

Small groups could not do worse than the PSNC

From Mr A. D. Castell,
MRPharmS

The proposal to abolish the period-of-treatment threshold fee is disgracefully discriminatory, illogical and unprincipled. Having been proposed by the Department of Health and accepted by the Pharmaceutical Services Negotiating Committee, it serves, in its sheer iniquity, to obscure a situation that may be embarrassing to our "negotiators".

The £4m "overpayment" is due to us doing 6.75 per cent more work instead of the 6.25 per cent required for us to receive the same remuneration as last year. That is, we have dispensed too many prescriptions. So instead of sharing out the misery by cutting the fees (which would be highly noticeable), it proposes to axe a subsidiary item in the hope that few people will notice. The fact that the load will fall heaviest on those who, by dint of the long period prescribed, have contributed least to the "discrepancy", is apparently of no consequence.

This fee was introduced to ameliorate a perceived unjust discrimination within the global sum. Its abolition is therefore discriminatory and could be actionable. What is more to the point is that the total is only 0.5 per cent of the global sum. Why should this sum precipitate such apparently urgent action and why should the PSNC have felt the need to act without debate or consideration of the consequences? Both the Department and the PSNC have some explaining to do.

If we are dispensing 0.5 per cent too many prescriptions perhaps a more equitable solution would be to close our dispensaries for the last Friday and Saturday in April explaining to the public that we have completed our year's quota and will be penalised if we continue to work.

Bearing in mind the impetus towards a new contract, contractors and their local pharmaceutical committees should be asking the question: "Are you happy with these bodies negotiating your future?" I certainly have no

confidence whatsoever. I urge all LPCs to consider the concept of a group local pharmaceutical services scheme to be offered to their PCTs. I have never previously believed that small local groups could better negotiate than our well-resourced national body, but I am now convinced that they cannot do worse.

Alan Castell
Vice-Chairman
North East London Local
Pharmaceutical Committee

GPs should restrict their prescribing to 28 days

From Mr J. R. Patel, MRPharmS

How can the Pharmaceutical Services Negotiating Committee accept proposals from the Department of Health to remove the threshold-quantity fee for the remainder of the financial year (*PJ*, 14 December, p835) without getting the Department to agree to limit prescribing to 28 days? Why should contractors be penalised for prescribing policies set up by local primary care trusts and general practices?

Due to a lack of insight by our professional negotiating body are we the only profession to be battered for improvement in patient care and outcomes?

Are we to provide rapid access to medication, improve convenience to patients and provide additional patient centred services like free deliveries, free compliance aids, free advice to

patients and prescribers and clean up or rectify any mess a prescriber makes for year-on-year pay cuts?

Which other profession has an annual downward pay review? If the PSNC honestly believes that it works in the interest of the profession and the contractors it represents, why does it not regularly manage an upward only review in the dispensing fee with the Department of Health, by agreeing ways of off setting any overspends? The overspends relate to prescribing, which is out of pharmacy control.

The PSNC must make the Department of Health recognise the true professional cost of dispensing and the quality of services delivered through pharmacies.

Come on, PSNC! Pull out all your guns and start fighting for us and not against us.

Jignesh Patel
Vice-Chairman
North East London Local
Pharmaceutical Committee

This ludicrous decision must be reversed

From Mr C. K. Nathwani,
MRPharmS

In the item "Period-of-treatment fee to go?" (*PJ*, 14 December, p835), it is stated that "some members of the committee feel strongly that this is not the best course of action". Well, it certainly is not, and those members must realise that they are in the committee to make,

and be seen to make, fair and accurate representations of all contractors.

How can an overpayment of £4m made to all contractors because of a higher than forecast number of prescriptions dispensed be clawed back from only some who rightly receive period-of-treatment fees? I hope that this ludicrous decision is reversed in order for it not to set a precedent to alter fees other than dispensing fees without a policy decision.

C. K. Nathwani
Southall, Middlesex

Robin Hood in reverse

From Mr P. Walton, MRPharmS

When a pharmacy receives a prescription that asks for medicines with a treatment period well in excess of a month, the receiving pharmacy is grossly disadvantaged because it will not get as many dispensing fees as a pharmacy that receives monthly prescriptions. The pharmacy is unlikely to keep stock required to service requests for expensive items much in excess of a month's supply on cost grounds, and thus it is likely that the pharmacy will have to owe medicines, requiring two dispensing processes for one dispensing fee. Even to keep run of the mill items required to service everyday prescriptions where general practitioners regularly write prescriptions for large quantities costs dear. If a pharmacy operates a collection and delivery service, large quantity prescriptions would likely require two deliveries.

