

THE PROFESSION

We are failing ourselves

From Mr A. G. B. Jones, MRPharmS

My pharmacy colleague and political foe Sandra Gidley is right to point out that pharmacy all too often adopts the "ostrich head" approach to political engagement (*PJ*, 30 September, p420). As a veteran of many Conservative Party conferences I would concur that pharmacy's absence is noticeable. By failing to engage so many crucial opinion formers at both national and local level we fail ourselves.

I find my community pharmacy background a huge political asset. Through my pharmacy I have a rapport with my electorate that is second to none. As a pharmacist I am treated with a level of trust and respect unheard of by many other professionals (a great asset for any politician).

Collectively we are held in high esteem by the population but we fail to translate this goodwill into the sort of influence that is exercised by many other health professionals. Although we engage at a high level, our influence elsewhere is patchy. We often fail to build up the strong relationships with local MPs, councils and councillors that would allow us to use our influence so much more effectively and to show what pharmacy and pharmacists are capable of.

Large income streams from central government, much of it attached to obesity and smoking cessation targets, are coming through the local area agreement process to local government. Pharmacy could help deliver these targets but only by engagement at all levels in the political process.

There is ever more integration between health and social services departments, which presents pharmacy with opportunities and challenges.

Our engagement with the political process is often sporadic and reactive (control-of-entry, resale price maintenance) and needs to become broader and more cohesive. When we show leadership, public opinion follows us. As pharmacists we collectively and individually fail to appreciate our influence with the public and thereby with politicians.

Graham Jones

Leader
West Berkshire Council

MESSAGING SERVICE

Pharmacy electronic trading for secondary care comes of age

From Mr T. Garlick

As previously reported, from 1 October, the Pharmacy Messaging Service will cease to be an NHS Purchasing and Supply Agency (PASA) initiative and become a commercial offering by GHX UK (formerly TecSol).

This service will be complementary to the existing front end solutions, Powergate and Medecator, which already facilitate e-commerce between hospital pharmacies and their suppliers. Both these solutions act as the entry point to e-commerce for hospital pharmacy, while the PMS will independently focus on supplier engagement.

The PMS has completed a full pilot programme and has received support from the PASA, the British Association of Pharmaceutical

Wholesalers members and from pharmaceutical suppliers. As a result of discussions supported by all BAPW members, it has been agreed that the PMS will no longer be a chargeable service to NHS hospital pharmacies and the PMS has been defined as the preferred solution for electronic trading with hospital pharmacy.

This development will have a positive impact on e-commerce for hospital pharmacies and their suppliers, by minimising the costs associated with e-commerce and enabling more trusts to enjoy its proven benefits.

This in turn will benefit suppliers wishing to trade electronically with NHS Pharmacy.

Tony Garlick

Technical Director
British Association of Pharmaceutical Wholesalers

PRESCRIBING OF STATINS

Statin prescribing is actually increasing

From Mrs A. G. Riley, MRPharmS

The news article in the *PJ* of 23 September (p360) reporting a fall in the number of prescriptions for statins will, I suspect, have surprised most readers. As reported, the original paper on which the article was based was published in *The Journal of Pharmacoepidemiology and Drug Safety*. It was suggested that a fall in the number of prescriptions for statins was associated with the availability of over-the-counter simvastatin. No data were provided on the number of sales of OTC simvastatin. Locally, sales of this drug have been almost non-existent and I suspect this is

reflected nationally.

The authors of the original paper found a fall in the number of prescriptions for 10mg statins. I would argue it is inappropriate to look at 10mg doses of statins collectively because the different statins all have different potencies. In this primary care trust, we have seen a large increase in the use of simvastatin, particularly the 40mg strength, reflecting the large evidence base for this drug and the significant price reduction following the availability of generic simvastatin.

