

LPS

Deterioration in quality of services

From Mr D. M. Billington,
MRPharmS

I have attended several meetings regarding local pharmaceutical services over past months but have never been able to establish precisely what are the objectives of the Department of Health, in terms of patient benefit. Now though, with some published details of first wave bids, a worrying picture may be emerging and, if followed through, could strike at the whole infrastructure of community pharmacy.

Take the following scenario: a medical practitioner, who is a primary care trust board member, in a large group practice and the practice manager, who is a pharmacist, set up a company which bids for an LPS contract. The thrust of the bid is to set up a medicines management and an anticoagulant monitoring unit within the group practice. It is estimated that some 70 per cent of prescriptions and associated pharmaceutical services generated by the practice will be handled by the new LPS unit. A fanciful notion? Not at all. Such a bid was approved by the Local Pharmaceutical Services Evaluation Panel on 13 August.

The panel approved the bid by seven votes to one. The local pharmaceutical committee voted against, with the comment: "not even a covert attempt to gain a pharmaceutical services contract by the back door. Medicines management is already being introduced locally and anticoagulant clinics are already run by pharmacists in the area. [This] would have a disastrous effect on local contractors and is not in the public interest".

At an earlier stage, one general practitioner member of the evaluation panel had questioned the justification for the proposal on the grounds that the group practice may already be contracted through its personal medical services contract to deliver the same objectives. It was pointed out that "as the proposal had been submitted by an independent company, and not the GP practice, it should be considered in its own right. The issue of payment for the same outcomes would need to be addressed by the PCT".

Of course, the PCT must now evaluate the likely effect of the bid on existing pharmaceutical services before submission to the Department of Health. Let us hope that wisdom will prevail and that the tried, tested and trusted network of pharmaceutical services will not be replaced by a concentration of LPSs within group practices. The latter course would lead to a serious deterioration of the quality and availability of pharmaceutical services to the public.

David Billington
Formby, Liverpool

CONCORDANCE

Forgotten or misunderstood?

From Mrs J. L. Westbury,
MRPharmS

After reading "How pharmacists can be recognised for helping patients stay on course" (*PJ*, 10 August, p187) I question if the whole movement from "compliance to concordance" has been forgotten or misunderstood.

Many studies have shown that most "non-compliant" patients do not forget doctors' instructions or misunderstand directions. Instead, patients consciously choose to ignore advice or alter doses because of concerns and beliefs they hold about their medicines, such as a fear of experiencing side effects or becoming dependent on the medication. Many studies have shown that over 70 per cent of non-compliance is intentional.^{1,2} Monitoring patients, typing friendly reminders on labels or even timely mobile phone messages, as encouraged by the Medicines Partnership, will do little to recognise patients' concerns or beliefs which account for most of non-compliance.

The idea of concordance is not to strive to help patients "stay on course". That is compliance. Concordance in medicine taking aims to involve the patient to a much greater extent when treatment decisions are made. In concordant consultations, patients are informed about therapy options and encouraged to voice their beliefs and preferences about medicines so that the most appropriate therapy can be prescribed for them. Open relationships between health

professionals and patients are vital for this exchange of information. It is thought that patients would be more likely to follow the treatment option they had chosen than an option chosen for them.

Concordance requires long-term cultural change. We need to encourage pharmacists to promote and assist patients in making informed decisions not simply help patients stay on course.

J. Westbury
Nantwich, Cheshire

REFERENCES

1. Conrad P. The meaning of medications: another look at compliance." *Soc Sci Med* 1985;20:29-37.
2. Lowe CJ, Raynor DK. Intentional non-adherence in elderly patients: fact or fiction? *Pharm J* 2000;265:R19.

PATIENT PACKS

£500 will not go far towards our stationery bill

From Ms D. V. Taylor, MRPharmS

I can only add my voice to your recent editorial (*PJ*, 10 August, p180), Alan Rogers and Joy Wingfield (*PJ*, 17 August, p216) in support of patient packs. I am entirely at a loss to know why "... the UK is unique in that sometimes medicines packs have to be split or bulk supply has to be used to meet a clinical need. . . . Therefore this problem is not an

issue in other member states" to quote consultation letter MLX285. I was not aware that UK patients have substantially different medical needs from patients in other European countries.

