

■ COMMUNITY PHARMACY

Six million visits to Britain's pharmacies — mystery solved?

From Mr J. Ferguson, FRPharmS, and Mr R. Dickinson, FRPharmS

We are happy to identify ourselves as those who suggested that about six million visits were made to Britain's pharmacies, on average, each working day (*PJ*, 17 April, p467). The figure was arrived at neither by a scribble on the back of an envelope during a Council meeting, nor by quick sums on the back of a cigarette packet in the Adams Room at the Royal Pharmaceutical Society's headquarters. Indeed, the Adams Room did not even exist at the time because the estimate was made more than 30 years ago, when the Society was still at Bloomsbury Square and we were joint assistant secretaries of the Society.

It is important to recall the background. We were seeking to promote community pharmacies as excellent centres for the provision of health education information as it was then termed. We made the point to the then Health Education Council and in the Society's relevant policy document, that almost all the locations at which health information leaflets were distributed were places that people visited when they already considered themselves to be unwell. In contrast, many people, perhaps a majority at that time, visited community pharmacies when they were fit and that was the time to try to interest them in advice that would keep them that way. We were therefore thinking on the same lines as those put forward now by Alison Blenkinsopp and were not seeking to estimate how many people visited pharmacies for health-related reasons, as did Sue Ambler.

We did not have the complication raised by John Marriott, because there were no in-store supermarket pharmacies and Boots was on its own as a major multiple and did not sell sandwiches, as far as we can recall.

The sums were done using published information. We knew the number of prescription forms

presented for dispensing during 12 months, calculated the average per working day and then estimated, admittedly from a small sample of Council members' pharmacies, the proportion of people who waited while their prescriptions were dispensed and the proportion who called back. From that, we estimated the number of visits made to pharmacies, associated with prescriptions. Two visits to deposit a prescription and collect a dispensed medicine, counted quite correctly in our view as two possible exposures to health promotion activity.

For other customers in the private community pharmacy sector, data provided by A. C. Nielsen, with which the Society had good links at that time, was used. Boots did not provide data to Nielsen for the pharmacy sector survey. We used the figure from its last published annual report for retail sales and divided that by the figure for the average sale per customer. From these data, we estimated the total number of visits for purchases per working day. Of course, there was bound to be some duplication because some people who came to have prescriptions dispensed would also make a purchase. On the other hand, some visit a pharmacy and neither buy anything nor have a prescription dispensed, so there is a balancing factor.

It is important to recognise that we sought to estimate the number of visits, not visitors as suggested in the *PJ* article. And to support the case we were making to the Health Education Council, the Department of Health and all other interested parties, we were interested in the total number of visits and not only those seeking professional services. We never

claimed that the figure was precise but we consider it was a good estimate and we think Dr Ambler is probably right when she suggests that the figure of six million visits per day is on the low side today, if all visits are counted. Perhaps she should seek to update the estimate, rather than dismissing it as "rubbish".

Our recollection is that the value of the role of the community pharmacy in the provision of health information leaflets was eventually demonstrated when the Family Planning Association reported that it had received its highest ever response when one of its leaflets was displayed in pharmacies. Subsequently the Government announced that it was making available funding — our recollection is that it was double the sum requested by the Society — to support the Pharmacy Healthcare Scheme. There has, of course, been a major expansion in the health promotion activities of community pharmacists since then.

John Ferguson
*Haywards Heath,
West Sussex*

Raymond Dickinson
*Farnham,
Surrey*

Six million visits to Britain's pharmacies — I know the origin!

From Mr J. D. Thomas, MRPharmS

In 1981, the newly appointed director of the National Pharmaceutical Association, Tim Astill, initiated an NPA advertising campaign.

Being the only board member to serve continuously on the advertising subcommittee from 1981–1998, from my personal records, the services of a marketing consultancy agency, now defunct, were used to investigate the perceptions and use of the nation's community pharmacies. The extensive research that it undertook produced the six million visitors a day figure.

A national roadshow was undertaken to communicate this campaign to community pharmacy and to pharmacists. The "Ask your pharmacist" strapline was the leading part of this £0.5m annual campaign, which was funded by all sectors of community pharmacy.

For the record, this advertising campaign is the only occasion that I can recall where all sectors of community pharmacy were seen to work together and in unison. Even the then largest multiple contributed on an equal financial basis for the first five years.

