

# Less serious errors to be dealt with by inspectors

Up to 200 fewer cases per year could be referred to the Royal Pharmaceutical Society's Investigating Committee after the Council agreed this week that less serious complaints against pharmacists and pharmacy technicians will be handled by the Society's Inspectorate. Following a consultation earlier this year (*PJ*, 2 February, p110), the Council has decided to introduce threshold criteria for single one-off dispensing errors. If none of these criteria is met the case will not be referred to the Investigating Committee.

The Council has also agreed to extend the categories of cases that are suitable for non-referral, again subject to threshold criteria. Cases involving failure to supply a patient information leaflet, attitude and behaviour, emergency supplies, advertising breaches, failure to display a registration certificate, failure to dispense a prescription for an aggressive patient, simple book-keeping cases, inade-

quate standard operating procedures, pharmacy medicines and over-the-counter medicines will be investigated by the Society but not referred to the Investigating Committee.

Cases involving employment issues, minor NHS terms of service breaches, commercial or customer service complaints, use of restricted titles, fixed penalty road traffic offences and disputes over pharmacy contracts will no longer be dealt with by the Society. Cases where the Society has received external legal advice that confirms fitness to practise is not impaired and cases against superintendents, owners or partners where there is no evidence of their involvement will also not be dealt with by the Society.

The threshold criteria and full details of the cases suitable for non-referral will be available on the Society's website at [www.rpsgb.org/protectingthepublic](http://www.rpsgb.org/protectingthepublic). The same threshold crite-

ria will apply to cases involving registered pharmacy technicians, the Council agreed.

Jackie Giltrow, head of regulatory transition at the Society, said: "With less serious cases being dealt with outside of the formal fitness to practise proceedings, the aim of these criteria is to make the complaints handling process more effective and efficient. We believe that good regulation should ensure that the appropriate level of action is taken in each case depending on the seriousness of the allegations and that the formal disciplinary machinery should only be reserved for serious cases where the fitness to practise of registrants is called into question."

She added: "The threshold criteria will help ensure that the operation of the Society's regulatory framework reflects modern regulatory practice and continues to ensure patient safety and public confidence in the pharmacy profession."

# Steve Churton elected as the Society's President by a narrow margin

Steve Churton has been elected President of the Royal Pharmaceutical Society by the Society's Council this week. In a close contest Mr Churton, who is head of professional practice at Boots UK, received 13 votes to Gerald Alexander's 12 in the final round.

Martin Astbury was re-elected Vice-President with 13 votes — Brian Curwain received eight votes and Sue Kilby, four.

Mr Churton said in his presidential statement: "Since I joined Council, I have observed with much interest, and occasional frustration, how we engage with each other to chart the course for safe arrival at this landmark place in our history. . . . How we align around a common goal, is the real test, not just of our cohesiveness but, critically, of our true effectiveness."

He added: "We need a unified, agile and vibrant Council, truly responsive to the needs of the profession, and resilient enough to weather the inevitable storms. We need to accept that the Society is not well regarded by some — rightly or wrongly, fairly or unfairly, [this] perception is reality, and we need to raise our collective game to do more to overcome this — to earn their trust — before it's too late."

Mr Churton said that the Council has a duty to those working in the profession to secure a future for them: "A future which is professionally fulfilling; a future which encourages and supports self development and everything we wish our profession to stand for; a future which will provide the firm foundation on which generations of pharmacists, and those who support them, will build their lives."



Steve Churton elected President

# PSNC negotiations with Department of Health fall behind

Fluctuations in incomes are likely to continue for community pharmacy contractors in England and Wales after the Pharmaceutical Services Negotiating Committee admitted this week that its negotiations with the Department of Health are not yet sufficiently far advanced to enable it to agree changes to fees and allowances in time for the July Drug Tariff.

Sue Sharpe, chief executive of the PSNC, said: "We will continue to work with the DoH on the analysis and negotiations and we hope to be able to provide a further update soon."

# Society proposes inflation-only fee rise and staged payments

Royal Pharmaceutical Society fees for next year will be increased only around the level of inflation, the Society's Council has proposed. Staged payment of fees are also planned.

Members will have the chance to comment on whether pharmacists on low incomes should be subject to a reduced fee. The new retention fee for practising pharmacists is expected to be £410 (corresponding to a 3.9 per cent increase) if no low-income concession is made or £413 (a 4.5 per cent rise) if a low-income category is introduced.

