

Government to provide £3m for establishing GPhC

Funding of £3m is to be provided by the Government to support the establishment of the General Pharmaceutical Council, Ben Bradshaw, Minister of State for Health Services, revealed at the British Pharmaceutical Conference.

He said that, as the minister overseeing the programme of change to professional regulation, he is already aware of the concerns that pharmacists have about the establishment of the GPhC.

He added: "While it might not address all those concerns, I am pleased to be able to tell you that the Government will be contributing £3m from 2008 to 2010 to help support the transition to a new regulator, costs which otherwise may have fallen on the profession."

Speaking later, Keith Ridge, chief pharmaceutical officer for England, explained that the Professional Regulation and Leadership Oversight Group (PRLOG) will be responsible for apportioning the funding, which will be split into two equal sums paid in 2008–09 and 2009–10. He said he sees the contribution as a step in the right direction.



Craig Strong

Ben Bradshaw: funding will support transition to General Pharmaceutical Council

Responding to the announcement of the funding, Andrew Gush, Treasurer of the Royal Pharmaceutical Society, stressed that the Society has made strong representations to Government about the costs relating to the establishment of both the regulatory and future professional bodies. "While we welcome

the £3m in funding announced today by the minister towards the transition to the General Pharmaceutical Council, we see this as a first step and will continue engaging with the Department of Health on funding to support the establishment of a professional body for pharmacy," he said.

Further details of independent inquiry into professional body outlined

Details of the Royal Pharmaceutical Society's independent inquiry into the options for a professional body for pharmacy were revealed during a discussion at the BPC.

As has already been announced (*PJ*, 18 August, p189), the work will be led by Nigel Clarke, who is currently lay chairman of the General Osteopathic Council, and the review will focus on the principles, functions and structures that will be needed for the professional body.

Introducing Mr Clarke, Hemant Patel, President of the Society, said that Mr Clarke is an experienced independent adviser, with extensive experience in public policy, having worked for the Confederation of British Industry and the House of Commons. He has recently conducted a review of the General Optical Council's code of conduct for members, Mr Patel added.

Mr Clarke emphasised that the process of the inquiry will be transparent throughout its course. "It is extremely important, I believe, if this is going to command the support of the

profession that people feel they are involved and have maximum opportunity to become involved," he said. "Without the comment of the profession, as broadly as possible, it simply will not get the support it needs from within the profession, so that underpins everything we are doing."

He also stressed that the conclusions of the inquiry must be workable professionally and financially. "If it isn't professionally viable, it won't be financially viable, because the profession must believe that the body is worth joining," he said.

Explaining the inquiry's work pattern, Mr Clarke said that a consultation document will be drafted in the next two months, the inquiry's website and e-mail addresses will be in operation from mid-September, and the report will be finalised in February 2008 and published in May 2008. From the end of October to mid-November the draft consultation document will be available on the inquiry website and distributed on request, he said.

He added that in November and December public meetings will be held across Britain, although the locations for these have not yet been decided. At the same time, key points of debate arising from these meetings will be posted on the inquiry website and key stakeholders will be invited to attend evidence sessions in London, Edinburgh and Cardiff.

The closing date for all submissions to the consultation process will be 31 December. In January 2008 the inquiry team will begin drafting its final report and is likely to conduct some fact-checking with the key stakeholders who have submitted evidence.

In response to criticism during a question and answer session about the short timelines of the inquiry and the need for community pharmacists to respond during their busiest time of the year, Mr Clarke said that he would consider how to work round such problems and that he would take that comment as the first piece of evidence for the inquiry.

Legislation set to separate concepts of "responsible pharmacist" and "supervision"

"Responsible pharmacist" (the concept that will encompass and modernise "personal control") is to be separated from the concept of "supervision" in legislative changes due to take effect within the next six months. This was announced at the BPC by Jeannette Howe, head of pharmacy at the Department of Health.

Formal consultation on the legislation to change the interpretation of "personal control" to "responsible pharmacist" will start later in the autumn. She explained that, following that phase, Regulations will be laid before Parliament in the spring of 2008. The Regulations, however, will not take effect until a later date, after pharmacists have been

given the time and opportunity to prepare for the changes and work out the implications for their practice.

At some time in the future, as yet unspecified, a similar process of consultation and changes to legislation will be undertaken over the introduction of the concept of remote supervision.

