

# Contractors to be hit by significant drop in income

Pharmacy contractors will be hit by significant and unexpected reductions in income over the next few months following the latest quarterly revision of reimbursement prices for generic medicines.

Substantial reductions to Category M reimbursement prices in the October Drug Tariff were revealed by the Pharmaceutical Services Negotiating Committee last week.

According to analysis by the Department of Health, contractors' purchase profits have "greatly exceeded the target levels" allowed in the new community pharmacy contract. The DoH has, therefore, decided to adjust Category M prices with the aim of removing £400m from current margins for the financial year.

The PSNC is extremely concerned about the results of the DoH analysis and has said that it will not accept the provisional adjustments to Category M prices until its own analysis of the level of purchase profits made by contractors is complete. The PSNC expects to have finished negotiations with the DoH well in advance of decisions on the next quarterly changes to Category M prices in January.

Mike Dent, head of finance at the PSNC, told *The Journal*: "Negotiations on funding are ongoing. They are difficult and complex and of the utmost importance. It is clear that buy-

ing profits secured by contractors are in excess of amounts allowed under the contractual framework so some adjustment to buying profit levels is undoubtedly necessary." He explained that it is preferable for this to take place as early as possible since the longer margins are out of line, the bigger the correction needed in the future.

The revised Category M prices also apply in Scotland. Community Pharmacy Scotland said that it is surprised by the reductions and is discussing the results of spot checks on contractors' purchase profits with officials from the Scottish Government.

The PSNC also announced the 2007–08 changes to fees and allowances for contractors in England and Wales. These will be applied from October.

Practice payments have been reduced to compensate for overpayments made in the first half of the financial year and will fall by 10.4 pence per item. This compares with an increase of 5.9 pence per item last year.

The global sum has increased by 4.3 per cent to £1.94bn, which includes extra funding to cover the costs of the increasing regulatory burden on community pharmacists. "At a time when pay settlements in the NHS have been tightly capped this level of increase,



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**Money from purchase profits will be recovered from this month**

adjusting for increased business costs, is good," said the PSNC.

Global sum payments, including item fees and establishment payments, will continue to be paid at the current rates. The prescription volume threshold for establishment and practice payments has risen by 3 per cent to 2,120.

Payment for medicines use reviews and prescription interventions has increased from £25 to £27 — the ceiling on the number of MURs each pharmacy can carry out remains at 400 per year.

## Angry reaction across the board to latest Category M price changes

Individual contractors, multiples and wholesalers alike have reacted angrily to the announcement that substantial reductions have been made to Category M prices in the October Drug Tariff (see above).

Noel Baumber, an independent community pharmacist from Grantham, Lincolnshire, and a member of the Independent Pharmacy Federation, told *The Journal*: "Contractors will be worried by the effect on cash flow, which will build up over the next quarter when they should be saving up to pay their tax bill at the end of January."

According to his calculations, an average contractor dispensing around 6,000 items per month can expect a reduction in cash flow in the order of £18,000 over six months (depending on the mix of targeted generics and the proportion of brands prescribed locally).

Mr Baumber believes that, as well as being hit by the reduction in practice payments and Drug Tariff price changes, contractors could also suffer from the continuing rise in world prices for generics. "This could make trading difficult as [prices] begin to exceed the depressed reimbursement prices and contractors are obliged to fund the difference," he explained.

The irony, he said, is that contractors are encouraged to make purchase profits to overcome the discount deduction scale as part of the new contract structure. "Once again the averaging system will reclaim purchase profits

from contractors without reference to who actually made those gains. Putting one fifth of the burden on to practice payments changes the distribution pattern of recovery."

The Company Chemists' Association warned that the move creates unacceptable financial instability for its members and could threaten patient care.

"In the absence of any concomitant increase in income from commissioned services, the expediency with which the Government has pursued reimbursement is compromising the coherence of the overall contract package," said the CCA.

It added: "Emphasis on a single element of the package . . . creates unacceptable financial instability for our members, who are still waiting to provide the clinical services that they signed up for."

CCA members are also concerned that the repeated focus on a small number of frequently prescribed medicines is distorting the category and jeopardising the continuity of medicines supply. The CCA is calling on all parties to remain vigilant to ensure that patients are not deprived of the medicines they need as an unintended consequence of this most recent action.