Additionally, it would appear that the Department of Health will require us to supply a separate patient information leaflet with every compliance aid we dispense, every time we dispense one — in other words, weekly to the more confused among our patients, to say nothing of our daily supervised methadone patients. At this rate £500 will not go far towards our stationery bill.

How long will it be before somebody takes legal action for being supplied with either an incorrect or out of date PIL?

This must be one of the worst considered directives from the DoH for some time.

Now is surely the time for us to move to patient packs. The pharmaceutical industry must oblige other governments in this way. Why not ours?

Diana Taylor
Retford,
Nottinghamshire

Time, effort, work and money wasted

From Mr J. E. Holmes,
MRPharmS

Why is it that with the amount of work and money that is being devoted to medicines management

ADVICE FOR CORRESPONDENTS

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programmes, the Government is unable to come up with an industry standard that will save time and money?

There can be nothing more infuriating for patients and pharmacists than for a patient to "have their medicines managed" and their repeat quantities equalised, and then for a pharmacy to unequalise the quantities legitimately under current legislation.

For example, consider a prescription for:

- (a) Fluoxetine capsules 20mg; dose one daily; quantity 56
- (b) Danazol capsules 200mg; dose two daily; quantity 112
- (c) Lansoprazole capsules 15mg; dose one daily; quantity 56

A pharmacy can quite legitimately dispense 60 for (a), 112 for (b) and 56 for (c).

Immediately the work involved in equalising quantities on the prescription has been wasted, and once again patients will receive different quantities of medicines, and will have to order different items at different times.

It is about time the Government insisted that all repeat prescribing must be in multiples of 28 days, and all manufacturers' packs (including calendar packs) used for repeat prescribing must be in multiples of 28 days.

This anomaly, that pharmacies can fulfil a quantity prescribed with a greater quantity due to the nature of the calendar pack, must be removed from current legislation.

The National Service Framework for Older People states: "Inequivalence in quantities on repeat prescriptions means that patients have to order different items at separate times. The wastage that results from this inequivalence has been estimated to account for 6–10 per cent of total prescribing costs." Yet by not insisting on 28-day packs and 28-day repeat cycles, the Government itself is causing this to occur.

Without an industry standard of 28-day packs, and 28-day repeat cycles, a great deal of time, effort, work and money will be wasted in the process of medicines management.

John Holmes

Prescribing Adviser
Charnwood and North West
Leicestershire PCT,
Leicestershire

Ginkgo among the best available phytomedicine

From Professor M. Heinrich

It is gratifying to see *The Pharmaceutical Journal's* continuous coverage of the area of pharmacognosy and phytotherapeutics. The study by Solomon *et al* recently summarised in the *PJ*, "Ginkgo biloba fails to improve memory", (*PJ*, 24 August, p241) surely is interesting and of relevance to all of us in pharmacy.

However, since it was conducted in a cohort of healthy elderly people, it is of limited clinical relevance. This pharmaceutical use is at best a marginal one in modern rational phytotherapy and therefore the conclusions of your summary leave the wrong impres-

sion that *Ginkgo biloba* is not an appropriate therapy for chronic cognitive disorders. Also, the value of a medication can not be decided upon based on only one clinical study. Overall, standardised extracts of Ginkgo are among the best-documented phytomedicines available. There is a large number of clinical trials which document the effectiveness of standardised extracts of *Ginkgo biloba*, including a one-year study which demonstrates that *Ginkgo biloba* extract is beneficial in retarding the progression of symptoms in the early stages of Alzheimer's disease.¹

It is also important to characterise the extract used in a clinical study (in this case a double standardised one, to 24 per cent ginkgo-flavone-glycosides and 6 per cent terpene lactones) and not to give only the daily doses and the duration. Such additional phytotherapeutic information is essential for assessing the rele-

vance of the important study by Solomon *et al*.

Michael Heinrich

Head of the Centre for
Pharmacognosy and
Phytotherapy
The School of Pharmacy,
University of London

REFERENCE

1. Bars PL, Katz MM, Berman N, Itil TM, Freedman AM, Schatzberg AF. A placebo-controlled, double blind, randomised trial of an extract of *Ginkgo biloba* for dementia. *JAMA* 1997;278:1327–32.

