

DISPENSING

## Who is responsible for supplying dispensed medicines?

From Mr R. Gartside, FRPharmS

Jackie Giltrow's article (*PJ*, 3 July, p35) is excellent in explaining the current state of the law on accountability and responsibility for dispensed medicines. However, it takes no account of the changes in practice needed to cope with ever-increasing prescription numbers and increasingly complex treatment regimens. What works well at 100 prescriptions per day may be completely impracticable at five or 10 times that level of activity.

It is commonplace for a locum pharmacist to come into a pharmacy first thing in the morning and find several hundred prescriptions bagged up and ready for collection by patients. It simply is not practical to open all these bags and carry out clinical and accuracy checks. Indeed, it is arguable that the clinical check can only be carried out with full access to the patient's medication record.

The alternative is to have technicians put up the prescriptions without reference to the pharmacist and then for the pharmacist to carry out the clinical and accuracy checks at the moment that the medicine is handed to the patient. Promising trials of such an operating procedure are under way in a number of areas. There remains, however, the problem that patient flow is not uniform through the day and that at some periods this procedure may involve the patient in a wait of an extra quarter to half an hour. If the patient has left the prescription for later collection this extra delay is simply not acceptable but carrying out the clinical and final checks in expectation of the patient's return may well result in the medicines remaining on the shelf for handing out under the supervision of tomorrow's pharmacist — the very situation this operating procedure is intended to avoid.

There are also severe problems with "owing" prescriptions where good practice is presently to make these up as the remainder of the medicine becomes available, since delaying this until the patient arrives for the remainder results, again, in delays that are unacceptable to the patient and interfere with the smooth flow of work by the staff.

The conclusion is inescapable. If

we are to cope with the ever-increasing torrent of prescriptions there must be provision for them to be completed at a steady pace throughout the working day and for the approved medicines to be stored ready for collection. This must mean the invention of a mechanism by which the dispensing pharmacist takes full responsibility rather than the present, frankly unworkable, position where the pharmacist who happens to be present when the medicines are handed to the patient takes full responsibility for medicines that they have not dispensed.

It cannot be beyond the wit of man to devise a system in which sealed, tamper-evident, packs of prescribed medicines are produced under the supervision of a professional who takes full responsibility for the clinical and accuracy checks on the contents. If this means a change in the law, then that must be obtained and one would hope that this would be easier for a body which is both the regulator and the representative of the profession.

### Bob Gartside

Caermarfon  
Gwynedd

NATURAL THERAPIES

## Time to start thinking "outside the tablet box"

From Mr I. Jackson, MRPharmS

I read with dismay Peter Penson's letter (*PJ*, 3 July, p21) concerning the dubious nature of natural products. When he qualifies I suggest he does three things: (i) look at the shelves of the average pharmacy and determine the evidence base behind many of the conventional medicines he will be selling/dispensing; (ii) visit his local hospital and witness the number of hospital admissions due to adverse reactions to conventional drugs; and (iii) take a trip to the Continent and see how natural therapies are integrated into mainstream health care and community pharmacies.

Mr Penson talks about extracting the active ingredients from herbs and marketing them as conventional pharmaceuticals. Many herbs contain a wide range of active ingredients which act in a variety of ways rather than just at one receptor — the concept of herbal polyvalency. A good example would be mistletoe (*Viscum album*) which is one of the

most widely used oncological treatments in Germany. Its various active ingredients prevent DNA/RNA synthesis, stimulate the production of natural T killer cells and cytokines such as interleukins 1 and 6 and TNF- $\alpha$ . It works with the body's immune system rather than against it.

We spend less than 1 per cent of the NHS budget on alternative therapies. This is hardly surprising when we have a Department of Health which looks starry-eyed at the pharmaceutical industry, allowing patent extensions through stereoisomers, oral melts and modified release formulations.

The US now spends \$100m annually on randomised controlled trials into natural medicines. I cannot find a figure for the UK. With 18 million allergy sufferers in the UK and cancer rates increasing, I suggest that Mr Penson and the rest of the professional start to "think outside the tablet box".