Steve Dunn, group managing director of AAH Pharmaceuticals, believes that the cut in generics reimbursement is a clear sign of a lack of commitment from the Government to community pharmacy.

Mr Dunn said that, since attempts to introduce patient services in England and Wales have failed to match expectation, pharmacists are now facing the worst of both worlds — cuts in retained purchase profit that may undermine the traditional funding model, and little evidence of Government commitment to make the new model of patient service provision a reality.

Rowlands Pharmacy has also spoken out against the changes. Paul Smith, chief executive, said: "These drastic changes to Category M prices go way beyond expectation. This highlights the unpredictability of the new arrangements and makes proper financial planning and investment virtually impossible."

He added that it places a serious question mark over whether Category M is the appropriate mechanism for modulating the market and suggested that it may become financially unviable to manufacture some of the products listed within the category.

Mark Griffiths, chairman of buying group Cambrian Alliance, said that the last-minute news was particularly severe for independents following other recent income losses, such as those imposed through changes to the oxygen service and Pfizer's direct-to-pharmacy distribution model.

He believes that the real challenge facing independents is how to look after purchase profit at a time when they are being urged to focus on service provision.

# CCA criticises lack of transparency in fees rationale

The Company Chemists' Association believes that the Royal Pharmaceutical Society's powers to increase pharmacist retention fees should come with a "responsibility to act reasonably and proportionately".

In its response to the Society's consultation on the matter, the CCA also says that the Society needs to "provide more information about how it intends the fee increase to be used so that its members, and other bodies who may reimburse members' personal retention fees, see how the calculated increase has been derived". Consistent with this, transparency is a recurring theme in the CCA response: "The CCA accepts that the Council has a duty to act in the best interests of the Society, and that some parts of the budget, especially those that concern the RPSGB's commercial activities, must remain confidential, but it considers the level of detail provided to support the fee increases proposed remains inadequate."

It adds: "The CCA believes the case for increased membership fees would have been



Royal Pharmaceutical Society asked to provide more detail to justify 2008 fees

considerably helped if members had been able to share in a vision for the future of professional leadership, so they might understand how any proposed new body will provide real support to them in the future in the development of their role as clinical practitioners. Instead, more

than six months on from the Government's decision to create a new General Pharmaceutical Council to regulate the profession, the case for a new professional leadership body consists of little more than a suggestion that new income streams will be needed and new membership services provided."

The CCA also challenges the suggestion that personal retention fees subsidise in some way the premises fees paid by pharmacy owners. The Society has come back with figures suggesting that members provided a subsidy of £78 per pharmacy premises in 2007.

"To summarise," the Society says, "in 2007 the full cost recovery of the premises fee per pharmacy should be £234. The actual fee recovered has been £156, implying a subsidy, per pharmacy premises, of £78 — equating to approximately £21 per member."

Society treasurer, Andrew Gush, said: "Although sadly, their response is somewhat predictable, it will not get in the way of the Society's commitment to open and positive dialogue with the CCA."

## Anti-violence initiatives to receive DoH funds

Initiatives to tackle violence against NHS staff are to benefit from £97m of extra funding, the Department of Health announced last week.

The money will be spent on a range of measures, including alarms for lone workers, greater efforts to prosecute when staff are assaulted and a centralised reporting system to identify weaknesses and recommend solutions. In addition, all NHS staff who need it will receive training in personal safety and conflict resolution, and additional staff will be trained and accredited by the NHS Counter Fraud and Security Management Service to lead security initiatives locally.

Stephen Lutener, head of regulation at the Pharmaceutical Services Negotiating Committee, commented: "The PSNC works with the NHS CFSMS to ensure that it recognises the NHS services provided by community pharmacies, and that measures taken to safeguard NHS staff are also extended, where appropriate, to safeguarding pharmacies and their staff." He added: "The PSNC will continue to represent the interests of community pharmacies in discussions with the NHS CFSMS and will be discussing whether any additional support can be provided to pharmacies as a result of the announcement."

## Patient involvement forum to be replaced by new body

Consultation has started on the planned powers of local involvement networks (LINKs), which are to replace patient and public involvement forums in England. The role of LINKs will be to hold commissioners and providers of health and social care, including community pharmacists and pharmacy owners, to public account.

LINKs will have the same power to request information as their predecessor forums, but reinforced by the Freedom of Information Act 2000. Authorised LINK members will also have the right to enter premises to observe the nature and quality of services being provided, subject to some exceptions.

