

## PHARMACY IN WALES

## The wait for the pharmacy strategy may be justified

From Mr A. R. Willson,  
MRPharmS

I returned from two weeks' holiday abroad to read the debate stimulated by your editorial of 27 July about the long-awaited plans for pharmacy in Wales (p120).

A. Robinson *et al* (P7, 3 August, p157) and Colin Ranshaw and V'Iain Fenton-May (P7, 10 August, p190) have helpfully explained in their responses the importance of devolution and the opportunities it presents for Wales. I do not agree with them, however, that the timing of events in the other home countries has no relevance to the Welsh process.

Any perception that Wales is lagging behind may damage our ability to recruit and retain staff within a UK labour market. It might also affect our ability to influence and lead technological and service developments by IT suppliers and pharmacy multiples who have a UK-wide focus. Pharmacists in Wales have experienced longer delays than elsewhere in the UK in resolving prescription pricing difficulties.

It is also the case that England-Wales differences in the timescales for issuing guidance predate the creation of the Welsh Assembly.

It would not be surprising, therefore, if some pharmacists in Wales are worried about possible

delays with such a vital document as the Welsh pharmacy plan.

While we await a document in September, it will have been a comfort to many that your editorial stimulated such a confident endorsement of the process from so influential a group as Ms Robinson and colleagues. The timescale will indeed have been justified if the strategy puts Welsh pharmacy in a strong position relative to the rest of the UK. I hope that, when the document is published, *The Journal* will devote space to judge it on its true merits.

Alan Willson  
Swansea,  
West Glamorgan

## PHARMACY PRACTICE

## Excellence cannot be quantified

From Mr J. Sharp,  
HonMRPharmS

Your editorial "Is excellence achievable?" (P7, 20 July, p86) and the article by Malcolm Brown, "Zen and the art of achieving excellence in pharmacy practice" (P7, 6 July, p32) to which it refers, do neither more nor less than expose the fatuity of the slogan "Helping pharmacists to achieve excellence".

The Oxford English Dictionary defines excellence as "the state or fact of excelling; the possession chiefly of good qualities in an eminent or unusual degree; surpassing merit, skill, virtue, worth etc; dignity, eminence".

These are all splendid qualities or objectives, but they are all unquantifiable. Unless an objective is defined in precisely quantified terms, it is impossible to determine whether or not that objective has been achieved. Hence the slogan is meaningless and the frothy generalisations of Dr Brown and the irrelevant vacuities of Pirsig's 'Zen and the art of motorcycle maintenance' to which he refers cannot conceal that self-evident fact.

John Sharp  
Woodley,  
Berkshire

## PHARMACY SALARIES

## Pharmacists opting out of management

From Mr J. Phillips,  
MRPharmS

I was both amazed and pleased when I saw an article in the Money section of *The Sunday Telegraph* of July 28.

Under the heading "Home loans boost for young professionals", I read with incredulity that the Royal Bank of Scotland is set to launch a home loan scheme that allows young professionals to borrow up to five times their income for up to 110 per cent of the purchase price of their chosen property.

The paragraph that followed actually listed the "young professionals" as accountants, dentists, doctors, opticians, pharmacists, solicitors and veterinary surgeons.

I came down to reality a few paragraphs further on, where it stated that the average (annual) starting salary for an optician is £21,000, rising to £44,000 after five years. Doctors' average salaries rise by 94 per cent over the same period.

On looking at salaries for managers in *The Pharmaceutical Journal*, I have seen few at £40,000 and over. So it is no wonder that young pharmacists are opting out of management.

If the current situation does not improve in the near future, most community pharmacies will continue to be staffed (as they are now) by a succession of locum pharmacists.

Jack Phillips  
Dedham,  
Essex

## ARTICHOKEES

## Picture was of sepals, not leaves

From Ms C. M. Clark, FRPharmS

I enjoyed reading the excellent article on hyperlipidaemia by Dr Jo Barnes (P7, 10 August, p193). I am sure that many other ardent pharmacognosy buffs will have spotted that the caption below the picture showing the sepals of the globe artichoke flower was misleading in that it referred to "leaves". Although many cookery books erroneously describe the sepals as "leaves" or "scales" readers of the P7 will realise that this is inaccurate.

