

Pharmacy skill mix report is published

THE Department of Health has published its long-awaited consultation paper on skill mix. Its publication was announced by Health Minister David Lammy in his address to the British Pharmaceutical Conference on 25 September (see p444).

The discussion paper, entitled "Pharmacy workforce in the new NHS: making best use of staff to deliver the NHS pharmacy programme", sets out the Department's views on the changes that are needed. However, it does not represent settled policy and further consultation is likely on particular aspects of it.

The most radical proposal in the paper is for the establishment of pilot protocol medicines supply schemes in which suitably qualified and accredited pharmacy technicians can dispense and supply medicines under protocols but without the personal supervision of a pharmacist.

The paper says that discussions will be necessary on how such schemes would be approved or accredited, on the training and



David Lammy: pharmacists' concerns noted

qualifications needed by technicians, on protocols and clinical governance arrangements, on the inclusion of Controlled Drugs and on circumstances under which pharma-

cists could leave the pharmacy premises to undertake other professional duties.

The Journal will be looking at the discussion paper in more detail next week.

In his speech, the Minister also announced a third wave of a further 40 medicines management pilot schemes under the national collaborative scheme being run by the National Prescribing Centre.

"This brings to over 100 primary care trusts, over a third of the total, which will be running medicines management schemes — a step towards our goal of having a scheme in each PCT area," the Minister said.

Mr Lammy said in his speech that he had noted pharmacists' concerns about a number of areas. These included slow progress on pharmacist prescribing, the need to modernise the community pharmacy contract and the need for pharmacists to have access to relevant clinical information in patients' medical notes. He said that he hoped to see progress on all of these issues over the next year.

JPAG prize awarded to "Square" research student



Ms Lane receives her prize from Professor Phillips

A PRIZE confirming a certificate of achievement and a cheque for £100, courtesy of Pfizer research and development, was presented by the honorary secretary of the Joint Pharmaceutical Analysis Group, Professor Geoffrey Phillips, to Catherine Lane, a research student at the School of Pharmacy, University of London, for her short paper in pharmaceutical analysis. Ms Lane's work, with co-authors Professor Laurence Patterson and Kevin Welham, department of pharmaceutical and biological chemistry, and Dr C. Lenz of Applied Biosystems, Langen, Germany, was entitled "Analysis of human cytochrome P450 isoforms using nano-electrospray ionisation tandem mass spectrometry."

For more than 30 years, the JPAG has devoted one annual meeting to short papers in pharmaceutical analysis. Each year, one or two prizes are awarded for the best oral presentation by less experienced analysts working in academic research, industry, hospital, official and private laboratories. JPAG members are drawn from the Society and the Royal Society of Chemistry.

Ailsa Benson receives 2002 Synergy award

THE recipient of the 2002 Synergy award is Ailsa Benson. Before presenting the award at the British Pharmaceutical Conference banquet on 23 September, Marshall Davies, President of the Royal Pharmaceutical Society, explained that the award was made annually, at the President's discretion, to a non-pharmacist who had made a significant contribution to the profession.

He went to describe Ms Benson's varied career — beginning with a qualification in personnel management and working at the Ministry of Defence, before taking up employment with the National Pharmaceutical Association, where she became head of training. She led the development of distance learning programmes and represented the NPA on external committees. Mr Davies said that it gave him great pleasure to present the award to Ms Benson because of her genuine concern for the future of pharmacy.

The guest speaker at the banquet was Professor Michael Schofield, a Privy Council nominee member of the Society's Council. — *Contributed by Diane Langleben, editor, Hospital Pharmacist.*

BPC 2003

Harrogate for BPC 2003

Next year's British Pharmaceutical Conference will be held in Harrogate from 15 to 17 September.

The Conference theme will be "Delivering innovation for patients". The Conference will examine the development and delivery of breakthroughs in treatment and diagnosis by pharmacists in both industry and practice. Symposium sessions will concentrate on three main areas: innovation in cancer care, paediatric pharmacy and the delivery of innovation to patients.

Continuing professional development will be a focus throughout the Conference, with sessions for all sectors of the profession.

The Conference will be held at Harrogate International Centre. Early bird rates are available from Health Links, 3rd Floor, Windsor House, 11A High Street, Kings Heath, Birmingham B14 7BB (tel 0121 248 3399, fax 0121 248 3390).

BPC RESEARCH

Side effects of EHC not understood

Almost 50 per cent of women who have taken emergency hormonal contraception think that it has at least one unsafe side effect, according to researchers. Dr Peter Knapp and colleagues, University of Leeds, found that 43 per cent of the women in the study thought that EHC increased blood pressure, 80 per cent thought that it was more dangerous to take EHC twice in one year than to take the oral contraceptive pill, and 43 per cent thought that taking EHC at frequent intervals posed a serious risk to their health.