Eileen Neilson, head of policy development at the Royal Pharmaceutical Society, said: "We will be examining the consultation in the context of pharmacy. The Society has a strategy for patient and public involvement, which is currently being implemented."

Details of the consultation, which closes on 21 December, are available on the DoH website ([www.dh.gov.uk](http://www.dh.gov.uk)).

## NPA says pharmacists will need help with EU prescriptions

Pharmacists will need to be given detailed guidance if they are to be able to dispense prescriptions from doctors in Europe, as well as those written by UK prescribers (*PJ*, 25 August, p199).

This is because most EU and European Economic Area states do not have registration systems that can be checked online and, according to the Medicines and Healthcare products Regulatory Agency, leave it to pharmacists to decide whether, and how, to authenticate prescriptions and to refuse to dispense them if they have any doubts.

Commenting on guidance to be produced by the Royal Pharmaceutical Society and the Pharmaceutical Society of Northern Ireland, Michelle Styles, head of information at the National Pharmacy Association, said: "The NPA feels strongly that any official guidance

needs to be highly detailed and comprehensive. . . . It is particularly worrying that most EU states do not have a registration system. In light of this it is vital that the guidance explains what pharmacists can do in order to exercise their professional judgement when there can be no way of ensuring that the prescription originates from a legitimate prescriber."

The NPA is also concerned that difficulties might arise in respect of medicines that are not available in all EU countries.

Mrs Styles added: "Prescriptions from other EU countries are likely to be for products licensed in that country but which may not have a UK marketing authorisation. As a result it is important for amendments to be made to explicitly allow pharmacists to make the decision to supply or not to supply when a product does not have UK authorisation."

### Pharmacy 2020 consultation

The Society's Pharmacy 2020 consultation (see p385) is published this week as a centre pull-out section.

### BPC press coverage success

An article from the Society's PR team describes how science and practice research at the BPC was reported in the print, broadcast and online media (p386).

The Society

# War of words breaks out over rural Scottish services

NHS boards should consult local residents to establish their views before approving pharmacy applications, BMA Scotland said this week. The association is concerned that dispensing doctors are under threat by the introduction of new pharmacies into small rural communities in Scotland.

Community Pharmacy Scotland hit back at the BMA, saying the suggestion that GP services were jeopardised was "ill-informed and flawed".

The BMA said changes to the national pharmacy contract mean that community pharmacies are now more viable in smaller communities because of the additional services they can provide. "A consequence of this is that existing GP practices lose their dispensing rights and subsequently the loss of income limits their ability to deliver additional medical services to patients and could impact upon the provision of services and clinics locally," it said.

Dispensing doctors, it added, believe that this represents a change to local service delivery and as such requires full public consultation under the arrangements set out in the NHS Reform (Scotland) Act 2004.

Andrew Buist, deputy chairman of the BMA's Scottish General Practitioners Committee and lead on rural health issues, said: "Residents in local communities may welcome the establishment of a new local community pharmacy. However, if they were



**Harry McQuillan: Patients should have access to GP and pharmacy services**

made aware of the impact that this could have on their ability to access a wider range of health care services from their local GP practice, then they may not be so enthusiastic."

Alex MacKinnon, head of corporate affairs at CPS, responded: "What is being claimed ignores some basic facts, in particular that, under the new legislation, NHS boards are required to identify any shortfalls in their provision of pharmaceutical care and ensure that any such shortfalls are resolved. This is not simply some idle desire, but a legal obligation on boards to deliver the best possible pharmaceutical service and care to people, in line with Government policy.

"These claims also ignore the fact that dispensing doctors should only be operating in areas where it is not possible to have a pharmacy contract awarded. The best option is for pharmaceutical care to be provided by a pharmacist."

Harry McQuillan, CPS's chief executive, added: "The terms of the new contract are nothing to do with viability, and everything to do with providing patients with access to health services. In addition, allowing pharmacists to treat minor ailments, for example, is mainly designed to ease pressure on GPs and other health care professionals.

"In our view it is quite wrong to somehow seek to persuade patients that they will be forced to choose between access to GP services or pharmacy services. NHS boards are properly charged in Scotland with deciding upon the provision of these services based on a full and professional appraisal of what is sustainable and appropriate. Where it is possible for patients to have access to both, then they should have that right."

