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Eight groups want to be central to professional body

Eight pharmacy organisations have stated their desire to be part of the new professional body for pharmacy, following a meeting of the Waterloo group. The group (*PJ*, 31 March 2007, p357), made up of parties with an interest in the future body's success, convened in London last week to discuss the Clarke Inquiry's report on the matter.

The Association of Pharmacy Technicians UK, the British Oncology Pharmacy Association, the British Pharmaceutical Students' Association, the College of Pharmacy Practice (and its faculties), the Institute of Pharmacy Management, the United Kingdom Clinical Pharmacy Association, the United Kingdom Psychiatric Pharmacy Group and the College of Mental Health Pharmacists all wish to be an integral part of the professional body, as do the Royal Pharmaceutical Society's sector groups.

In a report of the meeting, Ian Simpson, CPP chief executive, wrote on behalf of the Waterloo group: "It was agreed that the Waterloo group organisations had much to contribute to the formation and subsequent development of the new professional body, and all were keen to be involved. It is imperative that the Waterloo group and the Society work together effectively to establish the transitional committee and to appoint an independent chair. This will ensure that the process demonstrates credibility and validity to potential members."

The Waterloo group broadly agreed with Nigel Clarke's recommendations. However, there was concern that the suggested science and academia sector division did not give pharmacists in industry a high enough profile and that pharmacists involved in NHS commissioning were included in the same sector as providers of hospital services.

In terms of the new body's image, Mr Simpson reported: "We wish to reinforce Clarke's comment that this is not a rebadged RPSGB, [since] this will not be attractive to potential members. It must be a bottom up organisation. The prospectus [to be] produced by the transitional committee needs to ensure that the new body has a new name, a location distinct from the GPhC and offers an attractive range of services to all potential members."

There was general agreement with the concept of a "committee of special interest groups" but that title was not favoured. "Perhaps 'board for specialist and advanced practice' would be an acceptable alternative," Mr Simpson wrote. "It is important to distinguish between practising in a specialty and practising at a higher level, and [this] board should deal with both. Assessment should be competency based and should be standardised across specialties and throughout GB or the UK. . . . The board and its work must have credibility and academic rigour and the involvement of recognised clinical and academic experts is essential."

It was proposed that APTUK, the BPSA, the CPP and the UKCPA should each have a seat on the transitional committee alongside other organisations that will remain separate from the new body, such as the Guild of Healthcare Pharmacists, the Pharmacists' Defence Association, the Pharmaceutical Services Negotiating Committee and the National Pharmacy Association.

On the sidelines

The Pharmaceutical Advisers' Group, the Pharmacy Law and Ethics Association, the Primary and Community Care Pharmacy Network, the Primary Care Pharmacists' Association, UK Medicines Information and the UK Radiopharmacy Group are among the organisations that would like to work with the new professional body as part of a wider stakeholder group but not be an integral part. The Neonatal and Paediatric Pharmacy Group and the Academy of Pharmaceutical Sciences are among the groups that have not yet committed themselves.

Most contractors using barcoded prescriptions encountering problems

Over 50 per cent of contractors who are enabled to use the electronic prescription service are scanning some or all of the barcoded prescriptions they receive, according to a survey of 365 pharmacies in England. The survey highlighted problems with download times and variations in supplier performance.

Carried out jointly by the National Pharmacy Association and the Pharmaceutical Services Negotiating Committee during January and February, the survey showed that 80 per cent of respondents were EPS release 1 enabled and of these 56 per cent were scanning prescriptions. Some 11 per cent of enabled pharmacies reported scanning every barcoded prescription. However, the survey revealed that many pharmacies are experiencing problems with the EPS. While some pharmacies reported consistent download speeds of under five seconds, 72 per cent of respondents reported an average prescription download time of over 20 seconds.

Other common problems are:

- Barcodes too faint to scan
- Delays in logging in with smartcards
- Dosage instructions need to be edited
- Lack of training from suppliers
- Lack of support from primary care trusts, including delays in authorising the EPS ongoing allowance

Barcoded scripts have caused problems

Low use of the service by GPs was also mentioned, with 64 per cent of respondents reporting that less than one in five prescriptions received were generated using the EPS. This stops pharmacies building up experience with the EPS and fully testing the system's capability, say the NPA and the PSNC.