Evaluation of community pharmacy contract shows some progress but still room for improvement

Substantial changes have occurred since the introduction of the community pharmacy contract in England and Wales, with community pharmacists providing more services across the three tiers in the contract, data released at the British Pharmaceutical Conference reveal.

Alison Blenkinsopp, professor of the practice of pharmacy at Keele University, presented findings from the first major national evaluation of the new contract since it was introduced in 2005. Professor Blenkinsopp told the conference that the first advanced service — medicines use reviews and prescription interventions — is provided by 60 per cent of pharmacies. Almost three quarters of those not yet providing MURs are independents, she said.

At least one enhanced service is being provided by 87 per cent of pharmacies and over 40 per cent are providing more than three. Primary care organisations reported that lack of available funds was the main barrier to commissioning services.

Professor Blenkinsopp said that pharmacists value the increased patient contact brought by the new contract, although they also reported a number of negative aspects (see Panel).

And while most of those involved in the evaluation thought the contract had the potential to increase integration into primary care, in practice it has had little effect on inter-professional working between pharmacists and GPs. Over 80 per cent of pharmacists said there had been no change in their contact with GPs since the new contract. The findings also show that GPs perceive a gap between the areas they would like pharmacists to concentrate on in the MUR service and what pharmacists are providing.

“Issues in relation to integration with general practice continue to be a key barrier,” said Professor Blenkinsopp, “particularly to achieving the potential of new services such as MURs and the Department of Health’s objective of reducing demand on GPs and increasing community pharmacy input in the



Craig Strong

Alison Blenkinsopp: issues in relation to integration with general practice continue to be a barrier

care of long-term conditions. These need to be addressed.”

The authors of the study, commissioned by the Pharmacy Practice Research Trust to inform the continued development of the contract, make a number of recommendations aimed at the Department of Health, primary care organisations, GPs and community pharmacists as well as pharmacy organisations. Among these is a need for investment in local change management, more information for patients about the new services, increased patient and public involvement, the development of local pharmacy leadership, and a more proactive approach by community pharmacists to meet with local GPs.

The researchers collected data from 1,081 community pharmacists, as well as from patients, GPs, and the NHS (at primary care organisation and strategic health authority levels), focusing on 31 primary care organisations in England and Wales.

Workforce patterns and job satisfaction

Most pharmacists believe they are financially worse off under the new community pharmacy contract in England and Wales than they were under the previous arrangements, data from the evaluation suggest.

Jackie Inch, research fellow, school of medicine, general practice and primary care, University of Aberdeen, presented results from an analysis of workforce patterns and job satisfaction among community pharmacists, examining changes since the introduction of the contract. A survey of 543 pharmacists along with 219 telephone interviews revealed that the new contract has had a negative effect on job satisfaction and that respondents felt under pressure from the daily demands of work.

In addition, many perceived there to be no financial reward from the new contract — 57 per cent believe they are financially worse off under the new arrangements and 45 per cent believe the new contract is less fair than the previous one. However, Ms Inch pointed out that it may be too early to draw any hard conclusions about the impact of the new contract and so it will be important to track changes over time.

MHRA announces new strategy to raise awareness of yellow cards

Reporting of adverse drugs effects by health care professionals and patients is to be strengthened by a new strategy from the Medicines and Healthcare products Regulatory Agency.

The strategy involves raising awareness of the yellow card reporting scheme and how valuable the data are. In particular, information will be targeted at older patients, pharmacists and patient support groups.

Speaking at the BPC, Sarah Davies from the MHRA explained that a key element of the strategy is a redesign of the electronic re-

porting form on the MHRA website, to make it more user-friendly for both patients and health care professionals.

She explained that the new form will be “intelligent”, so the format will change depending on what the user is putting in. Other features will include mandatory fields to ensure complete reports and a system for immediate feedback to the user. Ms Davies said that the MHRA is also hoping for a link to the scheme from health care professionals’ software systems. A prototype of the new form was exhibited at the conference to en-

able participants to give their comments. Ms Davies said the MHRA wants patient reporting to become a more established part of the yellow card scheme — a MORI poll last year showed that only 1 per cent of patients was aware of the scheme.

Turning to reporting by health care professionals, she said that pharmacists are extremely well placed to provide information on adverse events, particularly those caused by drugs involved in POM to P switches, over-the-counter medicines and herbal remedies.