Susan Taylor, chairman of the Remote Practitioners Association of Scotland, said: "Rural dispensing GPs currently provide excellent services to their patients, but cannot access the new income streams available to community pharmacists. Destabilisation of these rural practices by the introduction of a new pharmacy could mean communities will lose access to a local GP service."

## News in brief

### Pharmacy inquiry board

Robert Dingwall, director of the Institute for Science and Society, University of Nottingham, Dame Jill Macleod Clark, deputy dean of the University of Southampton's faculty of medicine, health and biological science and Peter Owen, chief executive of the Institute of Chartered Accountants, have been appointed to advise Nigel Clarke as he conducts his inquiry into a professional body for pharmacy.

### MRSA pilot study in Scotland

NHS Quality Improvement Scotland has recommended that a pilot study be set up in a number of hospitals within NHS Scotland to assess whether screening for meticillin-resistant *Staphylococcus aureus* in all patients who are admitted is effective in reducing MRSA infections. The recommendation is one of several made in a Health Technology Assessment on the clinical and cost effectiveness of screening for MRSA in patients admitted to Scottish hospitals.

## Decongestant pack size limits proposed

Proposals for statutory limits to the size of over-the-counter packs of products that contain pseudoephedrine or ephedrine have been put out for consultation by the Medicines and Healthcare products Regulatory Agency.

If accepted, packs will be limited to 720mg of pseudoephedrine and 180mg of ephedrine if products are not to become

available only on prescription. It will also become an offence for pharmacies to sell more than one pack in a single transaction.

The proposed limits will come into effect on 1 April 2008. The consultation — available from the MHRA website ([www.mhra.gov.uk](http://www.mhra.gov.uk)) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)) closes on 13 November.

## PSNC-NPA merger ruled out

Merging the National Pharmacy Association and the Pharmaceutical Services Negotiating Committee into a single organisation has been ruled out.

In a joint statement this week, Chris Hodges and Dilip Joshi, chairmen of the PSNC and the NPA, respectively, said: "Both organisations have distinct roles; we provide different services for pharmacy owners and although we will continue to work closely together on many issues, on examination we did not find a compelling case for a merger of the two bodies."

A PSNC spokesman said that the two organisations had agreed not to give any reasons for the decision.

## No new vet medicine class

Proposals for a new category of veterinary medicine have been dropped by the Veterinary Medicines Directorate after receiving almost no support in a consultation earlier this year.

The proposed new category — POM-V(HP) [health plan] or POM-HP — would have fallen between the group of medicines that have to be prescribed by a veterinary surgeon and those that can be prescribed by vets, pharmacists and suitably qualified persons. It would have been used for medicines intended for ongoing treatment or for control of an epidemic or persistent disease in farm animals following initial diagnosis by a vet (*PJ*, 16 June, p696).

# Software solutions could couple symptoms with drug side effects

Computer software could be used to discover whether a patient's reported symptoms may be linked to a side effect of their medication, according to Liverpool GP and GP trainer David Orlans.

Currently, if GPs want to check whether a patient's symptoms may be caused by drug side effects they have to look at resources such as the British National Formulary or manufacturers' summaries of product characteristics. "This is time consuming and information can be missed," Dr Orlans said.

But since all patient medication is listed on the practice computer system, a computer program could search the drugs database, feed in the details of the patient's medication and then identify any link between the recognised side effects of any medicine the patient was taking and his or her symptoms.

Dr Orlans believes that such a system could also be incorporated into programs used by pharmacies, hospital accident and emergency departments and walk-in centres and could save lives as well as millions of pounds for the NHS.

Clinical decision support provider First DataBank Europe is currently incorporating this kind of functionality into its drug knowledge base as part of ongoing development plans. Polly Shepperdson, FDBE product manager, told *The Journal*: "At the moment it is possible to view a list of all the side effects associated with a particular medicine. We're gradually increasing the functionality around these data to include a search function and, later, to use coded patient symptom inputs." Once this functionality is made available, a clinician in any health care setting, including



Consulting SPCs can be time-consuming

pharmacy, will be able to enter a symptom to find out if it, or a related symptom, is a side effect related to the patient's list of medicines, she explained.