Pharmacies disadvantaged by large quantity prescriptions have to some extent been protected by a threshold payment of 40p, which is more than 40 per cent of the standard dispensing fee. This protection has always been inadequate because of the large number of owing prescriptions requiring two dispensings for one fee plus 40p.

With these facts it beggars belief that the Pharmaceutical Services Negotiating Committee can agree to allow the Department of Health to scrap payment to those pharmacies that do receive them to prevent overpayments to contractors in general who may not (*PJ*, 14 December, p835). My pharmacy services a surgery whose GPs always write

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in three-monthly quantities, and is shortly to move into a new health centre with these GPs. The PSNC has effectively agreed that I will receive 40 per cent less than our budgeted remuneration and has given us 20 days notice of this.

This move is totally unjust. It affects only a small number of pharmacies — some of them may suffer almost a 40 per cent reduction in fees. Multiples will hardly be affected because on average they will gain in some areas and lose in others.

I have no way of knowing who on the PSNC voted for the potentially crippling reduction in the remuneration I will receive to protect the income of others. I do suggest that this information is made public by the PSNC so that the democratic process becomes transparent. I would also like to hear from others who are going to be severely affected by this injustice in order to formulate an action plan.

It is almost certain that this action will cause some patients on high-cost, high-volume prescriptions to become "pariah" patients whom pharmacists will not want to deal with, especially for additional services such as collection and delivery.

I no longer have any confidence that the PSNC will act fairly on behalf of all contractors. It needs to have its powers curtailed so that it is never again in a position to change the contracted payment in such a devastating manner to some contractors with such short notice and without any consultation.

Philip Walton
Manchester
(e-mail philip.walton2@ntlworld.com)

A worrying decision by the PSNC

From Mr D. N. Maxwell,
MRPharmS

I read with considerable dismay of the decision by the Pharmaceutical Services Negotiating Committee to accept the Department of Health's proposal to discontinue the period-of-treatment fee for the remainder of 2002–03 (*PJ*, 14 December, p835). Despite the criticism of this fee by Tessa Jenns (*PJ*, 23 November, p743) this goes in a small way to compensate those

contractors faced with a reduction in item numbers outside their control. Many of these contractors will probably already be suffering from a less than average increase in prescription numbers thereby reducing their proportion of any increase in the global sum. To further their disadvantage by removing this fee is grossly unfair and certainly does not spread the load evenly among contractors. Surely the correct way to avoid the overpayment (assuming no further funding) would be to reduce the standard dispensing fee appropriately, thereby reducing all contractors' incomes in proportion to their overall turnover more accurately.

The decision to accept this proposal by the PSNC (officers?) without a proper debate by the full committee is extremely worrying. Is this the first step towards the single flat dispensing fee that the DoH has been looking for since the demise of on-cost? I find these developments extremely worrying and hope to see a reasoned (political as well as financial) explanation of this decision.

Neil Maxwell
Past Chairman of PSNC Technical
Subcommittee
Bolton,
Lancashire

SUE SHARPE, chief executive, Pharmaceutical Services Negotiating Committee, states: Your correspondents Neil Maxwell and Philip Walton sent me copies of their letters to *The Journal*. Both have been misinformed as to the process by which the PSNC decided to agree to the Department of Health's proposal to abolish the period-of-treatment fee and, in Mr Walton's case, the decision itself.

In its letter making a final offer of an increase of 3.6 per cent on the global sum, the Department stated that it wished to avoid reducing the basic dispensing fee, and indicated that it would wish to avoid an overpayment by making changes to the expensive prescription allowance or the period-of-treatment fee. At its meeting in November, the contract planning subcommittee debated at great length the options. It did not reach a firm conclusion but the discussion was reported to the full committee meeting, when there was a further debate and views were expressed, with reasons, on both sides. At that time there was no

specific proposal from the Department, which appeared to be in no hurry to press for a decision on the options, and for that reason the committee did not press the issue to a conclusion at its meeting.

Towards the end of November a proposal was received from the Department to abolish the period-of-treatment fee. This was accompanied by a request for a speedy decision, and on that basis committee members were e-mailed and their views were sought. A narrow majority favoured removal of the period-of-treatment fee. In reaching their decision, PSNC members were able to reflect on the discussions at the contract planning subcommittee and the full committee meeting.

