

Hospital pharmacists to be at centre of HCAI checks

Hospital pharmacists in England will find themselves at the centre of spot checks on the quality of infection control practices in acute trusts, it was announced by the Healthcare Commission last week.

The healthcare watchdog plans to inspect all 172 acute trusts in England — the first 25 in the next two months — as part of a national programme to try to reduce the number of healthcare-associated infections (HCAIs) such as *Staphylococcus aureus* and *Clostridium difficile*.

As the announcement was made, Jonathan Cooke, a member of the Government's independent Specialist Advisory Committee on Antimicrobial Resistance and director of pharmacy and director of research and development at South Manchester University Hospitals NHS trust, advised pharmacists to scrutinise two commission publications to help them understand what will be expected of them (see Panel).

Ahead of the spot checks — which can take up to two days — trusts will be asked to provide the commission with details of its hygiene code action plan, risk registers and a list of all its infection control policies. It also expects to be given minutes of the meetings of the trust's infection control committee and

the trust board. The spot checks will focus on any aspect of the trust's infection control procedures that the commission believes falls short of the 11 mandatory duties outlined in the statutory code for hospital hygiene.

During the visits, inspectors will check the hospital's physical environment, observe whether hygiene control practices are implemented properly and take the opportunity to interview staff, including cleaners, clinicians and managers.

Andy Alldred, chairman of the Guild of Healthcare Pharmacists' practice committee, said the inspection programme created some really important challenges for pharmacists as well as significant opportunities.

"This raises the profile of HCAIs and makes it of corporate importance for the organisation. Its status has changed," he said. "There is a variation of practice up and down



Hygiene control practices will be scrutinised

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Reports outline pharmacists' responsibilities

Pharmacists are advised to examine two reports: "The management of medicines in acute and specialist trusts", published in January last year, and "Healthcare associated infection: what else can the NHS do", published last July.

Both documents spell out what responsibilities pharmacists have towards helping reduce HCAIs in general and provide advice about how trusts can meet the 11 mandatory duties of the Department of Health's hygiene guide which governs HCAIs and which will be the main focus of the commission inspector's scrutiny.

The documents advise that clinical pharmacy staff are expected to provide antimicrobial prescribing advice routinely. Outcomes following the advice, including financial consequences, should also be monitored.

An audit trail of antimicrobial prescribing should also be in place in trusts and all prescribers should be trained — during working hours — in appropriate prescribing protocols.

Trusts should also make sure that any responsibility for prevention and control of infection is written into staff job descriptions and personal development plans as well as being raised during staff appraisals.

the country; some trusts still don't have dedicated antibiotic pharmacist time and these [trusts] are going to find some real challenges. The crucial element in this is ensuring that antibiotic prescribing is rational and there are two strings to that — one is about reducing resistance and the other is about reducing the cases of MRSA and *Clostridium difficile* and the financial impact of that."

Announcing details of the inspections, the commission's chief executive Anna Walker said: "The hygiene code has been in place for 18 months now. Trusts know what they've got to do and previous inspections have shown that most trusts are working hard to ensure that they are meeting all the requirements.

"However, if we find any trust falling short of its obligation to protect patients from infection, we will use our powers to ensure improvements are made."

Last year similar spot checks at 120 acute trusts found that three were breaching the statutory hygiene code. They were served with improvement notices, which indicate the improvements trusts have a duty to introduce.

Guild's parent union rejects three-year pay deal for NHS employees

Proposals for a three-year pay deal for NHS staff have been rejected by the union that includes the Guild of Healthcare Pharmacists.

Unite, the guild's parent union, has rejected the proposal of a cumulative pay increase of nearly 8 per cent over the next three years (*PJ*, 12 April, p424), saying that it wants further pay talks with the Government and NHS Employers.

Kevin Coyne, head of health at Unite, said: "We cannot be tied to a three-year deal, given the future uncertainties in the economy and the inflationary pressures that our hard-working members are experiencing on a daily basis." Unite also wants to maintain the independence of the Pay Review Body (PRB) to arbitrate pay on an annual basis.

Unite's rejection of the pay deal follows a warning from NHS chief executive David Nicholson that ministers could impose a staged pay award this year if unions do not accept the pay package.