The Society's Treasurer Andrew Gush said: "The Council received a great deal of feedback from members following the 2008 fees consultation. We have looked to learn from the lessons of last year and take on board the feedback. This is reflected in the introduction of staged payments for 2009 and proposals for

an inflation-only increase to fees and of course the proposed introduction of a low income fee for pharmacists."

A consultation document, published on the Society's website ([www.rpsgb.org](http://www.rpsgb.org)), sets out the the current fee structure and proposals for 2009 fee levels. "I encourage all members to participate in this consultation — this is your opportunity to have a direct impact on the Council's decision-making [on] fees," said Mr Gush.

The proposed fees for non-practising pharmacists are £70 for European or British Isles residents and £123 for those in other countries. Supplementary and independent prescribers are to be subject to an additional £51 fee. Members are invited to respond to the proposals by 6 August. Full details of proposed fees for 2009, including those for pharmacy technicians, are published on p700.

# Novartis strikes wholesaling deal

Novartis is to reduce the number of wholesalers that will supply its medicines to two during the summer. But the manufacturer will not be going down the direct-to-pharmacy route: it has announced that AAH Pharmaceuticals and UniChem will take on contracts to sell Novartis products throughout the UK, retaining their wholesaler status.

However, *The Journal* understands that pharmacists may not receive the same level of discount on Novartis products under the scheme as they do currently. In a statement AAH said: "As this agreement is unlike existing wholesale models, AAH will be undertaking a restructuring of the discount available on Novartis UK products."

A spokeswoman for UniChem was unwilling to discuss the details of the arrangement, describing it as "commercially sensitive", but said that UniChem would be passing on the highest level of discount possible.

Both wholesalers said that they would be contacting customers over the coming weeks to communicate the discount terms for Novartis products.

Novartis revealed last year that it would implement a new distribution model but was reticent about its plans (*PJ*, 24 March 2007, p331). "We have listened to our customers and developed a deeper understanding of their needs. We feel that maintaining a wholesale model, while simplifying our approach to distribution, will be the best approach for both ourselves and our customers," the company said in a statement this week.

Questioned over discounts, Novartis director of commercial operations Ian Ball said: "We can't comment on what the terms of the deal are. What I can say is that the level of investment in discount and distribution is more than our standard terms were before." He added: "Both wholesalers are very pleased with the deal . . . and I think that will benefit contractors in the long run."

He said that some 80 per cent of pharmacies already order Novartis items through AAH or UniChem. "From a Novartis and pharmacy relationship point of view we say it is business as normal. Clearly, the wholesalers are at liberty to do what they want with discounts."



AAH and UniChem to work with Novartis

Mr Ball highlighted the advantages: "What won't be picked up by most people," he said, "is that AAH and UniChem have agreed now to stock the whole range of Novartis products. What that really means is our critical dose products and our zero-discount items will now be available with twice-daily delivery from a wholesaler." Generally such products would be ordered as specials with a wait of two or three days, he explained, adding that the new arrangement would relieve some of the administrative burden for these products.

With regard to Phoenix — the UK's third-largest wholesaler — being left out of the deal, Mr Ball said: "We owe it to the contractors and the patients to keep the door open to Phoenix. Unfortunately, they weren't successful in this round [of tendering]."

Paul Smith, chief executive of Phoenix told *The Journal*: "It's disappointing news for us and our customers. Novartis has shown disrespect for our customers, which we believe are important — they clearly don't. We've had a good working relationship [with Novartis] for many years and as a result would have expected a longer notice period."

The arrangement, which does not affect hospital supplies, comes into place on 4 August.

# Pharmacy smoking cessation services in Sheffield aided by development worker

Community pharmacy technicians and dispensary staff in Sheffield helped to increase the number of people who stopped smoking by 112 per cent in just three years after the appointment of a development worker to the smoking cessation service.

The South East Sheffield Primary Care Trust created the post to support pharmacy staff and GPs offering smoking cessation services in order to help meet its three-year target of persuading 2,840 people to quit between 2003 and 2006.

The worker helped to identify obstacles pharmacy staff and GPs had experienced, which included confusion over how to refer a patient on to a specialist service and the administration around a referral. A referral protocol was developed and referral pads were created as well as posters and leaflets advertising the community-based services.

