

NEW CONTRACT

## Need for return on investment

From Mr N. Baumber, FRPharmS

According to last week's **Broad spectrum** article (*PJ*, 6 November, p678), an average pharmacy dispensing 5,000 items per month with a 25 per cent margin will see a reduction in overall profit margin of 3.45 per cent to 21.55 per cent, which is equivalent to a 13.8 per cent decrease of the margin. In hard cash this amounts to £30,983 for the year.

What is the point of trying to encourage ownership, presumably by aspiring independent pharmacists, when neither the old contract nor the new one recognises the need to fund a sufficient rate of return on the necessary investment through pharmacy income, if you do not have recourse to the Stock Market for financial backing? The major companies have things going nicely in their direction and have never agreed to anyone looking closely at the ownership issue because it might affect their share of the global sum.

**Noel Baumber**  
*Grantham, Lincolnshire*

MIKE DENT, head of finance, Pharmaceutical Services Negotiating Committee, replies: As reported elsewhere in this publication (p705), the PSNC is advising contractors to use the figures calculated by North East London Local Pharmaceutical Committee with caution. The methodology used could be misleading because it may encourage contractors to compare

current income including buying profit with new contract figures that do not include it.

Funding for the new contract was developed on an evidential basis. This included a programme of work aimed at ensuring that pharmacy income delivered a fair return to independent contractors. This work was developed in collaboration with leading financial analysts and was based on independent pharmacy costs, business risk and capital structure. It therefore reflects fully the return required on a contractor's investment in community pharmacy and played a major part in ensuring that a successful outcome to the negotiations was achieved.

## PSNC has blown it

From Mr P. R. Dishman, MRPharmS

As far as I can see the contract increases our workload while paying roughly the same money. This is in total contrast to the doctors' contract, which gave them a 30 per cent pay increase and better conditions.

I think all the paper chasing (aka clinical governance) is a waste of time and effort, since both Shipman and the Bristol heart surgery cases were the responsibility of the medical profession and not pharmacy.

The Pharmaceutical Services Negotiating Committee should have negotiated an increase in pay to compensate us for the extra time and effort involved in carrying out government diktat.

The Government desperately wants us to run repeat dispensing. This was a once-in-a-lifetime chance because the PSNC had the

Department of Health over a financial barrel but, predictably, the PSNC has blown it. There is no increase in pay for the extra workload. Our only chance would be to throw the whole thing out and order the PSNC back to the negotiating table, but inevitably the block votes of the multiples will push it through.

Just to put the tin lid on it, the Royal Pharmaceutical Society seems to have precipitated a manpower crisis by banging the fees up so there will be no chance of a short-term locum for illness or emergencies. I will have to get the assistants to prop me up in a corner if I am ill and let them get on with it.

Roll on retirement!

**Paul Dishman**  
*Exeter*

## BOOTS THE CHEMISTS

### An inducement to obtain a prescription?

From Mr M. H. Franks, MRPharmS

I have had three patients bring in vouchers from Boots The Chemists offering 250 points (equivalent to £2.50) if they sign up to the Boots prescription collection service. I was under the impression that it was unprofessional to offer an inducement to obtain a prescription and also against the NHS terms of service.

The Royal Pharmaceutical Society has informed me that the professional requirements were removed when resale price maintenance was abolished and only primary care trusts can take action against terms of service complaints.

Since an individual complaint has to be made to each PCT, no doubt Boots thinks that by the time a complaint is investigated and brought to a terms of service hearing enough people will have signed up to make any fine insignificant to the profit made out of the service.

As a pharmacy under the 2,000 items per month limit for the new annual establishment fee, I believe the new contract is not in my interest. However, those dispensing above 2,000 items may believe it is in their interest. With this cynical action by Boots, those doing above 2,000 items may well find that, in a short period, their numbers drop below the comfort zone of 2,000.

We should all think twice before voting because this action by Boots to obtain more

prescriptions could have dire consequences for smaller pharmacies doing fewer than 3,000 items per month.