Dave Thornton, chairman of the terms and conditions committee of the GHP, emphasised that the guild supports this year's proposed pay award of 2.75 per cent, which was in line with the PRB's recommendation, but added: "The three-year proposal has too much risk involved for our members. While the pay offer does have a statement in there to revisit the deal if inflationary pressures are higher than expected, this is not a robust safeguard to protect our members from a potential pay cut in years 2 and 3."

Dave Miller, vice-president of the guild, said: "Guild council understands the genuine concerns behind the decision and agrees with the conclusion not to support this multi-year deal in a period of economic uncertainty. We also back the need to strengthen and defend the independence of the PRB to arbitrate pay on an annual basis, including consideration of additional premiums to deal with the problems of recruitment and retention due to market forces — ideally without English health ministers intervening to stage the award."

He added that members will discuss the pay deal with Mr Coyne at the joint GHP/United Kingdom Clinical Pharmacy Association conference next week.

Society accused of putting itself before the public

The Royal Pharmaceutical Society was this week accused of putting self-interest ahead of the needs of the public by the Pharmacists' Defence Association, an accusation disputed by the Society.

The PDA criticism was in response to the Society's consultation on proposals that cases of one-off dispensing errors should no longer be routinely referred to its disciplinary system (*PJ*, 9 February, centre pull-out). The PDA said it was sceptical that the change was being proposed in the interests of the profession and the public.

Its chairman, Mark Koziol, said: "The plain fact of the matter is that the Society simply may have decided that it cannot afford to continue to operate in this way and is getting swamped by the quantity of cases, the length of time each investigation is taking and the committee processes that are required to comply with the fitness-to-practise rules which the Society itself has written."

The PDA wants to see a screening committee established to sift out complaints that it considers do not warrant any disciplinary action and wants discretionary powers given to Society inspectors so that cases can be resolved at a local level rather than being referred on to the Society.

Other proposals include the creation of a new fitness-to-practise outcome of "no case to answer".

The Society has been consulting on its plans to redefine the kind of cases that should automatically be referred to the Society's investigating committee.

According to the consultation document, between July and December last year 27 cases of one-off dispensing errors were considered by the Society. Each took an average of 11 weeks to resolve following a complaint.

Mandie Lavin, the Society's director of fitness to practise and legal affairs, responded: "We would like to reassure the profession that these steps are being taken in the public interest and for no other reason. The fitness-to-practise rules are part of the statutory framework and not Society guidance.

"Any developments in implementing the criteria and the arrangements for non-referral will be subject to audit and scrutiny. These are part of the critical path towards ensuring that the Society in the short-term and the General Pharmaceutical Council going forward are in the best possible position to regulate in the public interest."

Pharmacists should not be disciplined for single errors, guild agrees

Pharmacists who make one-off dispensing errors should not routinely be subject to Royal Pharmaceutical Society disciplinary procedures, the Guild of Healthcare Pharmacists has said.

But the guild, which represents hospital pharmacists and those working for primary care trusts and other public sector organisations, believes referral to the Society's investigating committee should occur in cases involving recklessness, harm or financial gain.

Referral to the Society should also be automatic if the single dispensing error ended in death or serious harm, so that public confidence in the profession and the Society is maintained, it says.

The comments come in the guild's response to a Society consultation on proposals to redefine the kind of cases that should au-

tomatically be referred to the Society's investigating committee (*PJ*, 9 February, centre pull-out).

The guild says: "Referral to the Royal Pharmaceutical Society is inappropriate if the error is a simple dispensing error with no exacerbating circumstances, as this is a punitive measure and discourages open reporting."

However, the guild has reservations about the other kinds of cases that the Society is also proposing should no longer automatically be referred to the investigating committee.

These include incidents where a pharmacist has failed to supply a patient information leaflet with medicines, has refused to supply an emergency supply of a prescription-only medicine or has advertised a prescription-only medicine. The guild accepts that other kinds of cases should be considered for non-

referral to the committee and suggests that cases of malicious referral should be added to the list.

However, it complains that the referral criteria for these additional cases are confusing.

"The consultation appears to assume that all allegations made will be proven and seems to take the attitude that all are guilty until proven innocent," the guild says. "The proposals in principle are OK but much of the detail needs to be reworked, including non-referral to the Royal Pharmaceutical Society at all of single, no-harm dispensing errors and other more minor transgressions."

