

Primarolo wants pharmacy to take new direction

Preventing disease and tackling health inequalities are high priorities for the future, and the forthcoming White Paper will explore how pharmacy's role and contribution in these areas can be expanded, according to health minister Dawn Primarolo, who was speaking at the Pharmaceutical Services Negotiating Committee annual dinner held in London last week.

"We want to see pharmacy — and community pharmacy in particular — take on a new and exciting direction. Pharmacies [should be seen] as healthy living centres, with readily available expertise to help treat minor ailments, to provide screening and routine testing services, and to provide much more advice on medicines as well as structured support for patients with long-term conditions," she said.

Moving on to Lord Darzi's NHS Next Stage Review for England, Ms Primarolo assured guests that there is no "one size fits all" and that local people and clinicians, not the Government, will decide what is needed in their communities. So what the Government will do is develop a vision of primary care that provides an overall framework to enable

— not hinder — the shaping of services locally. "And that must be developed with you, not in spite of you," she said.

Referring to recent pharmacy engagement meetings with Lord Darzi, held in London (*PJ*, 8 March, p265) and Manchester, she said that it was clear that the profession and individual practitioners accept that integrated clinical services are the right way forward.

It was also clear that there is a need for strong local and national leadership and a recognition of the challenges, such as practice-based commissioning, and how contractual arrangements are constructed that take them into account. "For my part, the White Paper will show how we respond to these issues," she said.

Ms Primarolo also revealed that, as part of the Government's preparatory work for the White Paper, it has undertaken two surveys in the past few months to update its knowledge and understanding of exactly what the public wants and expects.

"One looked at people's use of pharmacy and the other looked at the public's perceptions of pharmacy and the services they want

to see. They reinforce the high esteem and value in which pharmacy is held. We will publish these surveys alongside the White Paper so that everyone can consider how best to shape their response."

Key questions

Ms Primarolo wants the White Paper to address the following key questions:

- How do we best strengthen pharmacy's focus to one that promotes health and well-being?
- What changes are needed to help pharmacy make its mark in tackling the major health inequalities that exist today?
- How do we ensure that pharmaceutical care is both more personalised for patients and consumers, and integrated with other providers?
- What should we be doing to improve the quality of pharmaceutical care across the board?
- How do we support this contribution through better commissioning of pharmaceutical services?

NPA appoints chief

John Turk has been appointed chief executive of the National Pharmacy Association and will join the organisation on 7 April.

Mr Turk leaves Care UK Plc, a health and social care provider, where he was managing director of the children's services division. Previous roles include managing director of Gambro AB, a medical device and healthcare company.

LPS throws a lifeline for low dispensing-volume pharmacies

New guidance on local pharmaceutical services (LPS) contracts sets out a lifeline for those pharmacies in England that will lose the protected professional allowance on 1 April. It contains a section on using LPS contracts to guarantee adequate pharmaceutical services in areas served by low-volume pharmacies.

Steve Lutener, head of regulation at the Pharmaceutical Services Negotiating Committee, said: "We would have liked to

have seen this guidance published much earlier. The middle of March is very late if it is designed for low-volume pharmacies. Guidance on using LPS to replace the Essential Small Pharmacies Scheme came out six months before the end of the ESPS."

Primary care trusts were told by the Department of Health a year ago that they should start to identify pharmacies that were to lose the protected professional allowance.

Pharmacists not prepared for flu pandemic

Less than half of community pharmacists (44 per cent) in the UK are confident about their ability to respond to an influenza pandemic, according to a survey commissioned by Roche Products, manufacturer of Tamiflu (oseltamivir).

The survey of 83 pharmacists carried out in December 2007 showed that, while nearly all respondents (87 per cent) recognise their frontline role within Department of Health pandemic plans and are confident in giving advice about influenza, they believe that a lack of specific guidance together with recent low levels of seasonal influenza are hampering their preparation to manage a future pandemic. Fewer than 1 in 10 pharmacists have provided antiviral medicines in the past three years.