Christine Clark  
Rossendale,  
Lancashire

Of course, Christine Clark is correct and we regret for the error. However, we would suggest that "artichoke sepals with hollandaise sauce" does not quite have the same appeal in gastro-nomic terms!—EDITOR.

## TABLET CRUSHING

## Guidelines for administration via feeding tubes

From Ms S. L. Charlesworth,  
MRPharmS

Tablet crushing (P7, 27 July, p132) often occurs when medicines need to be administered via feeding tubes. For this reason we have recently written guidelines to address this unlicensed activity.

The information appears in the [www.palliativedrugs.com](http://www.palliativedrugs.com) July newsletter and can be downloaded from the website. The information also appears in the CD-ROM version of the Palliative Care Formulary 2nd edition, available on the website.

I would be grateful to receive any comments from people having an interest in this area.

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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.

## PATIENT INFORMATION

## Pharmacists should be more proactive

From Mrs J. E. Phillips, MRPharmS, and others

We were surprised at the secondary care response to the issue of tablet crushing and capsule opening by nurses as mentioned by David Wright (*PJ*, 27 July, p132) and believe it would be useful to share the practice at our hospital.

We have initiated a pilot study on our stroke rehabilitation ward working with the speech and language therapists (SLTs) to improve the administration of medicines to dysphagic patients. By working with an SLT it became clear how complex the issue was.

As pharmacists we often think that if patients cannot swallow tablets then we will supply a liquid, but some dysphagic patients can choke or aspirate on normal fluids and need liquids to be thickened. The SLT's assessment of dysphagic patients provides advice on appropriate diet (purée or soft) and consistencies of liquids (normal, syrup-thick or custard-thick). Pharmacists can then decide on appropriate formulations of medicines. It is worth noting that liquid formulations have

different consistencies. Dysphagic patients may be able to take thicker syrupy liquids (eg, phenytoin) but watery liquids may need thickening. Where liquids need thickening we use a product called Nutilis (a starch). This raises the issue of whether it is better to thicken a liquid or crush a tablet (both outside licence). If medicines interact with food (eg, flu-cloxacillin) we do not advise using Nutilis because of a theoretical interaction.

Our practice is to liaise with nursing staff and to annotate drug charts with notes such as "can crush", "open capsules", "give liquid", "soluble tablets" and whether thickening is possible. We liaise with doctors when prescribing needs to be changed. Nurses have a written protocol to follow and a proprietary tablet crusher to use which minimises exposure (thus improving safety) and drug loss.

We appreciate the medico-legal implications for this complex issue but believe it is important for patient care that medicines are administered safely. Our approaches are fully endorsed by the hospital's clinical director (acute medicine), backed up by manufacturers' advice where possible, and pharmacists take professional responsibility for the advice they give.

We hope to extend the project across the trust and raise awareness of the issue of tablet

## E-MAIL

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crushing and the need to obtain expert advice.

We agree with Mr Wright that pharmacists should be more proactive and hope that we have raised a few other points for consideration.

*Julie Phillips  
Rachel Clarke  
Pharmacy Department*

*Linda Sbarpe  
Speech and Language Therapy  
Department  
Solihull Hospital*

## PATIENT INFORMATION

## We must legislate for patient packs

From Mr A. R. Rogers, FRPharmS

The Medicines Control Agency's suggestion (*PJ*, 10 August, p181) that pharmacists should copy patient information leaflets is outrageous, but the devil is in the detail. In the question and answer document accompanying MLX 285, it is accepted that every other European Union country allows the use of complete patient packs, but it is said that a move to such a system in the United Kingdom would "add to National Health Service costs without producing any benefit to patients".

So, freeing pharmacist time produces no benefit for patients! Pharmacists are only good enough to snip strips and photocopy leaflets. Is this an official change in Departmental policy? It seems a far cry from "Pharmacy in the future", and shows just how much hold the Treasury has over the Department of Health. If it mucks up the Chancellor's sums, forget it! They overlook the fact that the cock-eyed system of inequivalence in prescribing quantities contributes to wastage of perhaps 20 per cent of the drugs bill. This is wastage that pharmacists could minimise, given the necessary incentive.