The proposals for change from the Society follow a review of its fitness-to-practise cases and its desire to operate a system that is proportionate, effective and efficient and which is reserved for serious cases.

Boots man to chair the National Pharmacy Association



Heading the 2008–09 NPA board (left to right): Ian Facer, Paul Bennett and Wally Dove

Paul Bennett, professional standards director and superintendent pharmacist at Boots, has been appointed chairman of the National Pharmacy Association. Mr Bennett is currently chairman of the Royal Pharmaceutical Society's English Pharmacy Board.

Ian Facer, an independent community pharmacist representing NPA members in the north west of England, has been elected vice-chairman.

Wally Dove, who represents pharmacies in the south, continues as treasurer of the NPA.

Boots healthcare director urges pharmacists to vote for company candidates

Boots UK's healthcare director Tricia Kennerley has urged pharmacists employed by Boots to vote for their colleagues who are seeking election to the Royal Pharmaceutical Society's Council or English National Board.

She is understood to have said via the company intranet: "Dear pharmacists, two of our colleagues at Boots UK are standing for election to positions at the Royal Pharmaceutical Society. By voting for them you could help maintain the company's key objective of being highly influential externally."

A Boots insider has confirmed the message was sent. A complaint about the message has been sent to the Society.

MHRA issues alert but Clexane will not be recalled

Batches of Clexane (enoxaparin sodium; Sanofi-Aventis) containing low-levels of a contaminant called over-sulphated chondroitin sulphate (OSCS) have been distributed in the UK, the Medicines and Healthcare products Regulatory Agency announced last week. OSCS has been suspected by the US Food and Drug Administration to be the contaminant contained in other heparin products, used in the US, Australia, China and some European countries, which have been associated with a rise in serious adverse events, including deaths.



MHRA: precautionary advice

From 1 January 2007 to 13 April 2008, the FDA received reports of 131 deaths of patients receiving heparin. Of the 81 deaths with one or more allergic symptoms or symptoms of hypotension and death, 78 were reported to the FDA on or after 1 January 2008. By comparison, 55 deaths were reported in patients receiving heparin for the whole of 2006. At the beginning of this year a number of heparin products were recalled abroad and, in February, the FDA launched an investigation into heparin products.

In the UK, the MHRA is not recalling the contaminated Clexane batches but has issued a Class 4 drug alert (caution in use). The MHRA says that the affected batches contain "a very

low level of impurity" and that there is no evidence that the low levels of OSCS found in the contaminated batches, which have been on the UK market for several months, have led to an increase in the number of adverse drug reactions as seen in other countries with other heparin products. The Commission on Human Medicines has advised that the product can continue to be used and has recommended continued supply despite the contamination.

The MHRA says that withdrawal of the contaminated Clexane could lead to a shortage of low molecular weight heparins and has issued precautionary advice to minimise any risk of adverse reactions. "Intravenous and arterial administration of enoxaparin should be avoided if possible. If given by these routes, suitable emergency treatment should be available and patients should be closely observed for signs of possible hypotensive or allergic reactions."

Commenting on an article published in *The New England Journal of Medicine*, which suggests that the OSCS contaminant in US batches of heparin is responsible for adverse reactions that have been reported elsewhere (see Panel), a spokesman for the MHRA said: "[The MHRA is] currently seeking expert advice on the relevance of these findings to

the UK situation. At present, this does not change the precautionary advice we have already given." Sanofi-Aventis has used both capillary electrophoresis and nuclear magnetic resonance to both quantify and identify the contaminant and the results have been confirmed by the MHRA for samples of some batches.

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Research papers published

In the same week as the MHRA's drug alert, the results of a study published online in *Nature Biotechnology* confirmed that the contaminant suspected to be contained in batches of heparin associated with an acute, rapid onset of serious side effects was OSCS.

Ram Sasisekharan, from the Massachusetts Institute of Technology, Massachusetts, and colleagues analysed six heparin preparations that correlated with adverse reactions and four control preparations. They point out that the "highly unusual" repeating tetrasulphated disaccharide found in the contaminant's structure has not been isolated to date from animal tissue and is highly unlikely to have been produced naturally.

