

Pharmacy is key to health care

From Mr M. J. Stephens,
MRPharmS

Although I have some sympathy with Sara Barrow's concerns (*P7*, 16 March, p363), I would encourage her and others in the profession to feel a little more confident about pharmacy's future.

Mrs Barrow is right: "allied health professional" is a term that does not include pharmacists. Neither does it include health care scientists. However, not being included in the AHP group does not mean that pharmacists are not crucial to the NHS Plan.

"Pharmacy in the future" is a key document, setting out the value of a patient-focused pharmacy profession. The National Service Framework for Older People has a significant section on medicines and the role the pharmacist can have. "A spoonful of sugar" from the Audit Commission, alongside its local audit work, makes it clear that pharmacy services, and pharmacists, are essential if we are to have a high quality, safe NHS meeting patients' needs cost-effectively. Pharmacist prescribing and the medicines management collaboratives are further examples of pharmacy gaining acknowledgement and investment.

There are irritations: why no 2.5 per cent allowance for pharmacists in the South East? Why has the leadership centre not yet addressed pharmacy? But do not

feel neglected and let us not think of ourselves as victims. Pharmacy is key to health care; let us talk that up locally and nationally, celebrating the successes as they arrive.

Martin Stephens
Romsey, Hampshire

Over-qualified just to push pills

From Ms S. D. Patel, MRPharmS

Recently one of my health care assistants came to me with a classic case of conjunctivitis, which would require treatment with fusidic acid/chloramphenicol. Despite being surrounded by the stuff, I had to send my colleague to a local National Health Service walk-in centre, to be seen by a nurse. Just 20 minutes later she returned, clutching a bottle of chloramphenicol. What a laugh! Not only am I not deemed competent enough to make a decision on the initial supply but even my simple role of "pill pusher" has been taken away from me. I did offer some counselling on how to administer the drops, because we are always told we are in a unique position to offer advice on medicine use — but, guess what, this had already been done!

I understand the need for pharmacists to demonstrate competency and to ensure that they strive for continuous improvement. But surely we must be in a position to deliver all this knowledge and the unpalatable reality

for the majority of pharmacists is that we are still glorified pill pushers. Indeed, my preregistration trainee will not be allowed to do what this nurse did after five years of studying pharmacy and medicines.

Why do we continually justify ourselves so much for so little? We would do well to learn from our nursing colleagues, who have undertaken important continuing professional development of their own, aggressively and effectively placing themselves as front runners of primary care. As health care changes, nursing prescribers are doing what we are qualified to do from the first day of registration. As pharmacy technicians take over the checking role, "counselling" is not enough to justify our expense. We should be asking for more now before it is too late.

Sittal D. Patel
London SE19

COMMUNITY PHARMACY

Why do we not value our time?

From Mr K. P. Chandi,
MRPharmS

Recently, Roche invited me to a meeting, together with 60 other pharmacists, about its Accu-Chek Approved Pharmacy Programme. The invitation assured me that after educational and practical training, my pharmacy would be differentiated from those of my competitors by being an approved pharmacy delivering an ongoing quality control service to patients with diabetes.

During the lecture, it became apparent that after one year all Accu-Chek glucometers would need checking with control solutions.

Roche Diagnostics wanted all present to deliver the said services free of charge. We would also have to buy the control solutions we would need after using the one free solution provided on the night. What stunned me was that some pharmacists were willing to provide these services at their own cost. Why would the National Health Service want to pay pharmacists for additional services when there are pharmacists who value neither their time nor their qualification?

K. P. Chandi
Acorn Pharmacy
Jacksdale, Nottinghamshire

JASON LOVATT, senior market manager — patient monitoring, Roche Diagnostics, replies: I am confident that Mr Chandi's views are not representative because many pharmacists who attended our meetings now offer the ongoing quality control service.

The principal behind quality control testing of meters each year is to offer reassurance that the meter is working accurately. This applies to all blood glucose meters.

If a pharmacist chooses to offer the quality control service free of charge, this will lead to differentiation from the pharmacies in his or her area. With the abolition of resale price maintenance, and many independents being bought by larger groups, it is increasingly difficult to compete on price. Good service is something that can be delivered well if a pharmacist is motivated and knowledgeable, and this was the objective of the Accu-Chek Approved Pharmacy meetings.