### Ian Jackson

Mansfield, Nottinghamshire

PEAK FLOW METERS

## Position clarified

From Mr B. Garbe

Your **News** item (*PJ*, 19 June, p757) about the adoption of the EN 13826 standard peak flow meters to replace the Wright scale peak flow meters currently in the Drug Tariff makes for confusing reading. I would like to put this straight. The position is simple:

- After 1 September, peak flow meters conforming to the EN 13826 standard must be dispensed

- Until 1 September, the existing Wright scale meters must be dispensed
- Wright scale meters will be discontinued after this date

The article said "it is not clear whether Wright meters will continue to be reimbursable on NHS prescription after 1 September".

This is incorrect. The Medicines and Healthcare products Regulatory Agency device alert document MDA/2004/025 does not leave this ambiguous. Wright scale peak flow meters will not be reimbursable after 1 September.

I have been in discussion and correspondence with both the MHRRA and the Prescription Pricing Authority on this subject for many months, and we have been involved for years on the new standard itself.

Vitalograph makes several models of peak flow meter; all conform to the standard EN 13826:2003 unless labelled otherwise. Wright scale devices are labelled "Drug Tariff Specification 51". Wright scale peak flow meters do not conform to EN 13826.

There will be one exception to the EN 13826 rule after the 1 September. The Drug Tariff will have listed a "low range" peak flow meter which conforms to EN 13826 in every respect except its range of measurement, the scale stopping at 400L/min instead of 800L/min as required by EN 13826. The device will be labelled to this effect and will not be labelled "EN 13826".

I do hope this clarifies the position.

### Bernard Garbe

Managing Director  
Vitalograph Ltd

## Letters to the editor

Letters for publication can be posted, faxed, or sent by e-mail to [letters@pharmj.org.uk](mailto: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.

 PEAK FLOW METERS

## It is the Wright scale that is being replaced by the EN 13826 scale

From Mr J. Bell

I write to express our concerns over the forthcoming change in peak flow meter standard on September 1 (*PJ*, 19 June, p757).

First, Clement Clarke International Ltd would like to reassure pharmacists that the Mini-Wright brand of peak flow meter will continue to be made available; it is the Wright scale that is being replaced by the EN 13826 scale, and CE compliant Mini-Wrights will be available for reimbursement on September 1.

Secondly, you correctly reported that neither the Medicines and Healthcare products Regulatory Agency nor the Prescription Pricing Authority has made recommendations on how to manage the change, leaving pharmacists and their wholesalers with numerous questions, and few answers.

The announcement in the Drug Tariff that existing Wright-scale meters would no longer be reimbursed after 1 September has alerted pharmacists to the need to reduce stock to zero by the changeover date. Wholesalers are faced with a larger problem — even a small inventory of, say, 5,000 Wright-scale meters on 31 August will result in a loss of up to £30,000 through stock write-off, unless the manufacturers are willing to take the stock back. And with the whole of Europe changing to the new scale, where are we supposed to sell these Wright-scale meters?

Unless the MHRA, PPA and the Department of Health address all the issues together, Wright-scale peak flow meters will become more and more scarce as the summer goes on.

This situation never needed to arise. Both the MHRA and the PPA were furnished with detailed information about supply chain issues, from manufacturers and wholesalers, with additional comment from relevant professionals involved in asthma care. While the MHRA sought to define the issues and groups who would be affected, the PPA has remained sceptical of any likely supply problems, and has failed to recognise the issues affecting both pharmacists and manufacturers.

Ideally, the authorities should announce a period during which both types of meter will be reimbursed. This will ensure no

patient faces a delay in their prescription being filled, and pharmacists and manufacturers can minimise risk of losing hard-earned profit. Since patient safety is not at risk, why can the MHRA, PPA and the DoH not act to accommodate our concerns?

It will soon be too late for the PPA to react, so pharmacists and wholesalers with concerns can gain up-to-date information at [www.peakflow.com](http://www.peakflow.com), or by calling Clement Clarke direct on 01279 414969. The website also carries information on how to convert from one scale to the other — the large number of Wright-scale meters already in common use will ensure the need to convert readings for several years to come.

### Jon Bell

*Business Development Manager*  
— *Inspiratory*  
*Clement Clarke International Ltd*

 THE SOCIETY

## Wrong impression

From Mr D. Simpson, FRPharmS

I understand that *The Journal* did not have sight of the Royal Pharmaceutical Society's revised draft Charter when it went to press last week. This may explain why you seem to believe (*PJ*, 10 July, p40) that nothing much has changed, compared with the previous draft. Perhaps I may be allowed to emphasise some key differences.

