

Fee was a small compensation

From Mr G. S. Phillips,
MRPharmS

Philip Walton describes the Pharmaceutical Services Negotiating Committee as "Robin Hood in reverse" for its handling of the period of treatment fee issue — I could not agree more.

In her response to Mr Walton's letter (*PJ*, 21/28 December 2002, p885) Sue Sharpe, asks: "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."

I own a village pharmacy, the sole pharmacy serving a population of 6,000 to 8,000 (depending how wide you cast the population net). Based on the population size, and indeed the value of the drugs we dispense, we should be dispensing around 6,000 items per month. However, the local general practitioners prescribe three to six months supply as their norm. As a direct result, we dispense only 3,000 items per month, our net ingredients cost (average value of the drugs excluding fees) is 50 per cent above the national average, and our gross profit margin is 25 per cent below the national average.

The period-of-treatment fees go some small way to offsetting this inequity, and our

"negotiators" — the PSNC — have chosen to remove from my remuneration this small compensation.

What I find even more incredible is that Sue Sharpe is asking for evidence now, when the deal (if one can call it that) has been done. What responsible organisation makes a decision like this, and then conducts the impact assessment retrospectively when the damage has been done?

Mrs Sharpe may claim that the fee is not "abolished" merely "suspended" — only time will tell if that assertion is justified. Meanwhile I wish to express my support for Imran Khan's campaign to challenge the PSNC's decision (*PJ*, 21/28 December 2002, p877).

Graham Phillips
Manor Pharmacy
Wheatbampstead,
Hertfordshire

Why has PSNC not learnt from previous fiascos?

From Mr B. D. Morrison,
MRPharmS

Yet again the Department of Health has proposed, and the Pharmaceutical Services Negotiating Committee has accepted, a fee adjustment that unfairly attacks a section of pharmacy contractors. This is a triple whammy:

- Those pharmacies that receive benefit from the period-of-treatment fee do so

because their prescriptions are largely for 56 days or more. The fee for 56 days is $1 \times 94.6p + 40p$ (which is to be removed).

- They therefore forgo the full dispensing fee that would benefit their colleagues whose prescriptions are largely 28-day ones, who would receive $2 \times 94.6p$ for a 56-day period.
- Pharmacists who work on a 56-day supply are forced to have a higher stockholding to service the prescriptions thus incurring higher costs.

We must ask why we have been singled out to repay the overpayment caused by the increase in prescription numbers, when it is clear that the bulk of the increased numbers went to those on 28-day supply in the first place.

I hope that when the three-month clawback is over, the first call on new money is to double the period-of-treatment fee to 80p (or even the full 94.6p). This would create a fairer distribution of the total sum and go some way to redress this grossly unfair fee removal. A fee reduction caused by increased prescription numbers should fall on all prescriptions.

The PSNC should have learnt from previous fiascos — it clearly has not.

Perhaps now is the time to merge the National Pharmaceutical Association and the PSNC to create a more unified and representative body.

Brian Morrison
Torbay,
Devon

What if fee suspension becomes norm?

From Mr H. Argomandkhab,
MRPharmS

I have read your column inches in relation to the recent decision to stop period-of-treatment payment to pharmacy contractors. This is to recover an overpayment of £4m from contributors during 2001–02. The alternative, we were told, was to reduce dispensing fees across the board.

The Pharmaceutical Services Negotiating Committee led us to believe that this was following their negotiation with the Depart-

ment. However, *PSNC News* paints a different picture — the Department of Health offered this avenue to recover the overpayment as opposed to a reduction in the dispensing fee, presumably because this would go down better with pharmacists and contractors after last year's fiasco, and the PSNC — with a narrow majority — accepted this offer.

The question I would like to raise is, where is the negotiated settlement? It seems that if any negotiation takes place it appears to be between PSNC members rather than the PSNC and the Department of Health.

What happens if the suspension of the period-of-treatment fee between now and 1 April 2003 does not recoup the overpayment of £4m and another clawback action is triggered?

The other problem with these sorts of arrangements is that what seems like an exceptional measure or a one-off suddenly becomes the norm and a chunk of contractors and pharmacists are disadvantaged for good. One only needs to look at the dispensing fee in the past 10 years to realise that what goes down never comes up again.

