

■ PATIENT SAFETY

Use of antipsychotic medicines in Alzheimer's disease

From Mr R. Lyon, MRPharmS

After reading the article, "Understanding Alzheimer's disease" (*PJ*, 25 November 2006, pp643-6), I was concerned that the advice given in the second last section, entitled "Behavioural and psychiatric problems", might encourage the inappropriate use of antipsychotics.

The third paragraph on psychotic symptoms advocates atypical antipsychotics as first-line. No reference is made anywhere in the article about the Committee on Safety of Medicines warning in 2004 to avoid risperidone and olanzapine in patients with dementia because of the increased risk of strokes.

Our trust advises trying non-pharmacological interventions first-line and the use of any antipsychotic with great caution since the problems associated with risperidone and olanzapine may also apply to other antipsychotics, only the studies have not been done.

I would only advocate the use of antipsychotics if all the potential risks had been explained to the patient or carers and the discussions documented. I would then use the lowest possible dose with regular reviews.

Ray Lyon

Chief Pharmacist
Sussex Partnership NHS Trust

■ MURS

Medicines use reviews should be renamed "medicines MOTs"

From Mr U. A. Patel, MRPharmS

Further to your **Broad spectrum** article on medicines use reviews (*PJ*, 16 December 2006, p732), it is clear that MURs have caused a lot of confusion among pharmacists. So it is not surprising that the public have no clue what they are.

I suggest we call the MUR a "Medicines MOT". This is a simple term that everyone understands. It could be followed by a publicity slogan: "Ask your pharmacist for your free medicines MOT".

U. A. Patel

Northwood, Middlesex

■ SECTION 60 ORDER

Pharmacy may be sidelined into oblivion

From Mrs C. Glover, FRPharmS

The issue of communications and publicity for pharmacy as a profession is one which has always been a thorny question. How many times have pharmacists heard interviews about issues concerning drugs and dispensing and various pharmacy bodies — sometimes the Royal Pharmaceutical Society, the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee and the Company Chemists' Association — have been quoted as being the mouthpiece for the profession.

As a profession our efforts to bring about changes within the NHS has always been hampered by our own internal divisions sending varying messages to ministers and the government — the Society says one thing, the PSNC has a different view, the Company Chemists are to be invited to comment, etc, etc.

Effective leadership for the whole profession has only come when the Society has been really well led and has managed to engage with all the membership and other bodies to push policy development forward.

The Society's Council has decided to commission an independent review on how separating the functions of the Society could be achieved and a series of articles have appeared in *The Journal* all espousing the benefits of such action, but none of articles has mentioned the catastrophic effect that splitting the Society would have on our ability to influence nationwide policy.

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

When the regulation is removed what is left? A royal college, driving innovation, setting standards, and leading by example, or a trade union type of body like the British Medical Association or the Royal College of Nurses negotiating and defending members' rights?

Members will have to pay the regulator in order to practise; they can then choose whether to join the emasculated rump that is left.

There is also the possibility of the remaining portion being split between the three countries; this further dilutes our voice and influence.

Hospital pharmacists are much more likely to support the Guild, which can grow and blossom with increased interest and monies, and one can use similar arguments with other sections of the profession. The NPA now includes Boots among its membership, which significantly changes its position at any table.

So just who is going to want to pay a fat fee to the residual part of the split Society? It is going to need to be a big fee if this body is to achieve anything. It will certainly need to be housed and staffed and a vast sum of money would be needed if it is to cut any ice inside the lobbying world in the face of all the other parties. It will no longer be able to say that it represents "all" pharmacy, which has been true of the Society. All those pharmacists who moan about not being consulted and never hearing the profession's view on radio or TV will have to get used to

an even lower profile if this split goes ahead.

If members believe pharmacy has not had a clear voice that was heard by the public and the people who make policy in the past, it will be as nothing when compared to the situation if the Society were to split.

One has to consider what agenda it is that Mark Koziol and the Save Our Society group are pursuing — this is the organisation that took the Society and 16 members of the Society's Council to the High Court. Members will recall that they lost the case. What would they have to gain from such a move? Would a trade union style body be keen to offer insurance to members, as the RCN does? When organisations are not focused on the public interest but are self-serving, as trade unions are, they cannot influence policy development in the same way. It certainly will not be an effective professional body with strong leadership influencing governments and policy makers far and wide.