Most of the attendees already realise the value of their customers with diabetes, and have seen the opportunity that the quality control service can offer — to retain their existing valuable customers with diabetes, and attract new customers by publicising the service with their local GP practices and diabetes clinics. People with diabetes want this service, and by offering the reassurance of a professional person checking their blood glucose meters, pharmacists can gain some loyalty. Checking a meter takes about five minutes.

There is a small cost to the pharmacist in providing this as an ongoing service: the cost of some control solutions, which can be bought from any wholesaler. Roche has provided to everyone who attended a demonstration unit for Accu-Chek Active and Accu-Chek Advantage blood glucose meters, free initial control solutions, a comprehensive resource pack, and materials such as posters and leaflets to promote the service. We will also support pharmacies offering this service by referring customers from our free telephone helpline.

Mr Chandi writes that "what stunned me was that some pharmacists were willing to provide these services". It comes as little surprise to me. If a pharmacist is commercially aware, and wants to enhance his or her status in the local community, the Accu-Chek Approved Pharmacy programme and the on-going quality control service will be an attractive option.

ADVICE FOR CORRESPONDENTS

Letters for publication can be posted, faxed, or sent by e-mail to letters@pharmj.org.uk and should not normally be of more than 400 words. The Journal reserves the right to abridge letters and to edit them for clarity and style. Pharmacist correspondents should supply their membership numbers and a contact telephone number should always be given. As a result of changes to the Annual Register of Pharmaceutical Chemists, women correspondents should specify a preferred title otherwise "Ms" will be used.

Letters are accepted for publication on the understanding that they have not appeared anywhere previously. If the issue is of such significance that the correspondent has simultaneously submitted the letter elsewhere, it is the responsibility of the correspondent to inform The Journal at the time.

Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors' identities will not be disclosed until publication, and publication may be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent.

Can we have assurances from the PPA please?

From Mr J. S. Urwin,
MRPharmS

Several years ago the design of the exemption declaration on the reverse of form FP10 was amended to incorporate spaces in which those claiming exemption while, for example, on income support could print their name, date of birth and national insurance number. As a result of this, a number of patients, perhaps elderly or partially sighted, would inadvertently sign the form in this area rather than in the correct place in Part 3. Since there is no requirement for many patients to fill in the extra details, I took the view that the patient had signed the form to claim exemption in good faith and simply drew an arrow to redirect the signature to the correct part of the form.

Several months later the Prescription Pricing Authority started informing contractors how many prescriptions had been switched from "exempt" to "paid" bundles. Contractors are effectively fined the prescription charge for each item switched. On querying the number of forms that had been switched, I learnt that unless the signature was within the boundaries of Part 3, the form was treated as unsigned and switched to the "paid" bundle.

The latest version of form FP10 has the space for the patient's signature in Part 3 enclosed in a bold box. Can the PPA assure us that a signature outside the box (but still within Part 3) will not be used as another excuse for switching prescriptions, thus generating savings at the expense of community pharmacists?

John S. Urwin
Workington,
Cumbria

MICHAEL KING, director of planning and corporate affairs, Prescription Pricing Authority, replies: The PPA can confirm that provided the patient or the patient's representative signs in Part 3 of any prescription form (and there is no indication that a charge or charges have been paid), the prescription will be processed for payment as exempt, ie, it will not be transferred to the chargeable group.

Further information and help on prescription switching is available on our website at www.ppa.org.uk/news/switching_pres.htm or by contacting our prescription switching helpline on 0191 203 5100.

A nannying, classroom schoolma'am

From Mr W. Hilton,
MRPharmS

Although I have been retired from practice for close on 20 years and therefore not directly affected by current trends in the profession, I feel impelled to pen these few words in support of the letter by P. I. Herman (*PJ*, 2 March, p287).

I began a career in retail pharmacy in 1929, and cannot recall a time when the stance of the Royal Pharmaceutical Society towards the general membership did not appear sternly admonitory and disciplinary, rather like taking a refractory juvenile by the arm, shaking him gently or otherwise, and exhorting him to a more laudable lifestyle. That general trend, however, seems now to have become intensified. In the case of other health professionals by contrast, the leadership is essentially supportive, helpful and understanding in regard to the problems, financial and otherwise, of everyday practice.

