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PFIZER PRODUCTS

I'm all right Jack!

From Mr A. Matalia, MRPharmS

It is interesting to read the objections of many pharmacists in relation to Pfizer's sole supplier distribution policy with UniChem. Many of those who object do so on grounds that the arrangement is anticompetitive. The irony is that many of these pharmacists do not object to contract limitation (in fact many openly support it), yet contract limitation is clearly anticompetitive. What a noble, unselfish group of people they are!

A. Matalia
Coventry

Is Pfizer's action part of a sustained campaign?

From Mr D. A. Ellerby, MRPharmS

Your headline "Outrage over Pfizer's distribution announcement" (*PJ*, 7 October, p413) held no surprises for me, for it appears that Pfizer has launched a broad and deep war with the intention of not only securing the integrity of product delivery, but also protecting its operational base in the UK.

In *The Guardian* for 28 September, in an article entitled "Drug firms' lobby tactics revealed", it was stated:

"Documents obtained by *The Guardian* under Freedom of Information legislation reveal that the world's biggest drug company, Pfizer, warned ministers that it could take its business elsewhere." Those documents said that minutes of a meeting with ministers at which company executives criticised the National Institute for Health and Clinical Excellence, record how Pfizer noted that "there is complacency in some quarters of Whitehall regarding [its] continued investment in the UK".

It is important that all of us monitor Pfizer closely. The law of supply and demand is a two-edged sword.

I would expect that Pfizer's new, closely controlled distribution of its products through UniChem should lead to efficiencies that enable prices to fall. But I wonder how soon demand will exceed supply resulting in elevated prices.

Dave Ellerby
Elgin, Morayshire

Another way to thwart Pfizer's proposal

From Mr J. R. Murphy, MRPharmS

I would like to suggest another way to thwart Pfizer's proposal to distribute all its medicines through UniChem. It seems that any customer wanting Pfizer products will have to open an account with UniChem. Perhaps everyone should open a new account. (Those already getting their stock from UniChem are likely to have an account with another wholesaler.) When Pfizer products become available from only UniChem then we could all use our UniChem accounts to order only Pfizer products and our other account for everything else.

I do not think it would take long for Pfizer to realise that supplying every pharmacy and hospital with twice daily deliveries for a handful of lines is uneconomic.

J. R. Murphy
Upminster, Essex

Pfizer has opened a can of worms

From Mr B. S. Shoker, MRPharmS

Pfizer has opened a can of worms with the deal which includes supplying atorvastatin through UniChem. Many companies and products may tie deals through other wholesalers. The impact of this move could be significant or minor depending on regional prescribing. All pharmacists should write to express concern.

However, in certain primary care trusts, the use of simvastatin is more encouraged as first-line treatment and pharmacists with prescribing suggestions and influence, and those who have good relationships with doctors and PCTs can suggest alternatives to them.

A big problem that may arise will be customer awareness. They may think that all atorvastatin from sources other than UniChem will be fake. This in turn will lead to patients asking about all drug manufacturers and authentication (apart from standard expiry dates and batch numbers). This may lead to pharmacy's professional image becoming altered because trust is lost.

Pfizer may also lose the support of pharmacists and has to be aware that it has many other products on which it relies. Will all these go in the same direction?

The only winners are UniChem, which has won a big contract, and Pfizer, for making atorvastatin supply exclusive, possibly forcing other manufacturers out of business because consumers may think their product inferior and possibly fake.

Barinderjit Shoker
Birmingham

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

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.

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SUPERDRUG

No bag full

From Mr P. J. Thomas, MRPharmS

Martin Crisp (*PJ*, 21 October, p484) expressed surprise at Kyle Brown's reaction to the Superdrug "bag" (*PJ*,14 October, p450). My experience was equally surprising. When I presented my paper bag at the local Superdrug branch I was met with blank looks and a long delay. A telephone call was made and I was told the offer to fill the bag with "supergoodies" was, in fact, a misprint or a typing error. I returned home with an empty bag. Perhaps I might have fared better if I had wanted a career with the company.

Peter Thomas
Liverpool

MARTIN CRISP, head of pharmacy, Superdrug Stores Plc, responds: I would like to apologise sincerely to Mr Thomas and any other pharmacist who experienced this misunderstanding. It is great to hear that people are as interested in our products as they are our job opportunities. As I mentioned in my previous letter we will take on board all the feedback received.

ELECTRONIC PRESCRIBING

Many hurdles to overcome

From Mr N. G. Ford, MRPharmS

I read with great interest the article by Stephen Goundrey-Smith (*PJ*, 21 October, p485). I agree with all he wrote and I believe the article is a good and brave attempt at summing up the current state of electronic prescribing in the NHS acute sector. Although, I wish we could change the shorthand to be more explicit (perhaps "electronic medication management").