The success of the appointment was reflected in the number of people who quit for more than four weeks, which went up from 452 in 2003–04 to 859 in 2004–05 — an increase of 92 per cent. The following 12 months the figure increased to 962 — a rise of 112 per cent in three years.

Tina Cooke, chairman of the Sheffield Local Pharmaceutical Committee, said that the development worker made a huge difference because a single point of contact was available if the pharmacy staff had a problem about the service or needed advice.

Ms Cooke added: "It is definitely a model which could be used elsewhere — there are pharmacists out there wanting to deliver this service and, with the publication of the White Paper, are gearing themselves up to deliver more."

The Sheffield initiative is one of three involving community pharmacists that are put forward as examples of best practice in a Government document "Excellence in tobacco control: 10 high impact changes to achieve tobacco control", published last month.

The other two projects are a scheme in Birmingham involving a partnership between pharmacists and Citizens Advice Bureau workers and one in Swindon where pharmacists took part in a borough-wide initiative to prepare people for the ban on smoking in public places in England.

**Tobacco control** Plain cigarette packets with no branding or logos, minimum pack sizes of 20 (to stop young people, who can only afford packs of 10, buying cigarettes) and a ban on the advertising of cigarette papers are proposals put forward in a new Department of Health consultation document "The future of tobacco control", published last week. The consultation aims to start a debate around further measures that would stop people smoking and prevent young people from starting to smoke.

# GIRP president "optimistic" about Alliance Boots rejoining

The European Association of Pharmaceutical Full-line Wholesalers (GIRP) remains committed to the interests of full-line wholesaling but has redefined its aims and remodelled its byelaws in awareness of the different business models that many wholesalers have adopted.

GIRP president René Jenny told *The Journal* in Prague this week that the association had undergone significant restructuring to enable it to react positively to changes within the wholesale sector, for example, by creating advisory councils to look at logistics and retail issues important to its members.

Speaking at a press briefing before the GIRP annual general meeting, Mr Jenny revealed that the association is in "discussions with the top management of Alliance Boots" about the group rejoining GIRP, adding that "the situation could be, in my personal view, considered as optimistic".

Alliance Boots withdrew from GIRP nearly a year ago because of different viewpoints over UniChem's exclusive distribution deal with Pfizer (*PJ*, 30 June 2007, p761). Mr Jenny acknowledged this week that the association's old byelaws were central to the problem.

# Scottish collegiate sets out its key objectives

Scotland's new academic leadership forum — the Scottish Collegiate of Pharmacists and Pharmaceutical Scientists — set out its strategy this week.

"The overall purpose of the collegiate will be to provide leadership in the field of pharmacy research and its translation into practice. It will seek to work with all the key stakeholders to formulate a Scottish pharmacy research strategy and create an active research network," explained Graham Coombs, head of the school of pharmacy, University of Strathclyde.

Development of the SCPPS was initially led by the two Scottish schools of pharmacy (*PJ*, 2 February, p105). Following a meeting of a working group in May, the SCPPS has formed a shadow board, a strategy committee and a finance committee. The board will be chaired by Terry Healey, head of the school of pharmacy, Robert Gordon University; the strategy committee by Norman Lannigan, lead pharmacist for acute care and innovation, NHS Greater Glasgow & Clyde; and the finance committee by James Semple, managing director, TLC Pharmacy Group.

The SCPPS describes its key objectives as:

- Providing a source of advice and support for those who wish to undertake practice-based research
- Engendering a research culture within the pharmacy profession
- Creating an applied research network

- Providing an interface between pharmacy practice and pharmaceutical scientists
- Creating a research business, which can undertake research to support the development of policy and strategy for health care in Scotland
- Developing a research base attractive to inward investors in the life sciences industry
- Supporting a research profile for pharmacy practitioners

"This presents a real opportunity to engage the pharmaceutical research community in translational pharmacy practice research to the benefit of patient care," said Professor Healey. "Our aim is for the collegiate to be truly inclusive and to be a conduit for delivering innovation in pharmaceutical care."

Bill Scott, chief pharmaceutical officer, Scottish Government, told *The Journal*: "I very much welcome the development. It is part of a toolkit to help pharmacists develop their practice to better patient care."

