

UniChem "protected pharmacy" through Pfizer deal

UniChem's decision to work with Pfizer as the single distributor of its medicines was to "protect pharmacy" from the threat of a logistics provider, such as DHL, taking on the service. So stated Ornella Barra, Alliance Boots's wholesale and commercial affairs director, at this year's UniChem convention, held this week in Barbados.

"If Pfizer, or another one of the top 10 manufacturers, wants to move [its supply model] it is impossible to stop them," she declared. She said that UniChem signed the agreement with Pfizer to protect the interests of pharmacy. "As a pharmacist myself, I understand the importance of the pharmacist's relationship with the supply chain. Pharmacists are an essential link in the chain. We need to make sure we keep pharmacy at the heart of the wholesaling and distribution model." She maintained that logistics companies do not have the same level of experience in delivering to pharmacy.

David Coles, former managing director of UniChem and recently appointed director of

business development, Alliance Healthcare, agreed that choosing not to take part in changes to pharmacy distribution would not have meant the forces behind such changes would go away.

"We've understood that without engagement and involvement these changes could evolve to the detriment of both wholesale and pharmacy," he said. "Interestingly, a year on from the start of the negative campaign to resist change the [British and European wholesale] industry associations are making some noises about now being interested to perhaps understand and engage more," he added.

Commenting on the changes to medicines distribution, Pharmaceutical Services Negotiating Committee chief executive Sue Sharpe described the transition as "remarkably smooth". She said: "I think the reason it's been smooth is because, and only because, we've kept the specialist pharmacy wholesaler in the game. The risk of somebody who doesn't know the wholesale market, like



Ornella Barra

DHL, coming in — that would really be bad news. It is clear to me that what we've had is UniChem, in particular, making sure that it has protected the pharmacy interest, and that, as we see the tremendous changes that are going to happen, we've got the skills and we've got the commitment and understanding of what community pharmacy needs."

Special feature p259

Not providing advanced services will harm pharmacy's reputation

About half the pharmacies in England are still not providing advanced services, Sue Sharpe, chief executive of the Pharmaceutical Services Negotiating Committee, revealed this week at the UniChem convention in Barbados.

"If we want to be in the frame", said Mrs Sharpe, "we need to work to be there." She said that the number of contractors who have not changed their practice or premises is worrying. "They are a real problem for the reputation of pharmacy, for everyone."

"Other providers, including the voluntary sector, are being encouraged to tender for providing services," she pointed out. "And in case anyone thinks that, longer term, a simple

dispensing service will provide a profitable business, think again — it will not," Mrs Sharpe warned participants.

She went on: "The contractual framework [in England and Wales] offers a window of security, giving pharmacists time and the financial comfort to shift from a dispensing service to providing a wider range of health care. Too many pharmacists have not made that shift." She believes that many are doing the minimum to meet the contract requirements.

"We will find it impossible to protect nationally negotiated services if large numbers of contractors turn their backs on them," she added.

Mike Smith, UniChem convention chairman, said he was "horrified by the lack of engagement of some pharmacists with the new contract. They do no medicines use reviews, they have shoddy premises, they have cupboards for consulting rooms, their hours don't fit with the local surgery — and we all know of them."

He pointed out that the profession is often judged by the worst that represent it. "Get your act together now," he stressed.

"We hear all kinds of reasons why pharmacists don't do [MURs] — lack of time, lack of training and — dare I say it — lack of confidence," he added.

NPSA issues alert on injectable amphotericin preparations

Confusion between the two forms of injectable amphotericin has led to a safety alert being issued to health care staff following two recent deaths.

The National Patient Safety Agency has issued the alert warning of potentially lethal results if non-lipid formulations and lipid formulations of the drug are confused. It says that the NHS and independent health care sector in England and Wales should undertake an immediate risk assessment of amphotericin products and procedures, and ensure that all staff involved in prescribing, preparation, supply and administration of the drug are aware of the risks.

Linda Matthew, senior pharmacist at the NPSA, commented: "We expect the communication process to be led by chief pharmacists. The risk assessment is a collaborative

process between pharmacy, nursing and medical personnel, but we fully expect it to be coordinated by the chief pharmacists."