The survey also highlighted some benefits to using the EPS. The organisations say that it is clear that some pharmacies have got the EPS system working for them and are incorporating it into their normal practice. A quarter of those using the service reported operational benefits, with 26 per cent finding that the dispensing process is the same speed or quicker using EPS. A commonly reported benefit was the efficient processing of prescriptions for new patients.

Gareth Jones, NHS liaison manager at the NPA, said: "The results of the survey suggest that EPS can be made to work. Where problems are identified, it is essential that pharmacies take time to report these to their suppliers so that problems can be investigated and solutions found. If a problem is not resolved in a timely manner, the pharmacy contractor should provide full details, including the helpdesk reference, to their PCT EPS lead who can escalate this to NHS Connecting for Health."

Lindsay McClure, head of information services at the PSNC, added: "The results showed differences between pharmacy systems in terms of download speeds and perceived levels of customer support. Almost 50 per cent of the EPS-enabled pharmacies surveyed felt that there would have been more benefits with EPS if their supplier had configured the system in a different way. It is essential that pharmacy contractors are providing feedback to suppliers, not only on problems, but also with preferences around system design."

The PSNC and the NPA are working with NHS CfH to produce a problem-solving guide to help pharmacists deal with common issues that are arising with the EPS.

□ ***Retail Round-up*** An article in the latest issue of *Retail Round-Up*, distributed with this week's *Journal*, gives advice on how to solve some of the problems highlighted in the survey.

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EPS could protect independents against polyclinics

Development of the electronic prescription service could protect the future of independent pharmacists who might feel threatened by the creation of super surgeries or polyclinics, the NHS Confederation suggested last week.

The confederation, the organisation which represents NHS trusts and health authorities, put forward the idea in its report "Ideas from Darzi: polyclinics" which focused on the proposal, from the Healthcare for London review by health minister Lord Darzi, of a network of polyclinics established across the capital.

It highlights the threat that some pharmacists feel from polyclinics, which could have their own in-house pharmacy, as one of the issues that needs to be addressed if the initiative is to be successful.

The organisation says it would be wrong to impose a single polyclinic model. Instead, they should develop a shape and structure that reflects local need.

Director of policy at the NHS Confederation Nigel Edwards said he was surprised by the controversy and the backlash to the polyclinic idea, especially as they already operate successfully in other parts of England such as Birmingham and Liverpool.

He said: "What we need now is a calm and balanced debate about how to bring out the best in our primary care services.

"Knee jerk reactions focusing on possible problems based on pre-existing agendas rather than potential solutions could seriously jeopardise progress for patients."

Although polyclinics may not be the solution to improved patient care for everybody, he said: "Delivering better organised care focused on the patient is surely a good thing."

Conservatives would resurrect GP fundholding if they came to power

A Conservative government would bring back GP fundholding in England, but under a different name, party leader David Cameron seemed to suggest when he spoke at the influential health think tank the King's Fund this week.

He promised that GPs would be able to retain their own budgets for spending on patient healthcare — the same principle which underpinned fundholding introduced under the previous Conservative administration in the early 1990s but abolished by the Labour government after it came to power in 1997.

He said: "In a nutshell, GPs should control the budgets that NHS patients are entitled to. There is good economic rationale for this. Budget-holding is a natural guarantee of efficiency, ensuring that money follows the patient and it is spent on frontline care rather than on bureaucracy. GPs — rather than remote managers — should be responsible for reconciling the available resources with clinical priorities and patient choice."

Budget-holding would ensure continuity of patient care, he claimed. "Even though the patient may see many specialists there is always one doctor in charge: the doctor closest to the patient," he said.

Commenting on the idea, head of NHS services at the Pharmaceutical Services Negotiating Committee Alastair Buxton said: "It does seem similar to fundholding — but then how much difference is there between fundholding and practice-based commissioning, which we have now?"

If budget-holding were introduced, he said, its impact on pharmacy would depend on what services GPs were entitled to spend the money on.