Commenting on the results, Andrew McCoig, community pharmacist and a member of Croydon Primary Care Trust's pandemic committee, said: "Although influenza has not been a serious public health issue in the UK for a while, we see many cases of colds and all flu types in a pharmacy, much more than perhaps in surgeries. However, the very low volume of influenza-specific prescriptions since the launch of antiviral medicines has meant that pharmacists have concentrated their time and skills on other more imperative therapeutic areas.

"Pharmacists will be a major part of pandemic management and therefore must start receiving specific guidance from the DoH so that they can focus on an impending pandemic."

Extra £2.9m secured for transition to GPhC

Extra resources of £2.9m have been secured by the Department of Health for development of the General Pharmaceutical Council, members of the Pharmacy Regulation and Leadership Oversight Group were told at a meeting earlier this month.

This money is for projects on IT and the separation of records and is in addition to the £3m announced by health minister Ben Bradshaw at the British Pharmaceutical Conference last year (*PJ*, 15 September 2007, p279).

PRLOG members recommended that the GPhC will need to have a physical presence in each of the countries involved in the GPhC — currently England, Scotland and Wales.

The group also heard that the Health and Social Care Bill — the primary legislation that will enable creation of the GPhC — is likely to receive Royal Assent in July. Following that, there will be a three-month consultation with the profession on the redrafted Section 60 Order, the secondary legislation needed to establish the GPhC. In advance of this formal consultation, the DoH is seeking stakeholder views on key questions that could be highlighted in the consultation. Feedback should be sent to anne.spence@dh.gsi.gov.uk by 31 March.

The next meeting of PRLOG will take place on 12 June. Further information and the relevant documents are available on the DoH website at www.dh.gov.uk and via *PJ Online* (www.pjonline.com/pjlinks).

Nucare members asked to join Numark from October

Plans to integrate Numark and Nucare services under the Numark name were revealed at a press briefing in London last week. Members of Nucare will be asked to sign up to Numark from 1 October.

Discussions about the future of Nucare have taken place since the acquisition of the group by Phoenix — owner of Numark — in December last year, John D'Arcy, interim managing director at Numark, told the press. He explained that both organisations had similar business objectives but that there were differences in approach. Nonetheless, he said: "All members of Numark and Nucare are independent community pharmacists struggling in the increasingly competitive world. Now more than ever before they need behind them a powerful organisation to support them in their commercial and professional offerings."

Merging of the organisations under Numark will take place over the coming months during which time members of each organisation will be consulted on their views.

"As of now, Nucare members are automatically members of Numark, with the idea being that from October 2008 we will be

seeking to persuade members to take membership of the new organisation," Mr D'Arcy confirmed.

In the meantime, existing Nucare members whose subscriptions are due to expire before October will continue to receive the integrated services.

Mr D'Arcy acknowledged that many Nucare members were loyal to a different wholesaler than Phoenix. Under the new arrangement, Numark members, new and old, will be allowed to deal with any of the three principal wholesalers. "However," he said, "a Phoenix account will be needed as a means of accessing some of the Numark-specific services, particularly own-label products."

Mahesh Shah, of Nucare, said: "What we want to do is combine the best of Nucare and Numark to offer an improved service. The pharmacy landscape is changing. Making money from purchasing is a law of diminishing returns — I think people recognise that. We distinguish ourselves from buying groups: we are a marketing and support organisation which offers not just terms but a lot more beyond that — professional services for instance



Numark is keen for Nucare members to become Numark pharmacists

— and that's the direction of travel for the profession."

The Milton Keynes office of Nucare is to close, with potential risk of employees being made redundant, Mr Shah said.

Use of the EPS by community pharmacies is consistent and growing

The number of prescriptions being dispensed via release 1 of the electronic prescription service is consistent and growing ahead of release 2 of the service going live at early implementer sites this spring or summer, according to NHS Connecting for Health.