**M. Franks**  
*London N6 6QS*

DIGBY EMSON, superintendent pharmacist, Boots The Chemists, replies: We have a significant number of pharmacies dispensing fewer than 2,000 items per month. We constantly review ways to improve services to our patients in these and our other pharmacies. The activity referred to is targeted at a limited group of existing loyal Boots customers to raise awareness where a prescription collection service is offered. Patients retain absolute freedom to use the pharmacy of their choice for their prescriptions. It is, therefore, incorrect to infer, as Mr Franks appears to be doing, that there is any attempt adversely to affect competitors in the manner implied.

## DISPENSING

### Generics confusion

From Mr D. J. Ball, MRPharmS

I am concerned about the increased prescribing of generic alternatives for long-established solid dose medicines. Pharmacists, patients, nurses and care workers are all aware of the need to check labels but this is impossible when, for patient convenience, tablets and capsules are held in compliance aids.

With the advent of generic formulations, of which there can be more than one for the same product, appearance, colour and markings can no longer be relied upon. Frequent changes of "me too" manufacturers, presumably for reasons of cost, exacerbate the confusion. Mistakes can and will happen because patients are no longer able to recognise what they are taking.

If generic prescribing is to continue, then I suggest a simple marking code based on drug group should be imposed before release.

**Dennis Ball**  
*Chippenham, Wiltshire*

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

## 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.

## ■ MEDICINESCOMPLETE

### Brave new world?

From Mr A. J. Rogers, FRPharmS

Your recent editorial (*PJ*, 9 October, p504) reminded us that “the ability of pharmacists to do their new job properly is predicated on one main development — electronic communication between all sectors of the NHS”. With a new contract now almost within our grasp, it is vital that community pharmacists embrace new opportunities in information technology and I was therefore delighted to see that the Pharmaceutical Press had put together its MedicinesComplete package. I eagerly telephoned the office to get a quote for a licence.

I was asked how many pharmacists would be using it. I did not know; I wanted a licence for one computer in each of my five pharmacies. However, all that was available was a concurrent licence that allows up to 50 staff access or a seat licence that allows five specific people to access the system.

The price of a seat licence for five users was quoted as £2,430 +VAT per annum for Martindale, Stockley and the BNF, increasing by 5 per cent in the second year. Pricing for year three would be based on a comparison of the percentage growth in user statistics between years one and two but not less than year two pricing plus 5 per cent. I was offered a 10 per cent discount on the first year. I think that means that the more we use it, the more expensive it will become. And they are not continuously updated. Martindale and Stockley are updated quarterly, and the BNF twice a year, I was told.

Now perhaps I am being naive, but I had expected some advantages from an electronic version. I currently get a complimentary paper copy of the BNF and can access it online free of charge. Five paper editions of Stockley and Martindale would cost £1,675 during the offer period, so I would pay a premium of at least £8,555 over four years for the privilege of online access with quarterly updates and a saving of six inches of shelf space at each pharmacy. This ludicrous pricing structure might be acceptable to multinational companies, or to an NHS awash with money, but it is guaranteed to lock out the average community pharmacy struggling to cope with the rapidly changing world of health care. With so much information of varying quality available to our patients on the internet, surely the least we should

expect from our professional body is a reliable source of information at a reasonable price.

The Council was elected with a mandate to ensure that the interests of the members remained a principle within our Charter. So far, its actions have not matched the rhetoric. It has continued to allow a bloated body of administrators to set the policy agenda. First, the steep increase in fees for part-time pharmacists was nodded through, an action that may provoke a significant departure from the Register. Now, in an effort to generate income to sustain its infrastructure, an opportunity has been missed to enable community pharmacists to reassert themselves as an information source in the internet environment.

#### J. Rogers

*Epsom, Surrey*

PETER GOACHER, international sales manager, digital content, Pharmaceutical Press, Royal Pharmaceutical Society, replies: The Pharmaceutical Press launched MedicinesComplete in July of this year. The development of this online suite of products was in part due to demand from the Society’s members as well being an important aspect of our ongoing commitment to supply high quality information to the pharmacy profession. We are committed to generate income and provide finance for the Society through our publishing programme. These days the emphasis is on the electronic delivery of major reference works with the ability to search thousands of up-to-date monographs at the click of a button. Our electronic pricing strategy reflects the need to be able to continue to make current information available while also making a profit.