Statin switch debate reopened after new study data

Changing patients from atorvastatin to simvastatin raises the risk of death or major cardiovascular event by a third according to a Pfizer study presented at the European Society of Cardiology conference in Vienna last week.

The study — which has been reported widely in the national media — has reopened the row over statin switching.

Researchers examined data from a primary care database of 4.77 million patients, including 2,511 patients who had been switched, and compared the switch patients with 9,009 unswitched controls who continued to receive atorvastatin.

Compared with controls, switched patients had a 43 per cent increased risk of major cardiovascular events ($P=0.008$) and a 114 per cent increased risk of stroke ($P=0.009$). A 30 per cent greater risk of the combined end point of all-cause death or major cardiovascular event was observed for switched patients compared with controls ($P=0.03$).

Berkeley Phillips, cardiovascular category medical manager at Pfizer UK and one of the researchers, said: "This study provides

further evidence that patients should be switched only on a case-by-case basis, and raises questions against switching as a matter of policy."

But Magnus Hird, pharmacist practitioner at the Bloomfield Medical Centre in Blackpool, said: "It's important to point out that this was an observational study and only suitable for generating a hypothesis. There is no information on why the switches were carried out, what doses patients were switched from and to, and all the data were from before June 2005 when patients would be far less likely to have been switched to equivalent simvastatin doses."

He added that 28.2 per cent of the switched cohort had diabetes compared with 26.3 per cent of those who stayed on atorvastatin and an additional 0.5 per cent in the switched cohort had angina and previous stroke or myocardial infarction. "These differences might be small on their own but they could add up to affect the outcome," said Mr Hird.

Encouraging GPs to switch hyperlipidaemic patients from relatively expensive

statins, such as atorvastatin and rosuvastatin, to simvastatin has been a major plank of primary care trusts' prescribing policy.

Cardiovascular lead for Medway PCT and member of the National Institute for Health and Clinical Excellence lipid modification guideline group Rubin Minhas said: "This is a poor quality study susceptible to confounding and bias selection. Switching between equivalent doses of statins is safe, effective and an efficient use of scarce resources."

A UK hospital audit published in April compared periods before and after switching and found mortality was 5 per cent in patients on atorvastatin but 14 per cent with simvastatin — but its methodology was similarly criticised.

Chairman of the Primary Care Cardiovascular Society Terry McCormack criticised newspaper reports of the new study, which failed to report its funding source or its limitations, saying: "This will have caused false and unnecessary anxiety among thousands of patients who have quite safely switched their statins."

Contraceptives do not raise overall cancer risk

Taking the oral contraceptive pill is not associated with an overall increased risk of cancer and may even produce a net public health gain, according to a study published on *BMJ Online First* this week (12 September, www.bmj.com). However, the researchers identified an increased risk for women who took oral contraceptives for more than eight years.

Researchers analysed data spanning 36 years from the Royal College of General Practitioners oral contraception study, which recruited 46,000 women, half of whom were using oral contraceptives; the other half had never taken them.

They calculated the cancer risks using two sets of data — one that related to cancers reported while the women remained registered with their recruiting GP (GP observation dataset) and another that included cancers notified by the central NHS registries after women had left their recruiting GP (main dataset).

In the main dataset, the researchers found that women who had used oral contraceptives had a 12 per cent reduction in risk of any cancer (relative risk 0.88, 95 per cent confidence interval 0.83–0.94). Significant reductions were found in rates of cancer of the large bowel or rectum, uterine body and ovaries and other sites.

Conversely, non-significant increases were found in the risk of cancers of the lung, cervix, central nervous system and pituitary. No difference was found for the risk of breast cancer.



Oral contraceptives reduce the risk of gynaecological cancers, study shows

When the GP observation dataset was used the reduced risk of developing any cancer was not significant (0.97, 0.88–1.06).

The researchers also observed that women who used oral contraceptives for more than eight years had a 22 per cent increased risk of any cancer (1.22, 1.07–1.39). However prolonged use was also associated with a 62 per cent reduced risk of ovarian cancer (0.38, 0.16–0.88).

Most of the pills used were combined oral contraceptives containing oestrogen 50µg.

"Many women, especially those who used the first generation of oral contraceptives many years ago, are likely to be reassured by our results," say the researchers. However they add that their findings might not reflect the experience of women using oral contraceptives today.

