

CONNECTING FOR HEALTH

## More independent public scrutiny needed

From Mr N. G. Ford, MRPharmS

Andrew Gledhill (*PJ*, 3 December, p685) informs us that new patient administration systems are to be installed over the next 12 months in most NHS hospitals and confidently predicts that we are to have this technology in place soon and save lives. Although I applaud such optimism I think a word of caution might be appropriate, based on long years of experience in using information technology in the acute sector.

From my experience there has to be a strong commitment by local management, clinical staff and local IT competence to implement these systems successfully. At Burton Hospitals NHS Trust we have a system that has been slowly developing over a number of years and has a sophisticated electronic prescribing and drug administration system integrated into a fairly comprehensive electronic patient record system. Our systems have involved many years of commitment and have overcome many technical, managerial and local political obstacles. We have found that system specifications can become a dreamy wish list if not structured into a realistic implementation strategy, and based solidly on existing and proven technology. So the complexity and commitment required at a local level to get these systems to work must not be underestimated. Regrettably, our system, along with other systems, is sometimes referred to as a "legacy" system either for convenience or through ignorance of the level of functionality achieved.

The national Connecting for Health programme, as its name suggests, seems to be changing the emphasis to connecting our systems and pooling key information needed for improving communication and patient care. Much of the essential infrastructure to enable this technology, both hardware and standardised coding is at last being put into place.

However, it will always be up to local trust management and employees to put in the necessary hard work to develop and implement local systems that can exploit this new information infrastructure that will, we hope, evolve in the coming years over the NHSnet and provide support to clinical staff in caring for patients. I am not sure this technology will save many lives, but it will certainly help us treat patients more effectively, improve safety, efficiency and quality of care and may even improve the flagging image of the NHS as a well run service.

The National Programme for IT has made a lot of promises, many of which are being honoured in the primary sector. I await with interest developments in the secondary sector. No one can doubt the aims of the programme but I believe more independent public scrutiny of the programme is needed because of the large sums of money and commercial interest involved and better use made of all that hard-won experience from the users of existing systems.

**Nick Ford**  
*Burton on Trent,  
Staffordshire*

PACKAGING

## Overuse of colour will not help to reduce dispensing errors

From Mr S. H. Willgress, MRPharmS

I welcome the recently published "Information design for patient safety" by designer Thea Swayne (*PJ*, 15 October, p472, and 22 October, p507), which focuses on simple changes to design which can make medicines packaging safer for patients. One of the solutions proposed is the avoidance of colour coding, which can lead to users not reading the text on a package. Other design improvements suggested include the placement of the drug name and strength above a standard block of space provided for the dispensing label, and the use of legible font sizes.

Although this guide is insightful and balanced, it is our recent experience that the product information unit (PIU) at the Medicines and Healthcare products Regulatory Agency has taken up the colour differentiation aspect with single-minded advocacy. However, there are a finite number of legible contrasting colour combinations that could be used, many fewer than the number of products on the shelves of any dispensary. Indeed Ms Swayne suggests that colour differentiation needs to be approached with care.

I see no substitute for maximum legibility of the product name and strength with adequate space for clear directions. There are more ways to achieve this than with a kaleidoscope of colours. The overuse of colour will not help to reduce errors. We would advocate the use of set colours for strengths, eg, as already successfully used for warfarin. This could use up to five colours, eg, white, yellow, red etc. The focus needs to be on the readability of packs.

It should never be forgotten that there is no substitute for the role of the pharmacist and medical staff as the people responsible for checking the product labelling.

**Stephen Willgress**  
*Technical Director  
Athlone Laboratories  
Ireland*

### Telephone number

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

PREREGISTRATION PAYMENTS

## Check correct rates have been applied

From Mr N. Shah, MRPharmS

My preregistration trainee was employed from September 2004 to September 2005. The payment claim from my local primary care trust should therefore have been for six months under the old contract rate and six under new higher rate. However, my PCT applied the higher rate only to the last four months.

After receiving advice from Sue Sharpe at the Pharmaceutical Services Negotiating Committee, I drew the PCT's attention to the Drug Tariff, part XIII, which states that the grant is payable from 1 April 2005 so the PCT could not decide to pay at the lower rate. The error was then rectified.

I hope my experience is of interest to those who may not have checked if the correct rates have been applied in their claims.

**Nitin Shah**  
*Fulham Pharmacy, London*

## Letters to the editor

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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.