In a related study published online in *The New England Journal of Medicine* (23 April, www.nejm.org), Dr Sasisekharan and colleagues demonstrate a potential biological link between the presence of OSCS in suspect batches of heparin and the anaphylactoid reactions seen in affected patients. They found that OSCS directly activates the kinin-kallikrein pathway in human plasma, which can lead to the generation of bradykinin.

Minimise use of heparin flushes, says NPSA

Use of heparin flush solutions in all devices should be minimised following a Rapid Response Report issued by the National Patient Safety Agency last week. The guidance is relevant to all healthcare professionals who are prescribing, dispensing or administering intravenous flush solutions to NHS patients.

Risks with heparin flushes are not well recognised by practitioners, says the NPSA, and are increased if they are not formally prescribed or subject to a patient group direction. Other problems include confusion with "look-alike" products, mis-selection for other prepared products when placed in an unlabelled syringe before administration and errors in calculating and making up dilutions.

The NPSA received 28 reports concerning mis-selection of heparin products between January 2005 and December 2007. In addition, it received eight reports where other medicines, including diamorphine, lidocaine and magnesium were selected instead of heparin.

The report notes that evidence reviewed recently by UK Medicines Information indicates that there is no advantage to using he-

parin flushes over normal saline for maintaining peripheral intravenous catheters. The evidence for central venous or arterial catheters is less clear and specific policies may be required locally depending on the individual devices used, it says.

The NPSA therefore recommends that:

- Organisations should review local policies to minimise the use of heparin flush solutions in all devices, including complex central venous or arterial catheters
- All flush solutions should only be administered following a prescription or patient group direction
- Local policy and procedures should be reviewed to ensure risk is minimised
- Organisations should ensure that all relevant staff are aware of this guidance and revised policies

The deadline for action to be completed is 24 July. The report is available on the NPSA website at www.npsa.nhs.uk/patientsafety and via *PJ Online* (www.pjonline.com/pjlinks).

Updated practice guidance on hypertension published

Updated practice guidance for community pharmacists on how to help patients to manage their hypertension has been published by the Royal Pharmaceutical Society and is distributed with this week's *Journal*.

The guidance now reflects recent recommendations from the National Institute for Health and Clinical Excellence and pharmacists' wider clinical role.

Heidi Wright, the Society's head of practice, said: "As the role of pharmacy expands and pharmacists play more of an active role in screening and diagnostic testing, such as vascular checks, it is important to ensure that professional guidance is relevant and robust. This guidance signposts community pharmacists to resources they can use and puts the information into an easy and readable format."

The guidance is also available on the Society's website (www.rpsgb.org) from 3 May or by calling 020 7572 2412. It was developed in association with the National Prescribing Centre.

“Ask your pharmacist” campaign kicks off with MUR support

Raising consumer awareness of pharmacy services, such as medicines use reviews, health checks and sexual health services, is the aim of this year’s “Ask your pharmacist” campaign, launched by the National Pharmacy Association last week.

The campaign includes posters, radio interviews, a revamped website and a page on the social networking site Facebook. It will run in three stages: MUR support and activity in England and Wales, and minor ailments in Scotland and Northern Ireland, in quarters 1 and 2; health checks in quarters 3 and 4; and sexual health in quarter 4.

Large posters will be placed in public places within 100 metres of a community pharmacy with the aim of encouraging the public to go to their local pharmacy to seek out services. NPA members can this year download campaign materials from the NPA website and personalise them with their pharmacy details.

Coverage of the campaign will also be achieved through interviews with NPA staff on local and national radio. The NPA has commissioned research to provide relevant regional statistics, which it hopes will secure coverage based on stories generated from the findings.

Members of the public will be able to use the redesigned “Ask your pharmacist” website (www.askyourpharmacist.com) to search for a pharmacy or a particular service.

Resource packs for MURs, minor ailments services, and chlamydia and cardiovas-



Posters highlighting services placed close to pharmacies

cular disease screening have been developed to support the campaign and will be available from the NPA sales department from 15 May.

Virginia Mead-Herbert, NPA sales and marketing director, said: “The 2008 ‘Ask your pharmacist’ campaign is a ‘demand and deliver’ campaign. We will be driving demand from consumers and providing the necessary support for NPA members to deliver.”