Lyndon Braddick, the Royal Pharmaceutical Society's director for Scotland, said: "This is an important academic initiative by the two schools of pharmacy and the Society supports the aims of developing an agreed research strategy and a vibrant pharmacy practice research community in Scotland. We look forward to working with the collegiate to help it achieve the key objectives, which will benefit the profession and



Graham Coombs: collegiate will provide leadership in pharmacy research

patients, not only in Scotland but in the UK and internationally."

## GMC recruiting new council

The General Medical Council — responsible for medical regulation — has taken the next step on its road to reform. It announced this week that it is starting to recruit its new council. The organisation is seeking applications for 24 council members, half of whom will be lay. The remaining members will include doctors and representatives from health care providers, medical schools and the royal colleges.

For the first time the council membership will be chosen by an outside body — the Appointments Commission. The current council is made up of 19 elected members, 14 lay members and two others who are appointed. The closing date for applications to sit on the new GMC is the end of this month. Shortlisting takes place in the summer with interviews in September.

The new appointments will be finalised in October — three months before the reformed council is due to sit for the first time.

## Trial will not affect NHS budget

A clinical trial taking place in Scotland, which compares celecoxib with traditional non-steroidal anti-inflammatory drugs, will not result in increased prescribing costs for the NHS.

The SCOT trial (standard care versus celecoxib outcome trial) is being led by the University of Dundee and involves 16,000 patients at 400 GP practices. It will examine the drugs' cardiovascular and gastrointestinal safety over a three-year period.

An NHS circular issued last week says that prescriptions issued by those GP practices participating in the trial will be tracked by the university and it will reimburse the Scottish Government for the additional cost of celecoxib dispensed through the trial, including a dispensing fee of 91.7p. These funds will then be distributed to NHS boards.

The trial is being funded by Pfizer.

## Fondaparinux approved for use in Wales

Use of fondaparinux (Arixtra) has been approved within NHS Wales for two indications, following ministerial ratification of recommendations made at the April meeting of the All Wales Medicines Strategy Group.

The AWMSG recommends fondaparinux, initiated and supervised within secondary care, as a treatment option for:

- Patients with unstable angina or non-ST segment elevation myocardial infarction for whom urgent (<120 minutes) invasive management is not indicated
- Patients with ST segment elevation myocardial infarction who are managed with thrombolytics or who are initially to receive no other form of reperfusion therapy

## Pharmacy staff up in Wales

NHS pharmacy staff numbers in Wales rose to 1,337 (1,076.7 whole-time equivalents) in 2007, an increase of around 9 per cent on the previous year, according to Welsh Assembly Government statistics.

Some 573 pharmacists (509.0 WTEs) were employed by the NHS in Wales in 2007 — including 54 managers and three consultant pharmacists — compared with 517 pharmacists (457.8 WTEs) in 2006.

# PCT enhances its pharmacy diabetes services

Community pharmacists in London's East End are hoping to reach an estimated 3,000 local people with undiagnosed diabetes in a new scheme, due to begin this week.

Forty-three contractors in City and Hackney will provide diabetes services as part of the initiative, which has been commissioned by the primary care trust as an enhanced service under the community pharmacy contract.

Pharmacists are offering three levels of service. Level 1, which will be offered by the majority of the signed-up pharmacists, is for diabetes screening. Around 20 pharmacists will go on to offer a level 2 service this autumn which involves helping patients with the ongoing management of their condition.

Two or three pharmacists will also be trained in the next two to three years to become pharmacists with a specialist interest in diabetes and will provide the level 3 service, which is expected to include independent prescribing of insulin as well as educational responsibilities within the local area.

The Royal Pharmaceutical Society and the National Pharmacy Association are soon

to publish their joint "Commissioning toolkit for community pharmacy services in diabetes", which will provide a national blueprint for the future role of pharmacists in the management and screening of the chronic condition. The City and Hackney model has been developed by pharmacists and the PCT in line with the Society and NPA work.

Jonathan Mason, head of prescribing and pharmacy at City and Hackney PCT, said: "We are keen to work more closely with GPs and other healthcare professionals to offer patients reliable support from their nearest high street pharmacy."

The PCT's chief executive, Jacqui Harvey, added: "Once again our pharmacists are stepping into the front line of patient care and



Celso Pupo Rodrigues/Dreamstime.com

Diabetes screening is to be offered by pharmacists taking part in the level 1 service

improving the value of their day-to-day contact with patients."

The new service was due to be launched on 6 June by Hackney South and Shoreditch MP Meg Hillier ahead of national diabetes week, which runs from 8 to 14 June.