I suggest that every contractor writes to the Pharmaceutical Services Negotiating Committee, instructing it to tell the bright new minister what to do

with his £500. We can accept no compromise on this issue.

The Department has got itself into a fix over European regulations, and the only sensible way to resolve it is to legislate now for dispensing of patient packs.

*Alan Rogers  
Ewell, Surrey*

## New proposals compromise professional integrity

From Professor J. Wingfield, FRPharmS

With mounting disbelief, and some anger, I have been reading the latest "solution" to the protracted failure in the United Kingdom to facilitate compliance with European Union requirements for the supply of patient information leaflets (PILs) with medicines (*PJ*, 10 August, p181). The purpose of these requirements is entirely reasonable and laudable: that every patient (or customer) should receive, with every supply of a medicine, a personal copy of the PIL. Leaving aside the readability of such leaflets, this objective reflects a legitimate ethical obligation to promote patient autonomy and concordance in therapy as well as providing a measure of legal protection for the medicine manufacturer and supplier.

At first sight, the proposal in MLX 285 to provide a defence for breach of copyright when making copies of PILs seems reasonable. However, when read together with the "guidance note" on [www.doh.gov.uk/dispensedmedicines](http://www.doh.gov.uk/dispensedmedicines), the assumptions made to support this "solution" seem both inconsistent with the objectives of the EU directive and seriously impractical.

I do not understand why, if the obligations of this directive for hospital patients can be met by making sure they know leaflets are "available on request", this is not equally tenable for, say, residents in care homes. Even if this is legally correct, it is hardly within the spirit of the legislation. Assumptions that "all parties should already have the facilities to comply with the legislation" and that little time will be needed to cope with "this modest additional burden" are highly questionable to say the least. I would urge those close to

## INTERNATIONAL PHARMACEUTICAL STUDENTS FEDERATION

The International Pharmaceutical Students Federation was established in 1949, following an initiative by the British Pharmaceutical Students Association.

It is a non-political, non-religious organisation represented in more than 45 countries. It has 33 national pharmacy student associations as full members, plus a number of local student organisations as associate members. Individual membership is available to students, new pharmacy graduates and pharmacists who have been registered for less than five years.

The focal point of IPSF activities is its 10-day annual congress. This includes general assemblies, at which policy issues and future projects are discussed, plus symposia, workshops, a poster exhibition and social activities. Jointly with the International Pharmaceutical Federation, the IPSF also presents a students' day during the annual FIP congress.

IPSF projects include work on national and international educational and health issues and "village concept" schemes, in which pharmacy students work with others to improve the standard of living and health conditions in remote areas of developing countries.

A student exchange scheme gives IPSF members the opportunity to work in a branch of pharmacy in another country for a short period. The federation's publishing activities include project reports and a thrice-yearly news.

Those wishing to support IPSF through individual membership should apply to the IPSF Secretariat, International Pharmaceutical Federation, Andries Bickerweg 5, 2517 JP Den Haag, The Netherlands (tel +31 70 3 63 1925; fax +31 70 3 65 9047; e-mail [ipsf@fip.nl](mailto:ipsf@fip.nl); website [www.fip.nl](http://www.fip.nl)).

practice to provide data to refute such assumptions and to come up with better solutions.

What really concerns me, however, is the lack of ethical leadership from all the health care professions, not just pharmacy, to insist on radical policy shifts to address this lamentable state of affairs. Just how long do we need to establish a prescribing norm for patient pack dispensing or regularise the legal position of labelling and leaflets for monitored dosage systems? Implement patient pack dispensing properly and at a stroke you can promote rational prescribing, reduce waste, maximise use of expensive pharmacist and dispenser time, allow manufacturers their justified intellectual property rights and address a long overdue patient need.

These proposals further erode our professional integrity, just as does "snipping" endless foil strips of tablets. This EU measure is good for patients — let us just do it!