News in brief

Free contraceptives

Katya (ethinylestradiol 30µg/gestodene 75µg) tablets and Sunya (ethinylestradiol 20µg/gestodene 75µg) tablets have been added to the list of contraceptive drugs to be dispensed free of charge in the September issue of the Drug Tariff. Prescriptions for these items dispensed from 1 July 2007 should also be treated as being free of charge.

CD prescriptions in Wales

Pharmacy contractors in Wales have been brought in line with those in Scotland and England by a decision of the Welsh Assembly Government that they should send original private prescription forms for Controlled Drugs to their NHS pricing office from 1 September.

The Society

CPD

The Society has launched a new version of its continuing professional development recording software (p307) as well as a pilot project looking at how registrants record their CPD (p310).

Pharmacy 2020

The seventh article in the Pharmacy 2020 series looks at how politics and economics will affect pharmacy in the future (p308).

Scottish Executive funds pharmacy methadone study

Pharmacists in Scotland are to take part in a new research project to help improve outcomes for methadone patients. The study has attracted £184,000 of funding from the Scottish Executive over two years.

Pharmacists from 74 pharmacies across the country will be randomised either to take part in motivational interviewing training or to continue with their usual practice. Over 700 drug misuse patients will be involved.

Catriona Matheson, from the department of general practice and primary care at the University of Aberdeen, is leading the research. She told *The Journal* that the five health boards taking part would provide the university with the details of pharmacists offering methadone services to high numbers of drug misuse patients, and these pharmacists would be invited to participate in the study.

Preparation for the project will start next month, and pharmacists will begin to recruit patients in the new year. Pharmacists in the intervention group will undergo two initial training sessions on motivational interviewing, targeted around the pharmacy setting, with two further sessions taking place at monthly intervals.



Duncan Walker/Stockphoto

Drug misusers' outlook could improve

"Motivational interviewing as a counselling technique is increasingly used with addicts," Dr Matheson explained. "We aim to see if this training can improve the way we deliver methadone maintenance therapy, and improve treatment outcomes for patients." She hopes that the intervention will help drug misusers to identify their own goals and think about their behaviour, and to overcome ambivalence towards treatment.

"This is a very exciting opportunity for pharmacists to demonstrate to the wider community what an important impact they

have in drug misuse services," Dr Matheson said. "This is a controversial area that is often shunned by other generalist health providers but pharmacists have risen to the challenge of managing those with drug misuse problems without prejudice. Even to receive funding for a project in this field is an achievement as drug-related research is very underfunded. We are looking forward to working with pharmacists and developing the scientific evidence in this area, as well as enabling those with drug problems to receive optimal care."

□ **Misuse of medicines** The need to reinforce the role of community pharmacy in ensuring medicines are used appropriately has been highlighted by wholesaler AAH Pharmaceuticals in its response to an All-Party Group on Drug Misuse inquiry into drugs misuse.

AAH group managing director Steve Dunn said: "In our submission, we have highlighted the role of community pharmacy in providing a nationwide network of community pharmacies which patients can access easily. Clearly, the opportunity to abuse or misuse medicines is far less when access is via a professional, regulated network, such as pharmacy."

Scottish Medicines Consortium announces latest medicines approved for use in Scotland

Natalizumab (Tysabri) is now approved for restricted use in NHS Scotland following a resubmission to the Scottish Medicines Consortium.

The monoclonal antibody can be used as single disease-modifying therapy in highly active relapsing-remitting multiple sclerosis (RRMS), only in patients with rapidly evolving severe RRMS defined by two or more disabling relapses in one year and with one or more gadolinium enhancing lesion on brain magnetic resonance imaging (MRI) or a significant increase in T2 lesion load compared with a previous MRI.

In its latest round of assessments the SMC has also accepted oral capecitabine (Xeloda) for first-line treatment of patients with advanced gastric cancer in combination with platinum-based chemotherapy. The SMC says that although capecitabine is more expensive than 5-fluorouracil, the convenience of oral administration may allow changes to service delivery that benefit the individual patient or the NHS organisation.

Pioglitazone (Actos) is also approved for use in combination with insulin for patients with type 2 diabetes who have inadequate glycaemic control using insulin and who cannot take metformin.