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DIABETES

Take care when dispensing insulin Lantus

From Mrs I. Gummerson,
MRPharmS

As David Kaye states (*PJ*, 31 August, p278), care should be taken not to confuse insulin Lantus (glargine) with insulin Lente. Insulin Lantus is a long-acting insulin analogue, launched on 28 August in the United Kingdom.

Until now, we have only had long-acting insulins formulated in suspension, which need resuspending before use (by gentle rotation) and appear cloudy. Lantus has a clear appearance and therefore should not be confused with short-acting soluble insulin. The manufacturer does not recommend mixing Lantus with any other insulin, or it may become cloudy, possibly resulting in the alteration of its pharmacokinetic or pharmacodynamic profile.

I have detected some interest in this product by diabetes professionals, possibly due to the claim by its manufacturer that it has a flat 24-hour profile, and therefore, potentially, a lower incidence of hypoglycaemia.

It would be "good house-keeping" to watch the rate that patients are changed on to the product, so we are not left with a lot of expensive stock going out of date in our refrigerators.

Irene Gummerson
Wakefield,
West Yorkshire

ETP

Interesting and useful account

From Dr D. N. John, MRPharmS

Having read the article regarding consent and confidentiality by Wingfield and Foster (*PJ*, 7 September, pp328-31) I wondered whether some pharmacists may not have read this interesting and useful account, thinking perhaps that as they are not yet involved with electronic transmission of prescriptions (ETP) the article may not be a priority read as far as their personal continuing professional development is concerned.

However, much of what is written in the article is relevant to conventional prescriptions, and indeed the general roles and responsibilities of pharmacists. Therefore, pharmacists may find it useful to update or refresh their knowledge on recent changes affecting these aspects of health care law and personal information by reading this article together with the relevant sections of 'Medicines, ethics and practice: a guide for pharmacists' number 26 (July 2002). Further, preregistration graduates and pharmacy students should also find the article of interest and use.

Dai John
Head of Clinical Pharmacy, Law,
Ethics & Practice
Welsb School of Pharmacy,
Cardiff

MODERNISATION

Vast loss of income for the Society

From Dr A. J. Smith,
FRPharmS

There have been numerous articles, reports and letters regarding the modernisation of the Royal Pharmaceutical Society and its Council and many points of interest have been raised.

It occurs to me that other learned societies and associations such as the Law Society and the British Medical Association have a voluntary membership, whereas the membership of the Royal Pharmaceutical Society is compulsory. If the professional aspects of the Society's work and regulatory function were separated, then, presumably, the Society would fall in line with the other professional bodies mentioned above and membership would be voluntary. In view of the apparent lack of interest and support for the Society, as evidenced by the low percentage of members voting for Council elections and responding to surveys, the number of voluntary members would be a mere fraction of current the compulsory membership.

DAILY NEWS

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website, at www.pjonline.com.

Is this aspect a major influencing factor in the Council's seemingly myopic viewpoint that the professional and regulatory aspects should remain conjoined? Any alternative would appear to result in a vast loss of income for the Society.

Alan Smith
Waterperry,
Oxfordshire

THE PROFESSION

Health education should begin at school

From D. J. Fallon,
MRPharmS

It was interesting to see the indignation of Barry Wright (*PJ*, 31 August, p279) when he observed that MORI, an independent organisation, classified pharmacists as "non-manual" workers, a standard which is two levels below professionals.

It is painful to realise that we have failed to maintain our status in society, especially when we spend so much time convincing fellow pharmacists, and the Government, that we are full of new ideas and doing an excellent job. When will our leaders appreciate that directing our energies towards further education only generates an illusion of improving standards because, for a qualified pharmacist, there is only a marginal increase in useful knowledge, and the more important priority should be providing pharmacists with summary advice about important changes. I predict that an audit of the quantity of paperwork currently being generated each month would produce a result of "overwhelming".

I question patients to discover their levels of comprehension and I am often shocked by the failings revealed. I am ashamed at the poor quality of patient information leaflets, in terms of design and text size, and I am alarmed at the transient nature of health education should begin at school, perhaps with pharmacist involvement, and then children would be inclined to exercise more, eat more sensibly, and become less involved in alcohol and drugs. Surely prevention is better than cure. It is no surprise to me that, considering the

present quality of education, the demands upon the National Health Service are becoming excessive, and the public treat us with little respect, even to the extent of buying medicines from a hardware store then coming to us for advice.

