

Pharmacists to be allowed to prescribe any licensed medicine

Pharmacist independent prescribers will be enabled to prescribe any licensed medicine for any medical condition from spring next year, with the exception of controlled drugs, the Department of Health announced last month. This will also apply to extended formulary nurse prescribers.

The DoH will be publishing more detailed guidance in April or May next year, and amended NHS regulations are also expected to be published around this time.

Tony West, president of the Guild of Healthcare Pharmacists, commented that although this is good news for pharmacists "the devil will be in the detail" regarding what will be specified in the regulations. "Once we know what is possible we will know what is practical," he said. He added that independent prescribing should especially improve the treatment of patients with long term conditions who can be managed by nurse or pharmacist independent prescribers.



Pharmacists will be able to prescribe from a full formulary

brief

■ Advertisements for all newly licensed medicines now have to be vetted by the Medicines and Healthcare products Regulatory Agency before the advertisement is launched. Previously the MHRA only vetted advertisements for some new medicines on the basis of risk assessment. The change follows publication of the Health Select Committee's report on the influence of the pharmaceutical industry.

■ The Association of Pharmacy Technicians UK says that it hopes a band 8 job profile for pharmacy technicians will be established for use in the new year. "There are a small number of technicians working in a senior role that we feel need a band 8 profile," said Darren Leech, APTUK president. He said that APTUK has submitted the relevant documentation to the job evaluation group via the trade union Unison and expects to receive a draft profile shortly.

■ The College of Pharmacy Practice has revised its accreditation scheme. Material will now be accredited against the competencies of the Royal Pharmaceutical Society's continuing professional development programme. Accreditation by one of the college faculties will involve the material being assessed against the required competencies for the area covered by that faculty. Further details are available at www.collpharm.org.uk.

■ Patient identification wrist bands for hospital inpatients should be worn at all times with the correct information shown, the National Patient Safety Agency advises. This follows the 236 reports of patient safety incidents and near misses it received involving absent wristbands or wristbands with incorrect information.

HIV-drug resistance increasing in UK

The UK has one of the highest rates of primary resistance in the world — and it is increasing, a recent *BMJ* study reveals. Concerns have been raised that this may lead to a second wave epidemic of drug-resistant HIV.

The study of 2,357 HIV-positive patients who had not received treatment, showed 14 per cent to have primary resistance to one or more antiretroviral drugs. This was significantly higher than the primary resistance rates of 7 per cent in the US, 6 per cent in France and 10 per cent in the rest of Europe.

Deenan Pillay, head of research, HIV/STI and blood-borne viruses, centre for infections,



Health education on safe sexual practices is required

Health Protection Agency and one of the study authors, said it is important that early diagnosis of HIV is encouraged to allow the best clinical care for patients

and counselling to be offered on limiting further spread of the virus. He also highlighted the importance of health education on safe sexual practices.

The study was published online by *BMJ online first* on 18 November (www.bmj.com)

HIV prevalence

The number of people living with HIV in the UK is now approximately 58,300 according to the Health Protection Agency. This latest figure includes both those who have been diagnosed and an estimated 19,700 who remain unaware of their infection and therefore undiagnosed.

Listening Friends Scheme

The Listening Friends Scheme is seeking to recruit more volunteer pharmacists to train as Listening Friends owing to recent increased usage of the service. The scheme exists to offer free confidential help to pharmacists suffering from stress. The next training session will take place in mid March. For further information contact Beverly Nicol on 01926 315994 or e-mail benevolent.fund@rpsgb.org

Flu vaccine shortage

Despite 14 million doses of flu vaccine being available this year — far more than the 11 million doses required to vaccinate the "recommended" population, in England the Department of Health is supplying vaccines from its contingency stock of 400,000 doses.

"There is some concern that the vaccine may have been used in the "worried well" rather than the pre-agreed risk groups and

this has contributed to the shortfall," said David Salisbury, head of immunisation at the DoH. "The manufacturers have informed the DoH that there are still pre-ordered doses of vaccine scheduled for delivery."