Following abbreviated submissions, the SMC has accepted the new orodispersible formulation of risperidone (Rispedal Quicklet) for treatment of acute and chronic

schizophrenia and similar psychoses, treatment of mania in bipolar disorder and treatment of behavioural symptoms of dementia; and the recently available prolonged release tacrolimus capsules (Advagraf) for prophylaxis of transplant rejection in adult kidney or liver allograft recipients and for treatment of adults with allograft rejection resistant to treatment with other immunosuppressive medicines.

The consortium has rejected the following medicines for use in Scotland for their licensed indications: abatacept powder for solution for infusion (Orencia); beclometasone dipropionate tablets (Clipper); levetiracetam tablets and oral solution (Keppra); sodium oxybate oral solution (Xyrem); and testosterone transdermal patches (Intrinsa).

The consortium has also advised that celecoxib (Celebrex) should not be used for ankylosing spondylitis, in the absence of a submission for that indication from the product's manufacturer. An SMC spokesman told *The Journal* that the SMC asks drug companies for submissions when a new product or new indication is licensed.

He explained that sometimes a company will not provide information for the SMC to make an assessment within a reasonable time frame. The SMC will make an announcement in such cases to curb uptake of the technology in Scotland until an assessment is made.

Wales accepts two HIV drugs

Darunavir (Prezista) and tipranavir (Aptivus) have been accepted for use by the NHS in Wales, following ministerial approval of the recommendations made by the All-Wales Medicines Strategy Group at its August meeting.

Both protease inhibitors are recommended for the treatment of HIV infection in highly pre-treated adults who have failed more than one regimen containing a protease inhibitor and where resistance profiling suggests it is appropriate. They should be used in accordance with British HIV Association guidance and neither is recommended for shared care.

Two drugs were not recommended for NHS use in Wales — sunitinib (Sutent) for the treatment of advanced and metastatic renal cell carcinoma and co-careldopa intestinal gel (Duodopa) for the treatment of advanced levodopa-responsive Parkinson's disease. The AWMSG considered that the clinical and cost-effectiveness data presented to it were not sufficient for it to recommend their use.

Scottish prescriber numbers

A total of 575 pharmacists, mostly in community, have completed or are undergoing supplementary prescribing training in Scotland, said Frank Owens, vice-chairman of the Royal Pharmaceutical Society's Scottish Pharmacy Board, at last week's UniChem convention in Barbados. Mr Owens obtained the figure from NHS Education Scotland a fortnight ago. Of this number, 200 are participating in an independent prescribing conversion course, he said.

BNF 54 up to date on patient safety issues

The latest edition of the British National Formulary contains new information on areas as diverse as the fire risk associated with paraffin-based emollients and which patients are most likely to suffer psychiatric reactions with systemic corticosteroids.



BNF 54, published this week, also highlights recent safety concerns with telithromycin and piroxicam and details restrictions associated with their use. Comprehensive information on the Department of Health's "catch-up" programme for *Haemophilus influenzae* type b vaccination and further advice on appropriate measures of renal function when making dosage adjustments for patients with renal impairment are also included.

"Alerting health professionals to drug safety issues and other significant changes to prescribing practice is a fundamental part of our role," explained John Martin, acting executive editor of BNF Publications. "In this way, we continue to ensure that consistent standards of prescribing are maintained," he added.

NICE Alzheimer's advice amended

The National Institute for Health and Clinical Excellence has this week reissued its guidance on Alzheimer's disease drugs, following the High Court's ruling that NICE's November 2006 guidance discriminated against those who cannot communicate in English or have learning disabilities (*PJ*, 18 August, p169).

In the amended guidance, NICE still restricts anticholinesterase drugs donepezil, galantamine and rivastigmine to people with moderate Alzheimer's disease. However, in line with the High Court ruling, NICE also now specifies that health care professionals should make sure that people from different ethnic or cultural backgrounds and people with disabilities have equal access.

Specifically, NICE says that the mini mental state examination (MMSE) should not be relied on, or relied on alone, for assessing whether a patient has moderate disease in either of the following circumstances:

- Where the MMSE is not a clinically appropriate tool for assessing the severity of a particular patient's dementia because of the patient's learning or other disabilities (for example, sensory impairments) or linguistic or other communication difficulties
- Where it is not possible to apply the MMSE in a language in which the patient is sufficiently fluent for it to be an appropriate tool for assessing the severity of dementia, or there are similarly exceptional reasons why use of the MMSE would be an inappropriate assessment tool

NICE chief executive Andrew Dillon said: "It was always our intention that people with learning disabilities or people whose first language is not English should have equal access to the drugs in the moderate stage of Alzheimer's disease." The High Court ruled in favour of NICE over the institute's methods of evaluating the Alzheimer's medicines.