To reduce risks the NPSA says that both the complete generic name and proprietary name should be used when prescribing and dispensing the products, and that ideally the products should only be dispensed and prepared in the pharmacy department. Well-differentiated or separate storage spaces should be considered in the pharmacy, in addition to cautionary labels to remind staff about the differences between the products.

The recent deaths resulted from patients being prescribed and given the non-lipid formulation of amphotericin, but the dose being calculated based on the lipid formulation.

The alert can be accessed via *PJ Online* (www.pjonline.com/links/pj).

The Society

Minister to address BPC 2007

Ben Bradshaw, Minister of State for Health Services, will be addressing participants on behalf of the Department of Health at the 2007 British Pharmaceutical Conference (p271).

Pharmacy 2020

The sixth article in the Pharmacy 2020 series looks at how new sciences will affect the future for pharmacy (p273).

Council by-election results

Margaret Allan (Margaret Joan Jones) has been elected to the Royal Pharmaceutical Society's Council in the national seat for Wales (p275).

Joint pharmacy/GP service opportunity in Scotland

Community pharmacists in Scotland could set up new services through a primary care programme announced by the Scottish Government last week.

The "Scottish enhanced services programme for primary and community care" is primarily aimed at GPs but it has created an opportunity for pharmacists to set up joint services with medical practices.

Alison Strath, principal pharmaceutical officer, Scottish Government, explained: "It will be up to NHS boards to decide how this money is spent. One of its aims is to promote joint working across the health professions, so pharmacists should think about local needs and talk to GPs about how they can work together to tackle them." She added that this theme of co-operative working between pharmacists and GPs is reflected in the new pharmacy contract.

NHS boards are being asked to choose a minimum of three enhanced services to de-

velop according to local need. Although exact service specifications will be drawn up by the boards, nine outline specifications have been produced which meet national priorities. They are:

- Services for adults with learning disabilities
- Alcohol screening and brief interventions
- Care for adults with diabetes
- Cancer and urgent referral audit
- Services for carers
- Chronic obstructive pulmonary disease (COPD) rehabilitation
- Falls prevention and bone health
- Childhood obesity
- Flexible GP appointments

In addition, boards can come up with services to meet other local needs.

An earlier consultation on the service programme suggested roles for pharmacists

within falls prevention, COPD and the alcohol brief intervention services.

Alex MacKinnon, head of corporate affairs, Community Pharmacy Scotland, said: "There will be opportunities for pharmacists to develop services, particularly to make the most of community pharmacy's accessibility. Pharmacy contractor committees should engage with NHS boards to explore these opportunities."

Services must be in place by January 2008 and boards need to develop outline proposals for how services will be delivered by 1 October this year. Funding has initially been allocated for a year and a half, with £6.5m having been allocated for 2007-08 and £13m for 2008-09.

Details of the programme were published in an NHS circular last week, and the outline service specifications were due to be published online this week (at www.sehd.scot.nhs.uk).

Call for more training on rational asthma prescribing

Prescribers need further education about rational prescribing for children with asthma, say researchers.

Data from the NHS Information Centre for Health and Social Care for 2000-06 indicate overuse of oral beta-agonists and inhaled long-acting beta-agonist/steroid combination preparations, they say.

The percentage of steroid inhalers prescribed for children in the community as combination inhalers with long-acting beta-agonists increased from 2.6 per cent in 2000 to 20.6 per cent in 2006. This deviates from British Thoracic Society guidelines, which recommend that combination inhalers should only be used by patients whose asthma is not controlled with inhaled steroids alone.

The researchers say that, although it was not possible to establish which of these were repeat prescriptions, it is likely that the rapid increase in prescribing demonstrates a disproportionate use of these medicines.

Use of bronchodilator syrups decreased by 60 per cent over the past six years, but they are still steadily prescribed, say the researchers, with 121,000 prescriptions being written in 2006, despite BTS guidelines pointing out that the inhaled route is preferable.

The researchers say that these changes are not due to a change in demographics and are unlikely to be due to an increase in asthma prevalence.

However, they acknowledge that obtaining accurate prescribing data is a challenge and there is a need to gather information stratified by age.

The study was published online in *Archives of Disease in Childhood* on 4 September (www.adc.bmj.com).