Finally, I would like to support Imran Khan (*PJ*, 21/28 December 2002, p877) in his campaign to challenge the PSNC on this decision. I would therefore appreciate it if readers who support a challenge to the PSNC write to me stating that they are unhappy at the decision making process of the PSNC.

With the local pharmaceutical committee conference around the corner there may not be a need for special meetings. However, the PSNC and the Department must realise that they cannot continue to disenfranchise contractors and pharmacists bit by bit. Eventually we will reach a point when one of them will add the straw that breaks the camel's back. Where will pharmacy, patients, the PSNC and the Department be then?

Hassan Argomandkhab
HA Chemist,
7B Baileys Lane,
Halewood Village,
Merseyside L34 2TH
e-mail hassan@hassan.u-net.com

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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.

TELEPHONE NUMBER

It would be helpful if all correspondents supplied a daytime telephone number.

How many civil claims?

From Mr J. Sharp,
Hon.MRPPharmS

That Mark Koziol (*PJ*, 14 December 2002, p844) should be a staunch advocate of personal indemnity insurance is entirely unsurprising. He is a director of a company that sells insurance of this type.

What might well cause the raising of the odd quizzical eyebrow is his assertion that "the vast majority of civil claims against pharmacists are settled out of court".

A proposition in these terms strongly implies that there is a considerable total number of civil claims made against pharmacists, for it would be distinctly absurd, say, to refer to two out of three as a "vast majority".

Perhaps Mr Koziol could tell us the number of civil claims made against pharmacists per year, and what, exactly, is that "vast majority"?

John Sharp
Woodley,
Berkshire

MARK KOZIOL, director, The Pharmacy Insurance Agency, replies: The Pharmacy Insurance Agency is only one of the pharmacy defence organisations and I will therefore have knowledge of only a proportion of the whole. Furthermore it can take some years before a final outcome on an incident becomes apparent. Additionally, approximately 50 per cent of error incidents that initially look like they will result in a civil claim never do so because insured persons act promptly on advice given to them by their defence organisation and take proactive measures to minimise the chances of an incident going any further.

However, subject to those considerations I can confirm that in 2000, I am aware of 164 incidents that did lead to civil claims being made against pharmacists, of which 148 were settled out of court; this by anyone's reckoning is a vast majority. Fortunately, there were no expensive landmark test cases fought in the courts that year, the largest claim being for just over £20,000 and half of that was settled by the prescriber's insurer. Despite that, by the time all the cases will have

been finally settled it is estimated that the total cost of claims for that year will be well in excess of £200,000. There is still a small number of more complex cases outstanding from that year and as yet it is uncertain as to whether they will end up in court.

Risk management is all about anticipating errors or studying their causes once they occur and then making changes in practice so as to minimise the chances of their occurrence in the future. Pharmacists wishing to learn more about how to deal with an error once it has occurred or, ideally, how to help prevent one from occurring in the first place should consider attending one of the PIA risk management seminars which are usually held at local Royal Pharmaceutical Society branch or other meetings in various locations throughout the United Kingdom.

INSULIN LABELLING

Do patients understand "subcutaneous"?

From Mrs I. Gummerson,
MRPPharmS

I read with interest the letters from Neil Caldwell (*PJ*, 23 November 2002, p742) and Gavin Miller (*PJ*, 14 December 2002, p845), about the labelling of insulin. I agree that insulin requirements for individual patients often change, and that this poses a dilemma when a pharmacist wishes to label usefully. I am glad that Mr Miller consulted the multidisciplinary team in his deliberations about labelling, and I would agree with his comments, except for the use of the word "subcutaneous".

I wonder whether the most important person of the diabetes team, the patient, had also been consulted. I telephoned a colleague at Diabetes UK who, after a discussion with others, said that "subcutaneous" would not be understood by most patients, but she said they were struggling for a user-friendly alternative. In the end "inject under the skin, but not into the muscle" was put forward.

So, if Mr Miller and Mr Caldwell, who are both from secondary care, were talking about labelling only for other profes-

sionals, eg, nurses, there is no problem — unless the patient is given his ward insulin supply to take home on discharge.

I work in community and am part of the second wave of the medicines management collaborative, with a local general practitioner. One of the targets of the GP practice is to increase the number of medicines that reach the patient with full directions, as opposed to just "as directed". We have tackled warfarin labels, but as yet have not tackled insulin labelling, and I therefore welcome the discussion opened by Mr Caldwell, and if we can get a consensus on an alternative to "subcutaneous", then I shall happily recommend Mr Miller's suggestion to my GP colleague.