We make every effort to understand the needs of our customers and to offer a selection of pricing models from individual and small network licences to concurrent access models for larger organisations. With a variety of discounted packages and free access to certain titles we try to offer choice and value at both ends of the scale.

Martindale in print format is published every two years. For those who prefer electronic access, but do not wish to subscribe online via MedicinesComplete, we offer a CD-ROM format that may be bought separately or in conjunction with the book at a discounted package price. Updates can be purchased with each new

edition of the book. The cycle for Martindale updates on the MedicinesComplete platform is currently at quarterly intervals but our ambition is to move to “real time” updating.

To appreciate the benefits of electronic access all members can register for a free trial by visiting our website at [www.medicinescomplete.com](http://www.medicinescomplete.com)

## ■ THE SOCIETY

### Society needs to re-engage its members

From Mr D. J. Livingstone, MRPharmS

The current retention fees debate is merely symptomatic of a much greater problem, which the Royal Pharmaceutical Society’s President and Council need to address urgently — the general disaffection of the membership. Having been registered for over 20 years, I have seen over the past five years a steady and disturbing change in the attitude of the Society to its members, to the point that many long-standing members feel alienated from the organisation and new recruits are rapidly disillusioned since they feel that they are merely a further source of funding for the Society.

My spirits were briefly lifted a couple of weeks ago when an advertisement appeared for “Head of quality improvement” at the Society. Alas, the postholder is to monitor the activities of the membership, not the Society. The Society must be more open to scrutiny by, and receptive to criticism by, its membership if it is to prosper. As a first step to re-engaging the membership may I suggest that the President urgently looks at cost issues at the Society, such as the necessity of regular purchase by the library of books few are likely to read, and provision of private health care for some Society staff.

Tony Blair famously declared that the new Labour Government had “24 hours to save the NHS”. The Society may have life yet, but at the moment it appears to be rejecting its own life-blood — the membership. Pharmacy is a great profession and as yet I do not regret my career choice, but I am beginning to have my doubts. It is time the Council and the Society employees alike grasped the issues that affect grass-roots pharmacists and acted as their advocates, rather than giving thin excuses for inaction and the impression of

working to an alternative, self-serving agenda.

#### Duncan Livingstone

*North Lancing, West Sussex*

## ■ THE JOURNAL

### PJ should be free from “dead hand” of Lambeth

From Mr D. J. Willcocks, MRPharmS

Your pages are full of change and reform. The one great reform I would like to see is the freeing of *The Pharmaceutical Journal* from its official link with the Royal Pharmaceutical Society.

At the present, the only good thing to come out of Lambeth is the *PJ*. It is essential reading, absolutely crammed with the information we need to practise pharmacy. The one glaring exception is in the reporting of the doings of the Council and officers of the Society. In this instance, we readers, members of the Society for the most part, are in much the same position as the old Kremlin watchers in pre-glasnost Russia.

What, for example, are we supposed to make of the recent letter of Peter Curphey (*PJ*, 16 October, p559) lambasting his erstwhile colleague Sid Dajani (*PJ*, 9 October, p559)? Is this a difference of emphasis, a personal feud or the sign of a massive schism in the leadership of our Society? Which one is headed for the Politburo, which one to the Gulag?

You run an excellent publication, not a bit like *Pravda*, but freed of the dead hand of the Lambeth establishment and given real editorial control, I am sure you could do a lot more to let the bewildered membership know what is really happening.

#### David J. Willcocks

*Newport, Gwent*

The “dead hand of the Lambeth establishment” controlling *The Journal* is more in the mind of Mr Willcocks than in reality. *The Journal*, like every other independent publication, has to be aware of the sensitivities of its publisher, which may make us pay more attention to certain issues. Nevertheless, we are free to publish whatever we want, and not publish what we do not want. The coverage of Society matters (including the Council’s) would be far less comprehensive if *The Journal* were owned by another organisation. — EDITOR.