

■ NHS LEADERSHIP

Local collaborative leadership

From Mrs C. A. Adams, MRPharmS

Local collaborative leadership was an underlying theme at the 2007 British Pharmaceutical Conference. It was apparent that this needs to be underpinned by the integration of pharmacists into the NHS and excellent communication.

Do we pay leadership sufficient attention? The NHS Leadership Qualities Framework includes collaborative working, effective and strategic influencing, and seizing the future as three of its 15 key qualities for effective leaders.

Clearly this cannot be achieved without first establishing relevant relationships. Many of us work for, are contracted to or sell to the NHS, therefore understanding the culture thoroughly is also important in terms of leading across and breaking down traditional boundaries. Moreover, we all should be involved.

How good are we at local collaborative leadership? The Pharmacy Practice Research Trust's "National evaluation of the new community pharmacy contract" recommends developing local pharmacy leadership in the context of primary care and improving working relationships between community pharmacists and general practice. Several of the dragons in the "Dragon's den" session at BPC 2007 agreed that much of what they had been recommending boiled down to improving our leadership skills.

We heard of the importance of local leadership at a breakfast session on practice-based commissioning where emphasis was placed on developing relationships with others before one launches into trying to sell a service, using existing contacts, developing networks, and building in time and money for personal development.

Local collaborative leadership potentially encompasses all pharmacists as we have a job to do in developing relationships with our colleagues in other professions and NHS organisations. Creating networks, taking the responsibility to make sure that they are comprehensive and making the most of them to create a step change in what individuals and the profession as a whole can achieve are increasingly important. I would urge readers to pay particular attention to this as now is the time to make a real difference.

We are currently running the "Leading across boundaries" programme, which focuses on local collaborative leadership, to support both individuals and their networks to deliver on specific issues. We have the expertise and experience to develop individuals and their networks so that they are more effective. Nearly 95 per cent of the participants completing the pilot programmes said that pharmacy was better integrated into the NHS or now had the potential to be, nearly 80 per cent said that they had made significant or major progress on a real local issue and nearly 70 per cent that there had been a similar improvement in how they communicated and worked together to get things done.

Further information is available from Yvonne Dennington at yvonne.dennington@rpsgb.org or telephone 020 7572 2208.

Anne Adams
*Head of Professional Leadership
Royal Pharmaceutical Society*

■ OPEN DAY

Feeling more optimistic about the future

From Mrs R. J. Clark, MRPharmS

At the Royal Pharmaceutical Society's Open Day plenty of opportunity was given to address the Society's Council members both formally and informally and to see the workings of the Society through the guided tours of our elegant headquarters.

I left Lambeth feeling far more optimistic about the future of the Society and felt proud to be a pharmacist.

Rosemary Clark
*Petersfield,
Hampshire*

At least there is light at the end of the tunnel

From Mr A. J. Rogers, FRPharmS

I am not sure what I expected from the Royal Pharmaceutical Society's Open Day on 23 September, but I went out of curiosity. I was immediately aware that the atmosphere at Lambeth had changed. With the burden of regulation about to be removed, there seems a genuine desire to reach out to the members and,

most importantly, to listen to their concerns and their aspirations. The mix of the informal and the informative enabled Council members and staff to convey much more clearly what is going on behind the scenes. At last the penny has dropped that their greatest fault was poor communication.

I was concerned when I heard that the new Chief Executive was not a pharmacist, but talking to Jeremy Holmes, and seeing him in action, I was greatly reassured. In the three weeks since he took over, he seems to have established a firm grasp of the issues, and should actually benefit from the absence of preconceived ideas and solutions.

I should like to thank those who organised the event, and hope the Society is able to take the show "on the road" to enable pharmacists around Britain to see what goes on at Lambeth.

May I encourage colleagues to respond to the consultation on the future of our Society. The leadership is at last in listening mode, and we have a unique opportunity to build the professional body that we want and need, rather than suffer the hybrid that was forced on us by the Government. At last, there is a light at the end of the tunnel.