However a report in *Pulse* (3 December) suggests that the DoH neglected to include 1.3 million health care workers and an unknown number of eligible carers in its estimate.

UKCPA winners announced at symposium

Roger Knaggs, from Queen's Medical Centre University Hospitals NHS Trust, Nottingham, was presented the 2005 Napp pain award at the United Kingdom Clinical Pharmacy Association symposium in Leeds recently. Mr Knaggs received the £1,500 award for his project entitled: "Prescribing and clinical outcomes after strong opioid recommendation for chronic non-cancer pain from a pain clinic."

The Lilly UK critical care award was presented to Hayley Wells, specialist renal pharmacist at Guy's and St Thomas' NHS

Foundation Trust, London, for her work on monitoring a high-cost drug in critical care units.

Also presenting their projects at the symposium were Mark Tomlin, consultant critical care pharmacist at Southampton University Hospital NHS Trust, who won the GlaxoSmithKline advanced practitioner award for his work on supplementary prescribing in intensive care, and Christine Oates, lead clinical pharmacist at Darlington Memorial Hospital, whose team won the Boehringer-Ingelheim respiratory award for their work in a pharmacist-led asthma clinic.



Roger Knaggs (left) receives his award from Ian Arkless, medical education manager, Napp Pharmaceuticals

NICE consults on new guideline proposals

Proposed changes to the process of developing clinical guidelines have been published by the National Institute for Health and Clinical Excellence.

In order to make the guideline development process more efficient and in response to comments received from guideline developers, stakeholders and the wider public, NICE proposes changes in the following areas: the process by which stakeholders are asked to submit evidence; the consultation process with stakeholders; external validation;

the process for updating guidelines and removing the classification from the recommendations.

Following a survey showing that few submissions received by NICE identified evidence that had not already been sourced by the relevant National Collaborating Centre, it is proposed that the NCC developing the guideline will call for evidence on specific questions after it has performed initial searches. "In confidence" data will now also be accepted as evidence.

Draft guidelines are currently consulted on for two periods of four weeks. NICE now proposes to publish one draft guideline for an eight week consultation period, and to no longer consult on the information for the public version of the guideline.

NICE proposes that NCCs will be encouraged to consider arranging their own peer review of their guidelines. NICE will commission in-depth peer reviews of all guidelines.

A more flexible approach to updating the guidelines is proposed so that they can be

updated at any point after publication to reflect changes in evidence base. Partial updates rather than full updates are proposed after four years.

NICE also proposes that the current guideline classification system will no longer be used, following concerns that translating strength of evidence into a recommendation may hide important details.

The proposals can be accessed via the NICE website (www.nice.org.uk). The consultation closes on 17 February 2006.

Illegal drug use adds to A&E burden

Use of illegal drugs could contribute to one million visits to accident and emergency and 400,000 acute hospital admissions in England each year, say researchers.

By anonymously interviewing 801 patients in an inner city emergency department in South West England using a semi-structured confidential survey, researchers found that 6.9 per cent of all attendances were directly or indirectly related to illegal drug use, and that admission to hospital was

required in almost half of these cases.

The most common diagnoses directly related to illegal drug use were deliberate self harm or psychiatric problems and acute medical conditions such as cellulitis, chest pain and deep venous thrombosis. The most common diagnosis indirectly related to illegal drug use was assault or head injury.

Since patients who were critically ill were excluded from the interviews, the researchers note that they may have

underestimated the prevalence of life threatening, drug related problems.

The researchers say that they believe these results are representative of UK inner city emergency departments, and although it is difficult to extrapolate these results to a wider patient population, they suggest that the emergency health care burden related to illegal drug use is substantial and higher than previously reported (*Emergency Medicine* 2005; 22:872).

APTUK elections

The two candidates standing for election as president of the Association of Pharmacy Technicians (UK) next year are Sarah Wilcox, pharmacy technician training lead at University Hospital of Wales, Cardiff, and Steve Acres, operations manager at University Hospitals of Leicester NHS Trust. APTUK members will receive their ballot papers towards the end of January and the result will be announced shortly before the APTUK conference in April.