

REPEAT DISPENSING

Clarification of the role of the Prescription Pricing Authority

From Mr M. King, MRPharmS

Bob Gartside's article (*Pf*, 29 June, p902) succeeded in comprehensively misattributing our involvement in the Department of Health's repeat dispensing scheme.

The most significant claim he makes is that the proposal "has, effectively, been designed by the Prescription Pricing Authority". The DoH consulted widely — and continues to do so — in developing the proposal thus far. Part of that process was to examine all the available methodologies to narrow in on a workable scheme. We contributed to the consultation because, with a throughput of more than 600 million prescriptions last year, we believe we have some relevant knowledge. But we have not closed the book on repeat dispensing and we will be evaluating our experience of the pathfinder projects alongside other NHS plan developments to further our knowledge, sharing that knowledge with our stakeholders.

We deal in a complex environment with a growing range of prescribers, using different form types, including FP10(MDA) for instalment prescribing. Our "pricing procedures" continue to accommodate diverse inputs beyond the basic FP10. Alongside that complexity, we are also dealing with historically high levels of growth. We recovered from Category D, to timescale, precisely because we re-engineered our core processing. To manage growth and complexity, we have kept the momentum behind the redesign of our systems, working practices and the continuing development of our skilled and dedicated staff. Because we continue to develop and refine our approach to changes emanating from "Pharmacy in the future" and the significant challenge of electronic transmission of prescriptions, we can plan to accept substantial growth with increasing flexibility and a consistent commitment to our standards of delivery.

As much as any pharmacist within a primary care trust pursuing a pathfinder proposal, we

hope to learn and improve in the light of experience gained from repeat dispensing. We will also continue to contribute to the debate that supports the DoH in delivering the NHS plan.

Michael King
Director of Planning and Corporate Affairs
Prescription Pricing Authority

PRESCRIPTION CHARGES

The benefits of a £1 charge

From Mr I. M. Thomas,
MRPharmS

I agree with Jean Brown (*Pf*, 29 June, p903) regarding having a £1 prescription charge.

For the paying patient the gain is obvious. For the exempt patient the charge is not excessive and comparable with that for everyday luxuries.

For the pharmacy, the saving in checking and sorting time is undeniable.

And for the Government, the adjustment in benefits to ensure the average exempt patient is no worse off should not be excessive, especially considering the savings made in sorting and checking, the reduction in wastage and demand and the elimination of most of the fraud control department.

The figures involved should be available. If they could be published, we could see whether this simplification is obtainable.

Ivor Thomas
Pinner, Middlesex

Let us introduce a £1 stamp for NHS services

From Mr J. C. McClellan,
MRPharmS

Once again the subject of prescription charges has reared its head (*Pf*, 15 June, p833, and 29 June, p903).

Why not introduce a National Health Service £1 stamp — which could perhaps be available from Post Offices?

A £1 stamp would be required:

- 1 For consultation with a general practitioner (in this case the receptionist would file the stamp)
- 1 For a prescription with any number of items presented at a pharmacy (in this case the pharmacist would stick the stamp on the back of the prescription, thus avoiding wordy exemptions, except perhaps for children)
- 1 At an NHS dentist
- 1 At an optician
- 1 At NHS hospitals, including accident and emergency departments

I am convinced that such a stamp would remind the public of the value of the NHS and reduce the number of trivial demands we all know of, where self-treatment only is needed.

In all these examples no money would be handled by professionals, as Peter Jenkins has advocated (*Pf*, 29 June, p903).

J. C. McClellan
Leeds

REMUNERATION

An insult to pharmacists

From Mr D. M. Cane,
MRPharmS

Leslie Kong's letter regarding Locum rates (*Pf*, 6 July, p15) should have been headed "An insult to pharmacists" rather than "An insult to employers".

From his letter, I assume that in his pharmacy the only work carried out is the dispensing of NHS prescriptions — no private dispensing, no sales of pharmacy only medicines and no advice to customers that may lead to the sale of a P or GSL medicine; not even a simple discussion with a patient creating the goodwill that would lead to future custom.

The rate of pay for locum pharmacists compared to that of plumbers, car mechanics or even locum opticians is a pittance. This may be a cliché; nevertheless, it is true. May I suggest that if a proprietor can only afford to pay £15 per hour, his return must be so small that he would be better off becoming an employee.

Derek Cane
Busby Heath, Hertfordshire

What is the big deal about £19 per hour?

From Mr R. B. Reynolds,
MRPharmS

Why do we still value a pharmacist in terms of the number of prescriptions dispensed? Surely a locum pharmacist contributes a lot to the goodwill of a pharmacy, in terms of over-the-counter sales and advice. The value of a locum would be identified if the pharmacy had to close for the day.