David Thomas
*Wolverhampton,
West Midlands*

Six million visitors a day — fact or folklore?

From Ms V. Wray

I was highly amused to see your leader (*PJ*, 17 April, p462) and article (p467) about the six million visitors figure, and from my experience, I suggest that it is probably folklore rather than fact.

However amusing and challenging an article it may be, is it really wise to be raising the question at this sensitive stage of the pharmacy contract negotiations? Or at a time when the profession is already defending its expertise? (ie, the *Which?* report — "Are pharmacists up to the new challenges?").

Suppose you find that it is a totally fictitious number — what then? Will the profession not be shooting itself in the foot? Maybe not exactly a clever PR move.

Veronica Wray
*Former Head of Public Affairs
National Pharmaceutical Association*

Letters to the editor

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All correspondents should supply a daytime telephone number, in case we need to contact them urgently

■ CSM

Equal access to information

From Miss K. E. Aveyard,
MRPharmS

I write on behalf of the Yorkshire Pharmacists in Psychiatry Group with regard to the recent Committee on Safety of Medicines warning "Atypical antipsychotic drugs and stroke" issued on 9 March.

This is the latest in a long line of alerts and drug withdrawals that have had a significant impact on mental health service users and workers in recent years.

Immediately following the publication of this alert pharmacists working in mental health settings were inundated with requests for advice, explanations and reassurance.

Quite apart from the fact that the content of this alert and the accompanying advice may lead to the inappropriate discontinuation of the two drugs in question and the introduction of unsuitable alternatives, potentially worsening the quality of life in some cases for those with dementia, the impact on

mental health services has not been addressed. In many parts of Britain, pharmacists, who are on the front line when it comes to medicines advice and information, have been working on local statements and policies in response, often at the expense of clinical services. It is difficult to respond in a timely manner to these alerts without prior knowledge. It takes time to digest and assess the accompanying information and the impact it may have on local services and the quality of life of those taking the implicated drugs.

Statements accompanied this most recent alert: one from the Royal College of General Practitioners (representing the Royal College of Psychiatrists, the RCGP, the British Geriatrics Society and the Alzheimer's Society) and another from the Alzheimer's Society itself. Although we acknowledge the need for contributions from these groups, involvement from pharmacy in this advice appears to be lacking. Where was the statement from a pharmacy organisation? The United Kingdom Psychiatric Pharmacists' Group and the College of Mental Health Pharmacists have members who are experts in drug treatments in mental

health; surely a statement from them should have been solicited.

A statement from one of these groups in time for the release of this alert would have saved incredible amounts of pharmacists' time, uncertainty by doctors and others providing mental health services, and anxiety and distress to service users and carers.

The profession is not shown in a good light when not able to respond to information in a timely fashion. It seems to us that the ones in most need of the information are among the last to hear; the media know, drug companies appear to know, service user groups know.

Regarding access to information, all we ask is equality.

K. E. Aveyard

*Medicines Management Pharmacist
South West Yorkshire Mental Health
NHS Trust*

GORDON W. DUFF, chairman, Committee on Safety of Medicines, replies: The CSM advice was issued after careful consideration of all available data, the possible clinical implications and advice from an expert working group. The high absolute risk of stroke associated with these products was considered to outweigh any benefits in treatment of behavioural symptoms of dementia.

The CSM was aware of the impact the advice would have on mental health services, and considered it vital that treatment guidelines were available to coincide with the timing of the announcement. The comprehensive guidelines were brought together over a short period and were co-ordinated by the Department of Health and the Royal College of Psychiatrists and I am aware that two senior pharmacists, one from a primary care trust and one from a mental health trust, were involved in the process.

The Medicines and Healthcare products Regulatory Agency co-ordinates the communication of drug safety information and makes every effort to inform pharmacists and prescribers in advance of any announcement in the media. Embargoed information is routinely sent to interested patient groups and professional bodies, including the Royal Pharmaceutical Society, in advance of any public announcement, to enable them to respond to enquiries. It is helpful that attention has been drawn to the important role of the United Kingdom

Psychiatric Pharmacists Group and the College of Mental Health Pharmacists. We will in future ensure that these organisations are provided with advanced warning of relevant announcements.

We fully appreciate the need for pharmacists to receive timely information to allow them to respond appropriately to new drug safety information and will continue to work to improve links with the relevant professional bodies to facilitate communication of urgent issues.

