

Collective action might ensure independents' survival

From Mr R. B. A. Johns,
MRPharmS

I was all set to chide John Tapster (*PJ*, 8 March, p332) for undertaking locum work in supermarket pharmacies when I read on and found I had instead to congratulate him for refusing to do so in future and to thank him for giving me an idea. I have to admit to a total lack of experience of locum work since I retired eight years ago and of supermarket pharmacy from either side of the counter but, if the latter is as unattractive a working environment as he suggests, my idea might just be workable.

Most community pharmacists of my generation will know that any attempt to retaliate against persistent Government ill treatment by threatening "withdrawal of labour" is doomed to failure, not only because of our professional ethics and reluctance to put patients at risk but also because such action would be greeted with exultation on the part of the multiples, which would happily vacuum up the prescriptions thus relinquished. Those same considerations also militated against any possibility of unanimity.

However, what if every locum followed Mr Tapster's example and declined, for an agreed period of perhaps a month, any request for his or her services at any supermarket? Would it not put those organisations in difficulties vis-à-vis their dispensing contracts, to the point where, by a delightful irony, they would have to turn away the business which they had in effect filched from the independents?

I would hope that the short-term effect on an individual

locum's income would not be too unacceptable and would not prevent united action such as was impossible in the circumstances outlined above. Collective action would of course have to be co-ordinated, perhaps by a locum agency enlightened enough to recognise that its long-term interests as well as those of its clients would be best served by the survival of the independents rather than by their extinction.

Richard Johns
Boston,
Lincolnshire

Minor relocation is the only way to integrate into a supermarket

From Mr A. J. Boyle,
MRPharmS

In response to the letter from Geoff Laidlaw (*PJ*, 15 March, p365) I believe that I can write with some authority in that I am a former co-owner of an instore supermarket pharmacy and currently own an independent pharmacy.

Individual pharmacists will always take the utmost care to provide service to their patients in whatever environment they practise but it is difficult to take full medication histories for all new patients seen in a supermarket. The only way to integrate a pharmacy into a supermarket satisfactorily is by means of a minor relocation where the same community is served. The planned pharmaceutical service is in all patients' interests, not just the articulate and mobile, such as Mr Laidlaw.

What will happen to our patients when medicines management becomes the norm in community pharmacy and the main footfall with respect to pharmacy is that of pharmacists leaving to fulfil their domiciliary duties? Will the large corporate machines be quite as interested

in pharmacy then or will they leave it to the decimated remnants that remain?

Andrew J. Boyle
Sbelf Pharmacy,
Halifax, West Yorkshire

Is there a hidden agenda?

From Ms M. L. Perkins,
MRPharmS

I share Peter McCree's puzzlement (*PJ*, 8 March, p333) at Tesco's application to reduce its contracted opening hours, and the timing, so soon after the Office of Fair Trading report.

Paul Pilkington's reply strikes me as rather disingenuous. He states that Tesco is not applying to reduce the opening hours of its pharmacies, merely to clarify its contractual hours. I feel like a victim of sleight of hand. If primary care trusts accept his premise that actual opening hours are not the same as contractual hours, then any future reduction in opening hours will not constitute a reduction in contractual hours. I understood that the contracted opening hours of a pharmacy were the same as its customary opening hours; is this no longer the case?

Here in Skipton, Tesco has recently reduced its actual opening hours by one hour in the evenings. I have also received notification that, from the end of this month, it will no longer be opening on Sundays. This means that the community pharmacies in Skipton will have to return to the rota system made obsolete when Tesco first opened. Looking into the future, should the OFT report be accepted, who will step in to restore services when community pharmacies have been put out of business by supermarkets?

Paul Pilkington's letter raises other questions. If Tesco is not applying to reduce its hours, then what is the purpose of the application? If it has a problem with pharmacist cover, will the pharmacy choose to close at 5.30pm, ie, "its contractual closing time"? As pharmacist to the general practitioner practices in Skipton, I need to be able to advise patients with confidence when Tesco pharmacy is open. I wonder if there is a hidden agenda: are there plans to bid to provide out-of-hours services as part of local pharmaceutical services?

Lesley Perkins
Fisher Medical Centre & Dyneley
House Surgery,
Skipton, North Yorkshire

ADVICE FOR CORRESPONDENTS

Letters for publication can be posted, faxed, or sent by e-mail to letters@pharmj.org.uk and should not normally be of more than 400 words. The Journal reserves the right to abridge letters and to edit them for clarity and style. Pharmacist correspondents should supply their membership numbers and a contact telephone number should always be given. Women correspondents should specify a preferred title otherwise "Ms" will be used.

Letters are accepted for publication on the understanding that they have not appeared anywhere, including electronic media, 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.

Is Tesco being economical with the truth?

From Mr M. T. Bland,
MRPharmS

I was intrigued by the response from Paul Pilkington of Tesco in response to the letter from Peter McCree on an application by Tesco to reduce its contracted opening hours (*PJ*, 8 March, p333).