**Joy Wingfield**

*Professor of Pharmacy Law and Ethics  
University of Nottingham*

## Fiddling while the structure collapses

*From Mr R. Gartside, FRPharmS*

The real difficulty with the present preoccupation with "modernisation" of the Royal Pharmaceutical Society is that it is impossible to see its relevance to the real world. No one seems to have explained, perhaps no one can explain, how the proposed large changes are going to have any effect on the real and large problems the health professions presently face. At least Jim Smith has had the honesty to suggest, on modernisation, that we must give the Government what it wants, or it will beat us up and take it anyway (*PJ*, 3 August, p158).

This holiday period in North Wales once again sees community pharmacies routinely closed because pharmacists cannot be found to operate them. It sees hospitals ceasing their outpatient dispensing because of staff shortages. It sees a cessation of all inter- and intra-professional

meetings because no pharmacists can spare the time. It sees a further acceleration in market locum rates — the one true measure of pharmacist availability. It sees, in short, all the manifestations of an extreme manpower crisis — and at a time when there appear to be two pharmacists on the register for every job.

We have to face the fact that pharmacists no longer wish to work at the profession they entered with such high hopes. Those in work feel overloaded and at the extreme end of their capacity, they feel they cannot go on much longer. Without being alarmist, manpower shortages appear to be getting worse, not better, and there is no sign or hope of any improvement. With respect, this is the real and large problem we face, not some esoteric aspect of corporate governance.

What we should be doing is searching for reasons for this manpower crisis and then taking action to overcome it. What we are actually doing is fiddling with the details of our organisation on the excuse that it is for the public good. This is what psychologists call displacement activity — fran-

tic activity with trivial non-essentials when faced with a really difficult problem. With respect, the real public good comes from the reliable provision of service and no one seems able to explain how this latest reorganisation of corporate governance is going to improve provision of service, let alone guarantee reliability.

Pharmacy is not alone with these manpower problems. Doctors and nurses also have them. Dentists and optometrists have given up and effectively opted for private practice (both are doing rather well). All the professions should get together honestly with the Government under Chatham House Rules to see if it is possible to steer the National Health Service towards a sustainable future. At the moment the future of the NHS looks distinctly unsustainable because of the universal professional manpower problems, and it is only too obvious that the Department of Health has no idea what to do. In classic displacement activity, it fiddles with reorganisations while the structure crumbles and collapses.

**Bob Gartside**

*Llanberis, Gwynedd*

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## Modernisation proposals are unsustainable

From Professor G. Calder,  
FRPharmS

The profession is rightly proud of its current dual role. However, in the emerging climate, the present proposals are unsustainable should a professional/regulatory crisis occur — which it surely will in the fullness of time.

Many variations on a theme are relatively simple to foresee. For example, a professional majority of the proposed Council might outvote a lay minority on a regulatory matter where the public supports the lay minority. Alternatively, there might be a situation where a lay minority, or indeed majority, refuses to be party to or support a professional initiative which the profession supports. Both are recipes for the disintegration of the profession as we know it. The current President's explanation of the full meaning of the word "regulation" in this context is not new; nor does understanding it in any way prevent the potential conflict mentioned above from occurring.

Although I am not acquainted with the full details, the proposal in *The Pharmaceutical Journal* put forward by 11 past presidents (*PJ*, 6 July, p15) and the Young Pharmacists Group (*PJ*, 29 June, p906) would go some way towards holding the two roles together in the short term, even though the proposed regulatory committee would be one more committee to add to the already too many committees speaking for pharmacists. However, in the longer term, the public will not tolerate the dual role when all the other health professions do not have it and some crisis or scandal brings these circumstances to the attention of the wider public. Nor will the public ever accept that the "BMA-style role" of the Royal Pharmaceutical Society does not conflict with its "GMC-style responsibilities". Nor will the Government accept for ever having to deal with three or four or more pharmacy organisations, ie, the Society, the National Pharmaceutical Association, the Pharmaceutical Services Negotiating Committee, the Scottish Pharmaceutical General Council, the

Guild of Healthcare Pharmacists, the Young Pharmacists Group, etc. One strong, elected and trusted professional body (trusted by both the profession and the public) — ie, the Society and its devolved successors — would, in the end, be advantageous to the profession.