I have no means of knowing to what extent formal CPD exists elsewhere, but surely any self-respecting health professional will of his own accord keep abreast of developments relevant to his discipline, rather than be required to do it.

The present nannying stance of the Society seems encapsulated exactly in the nice little notebook which is provided at the start of the year, wherein to record (for whose benefit?) one's progress in CPD. Nowadays I never see *The Lancet* or similar journals, but can scarcely imagine that doctors are given their needful updating information in this classroom schoolma'am style. I am sure that practising pharmacists would like to be treated as responsible adult professionals, rather than as potentially wayward novices and renegades.

Walter Hilton
Dorchester

Less free time for leisure activities

From Mr E. A. Pries, MRPharmS

That continuing professional development is necessary is probably agreed by most pharmacists, but there seems to be two major problems with its acceptance. The first is the time/cost factor. It is probable that the major retail chains are already allowing or will allow their pharmacists study time in working hours but this does not help locums and "lone pharmacists", who will have to study in their own time or lose money. It will also be a problem if we are to be taken seriously with the new roles and, for example, move full time into health centres doing things other than dispensing, or carry on non-dispensing roles from our shops. If, or rather when, this happens our work will be open ended and not 9am to 6pm, with preparation and writing up to do as well leaving even less free time for leisure.

It is to be hoped that recently qualified pharmacists are taught to retain the habit of studying and find CPD natural. However, the older we are the more out of the habit we are likely to be, especially studying in a modern way. I am only a few years from retirement and, although I always read my *Journal* and have done some long distance learning, I would find it hard to take up CPD. Would this make me a worse pharmacist than I have been all my life?

I am prepared to do some work but please go easy on the older members, and support those who would otherwise have to use valuable leisure time to study

Ted Pries
Tonbridge,
Kent

DoH's regressive attitude to MMR

From Ms J. L. Westbury,
MRPharmS

I am concerned about the Department of Health's handling of the MMR issue. The DoH will only provide and promote the combined MMR vaccine. However, the whole

concordance concept, which we are encouraged to embrace, emphasises that we acknowledge patient concerns about medicines and offer choice.

Are parents' concerns about the combined vaccine acknowledged? What sorts of choice are they offered?

The choice parents are faced with is to immunise their child with a vaccine they perceive as unsafe, or not to immunise at all. Many parents are genuinely worried about the possibility of an MMR-autism link and are opting not to immunise their children.

Single vaccines are produced yet these are not provided by the NHS. The Department insists that the combined vaccine is the only option.

The Department is clinging on to the regressive attitude that it knows best. As we move towards more concordant relationships in medicine taking, are we not supposed to be moving away from this sort of attitude?

Do we have to see epidemics of measles, mumps and rubella before the Department recognises that although the MMR vaccine may be its preferred option, it is not that of many parents? Is not the single vaccination programme a better alternative than no vaccination at all?

Juanita Westbury
Nantwich,
Cheshire

Let us agree to disagree

From Mr I. M. Caldwell,
FRPharmS

After an all too brief interval, we seem to be in the midst of another futile bout of correspondence about homoeopathy. If this is to continue, could we first set out some ground rules, such as being clear that herbalism has nothing to do with homoeopathy, that allopathic patients also expect their treatment to be individually tailored to their needs and that the hypotheses behind homoeopathy are as important as the evidence to sustain or refute them.

The theory of "like treats like" is not without its precedents. For instance, the 17th century "Doctrine of signatures" depended on the physical characteristics of a drug to determine its

use: red plants for blood diseases and yellow drugs for jaundice. This theory eventually collapsed under the weight of its own absurdity but would certainly have been within the recent awareness of at least some of Hahnemann's teachers. To his credit, in forming his theory Hahnemann observed, experimented and recorded his results, but, in the case of inorganic compounds, he did so without the benefit of Frankland's discovery of valency and the understanding that elements could combine in more than one way, that they could be made to shift from one state to another and that the resultant salts would exhibit different characteristics.

It is with Lawrence Collin's reference to the "memory" of water (*PJ*, 9 March, p326), quoting the work of Conte *et al*, that we really hit the big paradox: can the water molecules distinguish between drug and impurity? If they can, how so, and if they cannot, at what point does the serially replenished contaminant molecular memory overwhelm that of the serially diminished drug?