Mr Walton asserts that the PSNC has allowed the Department of Health to "scrap" the fee. It has not. That was the proposal from the Department, but the PSNC has agreed only to suspension of payment for the remainder of the current financial year, that is until April 2003. If Mr Walton does indeed find that loss of the fee reduces his NHS dispensing income by 40 per cent, or if any other contractors can establish significant reductions in their fees, it would be helpful if they could send relevant information to Godfrey Horridge at the PSNC, because this will assist the committee in considering the issue for future years.

PATIENT PACKS

A Christmas fairy tale — the magic number

From Mr G. A. Fox, MRPharmS

“Once upon a time there was an empty box, a space, a nothing. Although there were millions of such empty spaces produced every day this one was special. She believed she had a purpose in life and was upset and lonely and could not bear being ignored. She cried her eyes out and in doing so filled her little square emptiness with tears, so making it glisten. By chance, a young, handsome and clever doctor spotted her shiny home. He noticed an instruction beside it to put a number in the box. His kindly face dried her tears and after some thought he filled the space.

“The doctor's life changed because he had wisely chosen a magic number. Amazingly, from that day his workload was lighter. He found that all he needed to write, for patients' medicines, was the drug and the dose. The magic number took care of the quantities needed without any calculation on his part. But, even more magically, it reduced the frequency patients called at the surgery for prescriptions because all their medicines were now running out and being requested at the same time. He was further astounded to find that even if he changed a dose the medicines still all ran out together saving him and his staff and patients much time and trouble.

“His friend, the local pharmacist, was also happy because it was easy to dispense the doctor's prescriptions and he did not have to correct sums. (In the past, even this clever doctor was so busy he sometimes asked for 114 or 116 when he really meant 112. Or if he was really busy he would guess 50 or 100 when the right answer was 56 or 84.)

“Other people were also pleased. The officials who had to cost his prescriptions found it much easier and cheaper to do. And the people paying for all the medicines, the taxpayers, were delighted that medicines were not wasted and costs for the National Health Service were reduced.”

“So everyone lived happily ever after, Grandpa?”

“Not quite. Nobody else uses the magic square and the magic number.”

“Why not? What was the magic number?”

“The one the clever doctor used was 28.”

“Why do they not print 28 instead of an empty space so that everybody can use the magic?”

“Well, there are other magic numbers like 7, 10, 14, 56, and 84 that some doctors want to use.”

“But do not put in the magic box?”

“Not very often.”

“I have got a great idea, Grandpa. Why don't they make a box with 28 printed in it and put an empty box next to it with a message to cross out the 28 and use a new magic number if they want to?”

“Now that is real magic!”

“Will they do it then?”

“I doubt it, grown-ups do not believe in fairy stories or magic.”

Gerald Fox
Dunstable, Bedfordshire

Wake up!

From Mr O. Carter

Malcolm Stein's letter, "The death of community pharmacy as we know it?" (*PJ*, 7 December, p813), sums up the current attitude of a lot of members who feel threatened by developments in our profession.

He talks of checking technicians muscling in on the pharmacist's traditional role. Instead, perhaps, it is time that pharmacists stopped being checking technicians and started being the modern professional pharmacists that the profession so greatly needs to carry it through the challenges ahead.

In order to meet pharmacy's changing role it is necessary to change how our profession works and the skill mix of the people involved in it. Other skilled staff, such as checking technicians, are an asset to the profession. They will help enable us to extend our role to areas where our expertise can be used to its full effect, such as medicines management.

It is exactly this "can't do" attitude to change that is holding the profession back. Community pharmacists need to wake up to the fact that if they do not change their working practices then the Government will probably get someone else to do the job cheaper, better and without so much resistance.

Oliver Carter

Fourth Year Pharmacy Student
University of Portsmouth

Clarification

From Dr D. K. J. Mackay,
MRCVS

An item entitled "Faster treatment of exotic diseases of pets required" (*PJ*, 26 October, p596) states that I announced that the Veterinary Medicines Directorate was to hold stocks of products for treatment of animals against exotic diseases. In fact, I stated that we were attempting to put in place arrangements between the manufacturers of products for treatment of exotic diseases and an appropriate holder for a wholesale dealer's license such that vets in need of these products would be able to obtain them immediately on receipt by

the wholesaler of an approved Special Treatment Authorisation (STA). In this way there would be no delay while the wholesale dealer obtained stocks of the relevant medicine from abroad. We are currently consulting lawyers to confirm the legal base for such arrangements and hope to have a suitable system in place early next year.