## NPA to help members win service contracts

Guidance to help UK community pharmacists bid successfully for services commissioned by primary care organisations is being developed by the National Pharmacy Association.

The toolkit will explain how pharmacists can present business cases that represent best value for money for commissioners as they try to take on more pharmacy services. It will give advice about how to go about collecting the data needed to support the case for a contract, as well as how the information should be presented and how pharmacists can show that the work they are doing, or plan to do, will benefit patients.

Tonia Morton, NPA lead for the project, said: "Our members are faced with the fact

that from a paymaster's view, if you don't measure it, it doesn't matter. This work will enable members to understand how interventions should be recorded so that the evidence can be drawn on to support a case for commissioning.

"There is a danger of disinvestment where service evaluation has not been undertaken, or there is opportunity to develop evidence-based services to fill gaps left by disinvestment elsewhere in the local system. It is essential that evaluation is built into any scheme being developed and is undertaken for existing schemes."

The toolkit, which will be launched with a workshop to explain how to use it, will be available in the autumn.

## Pharmacy IT training available from NHS CfH

Subsidised IT training for pharmacy staff in England is now available through NHS Connecting for Health. The agency has opened its essential IT skills programme to all community pharmacists and support staff, including locums, who use, or intend to use, National Programme for IT systems.

Two qualifications are available — NHS Elite (NHS e-learning IT essentials) and NHS Health (NHS e-learning for health information systems); both are accredited by the British Computer Society.

NHS Elite includes basic keyboard and mouse skills, file management, and internet

and e-mail skills. NHS Health covers information governance, data protection and patient confidentiality. Both courses are delivered by distance learning and tests are taken at local approved centres.

NHS CfH funds the following for eligible participants: e-learning materials, registration with the BCS, tests, qualification accreditation and provision of certificates. However, candidates may be required to contribute to the running costs of approved centres on a not-for-profit basis.

Further information is available at [www.connectingforhealth.nhs.uk/eits](http://www.connectingforhealth.nhs.uk/eits).

### In brief

#### Screening for Chlamydia

A competencies and training framework for community pharmacists involved in providing chlamydia screening and treatment services has been published by the harmonisation of accreditation group (HAG). The document is available from the Primary Care Contracting website ([www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk)).

#### Managing meningitis

Guidance on recognising and managing invasive meningococcal infection in children and adolescents has been launched by the Scottish Intercollegiate Guidelines Network. SIGN recommends that parenteral benzylpenicillin or cefotaxime should be administered to a child as soon as invasive meningococcal disease is suspected.

#### Checking-up on commissioning

The National Pharmacy Association and the Centre for Public Scrutiny have drafted a paper to help local authority overview and scrutiny committees highlight areas where a primary care trust may need to think about commissioning pharmacy services. It is available from the NHS service development section of the NPA website ([www.npa.co.uk/infopub.php](http://www.npa.co.uk/infopub.php)).

# Cut redundant medicines in elderly cancer patients

Older patients with terminal cancers are frequently taking several drugs for comorbidities, many of which could be stopped to reduce adverse reactions and simplify their treatment, according to a US study presented at the American Society of Clinical Oncology annual meeting held in Chicago last weekend.

The study analysed pharmacy and medical records for 148 patients (mean age 66 years) who had survived for less than one year after being diagnosed with metastatic cancer. Nearly all (99 per cent) of the patients were male because the study was performed at a veterans' hospital (GV Montgomery VA Medical Centre, Jackson, Mississippi). The most common cancers were lung (99), colorectal (14) and pancreatic (14).

Medical records showed that the patients had an average of three (range 0–8) comorbid conditions at the time their cancers were diagnosed. Hypertension, chronic obstructive pulmonary disease, coronary artery disease and hyperlipidaemia were the most common conditions. Patients were on a median of six drugs (range 0–15), which increased to eight for those given chemotherapy. More than two-thirds (69 per cent) of patients were on more than five drugs.

The researchers reported: "There is a very high prevalence of polypharmacy in end-stage cancer patients. Some of these medicines may be non-essential and avoiding their use could reduce adverse reactions and simplify treatments." The median survival of the patients was only 2.8 months, so continuing

with lipid lowering medicines — which were taken by 30 per cent of the patients — was unlikely to be beneficial, they suggested.