In hospital pharmacy, the thinking is pharmacist-free dispensaries. In community pharmacy, the situation is pharmacists in their own dispensaries. Is this to do with good practice or money? I rather suspect the latter.

What is the big deal about £19 an hour (*Pf*, 6 July, p15)? I have an advertisement in front of me where a nursing agency is calling for district nurses at £21 per hour.

Robin Reynolds
Telford, Shropshire

ADVICE FOR CORRESPONDENTS

Letters for publication can be posted, faxed, or sent by e-mail to letters@pbarmj.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. 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 will usually 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.

Underpaid staff just will not do

From Mrs A. Morant, MRPharmS

In his letter "An insult to employers" (*PJ*, 6 July, p15), Leslie Kong, when questioning the affordability of locums, comes to the heart of the matter: "There are so many services that we provide without payment and many more we are being asked to do."

I do not question his statement that a locum would have to dispense 25 items per hour for an employer to break even. However, since the true costs of a staff pharmacist (taking into account holidays, National Insurance etc) are similar to those of a locum, the reality is that a staff pharmacist must be similarly burdened.

Under these circumstances, the urgent need is to reassess the structure of pharmacy remuneration. It should be based not on a non-stop dispensing treadmill but on a system where the value of the pharmacy, and of the pharmacist, to the community is recognised.

Do not forget that, when handing out a prescription, we already counsel the patient (or his or her representative). So it could be argued that the precedent already exists even though the over-the-counter dispensing of advice is currently valued by the Government at even less than the derisory dispensing fee.

This should be brought to the fore in negotiations. We need to open the door for suitable remuneration for a whole range of services that we provide to the patient free at point of delivery. But who are parties to these negotiations with the Government which is, after all, operating a monopoly in this area via the National Health Service? The Pharmaceutical Services Negotiating Committee, which unfortunately does not seem to be very effective, works on behalf of contractors and not locums.

On the other hand locums and owners/managers negotiate freely without duress on a one-to-one basis and, while the contract is often for no more than just a few weeks, both parties generally deal fairly with one another. After all, the locum wants repeat booking while the owner wants to be able to leave the pharmacy in the knowledge that it is good hands — irrespec-

tive of whether there will be 50 items or 250 items dispensed per day — and that customers will be happy despite the regular pharmacist being absent.

However, the over-riding caveat is that in the pharmacy the customer is only concerned that the pharmacist is able to provide the help required. Underpaid and overworked pharmacists — be they staff or locums — just will not do.

Annette Morant
Edgware,
Middlesex

JACOB BELL

Electoral bribery rife in Bell's time

From Dr J. G. L. Burnby,
FRPharmS

As a member of the British Society for the History of Pharmacy I found Robert Blyth's article on Jacob Bell of considerable interest (*PJ*, 29 June, p919). I have in my possession a letter of Jacob Bell which was given to me by Sir Hugh Linstead. It reads:

15 Langham Place
April 16, 1851

Sir,

Having been suffering under the persecution of a vindictive Alderman my attention has been distracted from answering letters except those of immediate urgency.

The conspiracy against me having failed in its object I take the earliest leisure opportunity of informing you that what you ask me to send you would be of no value.

Nevertheless, courtesy demands that I should acknowledge the receipt of your letter Anil [*sic*] 12.

I am yours obedtly [*sic*]

Jacob Bell

I J Lamb Esq.

Sir Hugh believed that Mr Lamb was an autograph hunter but I am doubtful of this explanation. He also added that the "vindictive Alderman" must have been Sir Robert Carden, his opponent in the 1850 by-election in St Albans. Electoral bribery was rife in the first half of the 19th century and occurred in many places, for example, in Derby.

Juanita Burnby
Matlock, Derbyshire

How to increase reports on herbal medicines

From Dr R. Woodward,
MRPharmS

Dr Edmund Major (*PJ*, July 6, p25) appears puzzled as to why so few adverse reaction reports relating to herbal medicines are received by the Committee on Safety of Medicines from pharmacists. I offer him a possible explanation.

Community pharmacists are trained modern health professionals. Their shelves are therefore not likely to be overflowing with a huge variety of unlicensed herbal medicines because most do not believe they have the depth of knowledge confidently to recommend such products to their customers. They would rather stick with senna, dandelion, valerian, passiflora etc. Most of these products will have licences going back 30 years. Items such as garlic, ginger, evening primrose and ginseng may be unlicensed but are well known as being generally safe. Adverse reactions from all these are likely to be few.