The last orgy of correspon-

dence on homoeopathy in *The Journal* ended with Dr Steven Kayne and I sharing the last, and diametrically opposed, words. Some time later, Steven was kind enough to invite me, as the "skeptical chymist", to write the foreword to his well-researched textbook on homoeopathic pharmacy. May I suggest that we take a lead from Dr Kayne, and accept that we can only agree to disagree, close this disputative correspondence and devote the space so released to discussion on the status, governance and remuneration of the profession.

Ian Caldwell
Larkhall,
Lanarkshire

DRUGS OF ABUSE

Pharmacists are the experts

*From Mr M. W. Jackson,
MRPharmS*

The Liberal Democrats have supported moves towards decriminalising cannabis and

appear to have a general, more liberal attitude to the more serious drugs of abuse like heroin and cocaine. Nevertheless debate at their recent spring conference indicates that there is concern over easy access to these drugs.

The anti-smoking campaign is achieving some success and smoking is now becoming an antisocial habit to be avoided if one is to enjoy better health and longer life. Unfortunately we have not been successful in getting a similar message across to those who "enjoy" drugs of addiction.

The National Pharmaceutical Association has been running an excellent "Ask your pharmacist" campaign over a number of years. But this should be our professional body that tells the public that, after pursuing a four-year academic course and a year of practical study under supervision, pharmacists are the professionals qualified to speak about all drugs, including drugs of misuse, and the physiological and psychological effects of drugs addiction.

The Royal Pharmaceutical Society's public relations department should have a direct line to

the news media, whether television channels or daily newspapers, including the popular press, whenever drugs and drug addiction are discussed to put the pharmaceutical facts forward. Unless the Society does something, another health profession — perhaps the nursing profession — will willingly take on the role. If this happens, pharmacy will lose another opportunity to raise its profile.

Maurice Jackson
Brent Knoll,
Somerset

BEVERLEY PARKIN, director of public affairs, Royal Pharmaceutical Society, replies: The Society is active in promoting pharmacists' roles and concerns in the support offered to drug misusers.

For the past five years, the Society has been pursuing a campaign for the reform of regulations governing pharmacy services to drug misusers. This year, the Society gave oral evidence to the Home Affairs Select Committee on drugs policy and has held a meeting with the responsible minister.

I fear for future of the BPC

From Mr K. M. Williams,
MRPharmS

We in the Bolton branch of the Royal Pharmaceutical Society are in total agreement with our colleagues in Dorset (*PJ*, 9 March, p327) about not sending representatives to this year's British Pharmaceutical Conference, even though it is happening on our doorstep in Manchester.

Our branch grant will be in the order of £1,100. To suggest that we spend over £800, nearly 75 per cent, of that grant on conference fees alone shows a total lack of understanding of the basics of running a branch.

I fear for the future of the conference if ordinary practising members of the profession cease to attend and it becomes the sole preserve of scientists and researchers.

Keith Williams
Secretary,
Bolton Branch,
Royal Pharmaceutical Society

BEVERLEY PARKIN, director of public affairs, Royal Pharmaceutical Society, replies: The Council, at its December 2001 meeting, reaffirmed its aim of attracting more practising pharmacists to the BPC. It agreed a strategy for the future of the BPC, which it wants to see develop into a prime attraction for all practising pharmacists, whose professional and continuing professional development needs the conference will support.

Should the Society become a trade union?

From Mr S. J. Grabecki,
MRPharmS

It has been interesting to read the letters in the *PJ* over past months: so much dissatisfaction with remuneration, rates of pay, length of working day, level of work, pressure, low morale, poor career opportunities, etc. Where is the unhappy pharmacist to turn? I look at other professions — teachers in London have been

striking, for instance — and see them doing something about their justifiable complaints or unacceptable working conditions and yet pharmacists do nothing.

