

■ SPCs

Is Paramol information incorrect?

From Mr G. Diamond, MRPharmS

Recently a customer enquired about advice on a patient information leaflet for over-the-counter Paramol (paracetamol 500mg and dihydrocodeine tartrate 7.46mg) tablets. She asked if it was safe to continue to take Paramol as she was on medication for hypothyroidism. The special warning and precautions section on the summary of product characteristics highlights "reducing doses in the elderly, hyperthyroidism and chronic hepatic disease".

I decided to log this as a College of Pharmacy Practice intervention as it seemed an interesting case.

I discovered from a textbook that the precaution for Paramol may be referring to "hypothyroidism" and non-specifically to "narcotics". Furthermore, I confirmed with the manufacturer's medical information officer who confirmed "hypothyroidism" rather than "hyperthyroidism". For good measure I consulted the Royal Pharmaceutical Society's library information officer who said that the SPC did refer to "hyperthyroidism". The information officer kindly e-mailed me some further references.

I advised the patient to refrain from taking the tablets until she clarified the matter with her own doctor. I understand that untreated cases of severe hypothyroidism can precipitate a rare myxoedema coma along with other drugs, including narcotics, which

contribute to CNS suppression. If anyone can give me further information regarding Paramol in relation to contraindications in thyroid conditions I would be grateful. My guess is that the SPC should read "hypothyroidism" instead of "hyperthyroidism".

Gerry Diamond
Manchester

CHRIS ROBINSON, regulatory affairs controller at SSL International plc, responds: Mr Diamond is indeed correct in his conclusion that the summary of product characteristics for Paramol caplets should read hypothyroidism and not hyperthyroidism.

We are grateful to Mr Diamond for pointing out this inaccuracy, which, it appears, was due to an administrative error. Steps are being taken to correct this detail as quickly as possible.

■ PRESCRIPTION PRICING

Independent and small group pharmacies are refusing to dispense expensive items

From Mr A. Sidhu,
MRPharmS

I am seeing an increase in the number of prescriptions for expensive items (eg, norditropin) in the pharmacy I work for (Boots The Chemists). Many patients are informing me that other independent pharmacies have specifically told them that they will not dispense their prescription as it is too expensive for them to order. I may be wrong but is this not

breaking our terms of service by refusing to dispense a prescription? Is there an ethical issue involved?

Imagine the scenario: "I am sorry madam but I cannot dispense your prescription since it is expensive for me to order. I will not get reimbursed for a few months and do not get a wholesale discount like the other chemist does. Perhaps you should go there."

This conversation sounds preposterous as the patient is being told that they cannot be cared for because it is not financially viable.

If the current way that prescriptions are reimbursed by the Prescription Pricing Authority does not change, large multiples are better placed to provide care for patients if cost is an issue when deciding to dispense a prescription. Independent pharmacies are damaging the public's perception

of them and this in turn is damaging the profession as a whole. Why else do other professionals see us as money grabbers?

Amandip Sidhu
London

STEPHEN LUTENER, head of regulation at the Pharmaceutical Services Negotiating Committee, responds: Paragraph 5 of the Pharmacists' Terms of Service requires a pharmacy contractor to dispense with reasonable promptness, all prescriptions for medicines, unless they are scheduled drugs or one of the exceptions applies.

A sudden exceptional expensive prescription could cause serious cash flow problems for some pharmacy contractors. In this situation, we would recommend that pharmacy contractors contact their primary care trust and request an advance payment for that particular item, rather than waiting for payment via the normal payment cycle. It must be stressed, however, that such a decision would be discretionary for the PCT.

Broad spectrum

The Broad Spectrum feature is open to any reader. Contributions of around 1,100 words commenting on topical issues should be sent to graeme.smith@pharmj.org.uk for consideration

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Letters to the editor

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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.

 OXYGEN SUPPLIES

New contract causing chaos

From Mr K. C. Patel, MRPharmS

A distraught patient came to see me this week to seek assurance about future oxygen supplies for her ailing husband. She is typical of a large number of our oxygen patients who have come to rely on their community pharmacists for a reliable supply of oxygen.

She had telephoned the BOC help line in order to gauge information on transition to the new service and was told that if she needed any more information she should go their website. When she told them that she did not have a computer at home, she was advised to go to her local library to get access to one.

She was further informed that there would probably be two days in the week when BOC would deliver. However, the company would not be able to give her delivery times. This means that she would have to give up a whole day waiting for her husband's oxygen delivery.

The question she asked me, for which I had no answer, was what would happen if she needed an oxygen cylinder on a Friday evening or a Saturday. In the past we have always been able to help.

Once again we find the Department of Health has conceived a service, which was once run efficiently by community pharmacists, and has successfully brought chaos to it. We shall no doubt hear in some not so distant future how much extra this is going to cost.