The previous version provided for members to be consulted on any new categories of membership. This one goes further by requiring members' approval of new categories of membership.

Membership approval is not required only on this matter. Also under the new version it is required for changes in the composition of the Council. Furthermore, the ability of members to have their say on such key issues is greatly enhanced by the introduction within the terms of the Charter of balloting as a means of testing their opinion.

The previous version was silent on the issue of bodies to advise the Council on matters of professional leadership and development. The new wording specifically provides for the establishment of "bodies to advance professional leadership". This paves the way for bodies to be set up, possibly on a national basis, to seek out and represent the professional aspirations of pharmacists.

The previous version amended and weakened Object 3 in the current Charter. This is a key object, and one by which members set great store. It requires the Society "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy". The new version of the Charter restores this object (with "the members" substituted by "pharmacists") and places it higher in the list as Object 2.

Another significant change is that professional leadership has been linked with regulation in new Object 3, which is concerned with "promoting and protecting the well-being of the public". This shows that the Council believes that there is a public interest element in having a well-led profession as well as in regulation.

The previous version of the Charter was rushed to the Privy Council office last December without the members even knowing for certain what was in it. This time, members are not only to be told what the new Charter contains, they are to be given the chance to say whether they approve of it or not.

As for those seeking to belittle what the new Council has achieved in agreeing this new draft charter, I could perhaps paraphrase the memorable comment of Mandy Rice-Davies: they would, wouldn't they.

### Douglas Simpson

*Member of the Royal Pharmaceutical Society's Council*  
*Beckenham, Kent*

Last week we reported on the information on Charter developments that was provided to us at the time. As promised, the full new draft Charter together with an explanatory commentary is published as a centre pull-out in this week's issue. — EDITOR.

## If it ain't broke . . .

From Dr G. B. Drummond, MRPharmS

Robert Blyth is to be congratulated on his article on regulation (*PJ*, 3 July, p17). He describes perfectly the dichotomy of the functions of the Royal Pharmaceutical Society — disparate, yet compatible. Why should we be misled into creating a "clone" of any other, and inferior, regulatory body?

I was deeply touched by his reference to my late brother

Charles, whose insistence on the independence of the Statutory Committee is illustrated by the incident described.

Another crisis, as I well remember, was precipitated by the position of more than one member of the Statutory Committee whose simultaneous membership of Council proved an embarrassment: how to "sell" to the Council an unpopular, though correct, decision reached by the Statutory Committee? On the grounds that no man can serve two masters, the obvious solution to this conflict of interests was to relinquish one or the other office. This was agreed and the judicial integrity of the Statutory Committee was assured.

As for transparency, the proceedings of the Statutory Committee, like the Courts, are open to the public, and over some 10 years or more I was present as an official observer at every meeting. My abiding impression was of impartiality and objectivity, serving alike the interests of pharmacists and of the public.

"If it ain't broke . . ."

G. B. Drummond  
*Hull*

## Window of opportunity?

Ms R. J. Hogarth, MRPharmS

A statement issued by the previous president of the Royal Pharmaceutical Society, Gill Hawksworth (*PJ*, 10 July, p67) claims that the past president and vice-president and treasurer had proposed a way forward at the last Council meeting just before they were replaced — a window of opportunity to save the Charter.

I cannot claim to be an expert in pharmacy politics, but I was strongly of the impression that the window of opportunity had been created not by them, but by the Save Our Society campaigners who had managed to put the previous Charter petition "on ice" through their legal action and then by getting all their seven Council candidates elected. From what I can tell, the previous bunch will have been highly embarrassed by the way that the SOS group have managed to make such good progress with a much better Charter proposal. Not only that, the doom and gloom merchants who have been warning that the end is nigh if we continue to struggle will also have egg on their faces.

It a good job that there are still a few members prepared to take affirmative action and those who

have been proved wrong should simply own up. From time to time, we all make mistakes, although not perhaps mistakes of such monumental proportions.

**Rebecca Hogarth**  
*Fochabers, Moray*

### **Journal editorial has left me puzzled**

From Mr J. Gentle, MRPharmS

Your **Leading article** entitled "Game, set and match?" (*PJ*, 10 July, p40) has left me puzzled. However, it is possible to fathom a probable explanation.