On the question of devolved successors, it is important to remember that, in the White Paper leading up to the 1979 Devolution Bill, all the health professions were to be regulated by the devolved government administrations.

Sooner or later that position will be reached again, always assuming that devolution is not reversed. The latter, however, is as unlikely as the former is certain.

In this context, it is of interest to note that the Law Society of Scotland (which has a dual role similar to that of the Royal Pharmaceutical Society) is at present under considerable public pressure for the two roles to be split. The public is supported by the Government-appointed Scottish Legal Ombudsman. Perhaps, of course, London is unaware of this.

Graham Calder  
Dunfermline,  
Fife

## Are members' wishes to be disregarded?

From Mr R. C. Mills,  
MRPharmS

The letter from the Secretary and Registrar (*PJ*, 27 July, p134) indicates yet again the attitude of Lambeth to the modernisation programme.

She states that one of the issues in question is "the need to increase the lay representation of the Council".

What is the point of a consultation if the outcome is already decided?

All the evidence would suggest that John Ferguson (*PJ*, 20 July, p101) is voicing the feelings of the whole membership in not wanting an increased lay membership on Council.

Are the wishes of the membership to be completely disregarded?

R. C. Mills  
Ascot,  
Berkshire

## Is the steering group ignoring member's views?

From Mr M. A. Walker,  
MRPharmS

Your recent news item, "Pharmacy bodies criticise modernisation proposals" (*PJ*, 10 August, p181), informed readers that the National Pharmaceutical Association, the Pharmaceutical Services Negotiating Committee and the Young Pharmacists Group are critical of the proposals from the Royal Pharmaceutical Society's Modernisation Steering Group. The three bodies state principles for modernisation on behalf of their members and you reported last week (p198) that the vast majority of the 172 individual members who provided direct feedback to the steering group, nearly 90 per cent, support our principles.

When the YPG proposals were set out in *The Journal* (29 June, p906) the concluding words were: "The Society's Council must develop its own set of goals and inform members of them, because continuing without goals will lead to conflict and strife in the pharmacy profession." Six weeks on, the steering group has not informed members of the principles and goals it envisages for the modernisation programme. Could the reason for the steering group's silence be that it is isolated in wanting a Society focused on regulating pharmacy, and it is unwilling to declare its position?

What actions are possible for the Society's members in a situation where the steering group's proposals are being opposed by the NPA, PSNC and YPG, but the group is ignoring the mem-

bers' wishes? The conflict caused by the steering group leaves the Society's 44,000 members with no choice than to direct the Council with regard to the next steps for the modernisation programme. This will ensure that steering group takes account of the members' views.

Mark Walker  
Treasurer  
Young Pharmacists Group

The Modernisation Steering Group has not yet put any firm proposals to the Royal Pharmaceutical Society's Council and is still seeking views (see also p231).—EDITOR.

## A pathetic response to the survey

From Mr C. L. Flint,  
MRPharmS

In your editorial of 29 June (p894), you urged "all members to consider the issues and make their views known by filling in the questionnaire either on paper or online", adding the words "whatever members' views, the changes facing the profession at this time are as great as any in its history".

In your editorial of 3 August (p146), you report that "about 4 per cent of members of the Royal Pharmaceutical Society responded to the survey. . . . By the end of last week [ie, 27 July, four weeks later] 1,760 completed surveys had been returned out of a total membership of 44,000."

You go on to say: "It is a good response in market research terms. Only for surveys where there is a financial reward for filling them in or a direct benefit to an individual would responses be expected to be in excess of 5 per cent."

The difference between 4 and 5 per cent would amount to another 440 pharmacists expressing concern about the future of the profession. There is but one word to express this situation — pathetic.

It will be too late to react when a member of the Government or the establishment switches off the lights on leaving the room — alone.

C. L. Flint  
Alton,  
Hampshire

### PJ ONLINE

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