Overall, however, there has been an increase in the number of all prescriptions for statins, both locally and nationally. This increase was expected; the National Institute for Health and Clinical Excellence guidance on statin therapy issued in January 2006 recommended that statin treatment be considered in all patients with a cardiovascular risk of 20 per cent or more over 10 years. This has resulted in significantly more patients being eligible for treatment.

The authors of the paper had obtained prescribing information from the General Practice Research Database. General practice databases are useful because they allow researchers to match prescribing to diagnosis. For accurate data on prescribing only, we have the information provided by the Prescription Pricing Division of the NHS Business Services Authority. This shows the expected increase in statin prescribing.

Genine Riley

Head of Medicines Management
Burntwood, Lichfield & Tamworth
Locality
South Staffordshire Primary Care Trust

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■ NHS

Crumbling care for the community

From Mrs A. Morant, MRPharmS

Care for the community has been on a downward spiral since the removal of the essential pharmacy allowance. Consequently, I consider that David Kent, in his letter entitled "Independent pharmacy is heading towards a bleak future" (*PJ*, 30 September, p301), is understating the case in blaming the Pharmaceutical Services Negotiating Committee.

Unfortunately, there is no joined-up thinking within the NHS, nor is there any understanding of the essential role played by community pharmacies across the country. Lip service has been paid to us, but nothing else. The decreasing number of independent pharmacies is just one of the symptoms of a greater malaise.

Putting aside our partisan interests for just a moment, it is no secret that the local (I repeat, local) pharmacy is the first port of call for most people when they are feeling unwell. As we all know, although most episodes will be minor, there will be some that, if the patient is not referred rapidly to a GP, could become serious. This, if one refers to any of the myriad of expensive consultancy discussion documents circulating within the higher echelons of the NHS, is now more formally known as triage.

As local pharmacies cease to be viable as a result of the new payment schedule, and the multiples favour a smaller number of larger shops in major shopping centres, a vital resource for the elderly and the infirm will wither away. Thus, the opportunity to identify and deal with early symptoms will disappear with the result that there will be a greater burden on GPs and on already overloaded accident and emergency departments.

This particularly concerns me as I retire at the end of this year from what has been, in the past, a satisfying career as a locum community pharmacist. When I emerge from behind the counter I will join the growing mass of the elderly who are facing a future where access to health care is becoming more difficult despite the increasing amount of money being poured into the NHS.

Annette Morant

Edgware,
Middlesex

■ THE SOCIETY

The Council has written its own meal ticket

From Mr J. E. Balmford, FRPharmS

As the mover of "Motion C" at the branch representatives' meeting on 25 May, which dealt with attendance fees paid to Royal Pharmaceutical Society Council members and was carried by the meeting, I am not satisfied with the response given by the Council (*PJ*, 16 September, p351).

I wrote to Ann Lewis, Secretary and Registrar, on 24 October 2005, objecting to the proposed alteration to the byelaw and pointing out that the Privy Council had expressed the view that the fees payable to members of Council should be a matter for the Society's own members. I therefore urged the Privy Council to insist that any increase in fees would have to be approved by an annual general meeting.

I received a reply from the Privy Council on 31 October 2005, which stated that the point I raised was interesting and appropriate, and that it would be in accordance with good governance that control was exercised by a body independent of the Council itself.

Despite this reply, the Council went ahead and sought the approval of the Privy Council and had the amendment to the first paragraph of (3) of section VII of the byelaw approved. The Council, presumably on the advice of senior staff, have now written their own "meal ticket".

The Council's response as published in the *PJ* (9 September, p351) ignores the membership. The annual general meeting, in spite of its small attendance, is representative of a large section of the Society — many of those attending are also branch representatives and are therefore an important voice. Even if the AGM cannot approve increases in attendance fees owing to perceived difficulties caused by the interests of pharmacy technicians and the need to avoid a proxy vote, any views and observations expressed at any AGM would have to be considered.

John E. Balmford

Past President
Royal Pharmaceutical Society



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■ PFIZER PRODUCTS

What happened to goodwill?

