

Pharmacists need a “can do” attitude

The new contract for community pharmacy services was at the top of the agenda at the 2005 NACEP conference. **Clare Bellingham** reports

More funding for advanced services is to be announced in the next couple of months, according to Sue Sharpe, chief executive of the Pharmaceutical Services Negotiating Committee. “I am confident that the current cap on medicines use reviews will go up before Christmas. So we can look comfortably to being able to have £6-7,000 income from MURs even in the course of this year,” she said.

Mrs Sharpe stressed that pharmacy has an unparalleled opportunity right now and has to develop a “can do” attitude to the new contract. “We are in last chance saloon here. If, with everything that technology, the internet and remote supply can offer, we sit and say all we want to do is shovel out the product, then we are in trouble,” she said. “We know that’s not what we want. What we are struggling with at the moment is simply the transitional process.”

She admitted that category M had got off to a bad start. It is designed to take £300m out of purchase profits over the course of the year, but too little had been taken out in quarter one with the knock-on effect of much

more being removed in quarter two. “In quarter three, prices have gone back up. I think we are now going to get reasonable stability in category M in quarters three and four,” she said.

Perhaps the biggest issue for pharmacy is the current NHS organisational change. “Primary care trusts are currently coming up with plans for how they are going to re-organise themselves and that has caused mayhem. A lot of pharmaceutical advisers are losing their jobs and lots more don’t know yet if they will have a job under the new structure,” she said. For community pharmacy, this makes negotiating services with PCTs problematic. “This is why it is not the right time to go for enhanced services,” she said.

John D’Arcy, chief executive of the National Pharmacy Association, said that the



Sue Sharpe: “We are in last chance saloon”

biggest are facing with advanced services is getting patients to use the service. Patients do not know what an MUR is and generally lack awareness about the new contract. In response, the NPA is about to launch an MUR marketing pack that will contain materials such as patients leaflets that describe MURs.

Other problems with advanced services are convincing GPs that MURs are a collaborative way of working for the good of the patient, installing consultation areas

and deciding how to deal with “no show” patients, Mr D’Arcy said. He added that the NPA is also to launch an enhanced services toolkit soon. It will aim to cover everything pharmacists need to know about enhanced services from how to approach the PCT, through writing and negotiating the service specification, to how to deliver the service.

Co-op pharmacists’ new strategy Packaging advances

Pharmacy has faced great change in 2005 and the last thing it needs in 2006 is the scheduled review of the control of entry regulations. So says the Co-operative Pharmacy Association in its new strategy launched at the conference.

The CPA says that sufficient time must be allowed to assess the impact of the regulations, which began in April this year. “A review as early as 2006 will not do this and we recommend this period be extended so that the regulations have been in operation for at least two years,” the association says. It believes that control of entry is essential to ensure a balanced geographical spread of pharmacies.

The CPA also states that access to patient records is fundamental to pharmacists developing new roles and delivering new services such as MURs and independent prescribing.

On supervision, it says that to avoid interruption to services, a pharmacist should be present at a pharmacy at all times. Although it supports delegation to trained staff using standard operating procedures, it says that certain activities require a pharmacist’s presence.

The CPA represents 600 pharmacists and was formerly known as the Co-operative Technical Panel. Further information at: www.co-operativepharmacyassociation.org

Pharmaceutical packaging is about to come of age, according to Ian Haynes, technology specialist at AstraZeneca.

“The Ohio state study, a clinical trial which looked at the effect of packaging on compliance, has galvanised the industry,” he said. The study found that cardboard wallets incorporating a blister strip achieved better compliance than typical American medicine bottles, showing that packaging alone can have a significant effect on compliance.

A number of companies are developing packaging that aids compliance. One is a plastic wallet into which a blister strip fits. Each time the blister strip is slid out a small bulb lights red, amber or green to indicate the degree of compliance. One step further is a pack that records on a chip the time and date a tablet is removed from a blister. The chip can be downloaded to a pharmacist’s or doctor’s computer. “Once you put a chip in a pack, what you can do is virtually unlimited,” said Mr Haynes. “You could put the chip into your phone and get access to advice lines, text reminders about when to take your medicine or a monitoring function.”

Other future changes to packaging include expected new legislation that means blister packs will have to be child-resistant.

Another challenge is security. By 2012, Mr Haynes believes, national or global electronic product codes will allow medicines to be tracked throughout the supply chain.

OTC triptans coming early in 2006

Sumatriptan looks set to become available over-the-counter early in 2006, according to its manufacturer GlaxoSmithKline. GSK’s medical marketing manager Harvey Cossell said: “Providing all goes well with the MHRA, we plan to launch the product at the end of February or beginning of March.”

The consultation on the proposed POM-to-P switch, which includes a simultaneous

switch for zolmitriptan, ended on 6 October. Mr Cossell said that he hoped the OTC licence will be granted in mid December.

“Training for pharmacists will be paramount and must be done before we make the product available,” he explained. GSK plans to send training packs to pharmacists in January.

He also confirmed that a questionnaire is being developed to allow pharmacists to determine whether or not a triptan is suitable for a patient. It will have two parts: part one will be used to distinguish migraine from other types of headache; part two will be for assessing the suitability of triptans.

The annual conference of the **National Association of Co-operative Executive Pharmacists** took place on 7 and 8 October in Stratford-upon-Avon