Steve Williamson, consultant pharmacist for cancer services, Northumbria Healthcare Trust and North of England Cancer Network, commented: "Most chemotherapy in the UK is given on a day-case basis, so patients may miss out on pharmacy services provided routinely to inpatients. All cancer patients should, ideally, have a medication review. For those on more than four different drugs, a pragmatic decision should be taken on whether they all need to be continued."

He added: "This is particularly important in elderly patients. Reducing non-cancer medicines can reduce the potential for drug interactions and make patients' lives simpler."

# Continuing trastuzumab after cancer progression extends survival

Continuing treatment with trastuzumab (Herceptin) increases progression-free survival in women with advanced HER2-positive breast cancer and whose cancer has progressed despite use of the drug, results from the first randomised study to assess this issue show.

The GBG-26 study randomised 156 women with HER2-positive locally advanced or metastatic breast cancer who had previously been treated with first-line trastuzumab, with or without chemotherapy, to continue with trastuzumab (6mg/kg body weight every three weeks) plus capecitabine (2,500mg/m<sup>2</sup> on days 1–14, every 21 days) or to capecitabine alone.

Results showed that time to disease progression was nearly three months longer in women treated with trastuzumab plus capecitabine compared with chemotherapy alone (8.2 months versus 5.6 months;  $P=0.034$ ). Continuation of trastuzumab, plus capecitabine, nearly doubled the number of patients responding to treatment from 27.0 per cent to 48.0 per cent.

Reporting the findings, Gunter von Minckwitz, from the University Women's Hospital, Frankfurt, Germany, said: "The GBG-26 study confirms that trastuzumab continues to target and shrink HER2-positive breast cancer even beyond progression, when combined with chemotherapy."

Steve Williamson, consultant pharmacist for cancer services, Northumbria Healthcare Trust and North of England Cancer Network, commented: "It has previously been unclear whether to continue or stop trastuzumab in patients whose breast cancers are progressing and who need further therapy. The results show that keeping HER2 under control extends survival."

Data on adverse events showed a small increase in side effects, with a 2.5 per cent increase in grade III cardiac dysfunction in women treated with trastuzumab plus capecitabine. This was in line with previous data.

The study was presented at the American Society of Clinical Oncology annual meeting held in Chicago last weekend.

# Public unaware of electronic records despite extensive information programme, study finds

Most people are unclear about current policy on shared electronic records despite an extensive information programme in early adopter sites, according to the authors of a study published online last week (*BMJ Online First*, 29 May, www.bmj.com).

The University College London research team, which conducted an independent evaluation of the summary care record (*PJ*, 10 May, p556), sought to explore the views of patients and the public towards the summary care record and the NHS web service HealthSpace in three early adopter primary care trusts in England. Participants were recruited from general practices, out-of-hours centres, accident and emergency departments and walk-in centres.

They found that most of the participants were not aware of the SCR or HealthSpace and did not recall receiving information about it. Of the 103 individuals interviewed, 29 per cent were aware of the SCR (some via the media or their GP) and 8 per cent were aware of HealthSpace. Although official statistics



**Most participants were not interested in accessing their records via the internet**

suggest that by the date of the interview around 95 per cent of the sample population had been sent a letter informing them that the SCR was being introduced in their area, only one in seven recalled receiving the letter, they say. They add that many of the participants in the study "wrongly" believed that electronic records were already shared between health

professionals either locally or nationally. The researchers comment: "Most people were positive about the SCR and happy that if they did nothing, one would be created for them." However, most people were not interested in recording their medical data or accessing their SCR via HealthSpace.

The decision of whether or not to have an SCR involved balancing perceived benefits with perceived risks and was heavily influenced by previous personal experience.

The team conclude: "The 'implied consent' model for creating and accessing a person's SCR should be revisited, perhaps in favour of 'consent to view' at the point of access."

**Fujitsu** A contract with a key supplier in the National Programme for IT — Fujitsu — has been terminated by the NHS. Fujitsu held the 10-year contract for installing electronic patient records across the South and West of England. Its contract was terminated because it was not possible to reach an agreement that was acceptable to all parties, said NHS Connecting for Health.

# Prucalopride effective in severe chronic constipation, study shows

Prucalopride, a selective, high-affinity 5-HT<sub>4</sub> receptor agonist, improves bowel function and reduces severity of symptoms over 12 weeks in patients with severe chronic constipation, results of a phase III trial show (*New England Journal of Medicine* 2008;358:2344).