From Mr P. J. Reeder,
MRPharmS

The proposals from Pfizer to limit distribution to one wholesaler seem to be misguided and wholly inappropriate. I see no reason at all why other wholesalers should not have systems for ensuring supplies of Pfizer products come only from the correct source and, in fact, they already have that obligation. The move will distort discounts and will be an unfair restriction on trade for UniChem's competitors.

Why is this being proposed without proper consultation with the profession? I think that Pfizer would be well advised to reconsider this proposal. A business has to be built on goodwill between a supplier and its customers. Pfizer seems to have forgotten this.

Philip Reeder
Welbourn,
Lincolnshire

An unfair monopoly?

From Mr E. A. Goran,
MRPharmS

There are so many questions that arise from the distribution agreement between Pfizer and UniChem. How are non-UniChem customers going to obtain Pfizer products? Will they be forced to set up an account with UniChem and will that account be subject to a surcharge if it does not reach a minimum level, as is currently the case? How will loss of substantial product value affect the discount from other wholesalers? Will other manufacturers consider similar distribution models? Above all, could UniChem choose to distribute these products only to Alliance Boots stores?

The stated reason of Pfizer for this move is to reduce the potential for fake drugs to enter the distribution system. How does this achieve that objective? Surely the first reaction of many businesses will be to obtain more product as parallel imports, making Pfizer's job of keeping track of product much harder. Provided Pfizer only distributes its UK product to reputable national and regional wholesalers, why is a narrowing of this distribution going to decrease the likelihood of fake product being distributed? The comment

by the UniChem chief executive officer that this move will allay pharmacists' fears about fake product entering the supply chain is facile.

Make no mistake — in terms of its potential to distort the retail pharmacy market, this is enormous. There must be a united front in opposing this change. I would suggest that we should start by using as much parallel-imported Pfizer product as possible and that we use all possible contacts with GPs, be it through medicines use review reports, meetings or personal friendships, to encourage switching of patients away from Pfizer products to other acceptable alternatives. Make the Government aware of the situation through your local members of Parliament. Write to the Office of Fair Trading and to Pfizer direct to make them aware of the depth of feeling against this change. Above all, do not just accept it.

Elliot Goran
York

This anticompetitive move stinks

From Mr R. H. Ferguson,
MRPharmS

I have received a letter from Pfizer indicating that from March 2007, its entire range of prescription medicines will only be available through one wholesaler — UniChem. Despite claims that this is the company's way of securing the supply chain and reducing the risk of counterfeit medicines, improving visibility in the supply chain, and improving supply chain management, this anti-competitive move simply stinks.

Surely this type of monopoly situation over an entire portfolio of medicines cannot be good for the market, especially independent pharmacies.

Although the merger of Boots and Alliance UniChem has been greeted as good news for pharmacy, this latest move has surely undermined that dubious theory. No sooner has the ink dried on the deal, it appears the new company has conspired with Pfizer to form a cosy relationship excluding all others.

All pharmacies now will be forced to open an account with UniChem — what happened to choice?

I do have an account with UniChem, but I choose what I buy from it. I resent the fact that my choice has now been removed. It

would be interesting to know the cost implications for the excluded wholesalers.

Is there now going to be a feeding frenzy as rival wholesalers try to sign up their chosen manufacturers?

Ross Ferguson
Glasgow

Wait and see

From Mr J. M. Goldie,
FRPharmS

The profession appears to be about to be shafted. The independent sector of community pharmacy and possible some multiple pharmacies are reeling. As from March 2007 Pfizer will make its prescription products available only from UniChem.

This means that unless a specific monthly spend is achieved then no discount will be forthcoming from the wholesaler but the Prescription Pricing Division of the NHS Business Services Authority will still discount a pharmacy's reimbursement. Now I cannot believe that all the other wholesalers are prepared to lose

most of their customers to UniChem, so one must ask what will be their retaliatory action. Perhaps they might seek an injunction preventing Pfizer from following this course of action. Perhaps they might seek a similar agreement with a different manufacturer and really stir the pot. Does Pfizer's proposed action contravene competition legislation? Does it, in effect, produce a monopoly?