Dominic Vaughan, BNF publishing director, said that expanding the accessibility of BNF information is under consideration: "Using the BNF and BNF for Children side effect information in the way described is part of our road-map for digital developments." A system that displays appropriate BNF contra-indications information to users in real time during the prescribing process is already in use at University Hospital Birmingham NHS Foundation Trust, he pointed out. "We would expect this functionality to be delivered in a similar way," he said.

Dr Orlans believes that a link to the Committee on Safety of Medicines should also be written into the software so that any side effects could be registered with the committee and new trends picked up. He said: "You could get some form of post marketing surveillance on any drug anywhere in the world on a continuous basis and it would be particularly useful for new drugs."

## Better education around drug costs needed for doctors

Doctors need better education about the cost of drugs, and where to access cost information, say researchers.

In a recent systematic review, literature databases were searched for surveys in which doctors, trainees or medical students were asked to estimate the cost of pharmaceuticals. Of the 24 articles included in the final analysis, only 31 per cent of estimates were within 20 or 25 per cent of the true cost, and less than 50 per cent were accurate.

Most studies were conducted in the UK, Canada and the US, and estimation accuracy was not found to differ between the countries. The researchers say that the most important factor influencing the accuracy of estimation was the true cost of the therapy — high-cost drugs were estimated more accurately than low-cost drugs.

Secondary findings indicate that doctors are aware of their limited knowledge of drug costs and want more information, but believe that the information is not accessible.

The researchers say that future research should focus on programmes to provide basic cost education, and cost information should be integrated into point-of-care prescribing support. "Due to expenses, audit-feedback and education would likely be most efficient if targeted on high-use drugs that have low-cost alternatives", they say (*PLoS Medicine* 2007;4:1486).

## Benefit of bath emollients is questionable, *DTB* says

Bath emollients are of dubious benefit in the treatment of patients with atopic eczema, the latest issue of the *Drug and Therapeutics Bulletin* concludes (2007;45:73).

The *DTB* argues that, although there is long clinical experience and some published evidence to justify the use of topical emollients applied directly to the skin, the basis for the use of bath emollients is questionable.

The NHS spends £16m a year on bath emollients, but there are no published randomised controlled trials on their use in atopic eczema and there is no consensus of clinical opinion that such therapy is effective, the *DTB* says.

Use of bath emollients needs to be compared with the use of an emollient as a soap substitute followed by direct application of a topical emollient to the skin. And the effect of bath emollient treatment on patients' overall use of emollient therapy needs to be examined.

"In the absence of such evidence, treatment strategies in which patients successfully apply emollients to the skin without ever using bath emollients are entirely reasonable," it says.

## NICE to re-examine erlotinib following appeal

Erlotinib (Tarceva, Roche) is to be re-examined by a National Institute for Health and Clinical Excellence appraisal committee after a NICE appeal board overruled the institute's original decision not to recommend the drug for the treatment of non-small cell lung cancer on cost-effectiveness grounds.

The NICE appeal board ruled that the cost-effectiveness of erlotinib should be re-examined because the appraisal committee had not taken proper account of the reduced cost of treating adverse events resulting from

treatment with erlotinib, compared with that of docetaxel.

Peter Littlejohns, NICE's clinical and public health director, said: "Until NICE issues final guidance on the use of erlotinib for the treatment of non-small cell lung cancer, individual cases should be assessed at a local level within the NHS."

In the meantime, Roche has cut the cost of erlotinib to the NHS so that its average cost per patient matches that of the comparator drug, docetaxel.

### Workspace research starts

Researchers at Swansea University have been awarded £100,000 to study, among other things, how community pharmacists' views of their workspaces impact on their working practices. Project leader Frances Rapport, professor of qualitative health research said: "This is not really an area that most people think about, but it is something that has immense impact on the quality and effectiveness of service delivery."

### CPPE prepares allergy course

The Centre for Pharmacy Postgraduate Education is developing a qualification on allergies to allow pharmacists to develop services for identifying allergies or intolerances through a 30-minute consultation with the patient, then providing confirmation with an appropriate blood test. The National Pharmacy Association wants to pilot the scheme in January 2008. Any pharmacists wishing to take part should contact the NPAB by e-mail (pharmacybusiness@npa.co.uk).

# Academic super-trust for London

Imperial College London is to be at the helm of a new NHS super-trust, following the union of two of London's largest hospitals this week. Hammersmith Hospitals NHS Trust and St Mary's NHS Trust have merged, and existing links with Imperial College have been strengthened, to form Imperial College Healthcare NHS Trust.