Mr Pilkington is being rather economical with the truth when he states that the company is only clarifying its contractual hours and that it intends still to operate extended hours. Tesco has already reduced its extended hours in many stores and the shortening of contract hours will enable it to close temporarily during evenings and weekends at a whim without informing the appropriate primary care trust in the event of staff or pharmacist shortages.

This will be without any regard to the patients who attend and will cause difficulties in many areas where evening rotas have been abandoned as being unnecessary due to the late openers. I am fully in favour of extended hours being available to the public but not on an unplanned and sporadic basis.

Mike Bland
Eastleigh, Hampshire

Not all the same

From Mr G. Peris-Jones,
MRPharmS

I read with disbelief the assumption made by John Tapster (*PJ*, 8 March, p332) that all supermarket pharmacies are the same. Having worked in community pharmacy for over 20 years, as a proprietor and also in small and large national multiples, I can assure him that I give the same standard of service now as I always have.

Mr Tapster's comment about letting down the profession makes my blood boil. I now work in a smart, new, clean and, to use his words, "clinically sterile" pharmacy. We have just taken delivery of a state of the art computer system and I work with a good team of highly trained assistants including two recently qualified NVQ level 3 dispensers. I now have the opportunity to

undertake continuing professional development as well as being involved in new initiatives.

Our relationship with the local doctors is second to none and our extended hours service, especially our Sunday opening, is greatly appreciated.

As for the "middle of the night, sick child scenario", it beggars belief that Mr Tapster is advocating yet another free service. How many other so-called professionals would offer this service without payment? Is he suggesting that our hospital colleagues should not receive any out-of-hours emergency payment and should provide the service free from the goodness of their hearts?

I think Mr Tapster should wake up to the new age, stop complaining and come to work at our pharmacy. He will soon realise that it is not the pharmacy premises but the people providing the service that really counts.

Gwyn Peris-Jones
Caernarfon,
Gwynedd

Not only pharmacy is threatened

From Ms S. C. Lynch, MRPharmS

It seems to me that supermarkets have been usurping the place of small local businesses for years and the range of products supplied by them continues to expand relentlessly. How often does this have a devastating effect on local communities? Yet how many of us continue to flock to them?

It seems a pity that it is only when our own livelihoods are threatened that we become so vociferous. Let us not consider only local pharmacies, but also the impact on local DIY stores, greengrocers and butchers.

Susanne Lynch
London E2

CPD

I will carry my title to the grave

From Mr W. B. Rhodes,
FRPharmS

I am saddened by the letter from Julien Harrison (*PJ*, 15 March, p368) in which he writes

that anyone no longer practising should be removed from the Register. If this were the case the important letter from 12 past presidents would not have appeared in *The Journal* (15 February, p231), nor would other contributions from those no longer at the bench, and the current debate and the profession, would be less well informed. History always has a lot to teach us and now as much as ever we need the contributions of those with experience.

I am indebted to, and proud of, the profession which served me well for over 50 years and I intend to carry my title, without a desire to practise, to the grave. Other professions allow it and so must we. Martyrdom holds a certain amount of attraction when one has nothing else to do.

Bruce Rhodes
Wincombe,
Gloucestershire

Pharmacists should take an optimistic approach

From Miss K. Khan

I am writing to express my concern regarding attitudes towards continuing professional development, by both pharmacists and future pharmacists.

I was disappointed after having read letters from pharmacists considering mandatory CPD an insult to their intelligence. As a student and future pharmacist, I strongly support CPD and view it as a necessity, not only to develop competence and efficiency but also to restore public belief in the health service.

As well as this, the fact that we are part of a rapidly evolving industry, with respect to both medical services and pharmaceuticals, it is of the utmost importance that we keep ourselves educated, and that this be stated as a requirement for all health care professionals.

CPD should be looked upon with enthusiasm and as an opportunity both to enhance personal development and to improve clinical knowledge, in order to provide the best health care service possible — hand in hand with the spirit of clinical governance.

I would therefore urge all pharmacists who frown upon

CPD to attempt to take an optimistic approach and use it to its fullest potential to maximise benefits to both themselves and those they serve.

Kausar Khan
Third Year Pharmacy Student,
Manchester University

Is CE alone an option?

From Mr S. A. Wheatley,
MRPharmS

In a letter dated 14 February, addressed to "stakeholder organisations", Dr Robert Dewdney, head of the Royal Pharmaceutical Society's education division, wrote concerning mandatory professional development for pharmacists. His letter enclosed a consultation document which contained the following question: "Do you agree that retired pharmacists or those no longer working in the profession but who choose to be on the 'active' register would have to meet a CE [continuing education] requirement while those who are working in the profession would have to meet a CPD [continuing professional development] requirement?"

That question introduces a means by which retired pharmacists and those no longer working in the profession could be on the "active" register. But that option was not included in the CPD survey questionnaire that was distributed to all members with *The Pharmaceutical Journal* of 15 February.

If members had been given the opportunity to consider that option, their responses to the other survey questions might well have been different.