Irene Gummerson
Wakefield,
West Yorkshire

THE REGISTER

What other member services might be discontinued?

From Mr G. B. Green,
MRPPharmS

May I write to support Dr John Hunt (*PJ*, 21/28 December 2002, p886) in his criticism of the decision of the Royal Pharmaceutical Society's Council to end the disclosure of members' full addresses in the printed version of the Annual Register of Pharmaceutical Chemists.

I believe that one of the founding principles of our Society was the establishment of an accessible register of the membership. I believe further that many of the laws associated with pharmacy rely upon that accessibility which would, in my view, be forfeited if the proposed changes were implemented. Ask those who supply pharmacies and those who employ pharmacists and I am sure they will say that they would find a register without a full address quite unsuitable for their purposes.

As a consequence they, like me, would no longer subscribe to a copy of the register each year resulting in a source of Society income declining.

Other ways can surely be found for any member to register

an address that does not expose them to unwanted contacts without jeopardising the *raison d'être* of the register itself. No evidence has been reported in the context of these changes to suggest such fears of "exposure" are widespread.

It is ironic that in the same edition of the *PJ* you announced the Council's decision on this matter (*PJ*, 7 December 2002, p831), your front cover stated "Why an accurate and up-to-date register is important to the profession". I believe most of the membership would agree with you but the new proposals would give us a register that is neither accurate nor up to date.

Since the Society has seen fit to devalue the register by insisting that a check can only now be made using the internet (or else by payment of a significant user fee) and has discontinued the former monthly printed update that users could previously subscribe to, one is left wondering what other member services it might discontinue.

Gerry Green
Lewes,
East Sussex

COUNCIL ELECTIONS

Will canvassing restrictions be removed for 2003?

From Mr R. C. Mills,
MRPPharmS

I was pleased to see in the report of the December Council meeting (*PJ*, 14 December 2002, p864) that "the current restrictions on canvassing will not apply to elections to the reformed Council". Branch representatives' meetings have, for some years, been asking for this. Since the Council has clearly accepted the principle that restrictions on canvassing by candidates for Council are not in the interests of the membership, will it now remove these restrictions for the election in 2003?

Roger Mills
Ascot,
Berkshire

This will depend on approval by the Privy Council to the necessary change in the Bye-laws.—
EDITOR.

Leading the way to break-up of the Society

From Mr N. L. Wood, FRPharmS

The announcements in *The Pharmaceutical Journal* (14 December 2002, p863 *et seq*) that the Royal Pharmaceutical Society is to seek charitable status, will register technicians, and is to separate publishing from other activities of the Society, should leave members in no doubt that after 160 years the Society is to be broken up. Many members will not care greatly, and most will fail to see the significance of the announcement, but my purpose in writing is to make quite plain what is about to happen.

Publishing is the most profitable of the Society's activities. It contributes about half of the Society's funds. As a company, the Pharmaceutical Press will be a valuable asset. Indeed it is so valuable an asset that a future Council, in perhaps not so many years time, will find the attraction of the money so irresistible that the Pharmaceutical Press will be sold regardless of the assurances and platitudes that are given today. A major asset built up and owned by the members of the Society will be lost forever.

With the demise of this major membership service comes the proposal for charitable status. Although this may sound an attractive proposition, charitable status would require a change in the Charter objects of the Society, specifically in object four, part three, which is "to maintain the honour and safeguard and promote the interests of the members in the exercise of their profession of pharmacy". Charitable status will restrict the activities of the Society to promoting the interests of members only so far as they are consistent with charitable status. The representation of pharmacy and pharmacists will no longer be in the remit of the Society working as a body that promotes the interests of its members.

Finally, the decision to register technicians with the Society, will lead inevitably to another "class" of membership, that of registered technician and (as already proposed) seats for technicians on the Council of what was once the membership body for pharmacists alone. It will become impossible for the Charter objective

mentioned above to remain in place if the interests of technicians and pharmacists (say on supervision) were to come into conflict.

These developments, taken with the controversial changes proposed for the composition of the Council, signal the beginning of the end for the Society. This assertion will of course be denied and reassurances given, but the membership should be in no doubt that the sweep of history, once started is probably unstoppable. The developments put into place by the present Council and its Officers are very likely to occur unless a wholesale change of policy takes place. Members will need to reconcile the fact that after 160 years, the Royal Pharmaceutical Society — a unique body worldwide — will soon cease to exist in any aspect previously recognisable.