Researchers evaluated data for 620 patients (from 38 centres in the US) aged 18 years and over with a history of two or fewer spontaneous, complete bowel movements per week, who were randomised to receive prucalopride 2mg, 4mg or placebo once daily, for 12 weeks. They found that, averaged over the 12 weeks, the proportion of patients having three or more spontaneous bowel movements per week was 30.9 per cent (64 out of 207 patients) in the low-dose prucalopride group and 28.4 per cent (58 out of 204) in the high-dose group, compared with 12 per cent (25 out of 209) in the placebo group ( $P < 0.001$  for both comparisons). In addition, prucalopride significantly improved patients' satisfaction with their bowel function and treatment, perception of constipation severity and disease-related quality of life.

The researchers report that the most frequent treatment-related adverse events in those receiving prucalopride were headache and abdominal pain. However, no significant cardiovascular effects were seen, they say.

In an accompanying editorial (ibid, p2402), Arthur Moss, from the Heart Research Follow-up programme of the cardiology division, University of Rochester School of Medicine and Dentistry, New York, raises concern about a potential cardiac risk with prucalopride. He says that prucalopride is similar in function to cisapride — which has known effects on the corrected QT (QTc) interval — and comments: "We simply do not know whether prucalopride will prolong the QTc interval or contribute to an increase in cardiovascular vasospastic events in a small fraction of vulnerable subjects when adminis-



Alain Poi, iSWScience Photo Library

## Relief from chronic constipation was achieved with prucalopride

tered to a large number of subjects with a non-life-threatening gastrointestinal disorder."

However, additional new data on prucalopride presented last month in San Diego, California, at Digestive Disease Week, showed that in a specifically designed safety trial, researchers reported favourable cardiovascular safety and tolerability data, including a comprehensive set of QTc measurements, at repeated doses of up to 20mg daily — 10 times the anticipated therapeutic dose for chronic constipation.

A marketing authorisation application for prucalopride (Resolor), as a treatment for chronic constipation in adults in whom laxatives fail to provide adequate relief, was submitted by Movetis to the European Medicines Agency in April.

The *NEJM* study was supported by a grant from Johnson & Johnson, which subsequently sold prucalopride to Movetis.

## Drug development

### Axitinib and pancreatic cancer

Axitinib has shown promise for people with advanced pancreatic cancer in a phase II study, published online in *The Lancet* (30 May, www.thelancet.com). Researchers randomised 103 patients with unresectable, locally advanced or metastatic pancreatic cancer to receive oral axitinib — a selective inhibitor of vascular endothelial growth factor receptors 1, 2 and 3 — in combination with gemcitabine or gemcitabine alone. They found a small, non-statistically significant gain in overall survival for axitinib-treated patients compared with controls, which, say the authors, needs to be assessed further in phase III trials.

### HIV drug in eye research

HIV protease inhibitors (PIs) could help to prevent vision loss resulting from retinal detachment, research in mice suggests (*Journal of Clinical Investigation*, 22 May, www.jci.org). Mice given nelfinavir plus ritonavir experienced less photoreceptor death after retinal detachment than those on sham treatment. Although the precise mechanism for the benefit is unknown, the authors believe that administration of PIs should be clinically evaluated in the period between retinal detachment and reattachment surgery.

### Opioid-induced constipation

More patients with opioid-induced constipation given subcutaneous methylnaltrexone — a  $\mu$ -opioid-receptor antagonist — had relief within four hours of the first dose than those on placebo (48 versus 15 per cent;  $P < 0.001$ ). In the 133-patient study published this week, researchers also found that more patients in the treatment group had a bowel motion (without the use of an enema or suppository) within four hours after at least two doses (52 versus 8 per cent;  $P < 0.001$ ). Response rates remained consistent in an open-label extension of the trial, the authors report (*New England Journal of Medicine* 2008;358:2332).

### Novel antimicrobial for MRSA

Five strains of methicillin-resistant *Staphylococcus aureus* have failed to develop resistance to a novel antimicrobial agent during laboratory tests, according to a study presented at the recent European Conference of Clinical Microbiology and Infectious Diseases in Barcelona. The strains of MRSA did not develop resistance to XF-73, a nasal gel being developed by Destiny-Pharma, on exposure to the drug 55 times. In contrast, resistance to fusidic acid developed after only a few exposures.