Under the present funding system primary care services such as pharmacy, dentistry and optometry remain commissioned nationally via primary care trusts, he pointed out.

He said: "I don't think budget-holding would impact on pharmacy — it's just PBC rebranded."

Polyclinics Mr Cameron also took the opportunity during his speech to the King's Fund to comment on the proposed London-wide network of polyclinics or super surgeries put forward by health minister Lord Darzi in his Healthcare for London review.

Although he thought it was often a "very good thing " for GPs to share their premises with other health professionals such as pharmacists, he did not support the idea of polyclinics being imposed on local communities.

He said if Darzi's polyclinic model were rolled out nationwide it would represent the biggest upheaval in primary care since the creation of the NHS or since the beginning of modern general practice in the 19th century. It would threaten the survival of 1,000 GP surgeries in London and up to another 600 across England, he claimed.

He said: "The Conservative party will fight Labour's plans to close GP surgeries. We pledge to save the family doctor service from Gordon Brown's NHS cuts."

Dedicated "Medicines zone" now available on NHS Direct website

NHS Direct has launched a "Medicines zone" on its website which offers users advice and information about medicines management.

It includes an A to Z guide to a wide range of medicines and treatments along with information on how patients should take their medicines, what side effects they might have and the best ways to apply creams and ointments. There is also advice on medicines law, regulation and Controlled Drugs and help with buying over-the-counter medicines.

The zone has been introduced on the NHS website because NHS Direct receives around 2,000 weekly requests for medicines information from callers.

NHS associate director of pharmacy Anne Joshua said the site and its information could be used as a tool for community pharmacists — they could either direct patients to the website or download information about patients' medicines for them.

The idea behind the initiative is that it offers patients independent information they can trust which is free from drug manufacturer advertisements or endorsements that might be found on internet pharmacy sites, she said.

She added: "In our experience patients value the verbal information they receive from pharmacists about their medicines. This offers patients something supplementary. For example, more than often patients will have gone to the pharmacy and then forgotten to ask a particular question."

The medicines information was compiled by the NHS UK Medicines Information network.

The new "Medicines zone" includes advice on side effects

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Pharmacists in Scotland still loaning medicines

Urgent provision of repeat medicines in Scotland is still being undertaken using loans or emergency supply regulations despite a national patient group direction being in place, according to a study conducted by researchers at the school of pharmacy, The Robert Gordon University, Aberdeen. Preliminary results from the study were presented at the Health Services Research and Pharmacy Practice Conference held in Liverpool last week.

A questionnaire was sent to a random sample of 500 registered community pharmacists in Scotland in November 2006 to elicit views on the PGD and its use. A response rate of 41 per cent (201) was achieved.

There was a high level of awareness of the PGD: 99 per cent of respondents were registered with the NHS to make supplies. The majority (87 per cent) had made a supply using the PGD and more than half (54 per cent) had made between one and five supplies in the previous month.

However, 53 per cent reported loaning medicines in the previous month to patients eligible for supply under the PGD and 31 per cent reported supplying under emergency supply regulations.

Urgent medicines are sometimes supplied to patients as loans

In contrast to the activity data obtained, most pharmacists said that using the PGD was preferable to loaning (79 per cent) or providing an emergency supply (76 per cent). Respondents found GPs were generally supportive of supplies made under the system (42 per cent) and that the associated administration was manageable (56 per cent). There did not appear to be a need for further training, with 74 per cent disagreeing or disagreeing strongly that they needed further training. Only 67 per cent of respondents said that all of their locums were registered to use the PGD.

David Pfleger, who presented the study results, suggested that poor uptake could be because of the way the system was implemented. It was developed over two months during the run-up to the Christmas holidays and launched quickly, he explained. At the time of launch, there was some misunderstanding about whether it was going to be permanent or just for that Christmas period, he added. Mr Pfleger concluded that further work should be undertaken to identify why the PGD is not being used and how its use could be promoted.

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IPF calls for radical restructuring of community pharmacy contract

Radical restructuring of the community pharmacy contract in England is required to translate the White Paper proposals (*PJ*, 12 April, p423) into action, according to the Independent Pharmacy Federation.