An important role for pharmacists

New research has identified an important role for pharmacists in the treatment of depression. Sara Garfield, London University School of Pharmacy, conducted a study of 51 patients treated for depression and found they would benefit from being given more information about their medicines than they currently receive from their general practitioner. The research shows that patients cannot always absorb information about their medicines at the time of diagnosis. This creates an opportunity for pharmacists to reinforce information at the time of dispensing.

Genetic test before starting warfarin?

Use of a genetic test before starting warfarin therapy could increase its safety profile, according to new research presented at the Conference. Dr Dita Engova, Barts and the London NHS Trust, explained that some people are born with a genetic mutation of the CYP2C9 enzyme, which is involved in the metabolism of the potent S-isomer of warfarin. The researchers looked at 167 patients taking warfarin and discovered that people with the variant CYP2C9 have increased plasma levels of the S-isomer of warfarin and therefore require a lower dose. The researchers say that although routine genotyping is too expensive, it might be justifiable in groups of patients who are at particular risk, such as the elderly.

Poor control of chronic pain

About three-quarters of patients receiving treatment for chronic pain are still experiencing considerable pain and a third describe theirs as uncontrolled, a new study reveals. Less than half of the patients studied were taking the maximum recommended dose of analgesic prescribed by their general practitioner, with concerns about their medication being the main reasons cited. The researchers say that pharmacists could potentially have a key role to play in ensuring patients understand how to use their medicines to control pain.

We need to do research like Japan does, says MP

YOU cannot do research in a country that aspires to be as good as Japan or the United States, when three-quarters of staff involved in research in the United Kingdom are paid lousy wages, do not know whether they have a career structure and wonder if it is even a career worth entering. So said Dr Ian Gibson, MP, Chairman of the House of Commons Science and Technology Select Committee, in an address to the Young Scientists Symposium on "Delivering a better future" at the British Pharmaceutical Conference in Manchester on 23 September.

Dr Gibson recalled his time as a research scientist when he had spent half his time trying to get grants for his staff. He thinks that the situation reflects that in schools where science teachers are trying to conform to a curriculum that is outdated, outmoded and going nowhere.

"Young people are turned off because they are not even allowed to do experiments on their own. People want to be healthy and I assume that medicines are going to progress and that young scientists such as you will be the ones making the discoveries," he said.

He compared the situation in Britain with that in Japan, where research is given much more time and money. "The Japanese realise that it may take 20 years to develop a drug and the government gives researchers the money on that basis. Here in the UK we are short-termists, expecting results quickly."

Dr Gibson reminded his audience that there will always be incurable diseases, and gave the example of lung cancer, where despite all the work that has been done little difference has been made in detecting the early stages of the disease and knowing how



Ian Gibson: we are short-termists, expecting results quickly

to treat it. Dr Gibson thinks that banning smoking from every public place in the country would bring a decrease to the incidence of the disease in the population.

Dr Gibson discussed how research is carried out and said that there was more research into health than ever before. He believes, however, that we are still only scratching the surface of our knowledge of diseases such as Alzheimer's, schizophrenia and cystic fibrosis. He said that

researchers had estimated that two-thirds of visits to GPs end with no diagnosis being made of what is wrong with the patient. Even when doctors prescribe a drug it would probably only work in about one-third of cases. It is estimated that about one in 10 GP visits end with a text-book diagnosis and appropriate treatment.

Dr Gibson drew the attention of his audience to the 10:90 gap, whereby 10 per cent of the money spent on health research is for diseases that account for 90 per cent of the global burden of disease. Of the \$60bn spent on biomedical research each year, for example, only \$100m is spent on research into malaria. If the money spent on malaria research was equivalent to the disease burden that it represented, \$1.8bn would be spent on research. Political decisions are made about how funding is made into research of certain diseases. Returning to his example of malaria, he thinks that if the will had been there, then a vaccine would have been produced by now. His message is that research has to be given the proper funding. He believes that the UK Government is committed to putting more money into solving this injustice.—*Contributed by Diane Langleben, editor, Hospital Pharmacist.*

Common misconception about LPS

LOCAL pharmaceutical services have not been explained properly, Dr Darrin Baines, director of MedM, told a fringe meeting held at the Conference on 24 September and sponsored by Merck Sharp & Dohme.

Having worked with local pharmaceutical committees and primary care trusts on LPS development over the past year, Dr Baines said that there is a common misconception that LPS is all about new services. The key issue is that not only does LPS offer new opportunities for pharmacies to integrate into mainstream primary care and become fully fledged National Health Service providers. More importantly, it offers

pharmacies protection. Dr Baines said that the current failure of LPS is a sad reflection of the state of pharmacy leadership rather than simply an attempt by the Government to stifle reform at the first hurdle.

As for the future, he said: "I've got a strange feeling, with the next election coming up, that the Government will want to see pharmacies in every deprived area under the New Deal [regeneration schemes designed to tackle multiple deprivation at the neighbourhood level]. I think that this year, local pharmaceutical services may be pushed in the direction of deprived areas," he said.