The new trust will operate Charing Cross Hospital, Hammersmith Hospital, Queen Charlotte's and Chelsea Hospital, St Mary's Hospital and the Western Eye Hospital.

In terms of the impact of the merger on pharmacy services, a spokeswoman for the trust said that no decisions had been made about management at the departmental level, but she acknowledged that decisions would need to be made.

"It will definitely be one of the largest pharmacy departments in the country, with an expenditure of over £70m and around 250 staff," she told *The Journal*. "Because it is the first academic health science centre of its



John Alex Maguire/Ex Features

Charing Cross Hospital and four others are to form a single trust and seek academic foundation status

kind in the UK, there will be advantages for staff in terms of practice-based research."

She explained that the principal of the faculty of medicine at Imperial College, Stephen Smith, has been appointed chief executive of the trust, a move that she said would integrate academia into NHS trust management structures at the top level.

"This will reduce the bureaucracy around how innovation feeds into hospital practice," she said.

It is expected that Imperial College will sponsor an application for the centre to become an "academic foundation trust" in 2009, subject to consultation.

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## Strategy launched to improve clinical skills of pharmacists and others in Scotland

Pharmacists, GPs and community health teams in Scotland will benefit from a clinical skills strategy launched last week by health minister Nicola Sturgeon.

The strategy, jointly funded by NHS Education for Scotland and the Scottish Funding Council, will be implemented over three years and aims to improve patients' experience and secure their safety through better access to high quality skills education for all health care practitioners and their teams.

A Scottish clinical skills alliance and a managed educational network will be established to oversee the strategy's implementation. An NHS Education for Scotland programme board will also be established to performance manage NES financed clinical skills units and prioritise future developments.

A pilot study to evaluate a mobile unit for delivering simulation-based skills training in remote and rural settings is also planned.

## Ethical dilemmas set to grow with complex patient care

Pharmacists will likely face greater ethical dilemmas affecting relationships with patients and professional colleagues as they become involved with more complex patient care, according to Ann Lewis, former Secretary and Registrar of the Royal Pharmaceutical Society.

Speaking at a recent Pharmacy Practice Research Trust dinner, Miss Lewis said: "Pharmacists have to move away from a culture of paternalism to one which embraces

the wider focus of multi-professional working and increasing patient and public expectations." However, she added that changing the ethos of professionalism is a challenge for all health professionals.

Harry Cayton, chief executive, Council for Healthcare Regulatory Excellence, spoke with similar sentiments: "Maintaining the confidence of both the patient and members of the clinical team can be challenging."

## Lloydspharmacy launches breast cancer detection campaign

A campaign to increase awareness of breast cancer and its detection has been launched this week by Lloydspharmacy.

The company is promoting the Breast Sense Glove and DVD and has recruited GP Chris Steele and Abi Titmuss to back the campaign.

Survey results released by Lloydspharmacy suggest that about a third of women do not check their breasts for lumps regularly and a similar proportion are unsure how to check their breasts properly.



Chris Steele and Abi Titmuss are backing Lloydspharmacy's breast cancer detection campaign

## Continuing trastuzumab after relapse improves survival in advanced breast cancer

Continuing treatment with trastuzumab (Herceptin) improves survival in women with HER-2 positive advanced breast cancer that has relapsed, according to a study reported last week at the European Cancer Conference in Barcelona.

The observational trial investigated a cohort of 221 women with HER-2 positive advanced breast cancer who had been treated with trastuzumab first-line and 117 who had been treated with the drug second-line following disease progression. Nearly three-quarters (74 per cent) of the women who

continued to take trastuzumab after disease progression were alive at two year follow-up, compared with 24 per cent of those who stopped taking the drug when their cancer started to progress. The median overall survival for the trastuzumab-treated group had not yet been reached but was longer than 27.8 months, compared with a median overall survival of 16.8 months for patients who discontinued the drug ( $P < 0.0001$ ).

Commenting on the findings, Nisha Shaunak, breast cancer specialist pharmacist, Royal Marsden Hospital, London, said: "The

### News in brief

#### Acupuncture reasonable

Acupuncture appears to be a reasonable therapy option for patients with knee osteoarthritis when lifestyle measures and paracetamol are insufficient or contraindicated, the latest issue of the *Drug and Therapeutics Bulletin* concludes (2007;45:76). It adds that although there is evidence to support acupuncture, it is not known what constitutes an optimal treatment course.