Suspect herbal medicines tend come to consumers by mail order, health stores, the internet, and Chinese/Ayurvedic medicine practices. Indeed, I see mail order companies still offering kava-kava quite openly. Consumers are unlikely to visit a pharmacy with a reaction to a product which they purchased from one of those sources. If Dr Major really wants ADRs on herbal medicines then reporting should be widened to include these distributors.

Robert Woodward
Liss,
Hampshire

Life is not always so simple

From Mr O. Supyk, MRPharmS

While chatting recently with a general practitioner friend the subject of evidence-based medicine came up. We agreed that evidence-based medicine was an excellent guide to treatment but that experience

and a "gut feeling" about illness was what differentiated us from newly qualified practitioners. (We have both been qualified for about 20 years.)

Many subliminal messages are picked up from our patients and these often guide us to make, we hope, a correct decision on treatment. Evidence-based prescribing is often the result of meta-analyses of many clinical trials, thereby finding the best treatment for the population. However, people are individual and vary in their response to drugs.

As someone who aims to have a holistic approach to responding to symptoms, I sometimes employ herbal or homoeopathic therapy. The evidence base for this approach is currently small. However, patients often come to me who reject conventional medicine for whatever reason and seek advice about the best possible alternative. I have a lot of success and many patients return. Others learn about homoeopathy themselves and then self-treat. This self-empowerment provides a good feeling for the patient and that in itself can have a positive effect on therapy.

Evidence-based practice is hugely beneficial and I would always offer the drug of first choice, when appropriate. However, life is not that simple. We must not forget the patients at the far ends of the Gaussian distribution.

Orest Supyk
Hinckley,
Leicestershire

Give YPG's radical approach a chance

From Mr B. G. Spencer,
MRPharmS

Your editorial heading (*PJ*, 22 June, p860), slightly adapted, sums up a belief among many members, and 11 former Presidents of the Royal Pharmaceutical Society (*PJ*, 6 July, p15), that the President protests too much methinks!

His contribution via the Society's pages (*PJ*, 6 July, p35) has all the hallmarks of Downing Street style spin, which does nothing for the image of the current leader of our profession.

The membership, I believe, are not keen to be addressed in this style. Perhaps many hundreds of pinpricks have finally irritated the Modernisation Steering Group enough to make such "explanation" necessary?

Admittedly, it is difficult for the Society to promulgate its ideas other than through its official journal, but one cannot but be disconcerted by the apparent trend of Modernisation Steering Group proposals, which all seem to indicate that we are being pulled by our noses to be slaughtered in the abattoir of Government by the threat of imposed legislation.

Is it not about time that, instead of going meekly to the eventual dining table to be served up in a style of our tormentors' choosing, we make protests that will be acted upon, setting out our strong case for remaining as we are? Why should we go cap in hand because of the Kennedy report and the Shipman scandal? Our record over many years has been exemplary, our system is robust, and we are open via the present set up to make improvements which the Privy Council members could

suggest, if necessary. Minor key-hole surgery on procedures may be needed.

Any insistence by the Government that fundamental changes to our present systems should be made should only be done on the basis of gaining compromises that enhance the Society's status and that ensure that regulatory functions should not be subservient to its professional responsibilities. We in pharmacy are for once in a strong position; we should use the memberships' most able and effective negotiators to enhance this status. Let us search diligently and select a team for such negotiations, who will act forcefully and effectively in achieving these aims.

The Young Pharmacists Group's refreshing and radical approach should be given a chance, too. We need the input of their relatively less conservative approach to the status quo. They will be expected to implement any new strategy which we negotiate now over their working lives. To ignore such valuable input is sheer folly.

Brian Spencer
Sutton Coldfield, West Midlands

Why consult over the summer period?

From Dr A. S. Hersom, FRPharmS, and others

This committee of the Hull branch of the Royal Pharmaceutical Society disagrees with many of the points in the recent *PJ* questionnaire on modernisation since it assumes that we all agree that the Council itself should be the regulatory body for the profession. We strongly believe that the Young Pharmacists Group proposal (*PJ*, 29 June, p893) is much better. However, because of the way in which the questionnaire has been drafted we cannot fill out the form as it stands. We believe this is unfortunate since it will bias the results provided by the membership.

We are concerned that yet again the Society has decided to consult the membership over the summer period when most branches are not meeting, many people are on vacation and with a short time allowed for responses. This does not make for a good consultative or democratic

process. We are also concerned that preregistration trainees appear to be excluded.

The day after our meeting, a letter appeared in *The Journal* from 11 past presidents (*PJ*, 6 July, p15) expressing disagreement with Lambeth's policy on modernisation. We agree with their view that pharmacists should be e-mailing their support of the YPG's proposals to the Modernisation Steering Group.