The latest data show that between 7 and 10 per cent of all EPS messages each day are now being dispensed via the service — this is equivalent to about 2 per cent of all prescriptions. "While this is less than the number prescribed, it is consistent and growing," said a spokesman for NHS CfH.

Use of the service by pharmacists has been slow to start because of the low volume of EPS prescriptions received as well as various problems using the system. Participants in the Pharmaceutical Services Negotiating Committee's local pharmaceutical committee

conference last week complained about slow download speeds and difficulties scanning barcoded prescriptions. An NHS CfH spokesman said that the delays some users may have experienced in terms of download speeds are local issues rather than ones that affect the whole service. "Users experiencing such delays should report them to their system supplier in the first instance," he added.

On barcode problems, he added: "While there can be a variety of reasons for not being able to scan a barcode, the most common one is that the GP practice has not set their printer to the recommended minimum resolution for printing. In this case, we recommend that the pharmacy talks to their local GP practices to resolve the issues."

About 80 per cent of pharmacies now have EPS software upgrades in place. Other

problems related to the EPS were raised at the LPC conference (p345).

□ **NPfIT savings** Despite delays in its implementation, the National Programme for IT is expected to deliver £1.14bn in savings by 2014, according to the Government's first annual benefit statement, published last week.

Based on data from 20 per cent of trusts in England, a total of £208m has been saved to 31 March 2007. Most of this is through delivery of the N3 network and the use of digital imaging and scans.

The statement was published in response to a request from the National Audit Office in its first progress report on the programme last year. The NAO is preparing its second report on the NPfIT, which is due to be published in late spring.

Toolkit encouraging joint working between industry and the NHS published by DoH and ABPI

Joint working between NHS organisations and the pharmaceutical industry has been made easier through the development of a toolkit that aims to provide practical information and strategies to help the two parties work together to benefit patients.

The toolkit, developed by the Department of Health and the Association of the British Pharmaceutical Industry, complements best practice guidance, which was published last month (*PJ*, 9 February, p145). Following publication of the toolkit, a new

pilot scheme involving joint working between Ashton, Leigh and Wigan Primary Care Trust and the ABPI was announced. The venture aims to bring additional resources to the PCT as it develops its commissioning plans.

"Targeted and ethical joint working between the industry and the NHS can bring great benefits to patients and the NHS, and this latest co-operative venture is a prime example of the sort of endeavour that we and the Government are seeking to encourage,"

said Martin Anderson, ABPI director of NHS policy and partnerships.

Peter Rowe, chief executive of Ashton, Leigh and Wigan PCT, added: "We believe that joint working with pharmaceutical companies in line with the best practice guidance will bring new expertise and resources, and will make a significant contribution to our ambition to become world class commissioners."

The guidance and toolkit are available on the DoH website (www.dh.gov.uk) and via *PJ Online* (www.pjonline.com/pjlinks).

New AstraZeneca scheme will pay pharmacists to help patients take their medicines as prescribed

Pharmacists are to be paid by AstraZeneca to talk to patients about taking its medicines as prescribed, the manufacturer told *The Journal* this week.

Under AZ's new "Making the most of your medicines" programme, pharmacists will be able to recruit patients taking Arimidex, Crestor, Nexium or Singulair with the aim of finding out what medication issue these patients might have and educating them to improve adherence.

Paul Hudson, primary care director at AZ, said: "We can't just send the boxes to the pharmacy and think our responsibility has ended. I think as the pharmacist's role grows,

and as the professional component — the fee-for-service component — grows, we want to be part of that. We want a healthy relationship with pharmacy for the right reasons. Our programme happens very much after the prescribing decision has been made. This is not about influencing the prescriber it is about influencing patients to comply with treatment for a better outcome."

After gaining patient consent, the pharmacist will be expected to get the patient to fill in a questionnaire about their medicine-taking behaviour. The results of this will then be used by the pharmacist to facilitate a discussion about adherence.