## Non-emergency patients to be screened for MRSA

All non-emergency patients will be screened for methicillin-resistant *Staphylococcus aureus* before admission to hospital, as part of a pilot project launched in Scotland this week.

Patients who test positive for MRSA will be treated with nasal antibiotic ointment and antiseptic skin wash.

Hospitals in three health boards (NHS Ayrshire & Arran, NHS Western Isles and NHS Grampian) are taking part in the pilot, which, if successful, will be rolled out across Scotland in 2009–10.

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# New funds for pharmacist prescribing in Scotland

Pharmacist-run prescribing clinics in Scotland received a boost last week with the announcement of new funding.

Supplementary and independent prescribing clinics that were established last year will automatically continue to receive funding during 2008–09, and additional funding is being made available for new prescribing clinics to be set up.

Details of the funding arrangements, which are designed to cover the transitional period until the community pharmacy contract in Scotland is fully implemented, were published in an NHS circular. The payment rate remains at £150 per week plus an initial set-up fee of £750.

However, the circular notes that these rates are being reviewed as part of current remuneration negotiations and any increase will be backdated to 1 April.

“The initiative will run for the remainder of this financial year and be reviewed by Scottish Government early in 2009, prior to the roll out of the chronic medication service

element of the new community pharmacy contract,” the circular states.

The total funding available for these clinics during 2008–09 in Scotland is £1m and, once this sum has been reached, no further applications for funding will be accepted.

## How many prescribing pharmacists are there in Scotland?

A total of 467 pharmacists in Scotland have completed the supplementary prescribing course. This is one of the statistics revealed in May in response to a Scottish Parliamentary Question about pharmacist prescribing.

Other figures for Scotland were: 96 pharmacists have completed the independent prescribing conversion course, 173 pharmacists are currently undertaking the independent prescribing conversion course and 105 pharmacists are currently undertaking the supplementary prescribing course.

A spokesman for the Royal Pharmaceutical Society told *The Journal* that, in Britain, 416 pharmacists are registered with the Society as both supplementary and independent prescribers. A further 1,000 pharmacists are registered solely as supplementary prescribers and 111 pharmacists solely as independent prescribers.

## Recovery key to Scottish drug misuse strategy

Recovery from drug addiction is the focus of the Scottish Government's new national drugs strategy.

Launching the strategy in the Scottish Parliament last week, Fergus Ewing, Community Safety Minister, said: “Our vision is that recovery must be central to our new strategy and that it must be the guiding purpose of all drug treatment services. . . . It is the principle whereby services should not just reduce risk and harm but support people to move on towards a drug-free life as active and contributing members of society.” He added that this new approach was about “encouraging abstinence and finding ways of helping people to get off methadone”.

The strategy accepts the conclusions of a previous report by the Scottish Advisory Committee on Drug Misuse that methadone has a key role to play in treating opiate dependency but that methadone (or any substitute prescribing) is not the whole answer: instead a wider range of services is required.

Pharmacy is highlighted as a point of access for services, but the strategy states: “The Government believes there is scope for improving the quality, consistency and delivery of methadone treatment programmes.” For example, it says services need to be more accessible and flexible. The report also points out that pharmacist prescribers could offer NHS boards another point of access for drug misuse treatment.

## New professional body discussed in Scotland

Pharmacists in Scotland voiced their opinions last week on the future of pharmacy's professional body. The debates took place at a series of roadshows across Scotland organised by the Scottish Pharmacy Board.

Among the opinions voiced by pharmacists at the Inverness roadshow on 27 May were: the need for a single, cohesive body (that pharmacy currently lacks but medicine has); the need to engage pharmacists now in the process of forming the new body; the possibility that the new body is already tainted by its association with the Royal Pharmaceutical Society; and the need for clarification over the function that the regulatory and professional bodies will play in revalidation of pharmacists.

Lyndon Braddick, the Society's Director for Scotland, said: “We have to engage pharmacists or we could end up as the only profession without a professional body.” He agreed that the new body must attract a significant proportion of pharmacists as members. “If only 16 per cent of pharmacists join [the proportion voting in the recent Council election] then it will not have a credible voice: no one would listen to a body that small and unrepresentative.”

Frank Owens, vice chairman of the Scottish Pharmacy Board, said that the entire profession needs to take ownership of the new body.

Two further roadshows are planned for next week (see p701).

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