Stan Wheatley
Blandford Forum,
Dorset

Dr ROBERT DEWDNEY replies: Mr Wheatley asserts that the questionnaire to stakeholder organisations introduces a means by which retired pharmacists and those no longer working in the profession could be on the "active" register. This is not so. The original consultation article in the *PJ* in mid-February included the following: The committee proposes that retired pharmacists and those whose current employment is nothing

to do with pharmacy (Group 3) will have to carry out CPD, and be in the active class, if they want to keep the option of practising as a pharmacist.

ADVERTISING

What about publicising cost-effectiveness?

From Miss E. R. Summerfield,
MRPharmS

When I looked at the results of the ALLHAT trial I agreed with the conclusions that the results "indicate that thiazide-type diuretics should be considered first for pharmacologic therapy in patients with hypertension. They are unsurpassed in lowering BP, reducing clinical events, and tolerability and they are less costly."¹ So, like Peter Burrill (*Pfj*, 1 March, p302), I was also surprised when Pfizer was able to use the ALLHAT trial to support the advertisement of Istin (amlodipine).

Even if one accepts that amlodipine is equivalent to a diuretic in stroke outcome and ignores the heart failure data, it is still 15 to 20 times more expensive than a thiazide.

It does not take a genius to realise that thiazides are significantly more cost-effective. But no one is going to advertise a thiazide because there is no money to be made — other than possible savings in the already strained National Health Service prescribing budgets.

Eloise Summerfield
Mansfield,
Nottinghamshire

REFERENCES

1. Major outcomes in high-risk hypertensive patients randomised to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic (ALLHAT). *JAMA* 2002; 288:2981-97.

Interim analysis of ALLHAT trial disseminated

From Dr K. Lloyd, FRCP

Following the observation by David Reece (*Pfj*, 8 March, p334) that he did not see a Pfizer advertisement related to the interim analysis of the ALLHAT trial, I would point out that in March 2002, Pfizer wrote to all practising GPs, cardiologists and community pharmacists in the United Kingdom informing them of the results.

Kate Lloyd
Medical Director
Pfizer Ltd

PRESCRIPTION CHARGES

A £1 levy for all would be better than a charge

From Mr A. R. Korsner,
MRPharmS

Your recent "Agenda for 2003" article, "Do high prescription charges undermine compliance?", prefaced by "Prescription charges are likely to rise as usual this April . . .", reinforces my view that "charges" are pointless and ineffective for the purpose they are intended.

No one can be unaware of the problems posed to low wage earners when faced with a payment of £18.60 for a three-item prescription. Many times every day, in the hospital outpatient pharmacy where I am currently working, I find myself needing to counsel patients on what they might not need, alternative preparations, or what is cheaper to buy in a pharmacy (while others wait and get frustrated). Many patients are earning the minimum wage and three or four items represent almost a day's net take home pay. One feels desperately sad to take the money from them. On the other hand a vast majority of our

patients are unwaged and pay nothing at all.

I would prefer to see a prescription levy. Few would, reasonably, not be able to afford a levy of £1 an item yet most would not think it worth paying if it were for something they did not really need.

A levy is the ideal way to discourage the far higher cost of medicines waste. I shudder when I see the quantity of returned drugs and appliances and work out the costs of their destruction. I get even more upset and frustrated when I think that that money could be more usefully allocated.

With no exemptions and everyone paying a nominal fee, administration would be simplified (community pharmacists lose so much money here). I think more money would be collected overall and the savings, as a result of less waste through over-prescribing and admission to hospital, would be significant.

Patient outcomes and benefits would also improve.

Am I the only person who can see this?

Adrian Korsner
London N20

HOMOEOPATHY

A common misunderstanding

From Mr A. S. Pinkus,
MRPharmS

May I congratulate Philip Bates for his balanced article on arnica (*Pfj*, 8 March, p330). I would like to raise a salient point that seems to have escaped the attention of most critics and which has led them to make grossly distorted conclusions. Namely, that the guiding principle of homoeopathy has little to do with infinitesimal dose, despite common misunderstanding to the contrary. Even cursory reading of 'Organon of medicine', Hahne-

mann's original text, reveals that the most fundamental principal is the law of similars.

A homoeopath matches the patient's presenting symptoms with that of a simillimum. This was originally in material dose. The move toward dilution and infinitesimal dose was merely a refinement to remove toxic side effects.

Those who choose to confuse the two have seriously misunderstood the basis of homoeopathy.

Tony Pinkus
Chief Pharmacist
Ainsworths Homoeopathic
Pharmacy

THE JOURNAL

Are sleazy advertisements out of place?

From Mr J. P. Waterhouse,
MRPharmS

I thought that *The Pharmaceutical Journal* always tried to maintain high standards until I read this week's issue (15 March). First I saw a full page advertisement about "3D erections" and then, further on, a half-page advertisement showing what appeared to be a naked man hiding behind a box of tablets. The text tells us there is "more exposure planned for Syndol". Are these sorts of sleazy advertisements not out of place in a professional journal?

John Waterhouse
Skipton,
North Yorkshire

The Levitra (vardenafil) campaign has been launched simultaneously in a number of medical and pharmacy titles, including *The Pharmaceutical Journal* and the *BMJ*. The advertisement, although clearly not to everyone's taste, is neither illegal nor making misleading claims and there are no grounds to reject it. — EDITOR.