The IPF advocates a capitation system, underpinned by a pharmacy quality and outcomes framework, rather than an item of service approach for remuneration of services such as a national minor ailment scheme. "A capitation approach can reflect both volume and quality relationships, be introduced in stages and provide for contractors the significant advantages of stability and security. Also, through adopting registration facilitated by online support services, a closer relationship with patients and earlier payment of fees become possible," it says. This approach, it believes, would ensure equity of access and provide stability in funding.

Future funding will need to be commensurate with the work that contractors will be expected to do, the IPF says. However, it appreciates that funding streams will not be immediately available for the work involved in the transition period following the White Paper and resulting legislation.

Concerns about the proposed shift of dispensing funds into new clinical services are also raised in the IPF's response to the White Paper. "Additional clinical services, however desirable and effective, will escalate costs and require extra resource input needing appropriate mechanisms and levels of funding. IPF has already demonstrated that savings can be made through patient-focused services, but we are not suggesting that they are cost neutral in the short to medium term," it says. The IPF would be disappointed to see the new initiatives fail because extra funding was not available, it adds.

The IPF believes that the White Paper focuses on five main areas, which it suggests can be taken forward relatively quickly and marketed to NHS stakeholders, patients and the public in a straightforward and understandable way. These are:

- Core dispensing service and future enhancements
- Minor ailment scheme
- Long-term conditions and their management
- Public health screening and education
- Support to develop and enhance services

The IPF pledges to work in partnership with the Government to speed implementation of the White Paper proposals and to advocate contractual arrangements that will inspire change on a stable foundation.

Dispensing doctors vow to fight White Paper proposals

Dispensing doctors in England are preparing to fight proposals set out in the pharmacy White Paper.

In a statement on the Dispensing Doctors' Association website, chairman Richard West says: "There are some good things in the White Paper that we would like to work on and develop. However, it is evident that if the proposals were implemented in full, dispensing by doctors would virtually cease in England. We cannot accept this and shall fight against it with every means at our disposal."

One of the DDA's priorities will be, he says, to make MPs aware of the "devastating effect" proposals in the White Paper will have on the rural population and the services dispensing doctors will be able to provide.

The DDA has also challenged the Department of Health's statistics on the number of dispensing doctors and patients who use dispensing services in England. The DDA has obtained data from the NHS Business Services Authority Prescription Pricing Division using the Freedom of Information Act. According to these figures, there are 5,553 doctors working in 1,135 dispensing practices, with 3,510,895 patients. The White Paper states that there are 4,300 dispensing doctors.

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Pharmacists' role in PBC is often peripheral

Pharmacists offer proven value for money in medicines management but their role in practice-based commissioning (PBC) is often peripheral, David Jenner, NHS Alliance official and GP, told the AAH Pharmaceuticals convention in Cape Town, South Africa, last week.

"Practice-based commissioning is about implementing Government policies [in England] through primary care trusts — it is all about 18 weeks and saving money," he said, referring to the Government target of 18 weeks or less from GP referral of a patient to hospital treatment. "At the moment, pharmacists don't have registered lists, you don't normally have access to the notes, you don't directly refer to hospital often, and you prescribe little. So in terms of money you are not big players." This is why, he believes, the Government has come to GPs first. Dr Jenner said most GPs realise that pharmacists have a proven track record with medicines management issues, such as concordance, compliance, controlling prescribing budgets, prescribing advice and avoiding waste. However, he said that GPs were sceptical about pharmacists' abilities to deal with complex problems. "When you start looking at long-term conditions, as you go in you get more and more consultations not about the index condition but about intervening conditions too — the co-morbidities. . . . These are very murky waters."

Michelle Webster, national PBC programme lead at the Improvement Foundation, led a commissioning workshop during the convention. She told participants that GPs still had not got to grips with PBC and that there are still opportunities within PBC for pharmacists who persevere and are proactive. "I can't stress enough that good commissioning and redesigning services are about relationships. It is about relationship management and it's about understanding who the key players are," she said.

"You need to know what their mindset is, you need to know what difficulties they're facing at the moment, and then decide how you can help them."