Nelarabine launched for T-cell leukaemia and lymphoma

Patients with T-cell acute lymphoblastic leukaemia and T-cell acute lymphoblastic lymphoma who have not responded to or have relapsed following two chemotherapy regimens can now be treated with nelarabine, available this week from GlaxoSmithKline.

Marketed as Atriance, nelarabine is a pro-drug of the deoxyguanosine analogue ara-G, which is subsequently metabolised to the active ara-GTP form. Accumulation of ara-GTP in leukaemic blast cells leads to inhibition of DNA synthesis and cell death. According to GSK, nelarabine has been found to have a higher potency and selectivity for T-cells than for other blood cell types.

The recommended dose for adults is 1,500mg/m² infused over two hours on days

1, 3 and 5 and repeated every 21 days, and for children, 650mg/m² infused over one hour on days 1 to 5 and repeated every 21 days. Patients from 16 to 21 years of age have received either regimen in clinical studies, with similar efficacy and safety — the treating clinician should decide which regimen is the most appropriate for a patient in this age group.

Severe neurological effects have been reported with nelarabine treatment, ranging from numbness and somnolence to convulsions and paralysis. Events associated with demyelination and ascending peripheral neuropathies similar in appearance to Guillain-Barré syndrome have also been reported. GSK recommends close monitoring for signs of neurological events.

New treatment available for children with growth failure

Mecasermin (Increlex) — a human insulin-like growth factor produced by recombinant DNA technology — has been launched this week by Ipsen. The subcutaneous injection is indicated for long-term treatment of growth failure in children and adolescents with severe primary insulin-like growth factor-1 (IGF-1) deficiency.

Mecasermin should always be administered shortly before a meal or snack to minimise the

risk of hypoglycaemia occurring. The usual starting dose is 0.04mg/kg twice a day, increased on an individual basis as tolerated.

Patients with primary IGF-1 deficiency can have mutations in the growth hormone receptor, the post-growth hormone receptor signalling pathway and IGF-1 gene defects, but they are not growth hormone deficient. They may not, therefore, respond to standard growth hormone treatment.

DTB questions routine self-monitoring of blood glucose

Routine self-monitoring of blood glucose by people with type 2 diabetes who have reasonable glycaemic control offers little advantage and may increase the likelihood of hypoglycaemia, according to the latest issue of the *Drug and Therapeutics Bulletin*.

The September *DTB* says that type 2 diabetes patients who are experiencing hypoglycaemia may benefit from self-monitoring but for those who have little risk of hypoglycaemia, measuring HbA_{1c} concentration may be more appropriate.

Access to *PJ Online* is free to all

PJ Online

BPC

Reports from this week's British Pharmaceutical Conference are online.
www.pjonline.com/bpc

Hospital Matters

The latest issue of the Hospital Pharmacists Group newsletter.
www.pjonline.com/newsletters

CPD

Current and past articles are available.
www.pjonline.com/CPD

CCA steps in on retention fee increase proposals

Opposition to proposed increases in Royal Pharmaceutical Society membership fees for pharmacists (50 per cent) and premises registration and retention fees (6 per cent and 56 per cent, respectively) has been voiced by the Company Chemists' Association.

Factors behind the proposed increases include the additional cost of regulation arising from recent regulatory reforms, a deficit in the Society's pension fund and the cost of separating the Society into two bodies — one for regulation and another for professional leadership. The Society has also said that premises fees must be set at a level which bears an appropriate proportion of the Society's regulatory costs.

CCA chairman Digby Emson said: "Having studied the Society's proposals in detail we see no justification for an increase of this magnitude. We are fundamentally opposed to the membership funding any cost of de-merger and believe that these costs should be fully met by the Government. Until CCA member companies are satisfied that the Society has explored all possible ways of min-



Digby Emson: Members should not pay for the separation

imising the impact of fee increases on pharmacists and pharmacy owners, we will continue to oppose these proposals."

Rob Darracott, CCA chief executive, added: "The case for funding is particularly weak when it comes to the new professional body."

Between them, CCA member companies pay the premises fees of more than 45 per cent of pharmacies in Great Britain. They also claim, through the CCA, to pay the Society membership fees of many of the pharmacists that work in them.