Pharmacists are to be paid £10 for each of up to three consultations per patient, and £5 for each of three follow-up submissions of data to AZ — a potential earning of £45 for each patient. The company expects each pharmacist might recruit around 60 patients in the first year of the programme.

Pharmacists wishing to take part will be provided with training from the National Prescribing Centre to strengthen their consultation skills.

A range of resources have also been adapted to facilitate the discussions. Further information is available from www.simplyaz.co.uk/pharmacists.

In brief

No more antivirals for influenza

Use of antiviral drugs for the prevention or treatment of influenza in England is no longer indicated for this flu season, the Department of Health has advised. The decision comes after surveillance data indicated that the overall rate of flu reports has fallen below the threshold at which National Institute for Health and Clinical Excellence guidelines on the use of antiviral drugs is triggered.

Clinical guidelines now available

Clinical guidelines published on the eGuidelines website (www.eguidelines.co.uk) are being made available free of charge to all community pharmacists after negotiations between MGP, the provider of eGuidelines, and the Pharmaceutical Services Negotiating Committee and the National Pharmacy Association. The website provides access to authorised summaries of national clinical guidelines.

Pension help for volunteers

Public servants who work as volunteers in poor countries through certain UK-based agencies are to have their pension contributions met while they are abroad. A fund of £13m (from the Department of Health, the Department for International Development and the Department for Children, Schools and Families) will cover volunteers leaving the UK between April this year and March 2011, for a period of between seven and 24 months.

Released prisoners exempt from charges

In the first phase of a national roll-out, all FP10 and FP10MDA prescriptions issued by selected prisons from 1 April will be exempt from prescription charges in England, providing certain conditions are met.

This follows changes to the NHS charges Regulations, guidance on which was published last week by the Department of Health.

To qualify for exemption from charges, prescriptions must be stamped with the letters "HMP" along with the issuing prison's name, address and telephone switchboard number printed in the practice address box (the addition of handwritten "HMP" is not acceptable).

Patients are not required to sign the prescription to claim entitlement to exemption, although good practice guidance, such as that relating to Schedule 2 or 3 Controlled Drugs, still applies.

The prescriptions do not need to be separately bundled and should be submitted to the Prescription Pricing Division in the no-charge group.

The Pharmaceutical Services Negotiating Committee said this week that it would monitor how these prescriptions are handled by the PPD. It also said that guidance issued



John Stillwell/PA

Released prisoners qualify for charge exemption on low income grounds

to prisons should ensure that, in most cases, pharmacies would be contacted in advance of a patient presenting a prison prescription.

Pharmacists can confirm the legitimacy of prescriptions (including the identity of the released prisoner) and the prescriber by contacting the healthcare manager at the prison stated on the form. The PSNC plans to list contact details on its website for the six prisons involved as initial pathfinder sites. The DoH expects the programme to be extended to other prisons in England within a year.

Consider adjusting opening hours now that GPs open longer

Pharmacy contractors should establish whether local surgeries are intending to amend their opening hours and consider whether their own hours need to be adjusted after doctors accepted the Government's proposal to open an extra 30 minutes for every 1,000 registered patients.

Changes to a pharmacy's supplementary hours can be made without primary care trust approval but at least 90 days notice must

be given. The Pharmaceutical Services Negotiating Committee said this week that it is unlikely a PCT would be acting in the public interest if it rigorously enforced that provision in cases where contractors wanted to open for the additional hours immediately.

The PSNC is advising local pharmaceutical committees to discuss the issue with their PCTs. Changes to a pharmacy's core opening hours require PCT approval.

Public not aware of medicines safety, says GHP

Most members of the public are unaware of the safety issues that surround medicines, even though medication errors are reported to be responsible for 10 to 20 per cent of all NHS adverse events.

This point is made by the Guild of Healthcare Pharmacists in its response to a Healthcare Commission consultation on the commission's annual health check.