Dennis Fallon
Birmingham

Pharmacists are underpaid and undervalued

From Mr M. W. Jackson,
MRPharmS

I applaud Barry Wright's letter (*PJ*, 31 August, p279), in which he criticises the MORI classification published in *The Times*, for describing their classification of pharmacists as "non-manual" workers, putting us two levels below professionals and one above lorry-drivers and security officers.

Later in his letter he urges our Society to intensify its promotional campaign to heighten public awareness regarding the importance of the pharmacist's role. I can say to Mr Wright that for the past 10 years at least I have been urging the Society to do something about promoting pharmacy, without the slightest degree of success. In my opinion the Society is less than effective in promoting to the public the valuable work we do. We are underpaid and undervalued by everyone, including the Government.

Maurice Jackson
Brent knoll,
Somerset

Pharmacy's poor public image

From Ms L. Y. A.-M. H.
Al-Ayyadi, MRPharmS

I totally agree with Barry Wright (*PJ*, 31 August, p279). I, as a pharmacist, object to being classed as a "non-manual" worker by MORI, one level above lorry drivers and security officers, and I am sure other members agree with my views. The majority of our customers think of us as no more than shopkeepers and are surprised to find out that we are university educated professionals. What is the Society's PR depart-

ment going to do about the poor public image of its members?

Loulwa Al-Ayyadi
Nant Peris, Caernarfon

JEAN-PIERRE MOSER, head of public relations, Royal Pharmaceutical Society, replies: Following the report in *The Times*, the Society contacted MORI to take issue with its classification of pharmacy. MORI explained that the social class categories that it uses are based on those drafted by the Market Research Society. In turn the MRS has advised that in its current classification system pharmacy spans the social class categories of A/B/C1. The Society has made its concerns known to the MRS which is reviewing its classifications.

In response to the separate point about the public's perception of pharmacy, this will not depend solely on the outputs of the Society's PR unit but on members of the public's own experience of the profession as pharmacists' roles develop.

The Society does exercise much effort in raising the profile of the profession as a whole through its work with the media

at both a local and national level. We also raise awareness through exhibitions, leaflets and by running regular health information campaigns jointly with other pharmacy groups and organisations, including the National Health Service and Doctor Patient Partnership.

THE JOURNAL

English/DoH bias yet again

From Mr V. M. Summers,
MRPharmS

Yet again *The Pharmaceutical Journal* news reporting is showing an English/Department of Health bias. In the report on the electronic transmission of prescriptions pilot schemes (*PJ*, 24 August, pp242–244) there is no mention of the Scottish scheme for ETP which is progressing under the guidance of the National Health Service in Scotland and is not a consortium project. It is a shame that *The Journal* cannot ensure that reports either mention or include

news from all of the home countries since this would give a more complete picture to the readership of the development of such initiatives.

Vince Summers
Trust Chief Pharmacist
Borders General Hospital

The news feature that the correspondent refers to was intended, as stated in the introductory paragraph, to focus on the pilot schemes for electronic transmission of prescriptions in England. We will shortly be publishing another news feature that will look at the progress of ETP in Scotland. — EDITOR.

THE SOCIETY

Unity or federation?

From Mrs E Barrie, MRPharmS

The snapshot results (*PJ*, 7 September, p341) of 1,760 pharmacist respondents to *The Journal's* survey indicate that 65 per cent (around 1,147 respon-

dents) agree or strongly agree that the Royal Pharmaceutical Society should consider uniting with the Pharmaceutical Society of Northern Ireland. Have the members of the PSNI been surveyed to find out what they believe should happen? One wonders how they would have responded?

Furthermore, it would be interesting to know how many of the 1,147 respondents were based in England, Scotland or Wales? Those in Scotland and Wales would possibly have a better understanding of reserved powers and devolved matters than those in England. Yes, regulation of the health professions is a power reserved to Westminster, but since the planning and delivery of health and social care in Northern Ireland, Scotland and Wales have been devolved to the relevant parliament or assembly for some years, would a democratic federation of pharmaceutical societies for all four home countries of the United Kingdom not be worth considering, perhaps better serve the members and thus be more appropriate?

Erica Barrie
Abertawe, Cymru

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