Society treasurer Andrew Gush said that the CCA had chosen to link the proposed rise in members' fees to the proposed premises fees increase and the formation of a professional body. "On the one hand it says that individual members should not have to pay the set up costs for the professional body, on the other hand it wants our individual members to continue to subsidise CCA members," he said.

Both the CCA and the Society agree that all costs arising from separating professional leadership and regulation should be met by the Government.

A spokeswoman for Alliance Boots said that the company reimbursed its pharmacists on presentation of a Society receipt. Lloydspharmacy would not say whether it paid its pharmacists retention fees.

Heart attacks fall after Scottish smoking ban

Hospital admissions after heart attacks have fallen by 17 per cent following Scotland's ban on smoking in public places, according to research released this week.

The research is part of a national evaluation of the smoking ban's impact. It involved recording hospital admissions for heart attacks at nine hospitals in Scotland during the year after the smoking ban was introduced.

Sally Haw, principal public health adviser, Health Scotland, and research co-ordinator, commented: "The programme of evaluation is the most comprehensive yet conducted into the impact of smoke-free legislation. We found

clear evidence of improvement in air quality, a 40 per cent reduction in second-hand smoke exposure in the population and a dramatic 17 per cent reduction in heart attacks."

The researchers also found no evidence that smoking had shifted from public places to people's homes and that there was high public support for the ban, even among smokers.

The 17 per cent figure compares with an annual 3 per cent fall in heart attacks in the previous decade. The research was presented at a conference organised by the Scottish Government and Health Scotland in Edinburgh.

Pharmacogenetics professor

Pharmacogenetics has been boosted by the award of a five-year contract to the University of Liverpool to host an NHS chair in the subject. The first NHS professor of pharmacogenetics will be clinical pharmacologist Munir Pirmohamed.

The Department of Health wants to support research into how the differing genetic make-up of people causes them to respond differently to common medicines.

NHS medical director Sir Bruce Keogh has been appointed medical director of the NHS in England. Professor Keogh, a cardiothoracic surgeon, will be responsible for leading the work of the national clinical directors.

NI pharmacists want to stay separate from Great Britain

More than half of the pharmacists registered with the Pharmaceutical Society of Northern Ireland and who expressed a view want to keep pharmacy regulation and representation separate from plans for new bodies in Great Britain.

Although only 8 per cent of members took part in a PSNI consultation on how to respond to Government plans to reform the regulation of pharmacy throughout the UK, 52 per cent of them said that they want both regulation and representation to remain the province of the PSNI, separated by a Chinese wall. One in three members favoured a UK-wide solution, with the remainder favouring a range of other possibilities, each of which included a separate NI body.

New proposals on remuneration for stoma supplies

Consultation has started on revised proposals on how community pharmacies and appliance contractors in England should be paid for dispensing stoma and incontinence supplies and providing related services.

The consultation, which closes on 29 November, seeks views on seven changes to earlier proposals:

- Extending home delivery and complimentary supplies to prescriptions for catheters and incontinence items with a £3.23 fee
- Extending specialist nurse home visits to catheter and incontinence patients
- Paying £40 per specialist nurse visit
- Paying a £3 fee for customising stoma items (capped at 25,000 items a month)
- A 10-level infrastructure payment for appliance contractors

- Revision of the classification of products
- Cutting Drug Tariff prices by a previously proposed formula, subject to a 35 per cent cap, or cutting all prices by 12 per cent

The proposed price cuts will lead to savings of £25m a year on the current annual spend of £200m, as opposed to the £27m saving that had been previously sought. Changes to the dispensing fee structure are intended to be cost-neutral, with total annual remuneration remaining at £32m.

The DoH has also published a draft Statutory Instrument setting out new terms of service that will apply to the provision of stoma and incontinence appliances and related services to ensure that patients get the same level of service no matter where they choose to have their prescriptions dispensed.

UK catches up on health spending but outcomes lag

Increased NHS spending since 2002 means that the UK has caught up with the EU average for spending on health, but lack of productivity and unhealthy lifestyles mean that clinical outcomes are not catching up.

Commenting on his five-year review for the King's Fund of progress since 2002, published this week, Sir Derek Wanless said: "What is clear from this review is that we are not on course to deliver the sustainable, world-class health care system, and ultimately the healthier nation, that we all desire."