A. S. Hersom
G. M. Hill
A. Hilton
J. Peacham
P. J. McGorry
H. M. Edmondson
J. McDonald
B. Wells
J. Lane
M. P. Smith
Hull Branch Committee,
Royal Pharmaceutical Society

TELEPHONE NUMBER

It would be helpful if all correspondents, including e-mail correspondents, would supply a daytime telephone number.

The Council must have more lay members

From Mrs C. Glover,
FRPharmS

As Immediate Past President of the Royal Pharmaceutical Society, I have to take issue with many of the points raised by past president colleagues in your columns (*PJ*, 6 July, p15).

The broader definition of health professional regulation that has now been adopted by the Government recognises that "regulation" goes far beyond registration and discipline. Modern health professional regulation must encompass all the processes that educate, train, register, continually develop, support and revalidate a health care professional during the course of his or her career. It also, of course, needs to deal with those professionals whose conduct or competence is unacceptable.

The Council has decided that the Society will move forward as a regulatory body and professional organisation. This builds on the Society's long-standing and effective approach. By underpinning its regulatory work with its role as a leadership and professional development organisation, the Society has created an impressive track record, which importantly provides an excellent basis for developing an organisation to meet future needs.

When the report of the Health Act working party, which dealt mainly with discipline, was sent to the Government in March, the Council recognised that its proposals were likely to be interim while the Government completed the development of its strategy for health regulation. It comes as no surprise that the Council has had to amend its plans to meet the new requirements, which cover the whole scope of regulation in the modern sense.

The Government has given clear signals that the governing bodies of all health professional regulators must include a significant proportion of lay representatives. Without an increase in lay membership on the Society's Council, the Council will no longer be able to act as the governing body of the Society. Such an outcome would disempower the Council and disenfranchise

pharmacists who would no longer be able to elect pharmacists to the governing body of their professional and regulatory body. Indeed, there would be a risk that the regulation of pharmacy would be undertaken by another body such as the Health Professions Council. This would effectively mean the end of the profession's current level of influence over its regulation and would be in the best interests of neither the public nor the profession.

Input from outside the profession can help us to fulfil all our functions better. Far from regarding lay involvement in the Council as a threat, I consider it to be an opportunity to strengthen pharmacy's accountability to the public and to create an informed and inclusive framework for the profession. The public has a legitimate interest in the regulation of health professionals and we should welcome the opportunity of developing the Society so that it can continue to promote the highest level of public confidence in the profession.

I am particularly concerned that there appears to be a view that the Society's roles as a professional body mirror those of the British Medical Association, which is a trade union. Under no circumstances could the Society combine the role of the regulatory body with that of a trade union, which negotiates its members' pay and benefits. This has never been the case and would certainly not be countenanced in today's climate. To do this now would create a conflict of interests which the new overarching regulator would not accept.

Christine Glover
Immediate Past President
Royal Pharmaceutical Society

What does "regulation" mean?

From Mr R. Gartside,
FRPharmS

It is sad to see the President of the Royal Pharmaceutical Society using words in the same way as Lewis Carroll, to have whatever meaning he wishes to give them, rather than their generally accepted meanings (*PJ*, 6 July p35). Thus he says that in its "modern" context, "regulation" means something much broader than the traditional one of dealing with discipline and poor performance.

"Regulation", we are told, besides its usually accepted meaning of keeping the profession on the straight and narrow, law-abiding path, now includes education, training, setting standards, promoting good practice, and almost anything else one may care to think of. Pity that none of the dictionaries available to me agrees with this definition. All of them speak of regulation as the action of bringing things or people into conformity with a set of rules, but — and this is the essential point — they do not speak of regulation as being the writing of those rules.

Indeed, in other spheres the police, for example, enforce the law but do not write it. Law is written by Parliament and judged by the courts. This separation of powers is usually seen to be essential for a civilised society, where the laws are written by a completely separate set of people from the enforcers. Only in dictatorships and other gangster states are the activities combined, yet this is the arrangement which is now proposed for the profession of pharmacy.

Here, I think, lies the root cause of the present extreme unease within the profession over the "modernisation" of the Society. Already we have had a whole procession of eminent senior pharmacists publish their views that we are set on a disastrous course which bids fair to destroy the profession. The latest letter (*PJ*, 6 July, p15) is signed by no fewer than 11 past presidents of the Society — I would have thought that was almost all of the surviving past presidents who are not members of the current Council. These veterans support, and this is significant, the proposals put forward by the Young Pharmacists Group — both ends of the profession, as it were, independently acting in concert. The unanimity of thought among those in a position to make an informed judgement is impressive.