In 2003, when the Save Our Society campaign managed to get three of its candidates elected to the Council, you claimed that SOS had performed poorly. In January 2004, when the SOS campaign instigated its legal proceedings you were critical and claimed that only the lawyers could win. However, it was clear that the proceedings could yet stop the Charter being given the Government's assent so long as the balance of power on the Council could be changed in the May elections. In April 2004, you allowed letters criticising the SOS Council candidates to be published, knowing that the candidates could not defend themselves during election time. Despite that, all seven SOS candidates were elected and succeeded in changing the balance of power on the Council. However, you were still not moved to say anything positive about this unprecedented achievement.

Now we are coming to the end of what has obviously been a well-planned campaign: a campaign which has produced a Charter, the like of which the former Council told us would be impossible to deliver, a plan backed by the three Privy Council nominated

members of the Council, a plan which has also given us the referendum that the former Council said we could not have. The inertia created has persuaded the Government to give concessions because it has now come to understand the political realities in pharmacy — something that the former Council failed to address. Despite all of these things, in your editorial last week you claim that it is the former Council, many of whom are no longer Council members, who have somehow won through in the end.

Surely, this can only be explained by the suggestion that you have some kind of a problem with the SOS campaign and that this is seriously colouring your editorial judgement.

**John Gentle**  
*Shrewsbury*

Mr Gentle has made some assertions which cannot go unchallenged. In May 2003, we did not say that the SOS campaign performed poorly. We stated a fact which was: "Only three of the seven candidates fielded gained seats — despite a well-organised (and not inexpensive) campaign on their behalf" (*PJ*, 24 May 2003, p708). We do not believe we were critical of the SOS campaign in January 2004. However, we did say that its legal action should make all members of the Society ask themselves questions about what outcome would best serve the interests of pharmacists, pharmacy and the public (*PJ*, 31 January, p108). The lawyers have won, to the tune of many thousands of pounds. We did not publish letters criticising SOS candidates in the recent Council election but criticising the canvassing that was being undertaken on their behalf. At the same time we published a statement from an SOS spokesman pointing out that the candidates

had agreed not to engage in canvassing (*PJ*, 24 April, p495). After this year's election, we said the the SOS members of the Council "certainly hold the stronger hand" and that the new Council "may find it has a challenging job". We also called on future Councils not to ignore the wishes of the members (*PJ*, 22 May, p628). Later, we referred to "the overwhelming success of the SOS group" in securing all seven places in the Council election (*PJ*, 19 June, p754).

### **A somewhat simplistic view by *The Journal***

From Mr S. K. Bagga, MRPharmS

I would like to take issue with your simplistic (some would say biased) view of the outcome of the deliberations of the Royal Pharmaceutical Society's Council on the revised Charter, and comparing it to a tennis match. I rather think that, if any game was being played, it was more like chess, where you may sacrifice one of your pawns before calling checkmate.

If you care to read the manifesto of each of the seven Save Our Society candidates at this year's election, you will find that we did not pledge to deliver a two-board model, but that was our preferred option. If we still had the time available which the old Council used to try to force an unpalatable Charter down the throats of the membership, that option might have even been achievable. You failed to point out that the revised Charter does allow the Council to establish boards for this purpose (representation) and to delegate authority to them.

In truth, the SOS Council members and their supporters must be congratulated for working tirelessly with the rest of the

elected members, staff and advisers to review the Charter, and make the July version much closer to the aspirations of our members without damaging our public accountability.

The new Charter puts a stronger Object 3 above the new regulatory object as the new Object 2 (pledge number 4 at election). It places important checks and balances on the exercise of the powers of the future Council, whereby the membership will have the final say on any major constitutional change and sale of assets. Most importantly in the case of any winding-up of the Society, it will now be the members who decide where its assets are placed within any new pharmacy body.

The regulatory object in the revised Charter has been rebalanced with the addition of professional leadership roles and has also been relegated to Object 3 after professional representation (pledges 2 and 3). We will now have the opportunity to vote for a new Charter which is a far superior document to the one that left Lambeth last December without the membership's approval: a document which is more pharmacist-friendly and reflects the demands of the membership for their democratic rights (pledge 1).

We hope that the members will use this hard-fought-for democratic right and return their ballot papers in their thousands.

**Shiv Bagga**  
*Member of the Royal Pharmaceutical Society's Council*  
*London E6*

We did not suggest that the achievement of a two-board model was an election pledge by the Save Our Society candidates, only that it was a preferred option, as Mr Bagga himself acknowledges.—  
EDITOR.

Advertisement