Sir Derek's review concludes that extra spending has led to improvements in staffing, better equipment and infrastructure, reduced waiting times, better access to care and improved care for patients with coronary heart

disease, cancer, stroke and mental health problems.

But it warns that assumptions about productivity improvements in the 2002 review have not been fulfilled. Hospital activity has increased, but the biggest increase has been in emergency, rather than elective, care. And progress on promoting healthy living has been worse than even the least ambitious prediction in the 2002 review, with dramatic rises in levels of adult and childhood obesity.

King's Fund chief executive Niall Dickson commented: "If we are going to sustain a system that is comprehensive, tax funded and free at the point of need we will need to be clear about what we want to achieve for this massive investment and be able to demon-

strate that high quality, efficient services are being delivered."

He warned that if improved productivity and efficiency were not achieved then questions would be asked about the long-term viability of the NHS.

NHS Confederation policy director Nigel Edwards said: "The current measure of productivity in the NHS used by the Office of National Statistics is too simplistic and potentially acts as a perverse driver. . . . We need to radically overhaul the current approach to measuring productivity by putting patient satisfaction at the centre."

Sir Derek's first report on the NHS, in 2002, commissioned by the Treasury, led to a 50 per cent increase in NHS spending.

Exercise reveals that pandemic influenza advice needs clarification

Advice to the public about using antiviral drugs and face-masks in any influenza pandemic and potential problems associated with stockpiling drugs need to be made more clear, according to a Government report.

Public messages need to be refined and the communication between different Government departments and agencies needs to be improved so that information is consistent and easily understood, it recommends.

The report, "Exercise winter willow — lessons identified", is based on an exercise involving emergency response committees and Government departments and other agencies on what would happen locally, regionally and nationally in a flu pandemic.

The exercise, which took place in January and February this year, involved more than



Tomaz Levstek/Stockphoto

Face-mask stockpile is not yet ruled out

5,000 people, who tested action plans and communication channels.

Although the events did not test public access to, and distribution of, antiviral medi-

cines it was clear that any system — which the report points out might involve telephone communication — would have to be robust and safe from abuse.

The Department of Health document confirms that it is continuing to identify which health supplies would be essential during a pandemic, how the pharmaceutical industry could guarantee their supply and how they would be distributed.

Discussions are also still taking place about the costs and benefits of creating a UK stockpile of medicines and face-masks. The Government is also still working out priorities for antiviral drugs, vaccines and antibiotics in case of shortages. It is expected that first call will go to medically at risk groups and front-line health and social care staff.

News in brief

Asda pharmacy goes online

Asda has teamed up with Pharmacy2U to become the first supermarket to offer pharmacy products online. The website (www.asda-pharmacy.co.uk) features over 1,000 over-the-counter products and all orders are validated by a pharmacist before dispatch. Asda plans to offer an online prescription service next year.

NPSA focuses on dispensing

Safe dispensing will be the focus of two new "Design for patient safety" publications from the National Patient Safety Agency. One publication will look at how a safely dispensed product should appear, the other at safe dispensing environments. Both are expected to be distributed by the end of the year.

European governments agree on minimum standards for selling medicines by mail order

Mail order selling of medicines via the internet should be restricted to community pharmacies that are open to the public, the Council of Europe has decided. It believes that this will facilitate patient counselling.

Last week, the council adopted a resolution setting out standards that it said all signatory countries should adopt as a minimum. Individual states could set more restrictive standards if they so wished.

Among them were standards for the minimum information that websites should provide and standards for delivery. The resolution also called for mandatory systems for warning patients about possible adverse effects.

The resolution also stated that mail order pharmacies should provide counselling by e-mail or by telephone in the language of the country in which the person placing the order lived.

The council is of the view that the only way that people can be protected from the hazards of illegal medicine sales is to make sure that legal online pharmacy websites are clearly differentiated from illegal ones.

Daniel Lee, managing director of Pharmacy2U said: "Pharmacy2U welcomes any guidance for distributing medicines via mail order and this dovetails very nicely with the professional standards and guidance for internet pharmacies recently released by the Royal Pharmaceutical Society. However, this still relies on the consumer making a choice between legal and illegal websites and more needs to be done by regulatory authorities worldwide to close down online pharmacies operating illegally, either by targeting their hosting environments or as happens in the US preventing the product crossing national borders."