In 1993 I was privileged to serve as president of the Society. I had been particularly fortunate to serve as David Coleman's vice-president during the 150th anniversary celebrations of the granting of the Society's Royal Charter. At the time, the future of the Society seemed secure. My objective as president was, first, to advance the cause of the profession (our "team", then at Lambeth, promoted and later secured the four-year degree programme) and, secondly, to hand the Society on, intact, to the generation that came after.

I count the current President and the Secretary and Registrar as friends, along with many other members of Council. However, in modernising the Society, they are leading the way to its break-up. It greatly saddens me that the work, dedication and effort of generations past is to be undone in this way, and that the membership, past and present, is to be so betrayed. The 200th anniversary of the Royal Pharmaceutical Society, if there is to be one at all, will have little to do with pharmacists.

Nicholas Wood
Brentwood, Essex

Drawbacks in charitable status

From Mr D. Simpson, FRPharmS

Without any prior warning or consultation with the membership, we are now told that the Council is to seek charitable status for the Royal Pharmaceutical Society by December

2003 or soon afterwards (*PJ*, 14 December 2002, p866). The President also tells us that the Council "discussed the matter at length and saw only benefit in it".

We will have to take his word for that, because no report of the debate has been published.

But is the Council as sheep-like as the President implies? Has it been fully briefed? I cannot believe that there are no misgivings about splitting off the publishing activities of the Society into a separate organisation, which would, we are told in a *PJ* leading article (*PJ*, 14 December 2002, p834), be one of the consequences of seeking charitable status.

And I cannot believe that there are no Council members who are not concerned about the constraints on the Society's activities that charitable status would bring. If charitable status does not require any change to the Society's objects or activities, surely it would have been sought before now.

The Society was awarded a Charter that requires it to "maintain the honour and safeguard and promote the interests of members in their exercise of the profession of pharmacy". If it had not been in the public interest to do so, the Charter would not have been granted. But while it was in the public interest that the Charter be granted, that is not the same thing as saying that the Society's function is to serve the public interest. There is a difference between serving the interests of pharmacists in the public interest and directing all activities so as to serve the public interest, which is what charities are required to do. The latter, it seems to me, leaves the interest of pharmacists pretty much out of the equation, which is contrary to the Society's chartered objects.

The Society, as a charity, would have to satisfy the Charity Commissioners for England and Wales and the Scottish Charities Office that it was constituted and behaving in an appropriate manner. In guidance issued by the Charity Commission, it is made clear that charities must not be political. This is not to say that they cannot engage in political activities, but they cannot do so "without restraint".

One thing is sure. Charitable status will not allow the Society to do more for its members in terms of representing and protecting their interests than it does now. It could mean that it does a lot less. Is that worth trading for the sums estimated by the President? Mem-

bers will need a better explanation than they have had up to now if they are to be convinced that this is the right route to take — assuming, of course, that Lambeth still cares what the members think.

Douglas Simpson
Beckenham, Kent

Why Sikh religion not included?

From Mr J. S. Jobal, MRPharmS

Sikhism is the world's fifth largest religion and more than 700,000 Sikhs live in Britain. It was disappointing, therefore, that *The Journal* (4 January, p10) did not include a list of major Sikh festivals for 2003.

Jaspal Singh Jobal
Wolverhampton, West Midlands

Dates for the major Sikh religious festivals were omitted in error from last week's issue. Two dates still to come for 2003 are 14 April (Vasakhi) and 8 November (the Birthday of Guru Nanak Dev Ji). — EDITOR.

Apothecaries' weights useful for archery

From Mr A. F. Halligey,
MRPharmS

As always your Christmas Miscellany provided a mixture of light and fascinating reading to bring a smile to a weary pharmacist.

One article, concerning weights and measures (*PJ*, 21/28 December 2002, p909), particularly caught my eye. Long has my little collection of lozenge shaped apothecaries' weights remained untouched — until I discovered the delights of field archery that is. Arrows are traditionally measured in inches and weighed in grains. The origins of all these are now a little more clear, so when I try to match eight wooden shafts to within 10 grains of each other I can appreciate the history of the slabs of brass with which I do it.

Arthur Halligey
Millisle, County Down