Patients need clearer guidance on blood tests



One or two tests a week are generally sufficient for patients with type 2 diabetes

Health professionals should be more explicit about whether patients with type 2 diabetes need to monitor their blood glucose levels themselves, and how often they should do this, researchers say.

There is still no firm agreement among professionals about the role and value of self-monitoring in patients with type 2 diabetes, say the researchers, and this appears to be reflected in patients' attitudes to testing.

Detailed interviews with 18 patients were conducted when they were newly diagnosed and four years after diagnosis. The interviews revealed that self-monitoring decreased over time, and patients believed that doctors were not interested in their meter readings. Some patients found the results difficult to interpret and tended not to act on them. Patients also said that low blood glucose readings provided reassurance but high readings created a sense of failure.

Mahesh Sodha, a community pharmacist in Chelmsford, Essex, who runs weekly diabetes clinics, commented that a tailored self-monitoring plan should be made for each patient. He said that prescribers are currently experiencing pressure from primary care trusts to limit their prescribing of testing strips for patients with type 2 diabetes. He pointed out that newly-diagnosed patients might find it helpful to test their blood glucose frequently, for example, to gain an understanding of how their body reacts to a new type of meal. However, in general, a once- or twice-weekly check should be adequate for patients with type 2 diabetes. He added that specialist diabetes nurses and pharmacists can help promote a tailored plan for each patient, and ensure they understand how to interpret and act on the results.

The study was published in *BMJ Online First* on 30 August (www.bmj.com).

Direct renin inhibitor launched as antihypertensive

Aliskiren (Rasilez), the first in a new class of antihypertensives, was launched in the UK by Novartis this week.

Data presented at the European Society of Cardiology meeting in Vienna reveals that the drug produces further drops in blood pressure that are sustained over 24 hours when added to existing treatment regimens. Another study has suggested it holds promise as a new treatment for heart failure.

The hypertension study presented at the ESC meeting showed that aliskiren provided consistent reductions in blood pressure sus-

tained over 24 hours. A study published earlier this year in *The Lancet* suggested it could add a further 4-5mmHg reduction in systolic blood pressure when added to a high dose angiotensin receptor blocker (ARB) or the angiotensin-converting enzyme (ACE) inhibitor ramipril.

In the heart failure study, 302 patients with heart failure and current or prior hypertension plus elevated B-type natriuretic peptide (BNP) levels were randomised to receive aliskiren or placebo. Patients were already treated with an ACE inhibitor or ARB and a beta-blocker unless contraindicated or not tolerated. The investigators reported that aliskiren reduced plasma BNP by five times more than placebo (-61pg/ml versus -12pg/ml, $P=0.016$). There was also an improvement in left ventricular filling pressure as measured by Doppler-echocardiography. Aliskiren was well tolerated and there was no significant excess of hypotension or renal dysfunction, they added.

John McMurray, head of the British Heart Foundation Cardiovascular Research Centre at the University of Glasgow, said: "The question now is whether this could improve car-



Aliskiren: launched as antihypertensive and shows promise in heart failure

diac outcomes in this group of patients but I think the data are promising and mean we should now start to plan a phase III study.

"But we will have to work out whether aliskiren should be added to, or used instead of, an ACE inhibitor."

Notice-board p255

How Aliskiren works

Aliskiren is the first direct renin inhibitor to become available in the UK and is licensed either as monotherapy or in combination with other antihypertensives, although cardiologists expect it to be used mostly in combination.

Aliskiren directly inhibits renin, which converts angiotensinogen to angiotensin-I (ACE inhibitors block this step). Angiotensin-I is then converted to angiotensin-II, triggering vasoconstriction (ARBs stop angiotensin-II binding).

Fixed-dose combination of perindopril and indapamide reduces diabetes mortality

Giving a fixed dose combination antihypertensive to patients with type 2 diabetes, regardless of blood pressure or existing treatment, cuts the risk of cardiovascular death by 18 per cent, according to a study of over 11,000 patients.

Although the investigators said the data justify giving this fixed-dose combination drug (Coversyl Plus; perindopril 4mg and indapamide 1.25mg) to all diabetes patients, other specialists said it simply adds to the evidence that blood pressure in diabetes should be treated down to the 130/80mmHg target now recommended in many national guidelines, including the UK's.