White Paper could strengthen pharmacist-GP relationships

Relationships between community pharmacy and general practice could be strengthened if the pharmacy White Paper is acted on sensibly, Howard Stoaie, MP (Lab, Dartford), GP and All-Party Pharmacy Group chairman, indicated at an information prescriptions conference in London this week.

“Often relationships between pharmacists and GPs simply aren’t as well developed or as fruitful as they ought to be,” Dr Stoaie said.

He made the point that many members of the medical profession are reluctant to acknowledge the expertise of pharmacists, adding: “The Royal College of GPs, for example, recently warned that pharmacists are not doctors — although they may know a great deal about medicines they have not been trained as diagnosticians. And that is sometimes seen as a difficulty.”

Nevertheless, he said: “I think that, taken forward sensibly, the White Paper proposals won’t undermine the GP-patient relationship and won’t damage the relationship between

the GP and the pharmacist — I think it should significantly strengthen it.”

Dr Stoaie added: “The White Paper is more than just a statement of faith in pharmacy; it contains very practical measures . . . to ensure the profession does realise its potential.”

Dr Stoaie acknowledged that many pharmacists are frustrated by the pace of change since the introduction of the pharmacy contract three years ago. “Government figures still show that a quarter of primary care trusts [in England] are genuinely involving community pharmacists in healthcare strategies,” he pointed out. “Now, however, the Government said that it planned to direct all primary care trusts to commission certain services from pharmacies according to local needs.”

He also revealed his own frustration at “pharmacists not banging on GPs’ doors, not banging on PCTs’ doors, not thrusting themselves into the limelight” to break down barriers between pharmacy and the rest of the health service. “No one else is going to do it,” he said.

Society’s annual review and accounts published ahead of annual general meeting

The Royal Pharmaceutical Society’s annual review and full financial statements are distributed with this week’s issue of *The Journal*.

The Society’s overall income grew by 6.5 per cent in 2007 compared with 2006. In addition to monies generated from increased fees, income from RPS Publishing grew by 5.4 per cent.

The Society’s expenditure on professional and regulatory activity increased by £2,251,000 (13.9 per cent) in 2007, largely due to costs associated with the Government’s White Paper on the regulation of health professions and the subsequent Carter review, and changes to fitness-to-practise procedures.

The Society reports that it fully implemented the inspection of Controlled Drugs during 2007. This included the recruitment of new inspectors within its fitness-to-practise and legal-affairs department. This activity is funded by the Department of Health.

The Society’s balance sheet shows an improvement in reserves compared with 2006, but the Society warns that this will be short-lived.

Andrew Gush, the Society’s Treasurer, commented: “It has been well reported that the Society is facing a number of financial challenges and these are reflected in both the full accounts and the financial summary for 2007.”

The annual review gives examples of the Society’s work across education, practice, research, science and communications. It also looks at the work of the English, Welsh and Scottish pharmacy boards and the activities of RPS Publishing.

The review and financial statements can also be downloaded from the Society’s website (www.rpsgb.org) from 3 May and will be presented to the Society’s annual general meeting on 21 May.

Reported cases of influenza in Wales reach level that triggers antiviral use

GPs in Wales have been told this week that they can prescribe neuraminidase inhibitors for patients with influenza in line with National Institute for Health and Clinical Excellence guidance.

The National Public Health Service for Wales has issued the advice following investigation of influenza B outbreaks in nursing homes and hospitals over the past month.

“Although baseline levels are low,” NPHS health protection director Mike Simmons said, “we are seeing enough flu for it to be sensible to recommend that oseltamivir and zanamivir should be available for GPs to prescribe.”

Anticholinergics and cognition

Older people who take anticholinergic drugs appear to suffer more rapid cognitive decline than people who do not use these medicines (0.045 units/year on a 21 unit scale; $P=0.0044$), a study presented at a meeting of the American Academy of Neurology suggests. Researchers followed a group of 870 adults for an average of eight years. Of these, 679 people took at least one medicine with anticholinergic properties.

Check heart function in ADHD

Children with attention deficit hyperactivity disorder should undergo cardiac evaluation before treatment with stimulant drugs, according to the American Heart Association. The AHA recommends performing an electrocardiogram and suggests that blood pressure checks should be conducted initially within one to three months of treatment and then every six to 12 months.