The health check, which is in its fourth year, is designed to assess whether NHS healthcare organisations in England are meeting the standards of care that patients and the public expect, such as providing safe and high-quality clinical care.

In its response, the GHP advises the commission that taking the experience of patients into account will not necessarily flag up the medicines issues that need to be addressed. Richard Cattell, president of the GHP, added that the guild "is supportive of

any work that can be done to raise the profile and understanding of the issues relating to medication safety across all areas in the minds of the public".

Following on from this, the GHP suggests that there needs to be more specific consultation on medicines safety. "It does not necessarily have to be the Healthcare Commission which does the actual work, but the work needs to be done to inform criteria for future years' health checks," the GHP says.

The GHP welcomes the commission's proposed review of medicines management in primary care, especially the focus on prescribing after discharge. The GHP points out that good prescribing after patients are discharged from hospital is dependent on good information from secondary care and that complete information is not always supplied by hospitals, nor is it always supplied in a timely manner.

One other area that the GHP comments on is the provider and commissioning functions of primary care trusts. The guild says that pharmacists have a "key role to play in the commissioning of services" and suggests that pharmacists should be monitoring drug-related admissions and readmissions to achieve reduced error rates for their population. "This information is not always available unless a specific audit is carried out so is a hidden hazard for patients." The guild also adds that there should be an analysis of gaps in service provision relating to medicines to inform commissioning.

The GHP response to the consultation can be found on the guild's website (www.ghp.org.uk). The consultation document "Developing the annual health check in 2008-09" is available on the commission's website (www.healthcarecommission.org.uk). The consultation closed on 12 March.

Vildagliptin launched by Novartis for dual therapy in type 2 diabetes

Patients with type 2 diabetes could be suitable for treatment with a new medicine, vildagliptin, available in the UK this week. Novartis has launched the drug both as a single ingredient tablet (Galvus) and as a combination product with metformin (Eucreas).

Galvus has received a licence for dual therapy in combination with:

- Metformin, for patients with insufficient glycaemic control despite the maximum tolerated dose of monotherapy with metformin

- A sulphonylurea, for patients with insufficient glycaemic control despite maximal tolerated dose of a sulphonylurea and for whom metformin is inappropriate due to contraindications or intolerance

- A thiazolidinedione, for patients with insufficient glycaemic control and for whom the use of a thiazolidinedione is appropriate

Vildagliptin belongs to the dipeptidyl peptidase-4 (DPP-4) inhibitor class of antidiabetic drugs. As a potent and selective inhibitor of DPP-4, vildagliptin causes rapid and com-

plete inhibition of DPP-4 activity, resulting in increased fasting and postprandial endogenous levels of the incretin hormones GLP-1 (glucagon-like peptide 1) and GIP (glucose-dependent insulinotropic polypeptide).

According to Novartis, increasing these incretin hormones enhances the sensitivity of beta cells to glucose resulting in improved glucose-dependent insulin secretion. By raising GLP-1 levels the drug also enhances the sensitivity of alpha cells to glucose, resulting in more glucose-appropriate glucagon secretion.

Notice-board p331

Lancet study suggests antibiotics not justified for sinusitis even if symptoms exceed a week

Antibiotics offer little benefit for patients with sinusitis, according to a study in *The Lancet* (2008;371:908), even those with symptoms lasting more than a week. Researchers conducted a meta-analysis of nine trials involving 2,547 adults with acute sinusitis-like complaints who were randomly assigned to receive antibiotic or placebo. They found that 15 patients would need to be treated to cure one patient. This number needed to treat dropped to eight for patients with a purulent discharge from the throat.

The results suggest that most common signs and symptoms do not help distinguish a bacterial from a viral infection, say the researchers. In particular, patient-reported symptoms, such as a previous common cold or facial pain, do not seem as reliable as some guidelines suggest, they add.

