reform programme. Pharmacists can provide valuable support in improving mental health, and services for older patients, and it is important that pharmacists are receiving adequate education and training in this area."

The report is available from the Age Concern website (www.ageconcern.org.uk).

Scottish Executive keeps community services for long-term conditions in its sights

Developing community-based services for people with long-term conditions will remain a central aim of the Scottish Government's future health policy. How to achieve this is one of the themes in a consultation published last week.

Launching the consultation, Nicola Sturgeon, Health and Wellbeing Secretary, said: "We want to open a wide-ranging discussion about our key objectives and the best means to achieve them."

"Today's document describes the building blocks of our approach and demonstrates our commitment to engagement and involvement in everything we do. It will allow the public and patients to help shape the action plan [on health] we intend to publish in December."

The consultation includes sections on improving patients' experience of care, maximising efficiency, tackling health inequalities and improving services for long-term conditions. Within the document, the Government confirms its plans to abolish prescription charges and protect local access to health services.

Pharmacy is mentioned in a policy aim which promises to "improve access to health services by developing the services offered in primary care and community hospitals, encouraging more flexible opening hours amongst GP practices and providing walk-in access to a wider range of services through community pharmacies".

The consultation, "Better health, better care", is open until 12 November and can be accessed via *PJ Online* (www.pjonline.com/links/pj).

Palliative care funds for Scotland announced

Funding for palliative care model schemes in Scotland was announced this week by the Scottish Executive.

NHS boards were allocated funding last year to allow them to undertake local palliative care model schemes. This week's announcement confirms that a further allocation will be made for 2007-08 so that these schemes can continue. Details of each board's allocations are published in an NHS

circular. However, the circular points out that this year's allocation is not recurring and a decision has not yet been made on future funding.

"To that end, it is intended that a workshop will be organised later in the year to consider how palliative care model schemes as well as out-of-hours local services will integrate with the new community pharmacy contract," it says.

England's medicines costs rise as prescriptions increase

Medicines costs in England increased by 3.3 per cent in 2006, driven by a 4.4 per cent increase in prescribing by GPs.

The average per prescription cost of drugs fell by 1.1 per cent, or 3.5 per cent in real terms.

Statistics published by the NHS Information Centre last month show that 752

million prescriptions were dispensed with an average net ingredient cost of £10.90.

The average number of prescriptions per person was 14.8, with people aged over 60 years receiving an average of 40.8 prescription items each.

Nearly nine out of 10 prescriptions (88 per cent) were dispensed free of charge.

News in brief

Sodium cromoglicate

Galpharm has asked the Medicines and Healthcare products Regulatory Agency to reclassify sodium cromoglicate 2 per cent eye-drops from a pharmacy medicine to a general sale list medicine. Comments on the application can be sent to the MHRA until 8 October.

PHS legislation update

Updated legislation for the public health service, part of the community pharmacy contract in Scotland, was published last week. Although largely the same as last year's version, the new directions clarify that display equipment provided by the NHS cannot be used for commercial purposes and that health promotion campaign material should be sited in a suitable pharmacy window if possible.