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Pharmacy has come a long way

Speaking at the AAH Pharmaceuticals convention, Colette McCreedy, chief pharmacist and director of pharmacy practice at the National Pharmacy Association, called attention to the amount of work that had gone into "re-engineering" the profession. She said: "If you look at the development of pharmacy practice in Europe, the UK is really [at the] leading edge in pharmacy development. If you talk to a colleague from any of the other EU countries about point-of-care testing in pharmacies, prescribing pharmacists, P medicines that are antibiotics, their mouths drop open. They cannot believe how much progress we've made."

"I think we need to pat ourselves on the back that we have come forward. But, we have asked for this and now we need to deliver."

She also pointed out: "The business case has to stack up. I think that the negotiations around remuneration are going to be vitally important — because we are businesses as well as clinicians. And I don't think we should make any apology for that."

Mrs McCreedy said that she was "rather concerned and slightly disappointed" to see the Royal College of General Practitioners' comments on the recent White Paper around the need to consider pharmacy's commercial incentives. "I've not met any GP who will do anything for nothing," she said. "The business and clinical side of pharmacy is what makes us unique. And that's what makes us a different choice."

CPS in funding talks with the Scottish Government

Community Pharmacy Scotland is currently holding talks with the Scottish Government on pharmacy funding.

Elspeth Weir, CPS head of policy and development, confirmed that CPS met Government representatives last week. "We [also] have a meeting scheduled for 2 May. After that, we hope to be in a position to comment on the financial package for the coming year," she told *The Journal* this week.

Until negotiations are completed, the current transitional payment structure will remain in place.

In a letter sent to pharmacy contractors before last Friday's meeting, CPS wrote: "The change in the reimbursement rates for category M products has resulted in many contractors phoning us to express their concern about the effect on their ability to continue to deliver services." It stated that this would be raised with the Government, along with a discussion about a need to increase the global sum.

CPS is currently seeking information from contractors about cash flow difficulties, renegotiating loans and staff retention. It has also confirmed that a survey into the cost of providing pharmaceutical services — which it announced earlier this year (*PJ*, 16 February, p168) — will take place this summer. A pilot survey involving 40 pharmacies is taking place this month and the full survey is likely to be carried out in June.

Over 100 visitors attend Society open day

Over 100 visitors attended the Royal Pharmaceutical Society's open day at its London headquarters last weekend.

Those attending the event, hosted by Society President Hemant Patel, were able to meet Chief Executive and Registrar Jeremy Holmes, as well as directors from the Society's executive team, who were on hand to talk with members and answer their questions.

Visitors were also able to tour the Society's museum and learn about the profession's history.

Gaile Black (left) and Hilary Batty have been members of the Society since 1972

NICE rejects abatacept for RA

The National Institute for Health and Clinical Excellence has rejected abatacept (Orencia) for the treatment of rheumatoid arthritis, despite an appeal by the product's manufacturer.

In addition, NICE has decided that infliximab (Remicade) should not be used to treat subacute moderate to severe active ulcerative colitis. NICE's latest technology appraisals are accessible via www.nice.org.uk.

English board election

The ballot for the English Pharmacy Board election is going ahead with Chris Morris's name included, the Royal Pharmaceutical Society has confirmed. The count will take place as usual under the board election regulations. Any votes cast for Mr Morris, who has withdrawn from the elections (*PJ*, 19 April, p459), will be declared void.

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Huddersfield offers MPharm

A new MPharm course at the University of Huddersfield will accept its first students in September having achieved stage 3 accreditation from the Royal Pharmaceutical Society earlier this year.

The university has a long history of offering courses in both science and healthcare. Development of the new pharmacy course, which is offered by the School of Applied Sciences, started three years ago.

The university has committed over £1.5m to the development of resources for pharmacy, including a modern dispensary, new laboratories and well-equipped facilities for the teaching of pharmaceutical formulation. The university is also home to the Penfield Virtual Hospital, which will be used throughout the course for case-based teaching and learning.

Margaret Culshaw, MPharm course leader, said: "We continue to receive invaluable support from the profession locally, which means that we are able to offer our students placements and visits, which will enhance learning and help them to develop as professionals."