In the final paragraph of the same article, it is stated that coccidiostats are considered medicines rather than feed additives. This is not correct. Rather, it is the position of the VMD in European Union negotiations on the subject that coccidiostats should be treated as veterinary medicines. The current status of coccidiostats in EU legislation depends on whether the product concerned is marketed as a feed additive or as a veterinary medicine for treatment of animals affected with coccidiosis. The former are regulated under Directive 7015241EC, while the latter fall under Directive 2001/82/EC, as do all other veterinary medicinal products.

I hope that this clarifies the situation.

David Mackay

Veterinary Medicines Directorate

Community pharmacists should do less CPD

From Mr F. A. Yusuf, MRPharmS

Regarding the debate on continuing professional development and its possible mandatory imposition, I would like to make the following observations.

Most, if not all, pharmacists are or have been doing CPD or continuing education without the need for mandatory formalisation or old-fashioned handwritten records. Further, I would contend that the need for mandatory CPD in community pharmacy should be exempted or reduced compared with hospital, academia, industrial or administrative work. Not only are the hours in community pharmacy longer but the postbag is inundated with new drug information, monographs, etc.

Additionally, in any one year, many people may visit the

premises, including Society, police, Home Office and Council inspectors and representatives, doctors and district nurses. Could a nurse, a GP or a dentist currently claim such a high level of regulation?

Has community pharmacy become a victim of its own accessibility?

Faiz Ahmed Yusuf

London E17

Should we hang up our pestles and mortars?

From Dr S. R. Axon,

FRPharmS

How disappointing it was to read Dr Robert Dewdney's dismissive and unhelpful response to the letter from Dr G. B. Drummond (*PJ*, 14 December, p846). Here was an expression of genuine concern from a member who has paid his retention fee for over 73 years. Notwithstanding that the Government is considering removing the compulsory retirement age, to most pharmacists of over 90 years of age, continuing professional development should indeed be "irrelevant".

To save Dr Drummond the trouble of looking up the Pharmacy Act 1954 or reading the Kennedy report he might take comfort from the fact that other learned professions such as solicitors and barristers allow members to remain on their respective rolls in a non-practising capacity. If the pharmacist membership does not recognise this when consulted then we might as well all hang up our pestles and mortars.

Stephen Axon

Amersham,
Buckinghamshire

Changes would devalue the register

From Dr J. A. Hunt,

FRPharmS

The Royal Pharmaceutical Society has just announced that it proposes to alter the Register of Pharmaceutical Chemists by suppressing registered

addresses so as to show the "postal town" only (*PJ*, 7 December, p825). I checked in my local reference library and found that all significant professions include full addresses in their current registers. Indeed, the Medical Directory, although this is not the official medical register, includes both home and business addresses, appointments and e-mail addresses. Why should we have a register which is inadequate and of minimal value in comparison with those of other health professions?

The registers are a valuable source of information. They make it possible for the adult life of any past pharmacist to be traced with great accuracy for reasons of historical research, genealogy or local history. The uninformative register now proposed would be of little value to future researchers.

The argument reported in *The Journal* (*ibid*, p796), that some 8 per cent of members choose to give their business rather than home addresses, is not sustainable. Why should they not do so if they prefer to keep such items as *The Journal* and official notices at their place of work?

What matters is that the information is accurate, and omitting the address is not likely to increase the accuracy of submissions. As far as urgent or essential contacts with members are concerned, such enquiries are normally made during business hours, when a business address is likely to be more advantageous than a private address.

Those who do not wish addresses to be disclosed because of "junk mail" concerns have only to contact the Mailing Preference Service by letter or telephone and ask for unsolicited mail to be suspended (contact Freepost 22, London W1E 7EZ, or telephone 0845 703 4599).

If people have a particular reason, such as security, for requiring non-disclosure of address, surely it would be possible to "asterisk" the entry with "address on application to the Registrar" and restrict such information to bona fide enquirers. This would deal with the problem without the destruction of a valuable reference source and without giving the impression that, once again, services to the members are being reduced in a trend to make the Society a bureaucratic supervisory body rather than a membership organisation.

I hope that wiser counsels will prevail and that other members will join me in asking for this proposal to be withdrawn.

J. A. Hunt
Weymouth,
Dorset

Can a modernised Council promote the profession?