"Common clinical signs and symptoms cannot identify a subgroup for which treatment is clearly justified, given the cost, adverse events and bacterial resistance associated with antibiotic use," the researchers say. Patients who were older, those who reported symptoms for longer or reported more severe symptoms were no more likely to benefit from antibiotics than other patients. This suggests that antibiotics are not



Cathleen Clapper/Dreamstime.com

Common sinus symptoms do not help distinguish between bacterial and viral infection

justified even if patients report symptoms for longer than seven to 10 days, contrary to some guidelines, say the researchers.

The researchers warn that their results do not apply to children or to those with suppressed immune systems. However, they say: "[The results] should reassure physicians that only watchful waiting and symptomatic relief are warranted for almost all adult patients with acute rhinosinusitis-like complaints."

The authors of an accompanying editorial point out that the implications of the study are not clear cut because of well known problems with meta-analyses. They add: "Many patients with obvious viral illness who had no chance of benefiting from antibiotic treatment were included in the meta-analysis, which might make the analysis underpowered to detect meaningful difference."

The National Institute for Health and Clinical Excellence published draft guidance on prescribing of antibiotics for self-limiting respiratory tract infections, including sinusitis, last week. It recommended that antibiotics should normally not be prescribed, or a delayed prescription should be issued so that patients can obtain antibiotics if their symptoms do not resolve.

Raise awareness of tuberculosis

Raising awareness of tuberculosis and referring symptomatic patients to TB services should be part of every community pharmacist's work in high burden countries, according to Ivan Kotzé, president of the Commonwealth Pharmacists Association.

Speaking ahead of World TB Day on 24 March, Mr Kotzé said that private pharmacies continue to be a neglected resource in many countries. "While significant progress has been made by national tuberculosis plans through commitment to the Global Plan to Stop TB, we have a long way to go before meeting millennium development goals," Mr Kotzé stated. "Greater collaboration between public and private healthcare sectors is essential in ensuring all patients gain access to DOTS [directly observed therapy, short course] services," he said.

He pointed out that delays between diagnosis and treatment, and difficulties in accessing healthcare systems may have contributed to increased opportunities for transmission, with major implications for public health. "Pharmacies are easily accessible centres for reliable and relevant TB information, treatment and advice," Mr Kotzé continued.

He added that training pharmacists as DOTS providers could help ensure successful treatment outcomes for patients in many developing countries who access treatment outside public sector facilities. "This strategy would help consolidate the gains already made in TB prevention and control and expand services still desperately needed in high burden countries," said Mr Kotzé.



Science Photo Library

Pulmonary TB: treatment delays have major public health implications

Hemant Patel, President of the Royal Pharmaceutical Society, gave his support to the CPA campaign. He said: "Adequate TB services must be in place to treat members of the public in the event of infection — a threat which is on the increase globally as a consequence of migrating populations. In the UK alone there were almost 8,500 cases of TB reported in 2006.

"We know that TB is curable and the key to this lies in early diagnosis and treatment. Community pharmacists are well placed to contribute in this area and should be aware of the potential threat."

Scottish prescribing group to tackle antimicrobial resistance

Improving the prescribing of antimicrobials is a key aim of a new action plan to tackle antimicrobial resistance, published this week by the Scottish Government.

The report sets out a number of approaches to achieve prudent prescribing. These include education and training in prescribing of antimicrobials, and implementation and monitoring of antimicrobial prescribing policies. In addition, a new Scottish Antimicrobial Prescribing Group is to be established that will include pharma-

cists, prescribers, microbiologists and infection control professionals.

Health Secretary Nicola Sturgeon promised funding to support the strategy. "It is vital that the information we have on antibiotic resistance is as robust as possible and that's why I'm delighted to announce £1.25m for NHS boards to provide modern equipment to provide better monitoring," she said.

The five-year "Scottish management of antimicrobial resistance action plan" is available via *PJ Online* (www.pjonline.com/pjlinks).

Infective endocarditis advice

Best evidence suggests that prophylactic antibiotics should not be given to anyone with structural cardiac defects at risk of infective endocarditis who is undergoing interventional procedures (including dental procedures), the National Institute for Health and Clinical Excellence says in guidance issued this week to the NHS in England and Wales.