Risk of AF with alendronate

Use of alendronate is associated with an increased risk of atrial fibrillation (AF), a new study suggests. After examining alendronate use among women with AF and among controls, the researchers estimate that 3 per cent of incident AF in clinical practice might be explained by use of alendronate (*Archives of Internal Medicine* 2008;168:826).

MPs' report highlights pharmacy role in reducing antipsychotic use

Community pharmacists could play a leading role in reducing inappropriate prescribing of antipsychotic drugs to people with dementia living in care homes, according to an influential parliamentary report published this week.

The MPs describe over-prescribing of antipsychotics in nursing homes as a significant problem and report widespread inappropriate prescribing for people with dementia who have mild behavioural symptoms.

The report by the All-Party Parliamentary Group on Dementia calls for a national audit of prescribing patterns of antipsychotics to people with dementia in care homes as well as a programme of local audits.

The MPs also want to see an appraisal by the National Institute for Health and Clinical Excellence into the cost-effectiveness of prescribing these drugs to dementia patients.

The report, "Always the last resort", also calls for the introduction of tighter mandatory systems and protocols to control the prescribing of antipsychotics to people with dementia and to ensure prompt review and discontinuation of the drugs if appropriate.

It recommends that medicine reviews should be carried out at least every three months and prescriptions should be time-limited.

The review should be the responsibility of a "single named individual" but MPs held back from recommending who should take on that new role.

The report does, however, point out that the charity For Dementia believes that the review could best be carried out by community pharmacists and the report highlights the US



Anette Romanenko/Dreamstime.com

Residents of nursing homes are given inappropriate medicines, say MPs

model of best practice by which nursing homes are legally required to employ a consultant pharmacist who has the exclusive role of reviewing residents' medication every two to three months.

Hazel Sommerville, head pharmacist at the Commission for Social Care Inspection, who gave evidence to the MPs, said after the report was released: "I welcome the recommendation of a minimum three-month review so long as the review is robust and that the person carrying it out has access to clinical records in order for it to be any value to the person with dementia.

"The pharmacy White Paper opens that door to community pharmacists."

Further evidence for bone risk with glitazones

Additional evidence of a possible association between long-term use of thiazolidinediones and fractures in patients with diabetes mellitus has been published this week (*Archives of Internal Medicine* 2008;168:820).

The researchers say that previous studies indicate that thiazolidinediones may have unfavourable effects on bone, resulting in reduced osteoblastic bone formation and faster bone loss.

In a population-based study of diabetic patients, Christian Meier, University Hospital Basel, Switzerland, and colleagues analysed data for 1,020 men and women with a low-trauma fracture diagnosed between January 1994 and December 2005 and for 3,728 matched controls. All patients were aged between 30 and 89 years and attended the same general practice. Data were derived from the UK-based General Practice Research database.

The researchers found that after adjusting for other risk factors, including body mass index and use of other antidiabetes drugs, patients taking rosiglitazone were 2.38 times more likely to sustain a fracture than controls (95 per cent confidence interval 1.49–4.09). The association was independent of age and sex and tended to increase with dose. A similar trend was seen with pioglitazone.

The researchers conclude that their analysis provides additional evidence that the use of thiazolidinediones for approximately 12 or more months may increase the risk of osteoporotic non-vertebral fractures, particularly of the hip and wrist, in patients with diabetes mellitus. No such effect was seen for other antidiabetes drugs in this study population. However, they add that the findings need to be confirmed by additional observational studies and by controlled clinical trials.

Mothers' antiepilepsy drugs do not harm development of breastfed babies' brains

Breastfed babies whose mothers are taking certain antiepilepsy drugs do not suffer harmful effects in their cognitive development, early findings from a new study suggest.

Researchers tested the cognitive development of 187 two-year-old children whose mothers were taking lamotrigine, carbamazepine, phenytoin or valproate. Children who were breastfed (41 per cent) had higher cognitive scores than children who were bottle-fed (98.1 versus 89.5; $P=0.0012$) and this trend was consistent for each drug, say the researchers. However, the trend became non-significant when adjusting for maternal IQ.

The data were presented at the annual meeting of the American Academy of Neurology held in Chicago last month.