We have seen in the past week Government proposals to cut a year off the training period for hospital consultants on the grounds that the shortage of highly skilled medical staff cannot otherwise be met than by deskilling them. The proposals include a sort of sub-consultant to get the number up. This is proposing to meet a shortage of organ grinders by training more monkeys. Are we next?

There comes a time when you have to decide whether you are a man or a mouse: whether you are going to stand up for what you believe or meekly acquiesce in injustice. That time has now come, and, regretfully, a majority of our Council are squeaking merrily and hunting for cheese at the behest of Government.

In due course I am sure that we can expect to see deskilling proposals for pharmacy, which will be approved by a Council having an effective majority of "lay members" who have been appointed by the Government. I do not need to spell out the implications, but the words "Third World" spring unbidden to mind.

There are many individual pharmacists and groups who are intensely unhappy at the present state of affairs and they are beginning to come together. The Council must change its mind and adopt a different scheme since the present one patently does not have the support of the profession.

R. Gartside
Caermarfon, Gwynedd

HEALTH SUPPORT SCHEME

The Pharmacists' Health Support Scheme exists to assist those who experience problems with alcohol or other drugs of addiction, or who have other problems that impair their fitness to practice. The scheme was set up by the Royal Pharmaceutical Society but operates independently so that help can be sought in complete confidence.

Any pharmacist with an alcohol or drug problem, or any person knowing a pharmacist with such a problem, can obtain confidential help after making an initial telephone call to the Royal Pharmaceutical Society's welfare officer, Mrs Beverly Nicol (telephone: 01323 890135).

No caller will be required to disclose any names or other information to her. She will give the caller the telephone number of either the scheme's independent national co-ordinator or one of its regional referees.

Alternatively, callers can contact the national co-ordinator's direct helpline (tel 01926 315138).

Has there been bias in the modernisation process?

From Mr R. C. Mills, MRPharmS

I was concerned to read in the report of the June Council meeting (*PJ*, 29 June, p930) comments by several Council members that the consultation papers on the constitution of Council, on which the membership have not been asked to comment, had not been discussed or sanctioned by the Council. Peter Curphey suggested that Council members should "trust the steering committee to do its work", but I fear that many members do not trust those in authority at Lambeth and agree with Professor Michael Schofield that "the membership were being led towards a particular conclusion" by a significant bias in the way these consultation documents have been written. If members of the Council had had the opportunity of input into the consultation documents, it might

not have been left to the Young Pharmacists Group to argue the case for a regulatory authority within the framework of a professional membership organisation (*PJ*, 29 June, p906). This principle met with acclamation at the branch representatives' meeting in May when put forward by a past president of the Society and yet the consultation documents appear to be willing to give up, without any resistance, professional responsibility for members in order to maintain and extend the regulatory authority.

A further example of bias can be seen in the comment made in the key points on the constitution of the Council (*PJ*, June 29, p926), where it is suggested that the single transferable vote system "is broadly seen as fair". Maybe it is, by the existing members of the Council^o, but not by the general membership, who have asked at the past four BRMs for this method of voting for Council members to be withdrawn. There is nothing "fair" in having only one vote when electing seven members.

R. C. Mills
Ascot, Berkshire

Are we members of the Society or are we registrants?

From Mr N. P. Simmons,
MRPharmS

Understand that the President of the Royal Pharmaceutical Society (Marshall Davies) recently addressed a meeting in Cardiff at which he firmly stated his opinion that individuals are not members of the Society, but are registrants.

If this is the case, should we not be told to change our professional designation from MRPharmS to RRPSGB or RRPharmS?

Nigel Simmons
*Huntingdon,
Cambridgeshire*

The PRESIDENT, Marshall Davies, replies: I am afraid that Mr Simmons attributes comments to me that I have not made. The point that I have made on many occasions is that, while the Society is and will

remain an organisation that has members, we need to be clear about what "membership" means in this context. Being a member of the Society means that an individual is registered to practise as a pharmacist. Pharmacists can draw on a range of support from the Society to help them provide the public with a high quality service.

All health professionals are now expected to demonstrate that they are fit to practise and competent: membership of the Society provides a reliable "kitemark" of quality and good standing that maintains continued public confidence in the profession.

In addition, the Society's role in professional leadership aims to raise awareness of pharmacy's contribution to the health care of the people of Britain and for continual development of innovative practices for the public benefit. The process of modernising the Society's remit and functions aims to create a world-class organisation that can serve the profession and the public even better. There are no plans to change the MRPharmS designation.