NICE's recommendation is based on published evidence and expert consensus and is a significant change to current clinical practice.

Global health

WHO annual TB report

Private healthcare providers must work in partnership with public programmes to ensure that new tuberculosis cases do not escape detection, the World Health Organization suggests in its 12th annual report on TB control. It points out that the rate of increase in TB diagnoses has halved (from an average yearly increase of 6 per cent for 2001 to 2005 to 3 per cent for 2005 to 2006).

Clues to TB drug resistance

UK scientists have shown how isoniazid binds to activating enzymes within *Mycobacterium tuberculosis* (*Journal of Biological Chemistry* 2008;283:6193). Using protein crystallography and the European Synchrotron Radiation Facility in Grenoble they also identified three separate means of drug resistance. "These observations provide a fundamental platform upon which our understanding of the enzyme-catalysed activation of this prodrug can now be developed for more effective tuberculosis therapies in the future," the researchers conclude.

Inhaled TB vaccine shows promise

A dry powder form of the Bacillus Calmette-Guérin (BCG) vaccine that can be delivered via an inhaler was as effective as the injectable vaccine when tested in guinea pigs (*PNAS Early Edition*, 14 March, www.pnas.org). Lead researcher Tony Hickey, of the University of North Carolina school of pharmacy, said: "This vaccine does not need to be refrigerated. It also doesn't require needles, syringes and water like the injectable vaccine, and administering it is as easy as breathing in, making it ideal for use in developing countries."

Test speeds up TB diagnosis

A new T-cell-based interferon- γ release assay can rule out tuberculosis infection within days rather than weeks and has 99 per cent sensitivity when used in combination with tuberculin skin testing (*Annals of Internal Medicine* 2008;148:325). UK researchers tested the ELISpot-Plus assay in diagnosing 389 patients with suspected active TB. The test can distinguish TB infection from BCG vaccination because it incorporates a novel antigen — Rv3879c — that reacts with T cells induced by infection.

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Meeting reports

Reports of meetings and conferences, both UK and international. www.pjonline.com/reports

Cut in script charges linked with reduced OTC sales

The phased reduction of prescription charges in Wales coincided with an increase in the number of non-sedating antihistamines — products available over the counter — dispensed in Wales, a study recently released online ahead of print shows (*Health Policy*, 5 March, www.sciencedirect.com/science/journal/01688510).

Co-author of the study Roger Walker, professor of pharmacy practice at the Welsh School of Pharmacy and consultant in pharmaceutical public health, National Public Health Service for Wales, told *The Journal* that it was possible the Welsh Assembly Government's policy on prescription charges was unintentionally serving to increase GP visits and reduce OTC sales from community pharmacies, even before the eventual abolition of the prescription charge in April 2007.

He explained the study findings: "During the period October 2004 to September 2006, at a time when there was a phased reduction of the prescription charge in Wales, the rate of growth in prescriptions for non-sedating anti-



Welsh policy on prescription charges may unintentionally reduce OTC sales

histamines across the 22 local health boards in Wales was greater than that seen in the two years before the reduction of the prescription charge commenced. In comparison, in the south east of England the growth in prescriptions for non-sedating antihistamines was similar over the two two-year study periods."

Professor Walker added: "Of particular interest in the analysis of the Welsh data was the fact that the marked growth in prescriptions for non-sedating antihistamines was evident in the least deprived but not the most deprived LHBs. This suggests that individuals who may previously have purchased their non-sedating antihistamine from a pharmacy were now probably seeking the same on prescription."

□ **Prescription statistics** The number of prescription items dispensed in the community in Wales has risen by 5 per cent — from 58.9 million items in 2006 to 62.1 million items in 2007 — the Welsh Assembly Government's statistics directorate announced last week.