Kiran Patel
Luton, Bedfordshire

PCTs should be stepping in

From Mr A. Phillips, MRPharmS

So here we are, nearly a week into the new oxygen supply arrangements and it appears that all our worst fears are coming true: patients, unaware of the change in arrangements are panicking over their needed oxygen; GP surgeries are refusing to issue post-dated prescriptions to allow us to supply cylinders; patients are requiring new head sets because cylinders with integral heads were previously supplied by contractors; our new oxygen supplier is quoting delivery next week; patients are unable to

get through to oxygen suppliers as the suppliers struggle to cope with the rush; there is a shortage of oxygen nurses to assess patients' needs and there is a shortage of actual oxygen cylinders available from contractors.

Now these problems were patently going to occur with such a shambolically handled change to the arrangements, so why have the primary care trusts not been working to prevent them? PCTs are quick enough to send out materials telling us what we must do, but where is the guidance for pharmacists and GPs in this critical period?

Certainly the response from our local PCT has been complete silence. Can we not see that when PCTs trumpet a 66–97 per cent acknowledgement of the change from patients (*PJ*, 28 January, pp101–2), ie, at best only three domiciliary oxygen patients in 100 will be without oxygen, that this handover has been mishandled in an appalling manner? Why have PCTs not been compelled to make personal contact with all domiciliary oxygen patients — especially as many such patients are elderly or confused and have not understood the ramifications of the proforma letters sent out? I also think that we should be asking why, when the failings in the new arrangements became clear by Tuesday this week, that some PCTs have not been seen to be doing their utmost to ease the transition.

Alun Phillips
Liverpool

JEANNETTE HOWE, head of pharmacy at the Department of Health, replies: For many years, pharmacy contractors have been providing a valued oxygen cylinder service for patients at home. However, pharmacy contractors, like others providing and receiving the home oxygen service, will be aware that the service has changed little over the years. The new service's key principles are that it should support clinical best practice in assessing and providing oxygen therapy to patients (this has been recently updated by the British Thoracic Society) and improve patients' access to modern, up-to-date equipment that can help improve their quality of life. Health care professionals, patient representatives and others have welcomed this opportunity to provide a modernised service.

The NHS and suppliers have worked hard to introduce the new service over the past few months.

Working with GPs, suppliers have been able to complete the successful transfer of thousands of patients receiving a concentrator service before 1 February 2006. We are greatly encouraged that GPs and other health care professionals are using the new home order form, since this supports a six-month transitional programme, in which there will be a phased transfer of patients (particularly those using cylinder oxygen) to new suppliers. We expect to see most patients transfer to the new suppliers well before July 2006.

However, in the first days of the new service, the new suppliers received a huge volume of orders, with many providing insufficient information to support delivery of the required service. All suppliers are investing significant extra resources to handle these orders and are working with primary care trusts to ensure that plans for a managed transfer of patients are back on track. The DoH, with PCTs, will continue to monitor these plans closely throughout the transitional period.

Pharmacy contractors have made a tremendous contribution in helping us return to these planned arrangements. We and our NHS colleagues appreciate their immediate and outstanding response in many parts of the country, which has helped ensure that patients continue to receive the service they need. I would like to take this opportunity to say thank you to pharmacists for their continuing support at this time.

Hidden agenda?

From Mr P. Walton, MRPharmS

I am amazed that such an august publication as *The Pharmaceutical Journal* can be persuaded by Air Products to publish such a blatant untruth to deflect criticism of their gross inefficiency.

I refer to your article, 11 February, p155, in which Air Products claim that transitional arrangements had always included the continuation of GPs prescribing oxygen on an FP10 prescription.

If you had checked the facts, you would have been aware that it was an omission by the Department of Health to change the Prescription Pricing Authority regulations allowing the continuing use of FP10s. It was neither planned nor intended, unless of course there had always been a hidden agenda of which the Pharmaceutical Services

Negotiating Committee and community pharmacy oxygen contractors had not been made aware.

Peter Walton
Workington,
Cumbria

Confusion

From Mr I. Morgan, MRPharmS

I am pleased to be able to say "I told you so" about the transfer of oxygen supplies from community pharmacies to the oxygen providers direct.

In the first instance, the changeover was to take place in October 2005 and, despite the time scale for setting this up, it had to be deferred until the beginning of this month. I am the superintendent pharmacist of a busy pharmacy close to the town's GP practices, responsible for the welfare of about 35 patients on home oxygen therapy at any one time. I was distressed on Friday (3 February) to discover that no one could reach this area's supplier, Air Products, as the telephones were not being answered. I knew, of course, that we would not be reimbursed for any prescriptions dated after 1 February, and suggested that patients and doctors persevere with their telephoning. The decision to give the contract for supply to Air Products to cover the greater part of the country was a master stroke on someone's part, especially as the company has only one contact number for all their service regions.