## ■ OTHER PROFESSIONS

**Do not generalise the attitude of GPs**

From Dr A. J. Cooper, MB BS, MRPharmS

Irram Irshad's comment (*PJ*, 19 November, p632) that GPs ignore the work done by pharmacists is a complete assumption. Clearly, the full set of facts for the situations to which she refers are unknown and therefore cannot be commented upon.

Miss Irshad gives the impression that all GPs are dismissive of the contribution that other health care professionals make to patient care and she suggests that some GPs ignore their patients. This is a dangerous generalisation. All professions have poor performers within them (including medicine and pharmacy) that taint the name of the profession as a whole. However, pigeon-holing the whole of the profession is unjustified and insulting to those of us who work hard for the benefit of our patients.

I originally qualified as a pharmacist, but later went on to study medicine and am now undertaking GP training. I appreciate that pharmacists provide an excellent service and both my colleagues and me find pharmacist input valuable in optimising patient care.

In today's health service, we should be working with each other as a multidisciplinary team, not hurling insults and making generalisations.

**Alison Cooper**  
Princess Alexandra Hospital  
Harlow, Essex

## ■ THE GUILD

**Where are the results of the consultation?**

From Mr W. T. Brookes, FRPharmS

The closing date for members of the Guild of Healthcare Pharmacists to respond to the consultation on changes to the guild's structure and functions was 21 November 2005. It is reasonable to expect, some three weeks later, that guild members would have been informed of the result but to date this has not happened.

May I urge the guild council and Amicus officers to publish the results as soon as possible.

**W. T. Brookes**  
Honorary Vice-President  
Guild of Healthcare Pharmacists

## ■ PHARMACY MONITORING

**No payment for extra locum cover**

From Mr A. D. M. Martin, MRPharmS

I do not think James Murray is ever likely to get the answer "yes" from a primary care trust to the question of whether PCTs will pay for additional locum cover (*Community Pharmacist*, November 2005, pS2, published with *The Pharmaceutical Journal*, 26 November). Such funding is included in the new community pharmacy contract.

**Andrew Martin**  
Programme Director — Medicines  
Management  
Bury Primary Care Trust

## ■ INTERNET EYE DROPS

**A warning from the FDA**

From Mr M. M. Furnell, MRPharmS, and others

We wish to bring to pharmacists' attention an item on the safety of certain eye drops products which are available in UK only from the internet. On 29 November 2005 the US Food and Drug Administration stopped the manufacture and distribution of products made by the American manufacturer Molecular Biologics (MBI Distributing Inc).<sup>1</sup> These products included Bright Eyes and Can-C, among others. These two products are promoted on various websites for rejuvenating tired eyes and claim to reduce cataracts.

Consumers, health care providers, and caregivers are recommended by the FDA to dispose of these products. Pharmacists in the UK should be aware of this statement and advise their patients to stop using these drops if they are known to have purchased them, and to report any adverse reactions to the Medicines and Healthcare Products Regulatory Agency.

**Malcolm Furnell**  
Lead Pharmacist, Ophthalmology  
**Michael Pettit**  
Principal Pharmacist  
**Saul Rajak**  
**Vincent Dubois**  
Senior House Officers  
Sussex Eye Hospital, Brighton

## Reference

1. Manufacturer of over-the-counter eye drops signs consent decree with FDA, FDA News. 29 November 2005.

## ■ PREREGISTRATION TRAINING

**Tutors need an incentive to teach well**

From Mr R. Firfirey

I have read that pharmacies receive a grant in excess of £16,000 for each preregistration trainee they have (*PJ*, 5 March, p262). I believe that this figure should be decreased and a bonus lump sum should be given upon the trainee gaining a satisfactory report at the end of his or her training period.

Some tutors and companies could put in a lot more effort into developing their preregistration trainees and increasing their competence, and there needs to be some kind of incentive to encourage a more active role in trainee's training and development.

**Riaz Firfirey**  
Preregistration Trainee  
Blackburn, Lancashire

## ■ THE JOURNAL

**Academic rigour?**

From Mr P. E. Penson, MRPharmS

I was interested to read "Patients question pharmacists' skills for MURs" (*PJ*, 10 December, p712) until I discovered that only 29 patients had given their opinion. Why is a supposedly reputable journal headlining the results of research conducted with such a small sample? What has happened to *The Journal's* academic rigour?

**Peter Penson**  
Welsh School of Pharmacy, Cardiff