Alan Rogers
Ewell, Surrey

■ RETENTION FEES

Financially crippling students

From Miss H. S. Bhakta, MRPharmS

There have been many recent comments in *The Journal* about the

increase in the Royal Pharmaceutical Society's membership fees. As the British Pharmaceutical Students' Association, we recognise the reasons for the increase in fees and understand the arguments presented by the Society for this. However, these increases do not just affect the current members of the Society. There have been various increases in fees that are aimed at preregistration students. For example, the preregistration training fee has increased from £153 to £230 and the fee for the examination has increased from £180 to £270.

There has also been a recent political decision to increase tuition fees for students across the board. At the end of a four-year course, many students are experiencing financial difficulties. This increase in fees, which is required before students start their preregistration posts when they are not earning, cripples them further financially. Some students are having to take out further loans to compensate for this. BPSA members have raised concerns about the timing of the preregistration fee. We would like to ask the Society if this can be altered to a time when it is more financially viable for preregistration pharmacists.

Understandably the separation of the Society and other unforeseeable events has led to financial instability. However we believe that these changes may dissuade people from joining the Register and thus affect the future of the profession.

Heena Bhakta
*President
British Pharmaceutical Student's
Association*

Letters to the editor

Letters for publication can be posted, faxed, or sent by e-mail to letters@pharmj.org.uk and should not normally be of more than 400 words and should cover one topic only. *The Journal* reserves the right to abridge letters and to edit them for clarity and style. Pharmacist correspondents should supply their membership numbers and a contact telephone number should always be given. Women correspondents should specify a preferred title otherwise "Ms" will be used.

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.

■ RETENTION FEES

Actions would only increase financial stress

From Mr A. C. Gush, MRPharmS

The Royal Pharmaceutical Society is doing everything in its power to keep costs to a minimum and actions of the type suggested in the letter from Fiona Wild (*PJ*, 22 September, p326) would only increase the financial stress on the Society and reduce our ability to support our members adequately during a time of great change. The option to pay by cheque (at an estimated administrative cost of £15 per cheque) is, in fact, under review as part of our ongoing cost-cutting exercise and will be withdrawn during 2008, due to the cost.

The main weight of opinion from members will be demonstrated through the consultation which closed on 3 October and I would like to take this opportunity to thank those who chose to take part and make a positive contribution to the discussion.

Andrew Gush

Treasurer,
Royal Pharmaceutical Society

Reasons for the present situation

From Mr M. E. Q. James, FRPharmS

The letter from Keith Baxter (*PJ*, 29 September, p352) made me think. Is it not precisely because of those low fee increases (levied as I seem to recall, on occasion for electoral reasons) that we are faced with the present situation?

With regards to age-discrimination, I am treasurer of the local branch of the Workers Educational Association and we have been told that we cannot reduce the attendance fees for those over 65 years of age. When I

made the same points as others, ie, the bus passes, etc, I was told that although the law on age discrimination did not apply to travel, or the social activities, it did to educational activities. Presumably this is where the Royal Pharmaceutical Society is caught.

Miall E. James

Coggeshall, Colchester

Resign from the Register now

From Mr C. J. Radford

I am writing like so many other retired members of the Royal Pharmaceutical Society to express solidarity with the views of those of us who feel forced to give up our membership due to the continuing hike in fees. It is obvious that the hierarchy of the Society is either not listening or is unable to do anything about it. I would urge any of my fellow pensioners not to retire from the Register at the end of the year, but to write to the Chief Executive and Registrar, as I have done, and resign from the Register now. At least it will demonstrate to someone that we are not prepared to just disappear into the night. It was a proud moment for me when I joined the Register in 1962. I leave it now without any feelings of sorrow.

C. J. Radford

Lizieres,
France

■ WHITE PAPER

Forced to a serious reconsideration

From Mr N. Sampson,
FRPharmS

In the late 1920s my father gained a "Chemist & Druggist" diploma, and his father was so proud that he

paid for life membership of the Pharmaceutical Society. I think the cost was 21 guineas. My father was proud of his profession; he served his local branch and the pharmaceutical committee for many years and naturally remained an interested member all his life.

When I qualified, my father was suitably proud, although I do not remember him paying my first subscription. I tried to be active and supportive of my profession in my own way and felt proud when, close to my own retirement, I was surprised and honoured with a fellowship. At no time had I thought I might be other than a member all my life.