On Monday, I discovered that the company had "faxed GP surgeries informing them to continue using FP10s to cover oxygen supplies" and that "pharmacists would supply". I also discovered that the Department of Health had "faxed primary care trust offices informing them of this decision", but, guess what, nobody thought to inform any pharmacists, so as far as we were concerned there would be no reimbursement for NHS prescriptions. I contacted the National Pharmacy Association for a decision on this and was told that the information was on both their own, and the Pharmaceutical Services Negotiating Committee's website, the browsing of which is not possible at this pharmacy. Today, I have received a new prescription for a cylinder and giving set, the supply of which, I again presume, will not be paid for, since the information coming from most bodies seems to suggest that

continued supply of cylinders is allowed, but that new patients should be dealt with by the new suppliers. There also seems to be a problem with the home oxygen order forms as some doctors are saying that they have received none and others have, but have not yet even looked at them.

We are now told that the DoH has yet to amend the regulations to stop the reimbursement of FP10s, and that this will not happen before April.

Please, will somebody give us a decision, in writing, that we can all understand, so that patient care will not be compromised.

Ian Morgan
Hinckley,
Leicestershire

Not getting through, not delivering

From Mr T. Mahmood,
MRPharmS

The oxygen therapy service handover to Air Products has not been smooth. I have been calling Air Products since 1 February 2006 to discuss service to my 23 oxygen patients and have had no success. When one of my patients, or I, telephones Air Products the message since 1 February is always: "We are experiencing a high volume of calls."

I have found that Air Products has not yet delivered on this service, despite negotiations over the past few years. As a result I think that money should have been injected into the pharmacy service to improve it. I understand that the cost for an oxygen service via Air Products is much more than what would have been incurred through the pharmacy service.

Pharmacies have been delivered a blow to their service. I hope there are no more surprises around the corner.

Tariq Mahmood
Romford,
Essex

Failure to deliver — a reflection of how we value the vulnerable?

From Mr L. S. Sprey,
MRPharmS

A litmus test for civilisation is to see the way a society values its vulnerable members. By that standard, England is lagging behind miserably, by the way it is treating

patients requiring oxygen therapy at home.

The new service to supply oxygen to patients at home was in complete chaos after only its first three days, leaving vulnerable patients without oxygen supplies. So, after two years of supposedly careful preparation, the new suppliers failed their patients at the first hurdle.

The collapse of this vital service is unbelievable. The primary care trusts know exactly how many oxygen patients each pharmacy has and delivers to. This information should have easily been extrapolated by the new suppliers, who have had more than ample time to prepare for the start date of 1 February 2006.

This situation is a dangerous fiasco that smacks of gross incompetence by the new contractors. Pharmacies in Brighton now have to restart delivering oxygen to patients in the community, even though many have wound down their oxygen supply operation. We, at Ashtons Late Night Pharmacy, have reduced our oxygen stocks and let some delivery staff go, only to find ourselves having to fill the gap in the name of patient care.

A few years ago, I saw a poster depicting an elderly, stooped and rather frail looking woman walking down the road with the aid of a cane. All you could see was her back as she walked. It certainly conjured up a bleak image, which on its own was moving enough, but the caption underneath the picture must have touched everyone who read it. The words were: "Let us not be known as the generation that saved the whales, saved the trees, but forgot our own kind."

Laurence S. Sprey
Managing Director
Ashtons Late Night Pharmacy,
Brighton

To read what the oxygen suppliers have to say on this issue, turn to **News**, p191 — EDITOR

THE JOURNAL

Narrow-minded

From Dr K. Beard, FRCPE

I was pleased to see your comprehensive report on the conference "Drug safety — everyone's business" held recently at the Royal College of Physicians of Edinburgh (*PJ*, 4 February, p139). Unfortunately, your

headline does not reflect the overall mood of the meeting where many important issues were debated at length.

In addition, I was disappointed in the tone of the concluding paragraph, amplified in your article subtitle, which suggested that the conference organising committee failed to consider including a pharmacist in the programme. Your readers can be reassured that a pharmacist was included in the draft programme, but a change of plan on his part necessitated some rearrangement by the committee.

I firmly believe that the science and delivery of drug safety can only be advanced by adopting a truly multidisciplinary approach, but I fear that misleading, avoidable and rather narrow-minded comments will not help.

Keith Beard
Chairman, Organising Committee
Royal College of Physicians of
Edinburgh

E-mail
E-mail correspondents are asked to give a full postal address or membership number

STATINS

Evidence for night-time dosing

From Mr J. E. Ashmore,
MRPharmS

I have read the letter from Irene Gummerson with interest, with regards to the administration of statins (*PJ*, 11 February, p166). For several years I have been advising patients to take simvastatin in the early evening and have labelled the packaging accordingly. After completing a continuing education paper I believe that the level of cholesterol production increases in the evening with a peak blood level at approximately 10pm. It therefore seems appropriate to dose in time for this production. The Zocor entry in the ABPI Medicines Compendium confirms evening dosing, as have patient information leaflets for several years. If the dose is 36.3 per cent effective at night and 20 per cent effective at lunchtime, does any information exist regarding the early evening?

Jim Ashmore
Halesowen,
West Midlands

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