Melatonin tops list of unlicensed products imported into the UK

Melatonin treatments to tackle jet lag and sleep disturbance top the list of the most popular imported unlicensed products to the UK, according to statistics released by the Medicines and Healthcare products Regulatory Agency. Other lifestyle treatments that dominate the list include allergy patches, which are ranked sixth, followed by vitamin and topical supplements.

The recent controversy around the safety of the measles, mumps and rubella vaccination programme also impacts on the list, the report says. Monocomponent mumps vaccines are the eighth most popular imported unlicensed product.

Homoeopathy also features in the summary report for imported unlicensed medicines between October and December last year, with demand for *Abnoba vascum* (mistletoe), which is used as supplementary therapy in the treatment of cancer patients, putting this product in 10th place.

The list of the top 50 imported unlicensed drugs follows a request for information under

the Freedom of Information Act. The statistics and the report have been compiled and published as the MHRA continues its informal consultation on specials manufacturing — making unlicensed medicines to order — which finishes on 30 June (*PJ*, 8 March, p266).

The report reveals that in the last quarter of 2007, 77 different licence holders notified the MHRA about their desire to import unlicensed drugs into the UK with 80 per cent of the notifications coming from just 10 per cent of the licence holders.

The report points out: “There appears to be an underlying trend for increase in the number of notifications received, although this has been masked by a decline in the number of notifications from the dominant importers.”

The MHRA believes compiling and releasing the information may benefit the present consultation and it is considering releasing quarterly statistics routinely if the present information is found to be useful.

Society's Scottish office holds first open day

The Royal Pharmaceutical Society's Scottish office opened its doors for its inaugural open day on 27 April. Visitors were able to meet the chairman of the Scottish Pharmacy Board, Rose Marie Parr, who gave a welcoming address updating members on the board's first term in office. Also present were Scottish Pharmacy Board members, the Society's President Hemant Patel and Chief Executive and Registrar Jeremy Holmes.



Peter Worling, representing the British Society for the History of Pharmacy, and Jennifer Brown, a retired pharmacist from Edinburgh, in the Society's replica Victorian pharmacy

Problems with Medicines Complete access

Problems that some multiple pharmacies in Scotland are having accessing Medicines Complete — the online pharmacy reference resource published by the Pharmaceutical Press — are being tackled by National Services Scotland.

An NHS circular published this week highlights the fact that community pharmacists in Scotland now have access to Medicines Complete from pharmacies as part of their remuneration package (*PJ*, 16 February, p172).

However, it notes that some pharmacies that are connected to NHSnet by a corporate connection (ie, through a head office and internal network) are having problems connecting to Medicines Complete. “National Services Scotland is working with these corporate contractors to resolve these access issues,” the circular states.

BTS and SIGN update asthma guidance

Updated guidelines on the management of asthma have been published by the British Thoracic Society and the Scottish Intercollegiate Guidelines Network. The 2008 guideline contains a completely rewritten section on diagnosis for both adults and children and a section on special situations, which includes occupational asthma, asthma in pregnancy and the new topic of difficult-to-treat asthma.

Updated sections on pharmacological and non-pharmacological management and amalgamated sections on patient education and compliance and on organisation of care and audit, have also been included in the latest edition, which considers literature published up to March 2007.

“British guideline on the management of asthma — a national clinical guideline” was published this week as a supplement to *Thorax*.

In brief

Public health legislation

New public health legislation in Scotland looks likely to be introduced following the passing of the first stage of the Public Health etc (Scotland) Bill. The Bill sets out legislation that aims to protect the public from infectious diseases and contamination. Now that the general principles of the Bill have been agreed, the next stage will involve its detailed consideration.

AMS hints and tips

Hints, tips and frequently asked questions about the acute medication service (AMS) have been published by the Scottish Government. The advice covers how to deal with bar-coded prescriptions that do not scan and how to claim for instalment dispensing. It can be accessed via *PJ Online* (www.pjonline.com/pjlinks).

Norton settles

Norton, one of several pharmaceutical companies accused of anticompetitive price fixing, has reached a settlement with the Scottish Government. Norton has agreed to pay £2,837,500 in compensation on a full and final basis and with no admission of liability. Norton has also agreed to co-operate with the Government over continuing claims against a number of other companies accused of price fixing.

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