Data from the ADVANCE study were presented at this week's European Society of Cardiology meeting in Vienna and published online simultaneously in *The Lancet* (2 September 2007, www.thelancet.com).

The study involved 11,140 patients with type 2 diabetes from 20 countries, including 1,135 UK patients, randomised to receive a fixed dose of the angiotensin-converting enzyme inhibitor perindopril and the thiazide diuretic indapamide or placebo.

Average blood pressure at baseline was 145/81mmHg, reduced to 135/75mmHg in the active-treatment group compared with 140/77mmHg in the placebo group over the 4.3 years of follow-up.

The relative risk of death from cardiovascular disease in the intervention group was

reduced by 18 per cent ($P=0.03$) and death from any cause was down by 14 per cent ($P=0.03$).

John Chalmers, co-principal investigator of the study and chairman of the study group at The George Institute for International Health in Sydney, Australia, said: "The simplicity of a single combination tablet given to all diabetic patients will make a huge difference in lowering blood pressures across the board. It would be a bit like taking an aspirin a day if you have CHD."

But discussing the results, Sidney Smith, director of the Centre of Cardiovascular Science at the University of Carolina, was more cautious and said: "It seems that the typical person who benefited in this trial was a 55-year-old who had had diabetes for several years and had a [baseline] systolic blood pressure of about 145mmHg.

"I can't see much evidence that a 35-year-old diabetic with blood pressure of 130/80mmHg would benefit much from more drug therapy."

Following the presentation ESC fellow and Berkshire GP George Kassianos said: "These data do suggest that we need to treat blood pressure in diabetic patients below the current [GP] QOF target and doing so would have large benefits.

"But the evidence for that is using this fixed-dose combination, not by intensifying other treatments."

News in brief

Lloyds heart check campaign

Lloydspharmacy plans to encourage one million men to have heart checks by 2010 as part of its Million Man Challenge, launched in partnership with HEART UK. For the next month Lloydspharmacy heart health checks are being offered free of charge in seven Lloydspharmacy stores and half price in a further 115.

Scottish Government

Scotland's government re-branded itself this week. It is now called the "Scottish Government", rather than the previous title of the "Scottish Executive". The change follows public research which suggested that people found the term "executive" confusing.

CPS website

Community Pharmacy Scotland has launched a new website. It follows the organisation's re-branding earlier this year and replaces the old Scottish Pharmaceutical General Council website. The website has extra information about the new pharmacy contract and contractor services, and CPS plans to add further information over the coming weeks. The website is available at: www.communitypharmacyscotland.org.uk.

Demand for stop smoking support may have peaked

Smokers' desire to kick the habit prompted by the ban on smoking in public places introduced in England on 1 July may have peaked, according to the results of a survey published this week.

Uptake of smoking cessation services run by community pharmacists increased in the run up to the change in the law, the snap shot survey carried out by researchers at the School of Pharmacy, University of London, showed. But the enthusiasm from smokers to sign up to smoking cessation programmes was patchy a month after the ban was brought in, they discovered, following interviews with eight primary care trust service managers in August.

Tina Brock, a researcher at the School of Pharmacy, said there was a danger that policy makers and the public may mistakenly believe that the ban in England meant that the "tobacco harm pandemic" was under control.

There was now a greater need for investment in smoking cessation services to try and reach those hard core smokers — often from disadvantaged groups — who have refused to use the England ban as the motivator to giving up, she said.

The results of the survey coincided with publication of a report by the School of Pharmacy and the International Pharm-

aceutical Federation (FIP): "Curbing the tobacco pandemic: the global role for pharmacy" which was unveiled at the 67th FIP congress in Beijing this week.

The report says that pharmacists have a crucial role to play in helping to stem the "tobacco harm pandemic" and that pharmacy leaders and regulators should ensure that the profession receives adequate funds for running smoking cessation services. Pharmacists also have a responsibility to make sure they have access to smoking cessation medicines and that they are able to give evidence-based stop-smoking advice to patients.

The report highlights that smoking rates might have dropped in the developed world but they are on the rise in developing countries, especially in Asia. And smoking is still responsible for five million premature deaths every year, it points out.