I have been working at Burton on integrating and implementing electronic prescribing, medication management and patient records systems since 1992. From my experience these systems are complex and therefore take patience and perseverance to get right. Mr Goundrey-Smith rightly indicates the negative effect of the national programme for IT on local work in his article. I worry that the NPfIT has artificial and arbitrary time deadlines.

I hope Mr Goundrey-Smith will forgive me if I suggest an addition to his conclusions. Ethics is probably the greatest confounding factor when studying a system that impinges on patient safety as much as electronic prescribing. We continually get feedback from all disciplines using our systems and if we detect medication errors, if at all possible, we change the system, retrain staff or change procedures or drug use to help prevent future recurrence. In our experience the confounding factors are too numerous to come to any meaningful conclusion in a quantitive study. Unlike a drug trial where there is one intervention to evaluate, with a system as complex and rich as EP there are thousands all happening simultaneously. Perhaps we should focus attention and resources towards getting the systems right.

Our experience at Burton is that a well implemented system with sound system management and design has many real benefits but there are many hurdles still to overcome to realise the true potential of these systems.

Nick Ford
Pharmacy Department
Burton Hospitals NHS Trust

INSTALMENT PRESCRIPTIONS

Some acceptable method of payment must be found

From Mr R. C. Wells, MRPharmS

I would like to express my support for the points made by Martin Bennett in his letter titled "New instalment prescriptions putting contractors in a difficult position" (*PJ*, 14 October, p449). We were also given advice earlier this year that, where several days' methadone supply was split into individual dose amounts, claims for each amount could be made on a separate line, and would be reimbursed as individual items. More recent advice has contradicted this and we have seen a significant reduction in our July prescription numbers as counted by the Prescription Pricing Division compared with the count submitted by our branches, which dispense large volumes of methadone.

The concern we have is that if we are not to be reimbursed for the time taken to measure daily doses individually then we will be forced to supply in bulk for several days, thus increasing risk of larger amounts being "lost" or falling into the hands of children. Although we would accept that if only one entry is required in the Controlled Drugs register then only one CD fee is appropriate, some mechanism to pay a dispensing fee and container cost should be found.

Richard Wells
Superintendent Pharmacist
H. I. Weldrick Ltd

THE PROFESSION

CPP ready to take on leadership challenge

From Mr I. G. Simpson, FRPharmS

I was pleased to see that the College of Pharmacy Practice was mentioned twice in *The Pharmaceutical Journal* of 14 October.

The first was in your editorial "Who are the leaders?" (*PJ*, 14 October, p436) where you suggest that members of the college faculties might be considered as leaders of the profession. I agree totally with this comment and would suggest further that all fellows and members of the college have demonstrated leadership during the 25 years of the college's existence and continue to do so in many different fields of pharmacy practice. At the college, we are actively encouraging college fellows and members to stand for the three national boards and I hope that many of them are elected.

The second mention of the college was in Malcolm Brown's **Broad spectrum** article (*PJ*, 14 October, p446), in which he predicts the demise of the Royal Pharmaceutical Society as a professional leadership body and the emergence of a "royal college" based on the College of Pharmacy Practice. Whether or not the Society continues to exercise a professional leadership role, the college is keen to work with it and with other pharmacy bodies to provide the leadership necessary for our profession. Indeed, we have already provided the Society with a paper setting out options for closer working and suggesting a move towards a "royal college" structure. As Dr Brown says, for the college to take on this role would require an injection of funds and an increase in membership and capacity and, given that, we would be prepared to take on the challenge.

I understand that when the college was founded by the Society 25 years ago, it was the intention that it should evolve into a royal college, and it would be appropriate to start the second 25 years of our life with a move to make this objective a reality.

Ian G. Simpson
Chief Executive
College of Pharmacy Practice

FRACTURES

A common misconception

From Miss H. J. Leighton, MRPharmS

While at home recovering from a fractured ankle, I have been watching "City Hospital" on BBC1. I write because an elderly woman was featured, who had fractured her wrist in a fall. She said on her interview that she had been to the chemist and was told it was not broken as she could move her fingers. After a few more days she had gone to her GP, who sent her to hospital for an X-ray.

This concerned me greatly. I have done a vast amount of continuing professional development as a result of my injury and, in fact, when I was in hospital, one of the main concerns was that I could move my toes. If I had not been able to this, it would have signified severe nerve damage. I had a serious break, and yet could move my toes.

I fear that this is a common misconception. The only sure way to exclude a fracture is by imaging, not by seeing whether joints distal to the injury can be moved.

I would encourage colleagues to refer patients who have severe pain and bruising after a full body weight fall onto a joint, for medical attention, so that an X-ray can be obtained and correct treatment instigated from an early stage. This is particularly relevant in the elderly who are at risk of osteoporosis and pathological fractures.