What of community pharmacy? Will it stand idly by watching its financial neck being wrung or will it take some sort of action itself? Will community pharmacists seek to persuade doctors that Pfizer's product ought not to be prescribed? Will community pharmacists explain to customers that they can no longer obtain certain preparations and recommend alternatives?

One thing is certain: if an external force is applied to a closed system then that system will act in a manner to negate the force. We must wait and see what will happen, but my sympathies lie with the community pharmacist.

J. Malcolm Goldie
Newcastle upon Tyne

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■ PFIZER PRODUCTS

How will the new arrangements benefit me?

From Mr J. R. Ahmed, MRPharmS

I have just received a letter from Pfizer regarding a change in the distribution of its products. I have two major concerns. First, I am not a UniChem customer and have no wish to support it. Secondly, I expect that I will not be receiving my normal wholesaler discount, and any averaging adjustments to my discount claw back will not cover the financial losses I will incur.

In what way is this a benefit to me and is there anyone who is strong enough to oppose these types of unilateral initiatives on the part of major pharmaceutical companies (I am already financially less well off as a result of GlaxoSmithKline's scheme).

Concerns about counterfeiting and managing the supply chain better are totally bogus arguments in my view. All pharmaceutical companies are in the same boat so what are the others going to do?

Jawaid Ahmed
Birmingham

■ STATUTORY COMMITTEE

Was pharmacist really unfit to practise?

From Mr M. Randerson, MRPharmS

I write regarding the Statutory Committee ruling reported in "Reprimand follows 20-fold dosage error" (*PJ*, 16 September, p000). The consequence of such an error is clearly extremely serious in terms of patient safety; however what Richard Woodroffe appears to have made is a basic error in accuracy checking, ie, failing to identify a case of right label, wrong product. I doubt that any pharmacist (or technician) has not made errors in accuracy checking and suggest that if, as the Statutory Committee stated, Mr Woodroffe has made a single error in 30 years he should be regarded as having an exceptionally good record of accurate practice overall.

The committee concluded that "the error did amount to such misconduct as to render Mr Woodroffe unfit to be on the Register". Given the likelihood of any "competent" pharmacist making a single accuracy checking error over a similar time, I would

suggest that if judged by the the same standard, the vast majority of the profession would equally be regarded as unfit to practise. Perhaps the committee needs to consider such cases in the context of the true frequency and nature of dispensing errors in the real world and review the criteria by which it judges pharmacists as fit, or otherwise, to practise.

Mark Randerson
Crossgates, North Yorkshire

The committee should have awarded a medal

From Mr P. D. Burgess, MRPharmS

May I suggest that there could be an appraisal of the functioning of the Statutory Committee? It is the reporting of the error and subsequent reprimand (*PJ*, 16 September, p353) that prompts me to ask this.

The committee decided that one error of supplying the wrong strength of tablet was sufficient to render Richard Woodroffe unfit to be on the Register but since it was a single error in 30 years of practice they decided on a reprimand. In my opinion the committee should be awarding a medal.

I do not think many pharmacists reading this Statutory Committee report will now want to be open or want to share their errors so they can be analysed to help prevent a recurrence.

Paul Burgess
Auckland, New Zealand

The Statutory Committee regulations do not allow the committee to administer a reprimand without first making a decision that the misconduct is serious enough for a striking-off in the absence of any mitigation. The new regulatory committees to be established under the forthcoming Pharmacists and Pharmacy Technicians Order will have less restrictive regulations and access to a much broader range of sanctions. The Statutory Committee has set out its approach to the imposition of sanctions in its "Indicative sanctions guidance" which is available on the Royal Pharmaceutical Society's website (www.rpsgb.org).—EDITOR.

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