Expertise in helping people give up smoking needs to be shared worldwide

China now accounts for a third of all smokers worldwide and it is crucial that health professionals in developed countries share their expertise on smoking cessation with health professionals in other countries where smoking is increasing, the researchers say.

News in brief

Tobacco aversion pictures

Images illustrating the effects that tobacco can have on health will be printed on all cigarette packets from Autumn 2008 and other tobacco products from 2009. The 15 images were chosen following a consultation in 2006, market research and a public vote.

Drug teams

Pharmacists should be better represented on drug and alcohol action teams to ensure their role is recognised. A multi-agency inspection of substance misuse services in NHS Grampian found that some pharmacists felt isolated from wider substance misuse services.

High use of pharmacists in Wales

Over three quarters of adults in Wales used the services of a pharmacist between November 2005 and October 2006, the third Welsh Health Survey has found. This compared with 67 per cent reporting seeing a dentist and 46 per cent visiting an optician. The survey report also presents data on health status and health-related lifestyle.

Stop smoking for Ramadan campaign starts

Community pharmacists in north London are involved in a "Stop Smoking for Ramadan" health promotion campaign.

They are handing out information leaflets and displaying posters as well as directing customers to pharmacy-based smoking cessation services across the borough in Camden.

A mobile health promotion bus, manned by smoking cessation advisers, is also calling at two Camden mosques in the fortnight before, as well as during, the month-long Muslim festival, which begins on 13 September.

Bangladeshi men, who have the highest smoking rate in England — 40 per cent compared with 26 per cent for the general population — are the main target of the campaign, although it is also hoping to reach Somali men who smoke.

The campaign is being run by Camden Primary Care Trust and Greenlight Pharmacy. Kate Giles, who is the community stop smoking co-ordinator for Greenlight, said: "We have run the campaign before during Ramadan but this is the first time we are taking it to mosques and the Imams are promoting it at prayer time."

Last year a similar campaign led to 249 people attending a stop smoking talk at six mosques and 56 people made an appointment to see their pharmacist to help them stop smoking. Another 48 people set them-

selves a date to stop smoking and 54 per cent of them went on to quit.

Although the campaign is co-ordinated by Greenlight Pharmacy all 49 pharmacies in Camden have been invited to take part.

The campaign was welcomed by Camden and Islington Local Pharmaceutical Committee secretary David Kent, although he claimed that the LPC had not been involved in the initiative. "It is a shame that the LPC was not informed about the campaign and I feel if we had been involved then a greater number of people would be helped."

In a statement, Camden PCT said Greenlight pharmacy is funded to work with the PCT as part of its provision of community stop smoking services, through a Local Area Agreement. A spokeswoman said: "Greenlight Pharmacy has a specific remit to support and develop services for targeted black and minority ethnic groups in Camden and they will be contacting local pharmacies as part of this work to let them know about the campaign." She said that the scheme is not an enhanced service under the community pharmacy contract. If it were, the LPC would have been involved.

She added: "The LAA service was tendered and applications were invited from a plurality of providers (not all applicants were pharmacies). The LPC could have responded on behalf of its contractors if it so wished."

AstraZeneca and ApoPharma discredit industry

Promotional material sponsored by AstraZeneca and distributed with the 20 January issue of *The Pharmaceutical Journal* broke the Association of the British Pharmaceutical Industry's code of practice in seven respects, the Prescription Medicines Code of Practice Authority has ruled.

Primarily, the PMCPA ruled that the 12-page insert about rosuvastatin (Crestor) brought discredit on, and reduced confidence in, the pharmaceutical industry. This is the most serious criticism of promotional material possible under the code and always results in the ruling being advertised to draw attention to it (pA6, facing p255)

In addition to bringing discredit on the pharmaceutical industry, the PMCPA ruled that:

- the insert failed to include necessary prescribing information
- AZ failed to ensure that all claims in the insert were accurate, balanced, fair, unambiguous and based on up-to-date evidence
- claims were made that could not be substantiated
- the company failed to encourage the rational use of rosuvastatin
- AZ had failed to maintain high standards
- promotional material and activities had been disguised

The ABPI code of practice does not prevent company sponsorship of material about medicines, provided there is a strictly arm's-length relationship between the company and the authors with no company input into the

content. The PMCPA found that this had not been the case because the insert had been AZ's idea and the company had paid its two authors — a pharmacist and a GP — to write it and had paid for it to be distributed with *The Journal*. The authors had held full editorial control over the content of the insert, but AZ took the final decision whether or not to publish it.