Hazel Leighton
Swanley, Kent

SECTION 60 ORDER

Society should divest itself of its regulatory role

From Dr G. E. Appelbe, FRPharmS

Since my recent letter to *The Pharmaceutical Journal* (22 July, p106) I have had the opportunity to examine in detail the draft rules

that the Royal Pharmaceutical Society proposes to issue under the substantive Section 60 Order made under the Health Act 1999 which has not yet been implemented following its consultation period. The Order will no doubt be altered and I understand that a number of changes have already had to be made to it following the consultation. This will be inevitable as a result of the consultation and the publication of the Foster review on the regulation of the non-medical health care professions. The Society is rushing headlong into these changes without giving itself, and the membership, sufficient time to consider the potential outcomes. Surely it would be sensible to give more time for all concerned to understand the major changes that are about to take place. There is also concern that the Society has been implementing some of these rules as if it had the power so to do, which, as yet, it has not.

The Society issued seven draft rules on registration, registration appeals, voluntary removal from the Register, fraud/error, fitness to practise, legal and special advisers, and membership of committees. However without ploughing through the 141 pages plus 40 pages of notes and 33 questions, one is not fully aware of what the changes will bring. Even with the questions posed it is unrealistic for the Society to believe that the average pharmacist can fully comprehend these changes. Many pharmacists to whom I have spoken do not appreciate the complexity and the potential outcome.

I have examined these rules and have commented on them in detail to the Society. The rules, which may suit a regulator but not a professional body, are, in my view, draconian, denying rights, including some human rights, punishing wrongdoing and obstructing any form of rehabilitation and restoration. Most pharmacists could now fall foul of these rules. These rules, enforcing a punishment form of regulatory control, are quite unsuitable for the role of a professional body whose activity is to guide and help.

The Society must be reminded that it started as a professional membership body and still is the Royal Pharmaceutical Society of Great Britain. Until now it had a excellent record in balancing the two roles; this will cease if the draft Order and these rules become a reality. The sooner the Society divests itself of its regulatory role and removes the inevitable conflict of interest and returns, with its assets, to being a professional body for pharmacy, the better for the profession.

Gordon Appelbe
London

DAVID PRUCE, director of practice and quality improvement and chairman of the rules group, Royal Pharmaceutical Society, replies: The Society is grateful to the number of people who took the time to give us detailed comments on the Rules during the consultation that we held. We received a total of 54 responses of which 48 used the Society's questionnaire and six gave general comments. The 12-week consultation on the Rules was on a complex subject and was necessarily long. The responses were well thought out and most made helpful suggestions that will be taken on board and incorporated into our thinking. Indeed, the Council has already taken a number of decisions based on the responses received.

I cannot accept Dr Appelbe's suggestion that we are rushing headlong into these changes. The Section 60 Order is already many months late and we have found the constant delays frustrating.

I can also reassure Dr Appelbe that it is normal practice to develop the Rules in parallel with the Section 60 Order. The Section 60 order gives the Society a number of new powers such as allowing the new statutory committees to impose conditions on an individual's practice rather than striking them off the Register. This could include seeking treatment or undergoing a period of retraining. This will allow pharmacists to continue practising under supervision and allow rehabilitation. Currently, we can only deal with health cases by referring to the Statutory Committee. This is clearly inappropriate and the new Health Committee will be able to encourage rehabilitation at the same time as protecting the public. The powers give the new statutory committees options that the current Statutory Committee does not have. Finally, I cannot allow Dr Appelbe's assertion that "most pharmacists could now fall foul of these rules" to stand unchallenged. The vast majority of pharmacists are honest, hard-working professionals who would never dream of breaking the Code of Ethics or of committing a crime. Of those who do "fall foul of the rules", we would wish to see them rehabilitated rather than punished. However, there must always be the ultimate sanction of striking off where rehabilitation is either inappropriate or has failed.

LOCAL COUNCILS

NPA developing resources for members

From Ms H. Rhodes

I would like to add my support to the comments of Graham Jones (*PJ*, 7 October, p421), specifically to his call for closer engagement with local councillors.

Local authorities have long been significant for community pharmacy, especially due to the social services remit of many councils and their role in supporting the local business base. Health and social care agendas are destined to overlap increasingly. Recent primary care trust reconfiguration has led to greater co-terminosity with local authorities, and local authorities must, from April 2007, include health inequalities as a key indicator within their local area agreements.

In England, local strategic partnerships (LSPs) provide a vehicle for inter-agency collaboration. The National Pharmacy Association is conducting a survey of LSPs, and emerging findings reveal examples of joint commissioning of community pharmacy services to help achieve shared targets on older people, drug misuse, teenage pregnancy and smoking. Although the level of joint commissioning (and associated access to non-NHS funding) is apparently limited, this is not a reason to ignore local authorities. On the contrary, it is a summons to build relationships with council officers and elected politicians with social services and public health remits. The NPA has been scoping the local authority well-being agenda for some time and we are developing member resources. Members seeking to engage with local strategic partners can contact the NPA's NHS Service Development Department for guidance.

Helen Rhodes
NHS Service Development Manager (North-East & North-West England)
National Pharmacy Association

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