#### Thiazolidinedione safety

Patients with prediabetes or type 2 diabetes given thiazolidinediones (either rosiglitazone or pioglitazone) have an increased risk of developing congestive heart failure but not an increased risk of cardiovascular death, compared with controls, data from a new meta-analysis indicate (*Lancet* 2007;370:1129).

#### Hepatitis C tests

Free hepatitis C tests were available to members of the public at a Nottingham branch of Boots this week to coincide with World Hepatitis Awareness Day on 1 October. Customers were able to drop in for confidential advice, and a test if necessary, provided by nurses from the Queen's Medical Centre, Nottingham.

#### Clinical vision for NHS

Access to skilled pharmacists is one of the requirements set out by the NHS Confederation and the Joint Medical Consultative Council as part of their design principles for a better, more innovative NHS. Launched this week, their report "A clinical vision of a reformed NHS" is available to download from [www.nhsconfed.org](http://www.nhsconfed.org) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

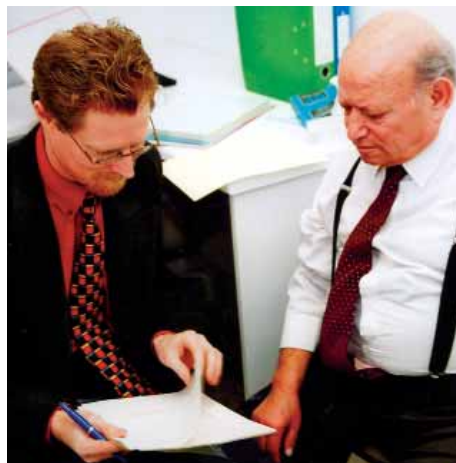
## Pharmacist interventions improve HbA<sub>1c</sub> levels, not other outcomes

Pharmacist interventions can lead to reduced HbA<sub>1c</sub> levels for diabetes patients, but other benefits are not clear, the authors of a meta-analysis conclude (*Annals of Pharmacotherapy* 2007;31:1569).

Investigators analysed data from 2,247 patients with diabetes in 16 studies and found that those who received a pharmacist intervention — which included diabetes education and medication management — saw significant reductions in HbA<sub>1c</sub> levels ( $1.00 \pm 0.28$  per cent;  $P < 0.001$ ) but those in the control group did not ( $0.28 \pm 0.29$  per cent;  $P = 0.335$ ). Pharmacist intervention produced greater reductions in HbA<sub>1c</sub> than control (difference  $0.62 \pm 0.29$  per cent;  $P = 0.03$ ).

However, for other patient outcomes, namely systolic blood pressure, fasting plasma glucose, lipid levels, adherence, knowledge and quality of life, the pharmacist intervention was not shown to have a significant effect.

The authors suggest: "Future research should quantitatively and qualitatively evaluate the impact of pharmacists' interventions on other diseases, . . . and try to identify specific areas of impact. Further intervention



**Pharmacist interventions, such as diabetes education, are associated with improvements in patients' HbA<sub>1c</sub> levels**

studies should be large (ie, both in sample size and length of follow-up), controlled and randomised and should evaluate different types of outcomes in the studied population and be directed toward high-risk/complex patients."

## Agitation associated with Alzheimer's not relieved by donepezil

Donepezil is not an effective treatment for agitation in people with Alzheimer's disease, a study published this week suggests (*New England Journal of Medicine* 2007;357:1382).

Patients whose agitation scores were considered severe enough to warrant treatment after a psychosocial treatment programme of up to four weeks' duration were randomised to receive donepezil or placebo. Analysis of 259 patients revealed no difference in agitation scores between patients taking donepezil and those given placebo. "However," the study authors say, "agitation may not represent a homogenous clinical phenomenon, and this is a potential limitation of the trial."

In an accompanying editorial (*ibid*, p1441), Kristine Yaffe, from the department of psychiatry, neurology and epidemiology at the University of California, comments on the study design: "The rationale for providing [psychosocial] treatment was that first-line therapy for neuropsychiatric symptoms should be non-pharmacologic." However, she suggests that this may have led to the selection of patients most resistant to any type of treatment or those with the most severe symptoms.

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