■ CANVASSING

SOS may not have done themselves any favours

From Mr S. R. Axon, FRPharmS

I have always favoured the freedom to canvass and welcomed the hustings arranged by Young Pharmacists Group. In my view the Save Our Society group has taken this new found freedom too far.

Pharmacists, being intelligent people, are perfectly able to read election manifestos. For my part, I looked in all the manifestos for a considered view on the important issue of representation. I was disappointed that, rather than use their own words, seven candidates wasted part of their allocation by repeating wording clearly agreed with others. However, to receive a postcard reminding me of the seven candidates who are standing on this "one issue ticket" is implying that I have not read the manifestos before voting and is little short of insulting.

Despite the proven electoral advantages in the past of hitching oneself to a ginger-group bandwagon, if other voters have the same reaction as I have to this latest tactic then SOS candidates may not have done themselves any favours.

Stephen Axon

Amersham, Buckinghamshire

Will not engender support

From Mr J. M. Allan,
MRPharmS

I have received a circular which canvasses support for seven candidates in the forthcoming Council election.

Despite the fact that it begins, "I cannot believe . . .", the circular does not disclose the identity of the writer, nor does it indicate on whose authority it is published by an undeclared source.

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One has to assume that the writer has chosen to ignore the election procedure published in *The Journal* and that he or she regards the information supplied by all candidates, and printed in both the *PJ* and as a separate policy document, as inadequate.

I find it difficult to accept that such an approach will do much to engender support for the argument which these candidates espouse, indeed I suspect that it may well be counter productive.

Malcolm Allan
Glasgow

■ REGISTRATION EXAM

Why only three attempts?

From Mr A. Bentley, MRPharmS

I have become aware that preregistration trainees are only allowed three attempts at the registration examination. Consequently, I have become concerned, not so much as a pharmacist but as a motorist, since presumably there are thousands of people driving around the country

who have taken more than three attempts to pass the driving test. I suppose at least it is an objective measurement of an individual's ability to drive to an acceptable standard on a particular day, and since anyone can have an off day people are free to take as many tests as necessary until they pass.

The registration examination, which, unsurprisingly, was introduced by pharmacists who did not have to take the examination, is, I believe, to ensure that pharmacists now and in the future will be of an appropriate standard to practise in the profession. The degree course has increased to four years, presumably because the knowledge base to practise effectively has increased. Why do preregistration trainees therefore have to go through this paper exercise, and why only three attempts?

Does the Society not trust the preregistration tutors who spend up to a year training their students and must declare that they are sufficiently competent to be registered as pharmacists?

Having run this examination for the past 10 years, does the Society now have the evidence to prove that pharmacists who have taken this examination are better

equipped to practise as pharmacists than their predecessors?

A. Bentley
Margate, Kent

ROBERT DEWDNEY, head of education, Royal Pharmaceutical Society, replies: Any comparison of new registrants today with those 10 years ago would be flawed — so much has changed. It is certainly the case that many preregistration trainees who have struggled at the registration examination have also struggled in practice. They are not registered until they can master both — competence in practice and the requisite underpinning knowledge. The principles underlying the examination have been tested in the High Court and the Court of Appeal and found sound.

■ LAW AND ETHICS

Absurd in the real world

From Mr R. A. Kenward, MRPharmS

Am I alone in reading with disbelief the letter from Roger Woodhouse and response from the

Society (*PJ*, 17 April, p472)? As a retired proprietor and now sometime locum in a representative selection of community pharmacies, I have yet to discover a single pharmacy where prescriptions previously checked and bagged, sometimes with and sometimes without the relevant prescription forms attached, are routinely checked again by the pharmacist when handed out.

I have always considered that in a well run pharmacy, the audit trail provided by the routine signing of the “dispensed by” and “checked by” boxes on the label of each dispensed product provided clear evidence and an adequate audit trail should a query ever arise.

In the real world, where pharmacists must adequately fulfill the needs of checking, supervision, customer queries both at the counter and on the telephone, counselling where necessary and the myriad of other demands on their time, the sheer absurdity of the suggestion that all items handed out should be rechecked quickly becomes apparent.

Robin A. Kenward
Coventry

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Correction

The correct name of the UKPPG is the United Kingdom Psychiatric Pharmacy Group, and not the United Kingdom Psychiatric Pharmacists Group (p506).