It seems to me that we are a weak and divided profession, so many of us see ourselves as individuals — often in competition with other colleagues. We talk of taking action but each fears the other will renege on any planned action and steal a few prescriptions or take some business from us. Where are our loyalties? If we are increasingly a profession of employed people then surely it should be to ourselves. Unless and until one is happy with one's role then one cannot truly offer a first-class service to the public. No wonder there is so much reluctance to take on new or extended roles. Many pharmacists, encouraged by their employers, misinterpret the word "professional" as always being available to dispense a prescription or make a sale whereas others realise that job satisfaction will only come when they are able properly to practise their unique skills with their clients.

Community pharmacy employers, of course, are in a difficult situation. They are driven by profit and so must exploit the employee to develop their business while trying to extract the best deal from the Government and offering customers whatever goods and services they require. Hospital, academic and industrial pharmacists will have different needs.

The Royal Pharmaceutical Society cannot represent all these different groups so how can it proceed? I think that the Society must represent its members — the individual people who went through universities and preregistration training to qualify as pharmaceutical chemists. It is indeed unfortunate that the Society takes retention fees from businesses, because that certainly muddies the waters concerned with "who is the Society responsible for." It is my view that individual pharmacists will only gain the self-satisfaction and respect they are looking for by believing in their cause and doing something about it. Multiples and business owners are big enough to look after themselves. Many are adept at making employee pharmacists accept inadequate terms and conditions because, generally, pharmacists want to do a sterling job against all the odds. If the Society were to become a trade union and actually repre-

sent individuals' views then it would be a hugely powerful body; one that would be listened to.

In creating this union there would be pain: a whole structure put in to gather grassroots opinion, a split between employer and employee, any companies' men would need to be removed from the Council, separate policing of standards, etc. Unless this happens though, the employee pharmacist will continue to be dissatisfied, overworked and undervalued. How will all this happen? Maybe a fairy godmother from the TUC will take an interest in employee pharmacists. Or, stranger still, maybe employee pharmacists will take an interest in themselves.

Stan Grabecki
St Albans,
Hertfordshire

Worryingly low survey response

From Mr M. P. Smith,
MRPharmS

What an apathetic profession we are! When you asked us to express our views on the future of the Royal Pharmaceutical Society (*PJ*, 16 February, p226) only 376 people could be bothered to reply (*PJ*, 16 March, p379). There may be several reasons for this: some pharmacists may not have received that issue of the *PJ*, some people may be on extended vacation. But surely a more likely reason is that pharmacists are not interested in what the Society is doing in their name. Or, more likely, they do not feel that their views will have any effect on the decisions made at Lambeth.

I just hope that the permanent staff at the Society do not believe that they have a mandate for the future. To put the information in context based on figures supplied by the registration department on 20 March:

The Pharmaceutical Journal's website, *PJ Online*, contains a fully searchable archive. Visit www.pjonline.com to see how easy it is to use. The archive starts from August 1999.

- 1 376 replied out of a 44,446 at present on the register (0.8 per cent)
- 1 Option 1 — The status quo. (0.06 per cent)
- 1 Option 2 — Retaining the regulatory and professional roles within a reformed Society (0.6 per cent)
- 1 Option 3 — Splitting the regulatory and professional roles of the Society with the Society retaining the professional role (0.07 per cent)
- 1 Option 4 — Splitting the regulatory and professional roles of the Society with the Society retaining the regulatory role (0.1 per cent)
- 1 Option 5 — Merging the Society with other pharmacy bodies (0.04 per cent)

It is worrying that the number expressing an opinion was so low. If the Council should put the options to a vote then it is important that the options are expressed in an unbiased form and that the importance of the membership's expression of their opinion is stressed.

Mel Smith
Hull

The *Journal's* survey was a snapshot survey which was not intended to replace the detailed response that Society's Modernisation Steering Group requested.—EDITOR.

Most of us don't care about modernisation

From Mr C. Payne, MRPharmS

In your leading article (*PJ*, 16 March, p348) you state that "over" 370 pharmacists had responded to your previously published survey regarding the future of the Royal Pharmaceutical Society. Since 370 is less than 1 per cent of the total possible response, I suggest that "only" would have been more appropriate. You then attempt to detract from this pathetic response by employing superficially misleading terminology: "The overwhelming majority of those who responded . . ." There is only one conclusion here, and that is that the overwhelming majority of pharmacists (over 99 per cent) really could not care less.

Conrad Payne
Haddenham, Cambridgeshire