Henry Chrystyn, head of pharmacy, added: "Implementing a new course and appointing staff to produce graduates fit for purpose will be an exciting challenge for all of us at Huddersfield over the next four years."

"Square" spin off wins Queen's Award

A business created on the back of the School of Pharmacy, University of London, has won national recognition for increasing its overseas trade by 270 per cent in just three years.

Pharmaterials — a contract drug preformulation and development company — was this week awarded the Queen's Award for Enterprise for International Trade.

The company was established in 2001 to reap the business potential of the school's excellence in pharmaceutical materials science. It now has partnerships with over 80 companies in 16 countries worldwide and its clients range from major multinational pharmaceutical companies to biotech start-ups.

Company founder, chief officer and professor of pharmaceutics Graham Buckton said: "Pharmaterials's strong science base, coupled with the excellent work of the staff, has been enormously important in winning this award. Pharmaterials's philosophy is that we do not just make measurements, we provide a true understanding of our client's challenges and that is why we have seen such success."

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Pathfinder project to improve health of South Asians

Health education and access to services for South Asian communities in Coventry received a boost this week with the launch of an integrated community programme and outpatient suite in the local Muslim health centre as well as a healthy living magazine.

The programme was launched by Apnee Sehat ("Our health" in Punjabi), one of 26 Department of Health social enterprise pathfinder projects. It has been commissioned by Coventry Primary Care Trust and part funded by pharmaceutical companies, including Merck Sharpe & Dohme, Sanofi-Aventis and AstraZeneca.

Apnee Sehat aims to tackle health inequalities and improve the health of the South Asian community by working in partnership with PCTs and other providers, including pharmacies, to implement a range of services with the aim of preventing hospital admissions. The services identify cardiovascular and metabolic risk factors, such as diabetes and hypertension, educate the community on risk factors pertinent to their genetic predisposition and lifestyle, support behavioural change and deliver services that are culturally sensitive.

A pilot in Leamington Spa (*PJ*, 3 March 2007, p238), which has been running since 2005, has shown that the project raises health awareness among the local community, with 91 per cent of service users claiming to have made a lifestyle change to reduce their risk.

Sukhjihan Gill, a community pharmacist in Wednesbury, volunteers at the Leamington Spa clinic, which is based inside a Sikh temple. He gives advice on medicines, lifestyle changes and diet.

Prince Charles unveils a plaque commemorating his visit at the launch of the South Asian health programme

"Pharmacists have a key role and need to get involved in the project," he told *The Journal*. He added that the project lead, consultant diabetologist Shirine Boardman, is keen for pharmacists to get involved.

The new magazine *Apnee Health* gives dietary advice, including healthy glycaemic index recipes and lifestyle recommendations. Local pharmacists in Coventry are being encouraged to engage with the South Asian population and to offer the magazine.

Keith Ridge, chief pharmaceutical officer for England, who attended the launch along with the Prince of Wales, national clinical director for diabetes Rowan Hillson, and NHS Alliance chairman Michael Dixon, said: "I am delighted to support this important initiative, which demonstrates that health services can be brought to the doorstep of patients, where they are most needed. As our recently published pharmacy White Paper demonstrates, patients with long-term conditions, including diabetes, will increasingly be able to access support on the high street through local pharmacies."

Glucose self-monitoring could raise anxiety

Self-monitoring does not improve glycaemic control in patients with type 2 diabetes and may worsen their quality of life by increasing anxiety and depression, research published on *BMJ Online First* suggests (17 April, www.bmj.com).

Researchers followed 184 patients with newly diagnosed type 2 diabetes mellitus who were randomised to self-monitoring of blood glucose levels or to no such monitoring. No significant effect of self-monitoring could be identified over one year on HbA_{1c} level, body mass index, use of oral hypoglycaemic drugs or reported incidence of hypoglycaemia. In addition, monitoring was associated with a 6 per cent higher score on a depression scale.

A separate *BMJ Online First* study, published at the same time (ibid), examined the cost-effectiveness of self-monitoring in patients with type 2 diabetes. The researchers' analysis showed that self-monitoring of blood glucose cost an additional £92 a year and self-monitoring with training on interpretation of results cost £84 a year. In addition, this second study also found that monitoring was associated with a lower quality of life.