The net ingredient cost of all community-dispensed prescriptions grew 3 per cent to £590m from 2006 to 2007, but this, according to Government statisticians, equates to a decrease of 0.02 per cent in real terms. The average net ingredient cost per item reduced from £9.74 to £9.51 over that period.

Under a fifth of pharmacy staff members in Wales can speak Welsh

Whether community pharmacies in Wales provide the option for customers to communicate in Welsh with pharmacy staff varies greatly by location, a Pharmacy Practice Research Trust report reveals.

Researchers from the Welsh School of Pharmacy, Cardiff University, and the Welsh Institute for Health and Social Care at the University of Glamorgan, found that some 60 per cent of pharmacies in Wales do not offer

Welsh-language pharmacy services. The research showed wide variation between different locations, with some areas having no Welsh-language pharmacy provisions for a small percentage of Welsh speakers and others having nearly all pharmacies able to communicate in Welsh for their largely Welsh-speaking population.

Over three quarters of pharmacies in Wales responded to the study and less than a

fifth of staff members in the country could speak Welsh. Lead researcher Louise Hughes of the Welsh School of Pharmacy said: "Ideally all Welsh speakers should have access to pharmacy services through the medium of Welsh, regardless of where they live. Although it may not be easy, or indeed practical, for all pharmacists working in Wales to be able to speak Welsh, consideration should be given to the needs of Welsh speakers."

Low-dose aspirin reduces risk of adults developing asthma

A 100mg dose of aspirin every other day reduces the relative risk of women developing adult-onset asthma, researchers reveal.

In a double-blind, placebo-controlled trial, 37,270 female healthcare professionals, aged 45 years or over, with no apparent illness, previous history of asthma or contraindication to aspirin, were randomly assigned to receive either 100mg of aspirin or placebo on alternate days. The trial was part of a larger US study, the Women's Health Study, testing the risks and benefits of low-dose aspirin and vitamin E in the primary prevention of cardiovascular disease and cancer.

During 10 years of follow-up the researchers found 872 new diagnoses of asthma in the group given aspirin compared with 963 in the placebo group. This corresponded to a hazard ratio of 0.90 (95 per cent confidence interval 0.82 to 0.99; $P=0.027$), showing a 10 per cent reduction in the relative risk of newly reported adult-onset asthma in those taking aspirin. The observed effect was not significantly modified by age, smoking

status, exercise levels, postmenopausal hormone intake or random assignment to vitamin E but no apparent effect was seen in obese women.

The researchers comment that although aspirin can acutely precipitate bronchospasm in patients with aspirin-intolerant asthma, their "biologically plausible finding . . . suggests a small benefit of aspirin for the prevention of the development of asthma in adults". A previous study in male doctors showed that 325mg of aspirin every other day reduced the relative risk of asthma by 20 per cent.

The researchers conclude that before public recommendations can be made, results from randomised trials specifically designed to test whether low-dose aspirin reduces the risk of asthma are needed. They add that future studies also need to examine the currently unknown "precise biological mechanism by which long-term low-dose aspirin use may reduce the risk of asthma".

The study is published online ahead of appearing in *Thorax* (<http://thorax.bmj.com>).

In brief

Celesio profits rise

European pharmacy and wholesaling giant Celesio, parent company of AAH Pharmaceuticals, has achieved a 3.6 per cent increase in revenue — from €21.6bn in 2006 to €22.3bn in 2007 — despite difficult competitive conditions in the wholesale sector, it was announced this week. The company's net profits grew by 2.3 per cent to €435.4m over the period.

Keep well scheme continues

Scotland's "Keep well" health check programme — which includes pharmacy in some sites — will continue. Funding for the first wave of the programme was due to end this year but the Scottish Government has now confirmed that new funding will support the scheme until 2010.



Correction

Symbicort is one of the four AstraZeneca products involved in the company's "Making the most of your medicines" scheme and not Singulair as stated (p327). The training described is being provided by NPC Plus, not the National Prescribing Centre itself.