From Mr S. W. F. Holloway

May I, as a lay person with some knowledge of the history of the Royal Pharmaceutical Society, comment on the reply that Ann Lewis, the current Secretary and Registrar, gave to the letter you published from Mark Koziol (*PJ*, 16 November, p712)? It must be reassuring for members of the Society to know that all decisions on the future direction and constitution of the Society will be made by the Council and not by unelected officials or ad hoc bodies like the modernisation steering group. It is, of course, the 1953 Charter which empowers the Council "to direct and manage the affairs of the Society." Hence the composition of the Council is crucial for the functioning of the Society. If 30 per cent or more of its membership were to consist of lay persons, the Council would lose the ability to fulfil its obligation under the Charter to serve the public interest by safeguarding and promoting the interests of the pharmaceutical profession. The wilful destruction of its representative and protective role would be tantamount to handing the Society over to the Department of Health. Any government could then ride rough-shod over the whole profession.

If the recent decision to increase lay membership of the Council to between 30 and 40 per cent were to be implemented, it would constitute a severe dislocation in the development of the Society. More than 160 years of labour devoted to furthering the public interest by raising the educational, social and economic status of pharmacists would be placed in jeopardy. In view of the historical significance and future implications of this decision, is it not astonishing that the current holder of the post of Secretary and Registrar should consider it appropriate that such a profound alteration to the Society should be brought about by a Section 60

Order? Does anyone believe that officers of the Royal College of Physicians or the Royal College of Surgeons would have recourse to Section 60 Orders in comparable circumstances? The Society's Royal Charter contains its own provisions to enable the Council to change it in ways that truly reflect the views of the members. It requires that any change proposed by the Council must be confirmed by a majority of three-quarters of the members attending and voting at a special general meeting. This is not only the indisputably legal method of changing the Charter, it is also the only honourable way. There is no need to go on bended knee to the Minister of Health to get him to co-operate in forcing through changes that may be against the wishes of the members of the Society. There already exists within the provisions of the Charter a method of bringing about change which is open, democratic, subject to public scrutiny, and fully respectful of the traditions and values enshrined in the Charter. To ensure that this method is followed, the Secretary and Registrar should have already made the arrangements for a special general meeting to enable the members to have their say and to determine their own future.

S. W. F. Holloway
Leicester

ANN LEWIS, Secretary and Registrar, Royal Pharmaceutical Society, replies: Mr Holloway rightly says that the Charter places a duty on the Council to direct and manage the affairs of the Society. However, the Society is governed by both Charter and legislation, each of which confers a range of powers and duties. The composition of the Council is actually determined jointly by the Charter and legislation and could potentially be altered by changing the Charter or legislation or both. The Council has not yet finalised its view on the precise future structure of the Council, nor on the most appropriate and effective route for amending its composition.

As Mr Holloway points out, the Society has an obligation to serve the public interest. It is also true that the composition of the Council is crucial to the effective functioning of the Society across the range of its activities — professional and regulatory. There is no reason to suppose that a Council with 30 to 40 per cent lay

members could not successfully shoulder responsibility for the Society's functions, or that this would adversely affect the Society's development. Increasing the Council's lay membership is an essential step in ensuring that pharmacy has a modern, effective regulatory and professional body, committed to meeting its responsibilities to the public and the profession. This should provide a strong base from which the profession can develop and a path to a better, more sustainable future. Failure to take this step would inevitably lead to the imposition by the Government of a new Council structure or the loss of independent self-regulation for pharmacy.

The Society cannot fulfil the representative or protective role of a trade union or association but can and does act as an advocate for the profession in the public interest. The Government has made clear that it has no intention to weaken the Society's ability to exercise leadership and advocacy on behalf of the profession. The changes envisaged will strengthen the Society's position and increase its credibility, making our voice more powerful and helping us to safeguard public confidence and trust.

The Society will be seeking a Section 60 Order next year to bring forward its legislative reform. Potentially, it could also seek changes to the Charter, or a new Charter as a way of modernising the Society's roles as a professional body. Whichever route is chosen, the status quo is

not an option. Resisting reforms that are in the public interest would only damage the reputation of the profession and the Society in the eyes of the public, other professions and the Government. It would be likely to result in more provisions being included in legislation, leaving the Charter serving no real purpose other than to incorporate the Society. The Council will consider clarifying the Society's Charter and legislative powers when determining the appropriate route.

GI DISORDERS

Middle age spread!

From Mr A. D. Gross, MRPharmS

My compliments to Jo Barnes for her most informative article on gastrointestinal system and liver disorders (*PJ*, 14 December, p848).

After seeing my general practitioner for a minor gastrointestinal disorder I have tried several unhelpful remedies. However, having read the article, I now realise that this complaint is, in fact, due to my spreading waistline and tight-fitting trousers!

I am, therefore, insisting on consulting a Saville Row "specialist" for a second opinion.

Anthony Gross
London NW11

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