An editorial commenting on the two studies (ibid) says that the total healthcare cost of self-monitoring for people with type 2 diabetes in the UK may now exceed £100m a year. "For patients, self-monitoring carries an opportunity cost in terms of the attention that they might have given to more effective disease control measures aimed not just at blood glucose, but also at blood pressure, cholesterol, smoking, body weight and physical activity."

Tesco checks moles

Tesco Pharmacy has launched a mole checking service this month across 28 of its stores, with plans for a wider roll out this summer. The supermarket chain has teamed up with Screen4Life and is offering three levels of screening using non-invasive skin imaging technology operated by specialist nurses.

Results are passed on to customers immediately. A spokeswoman for Tesco Pharmacy explained that scans showing any unusual features are sent to specialists at Addenbrooke's Hospital in Cambridge for review, with results fed back to patients within 72 hours. If required, the customer will be asked to see a GP for referral to a specialist.

All patients will receive advice and Cancer Research UK leaflets on how to protect themselves in the sun.

Cegedim Rx and Telehealth Solutions to integrate diagnostic tests with pharmacy systems

Cegedim Rx has joined forces with Telehealth Solutions to integrate diagnostic testing facilities into its pharmacy systems. The two companies recently entered into an agreement with the aim of helping pharmacists to develop clinical services in line with announcements in the recent pharmacy White Paper (*PJ*, 12 April, p423).

Telehealth Solutions offers a self-monitoring system for patients, which assists them to perform simple tests, such as blood pressure, blood glucose, cholesterol, blood oxygen levels, weight and respiratory measures. This system will be interfaced with the Cegedim Rx pharmacy systems so that results are automatically recorded in patients' medication records.

Cegedim believes that one advantage of this new integrated system is that it will allow contractors to analyse the results from patient tests, for example cholesterol levels across the local population, to determine whether there may be a need for a further enhanced service. It will also allow audit of any enhanced service to provide evidence of its success.

Simon Driver, managing director of Cegedim Rx, said: "Technology is the enabler to delivering the clinical services that pharmacists want and the White Paper outlines. Telehealth has had the vision to look to the future with the sort of technology they can provide and this matches ideally with our own company philosophy." Cegedim Rx hopes to deliver the service by the end of 2008.

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Vaccine protects under 19-year-olds from dying from meningitis C

For the first time last year nobody under the age of 19 years died as a result of meningitis C infection.

This reflects the success of the Government's vaccination programme, says a report published this week by the Department of Health.

In previous years the infection has been responsible for around 78 deaths in this age group, the report by the director of immunisation David Salisbury reveals. Cases of meningitis C in children have fallen by 95 per cent since the meningococcal C conjugate vaccine was introduced in 1999. This has prevented more than 500 deaths in young people, the report claims.

One of the available meningococcal C conjugate vaccines

Tek Image/Science Photo Library

Parents are also regaining confidence in the safety of the measles, mumps and rubella vaccination. Some 73 per cent of parents questioned last November said they believe the vaccine to be safe compared with 63 per cent in 2003, the report reveals.

According to the document, the introduction of the pneumococcal conjugate vaccine in 2006 has so far prevented serious illness or death in an estimated 470 cases.

Global health

Avian influenza: case report

Concerns about person-to-person transmission of highly pathogenic avian influenza have surfaced again after a report published online in *The Lancet* shows that a father diagnosed with the infection in China probably caught it from his son (8 April, www.thelancet.com). The 24-year-old son died and his 52-year-old father survived after receiving early antiviral treatment and post-vaccination plasma from a participant in an H5N1 vaccine trial.

Global prescription market

The global prescription market grew by 6.4 per cent in 2007 to $712bn, according to data released this month by IMS Health. The US remains the single largest market with $286.5bn in sales, although its contribution to global market growth was its lowest ever at 25.5 per cent. Among European markets, those of Russia and Turkey saw the largest growths (20.2 per cent and 17.2 per cent, respectively). The Latin-American and Asian markets also continue to grow, says IMS.

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