The PMCPA recognised that the insert was not a supplement for which *The Journal's* editor would have been responsible.

The PMCPA also found another company — ApoPharma — guilty of bringing discredit on, and reducing confidence in, the pharmaceutical industry because it re-used in an advertisement a claim that had previously been found to be in breach of the code of practice.

UEA staff win GSK award

Duncan Craig, head of pharmacy at the School of Chemical Sciences and Pharmacy, University of East Anglia, and Mike Reading, professor of pharmacy at UEA, have won the 2007 GlaxoSmithKline International Achievement Award for their work in developing novel and innovative thermal techniques and introducing novel characterisation methods.

Professor Craig will give the award lecture "From hot knives to hypnosis: new approaches to pharmaceutical thermal analysis", and receive the award and a cheque for £1,000 at the British Pharmaceutical Conference in Manchester next week.

Pharmacy innovation rewarded by ABPI

Six pharmacy teams have won this year's Association of the British Pharmaceutical Industry pharmacist awards for innovative projects improving the quality of prescribing, dispensing or administration of medicines, and contributing to better patient access to high quality pharmaceutical care.

The prize, sponsored attendance at the 2007 British Pharmaceutical Conference to be held in Manchester next week, was awarded to the pharmacist at the head of each of the projects. The winners are:

- Alison Foster, senior pharmacist, NHS Ayrshire and Arran. The NHS board's project involved pharmacists educating Parkinson's patients in the community to enable them to better manage the timing of when they take their medicines.
- David Gill, head of pharmacy, Angus Community Health Partnership, for the development of a standardised training package for all social care workers in the local area, so that they can appropriately assist elderly patients who are taking multiple medicines.
- Linda Ferguson, business development manager, Manor Pharmacy, Ilkeston, for

setting up an aseptic dispensing unit in the community pharmacy to supply syringes for palliative care patients in the community, in collaboration with two primary care trusts in the area.

- Paul Deslandes, pharmacy department, NHS Cardiff and Vale, for a research programme looking at the use of an automated methadone dispensing system, which includes patient iris scanning, in a drug intervention programme in a secondary care clinic setting.
- Scott Pegler, medicines information pharmacist, Swansea NHS Trust, for involvement in setting up an electronic prescribing system for patients discharged from hospital. The system improves the efficiency of getting discharge medicines to patients and the system's database will provide data for future planning.
- Sheila Brown, prescribing adviser, Eastern and Coastal Kent Primary Care Trust, for a weight management scheme delivered in community pharmacies. Overweight individuals are identified, seen by dieticians and other health workers in the pharmacy, and offered anti-obesity medicines through a pharmacist consultation.

News in brief

CD destruction guidance

Brief guidance on the destruction of Controlled Drugs published by the Department of Health reminds accountable officers that they can authorise people to witness the destruction of CDs, but that they must not witness it themselves and must not authorise anyone who is actively involved with managing CDs.

Report forecasts NHS surplus

The first quarter report for the NHS in England forecasts a surplus of £983m (1.3 per cent of its total budget) at the end of 2007–08. A surplus of £510m was achieved the year before, after a £547m deficit in 2005–06. The gross deficit of the NHS in England now stands at £204m, down from £911m last year. The report also says that 11 per cent of GP prescriptions are now being sent electronically to pharmacies.

Proposals for trials units

Proposals for voluntary accreditation of phase I clinical trials units in the UK have been put forward by the Medicines and Healthcare products Regulatory Agency.

The proposed scheme is designed to provide the MHRA and ethics committees with more information about facilities seeking to conduct phase I trials and so improve decision-making about approvals. Details of the consultation are available from the MHRA website (www.mhra.gov.uk). The closing date for comments is 12 October.

Access to *PJ Online* is free to all

FIP

Reports from this year's FIP Congress, held in Beijing, China.
www.pjonline.com/fip

Guild Matters

The latest *Guild Matters* newsletter is now online. Topics include professional regulation, response to fees increase and NHS pay negotiations.
www.pjonline.com/guildmatters