Let us take an example. There are just under 40,000 physiotherapists. This number is similar to the number of pharmacists on the Register. They are regulated by the Health Professions Council along with 12 other professions and the Chartered Society of Physiotherapy is their professional body. How much influence do physiotherapists have? How often do we hear about their role in maintaining health? This example shows that while there are adequate alternatives, the price paid is to be left with no power to influence at all.

The Shipman case brought the General Medical Council under even closer scrutiny, and with it, all the other health regulators. Clearly the public must be protected. The Society is unique in being both regulator and a professional body. It has a good record as a regulator. The Government is only interested in ensuring public safety — who leads and argues for the profession is of no particular consequence to the politicians.

If the profession is split with each sector pushing its own view, we shall be walked all over. Doctors and nurses with their large numbers will dominate every argument and pharmacy will be further sidelined, possibly into oblivion.

Christine Glover

Past President
Royal Pharmaceutical Society

Letters to the editor

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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.

■ SECTION 60 ORDER

Society's Council should petition parliament

From Mr C. Morris, MRPharmS

I see that more pharmaceutical companies may be going to adopt the one-wholesaler supply model. This is something that only the most shortsighted could not have seen coming.

If nothing is done we will soon be faced with having to place orders to several different wholesalers twice daily just to keep up the normal service we provide now. This system could soon become unmanageable, time consuming and unprofessional.

Several people have stood up and said we should all write to our MPs to try to combat this but I ask where is the official rebuke to this attempted degradation of the system.

The Royal Pharmaceutical Society's Council has asked our opinions on, deliberated over and continually rehashed the news to us as to whether Foster will cause us to have to split the regulatory and representational sides of the Society.

We see the regulatory side week in and week out in *The Journal* — where is the representation?

I know that I am not the first to ask this but we now have a situation developing that could seriously threaten the pharmacy supply system as we know it. Surely this is a time for an official petitioning of parliament by our august Council.

The split has not been made yet. Perhaps the dying act of the Society, as we know it, could be for the good of pharmacists and the profession in general, or am I just living in some Utopian dreamland whereby the representational duties of the Society are actually met by the Society?

Chris Morris

*English National Board Election
Candidate
Newquay, Cornwall*

■ THE SOCIETY

End the dual role of regulator and professional body

From Miss S. D. Patel, MRPharmS

Mark Koziol should be commended for his **Broad spectrum** article (*PJ*, 2 December

2006, p664), which he wrote in support of an end to the Royal Pharmaceutical Society's dual role of regulator and professional body. The public has an absolute right to be safeguarded and it is essential that an organisation ensures that their care is not compromised.

Equally every pharmacist, especially those of us working at the sharp end of hospital or community practice, has the right to a professional body that is allowed to be 100 per cent our protector, defender, advocate and promoter.

The current situation short changes the public and pharmacists alike.

Sittal Patel

London

■ WHOLESALING

Pfizer's different discounts

From Mr P. J. Reeder,
MRPharmS

Would the head of trade for Pfizer, David Watson, care to explain to pharmacists why he is offering an 8.5 per cent discount on purchases by pharmacies when he is offering 10.5 per cent to dispensing doctors? For a pharmacy to be allowed 10.5 per cent requires an annual spend of £1m. Dispensing doctors will get 10.5 per cent on all purchases.

He states in his letter that he is taking into account the interests and views of pharmacy. He is clearly more interested in the interests and views of doctors.

Phil Reeder

Lincoln

DAVID WATSON, head of trade at Pfizer, responds: Pharmacists are an important customer group for Pfizer which is why we have developed a community pharmacy discount scheme that we believe is fair and will not negatively impact pharmacy purchase profit. Dispensing doctors are subject to a different claw-back mechanism that is higher than that for community pharmacy and are already offered separate discount schemes from their wholesalers. Following consultation with the Department of Health, the Pharmaceutical Services Negotiating Committee and the Dispensing Doctors' Association, Pfizer's discount scheme has been developed to reflect current market practice.