But now that our Society is to be changed so dramatically by division I am forced to a serious reconsideration. Certainly I have little desire to belong to a government regulatory body when I am only ever to be retired. Yet the new body akin to a royal college is, as yet, so ill-defined and vague. And would I qualify? Certainly I would hope to receive the *PJ* and follow the development of my profession while my mind is sound.

At this time I feel my future as a retired fellow (and pharmacist) must lie in the vision of the future as chosen by the younger active membership who will have to live with, and work in, the new environment. I hope they establish their new professional body with achievable aims and allow it to develop with time. It would seem folly to have grandiose ideas and costs that will disenfranchise substantial numbers and seriously handicap the project from the start. The proposed subscriptions do not bode well for the future.

Norman Sampson

Burton Lazars, Leicestershire

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

Problem obtaining Prograf capsules

From Mr R. H. Ferguson, MRPharmS

For some time now the availability of Prograf 1mg capsules from two of the UK's main wholesalers (Phoenix and UniChem) has been sporadic. As a consequence, this means the service I provide to my patients has been adversely affected.

When I telephoned the manufacturer, Astellas Pharma Ltd, to find out why, it was explained that it had supplied enough product to wholesalers to meet the needs of patients in the UK and that wholesalers should have them in stock. I was told, however, I could order it direct from Astellas and it would be delivered via my normal wholesaler. I have had to resort to this process, but it simply is not good enough, since it means I receive the order a day or so later than I normally would, which inconveniences my patients.

In this case, it looks like community pharmacists and their patients are caught in the middle of some sort of struggle between manufacturers and wholesalers. And while this is fought-out (or ignored) behind the scenes, it is patients that suffer.

The current supply network is already experiencing a period of upheaval which threatens to disrupt supply and create confusion as one struggles to remember which wholesaler is dealing with which products, so this additional hassle is unhelpful.

What I would like to know from the wholesalers and Astellas is what is the cause of this problem and when will it be resolved?

Ross Ferguson

Glasgow

NICK QUIN, head of ethical buying at UniChem, responds: UniChem is aware of this issue in relation to Prograf 1mg capsules

and endeavours to work closely with Astellas Pharma Ltd to ensure that future continuity of supply for this medicine can be assured. We are happy to discuss this matter direct with Mr Ferguson, should he require further assistance.

PAUL SMITH, chief executive at Phoenix Healthcare Distribution Ltd, responds: Following further investigation we find yet again that the issue is down to manufacturers limiting supply of product to wholesalers. In effect, Astellas Pharma Ltd limits our supply therefore we cannot fill our customers' orders in a timely fashion. Astellas Pharma Ltd uses historical sales data to limit the supply chain but this is not carried out with any formula that takes into account the changing sales or growth through acquisition.

We are sorry that Mr Ferguson is experiencing difficulty in getting hold of this product and are concerned that this is inconveniencing both him and his patients. We share his frustration; this is not how the supply chain should work. We implore Astellas Pharma Ltd to review its current supply arrangements and make sufficient product available to allow us to do our job in ensuring that patients get timely access to medicines they need.

AMIT MAKWANA, managing director at Astellas Pharma Ltd, responds: It has been brought to our attention that some patients have experienced difficulties accessing supplies of Prograf from their local pharmacies. Astellas Pharma Ltd takes complaints regarding the supply of its medicines seriously and has responded with urgency. The timely supply of all medicinal products is critical but this is particularly vital in the case of transplant medicines.

Given the fact that Prograf is prescribed for serious conditions where disruption of supply can have clinically important implications for the health and well being of patients, we have created a hotline for any pharmacist who is experiencing a supply difficulty, which will ensure they can receive Prograf direct from Astellas Pharma Ltd.

Clearly this is only an interim measure and we are currently urgently reviewing how to best ensure these transplantation medicines reach patients without delays.

We are committed to ensuring the essential continuity of the supply of these medicines to

patients. If pharmacists have any issues related to the ordering of Prograf they should contact Astellas Pharma Ltd on 01784 419615 and ask for customer services.

■ THE SOCIETY

Out of touch

From Mr C. E. Newman, MRPharmS

The reply from Graham Phillips (*PJ*, 22 September, p327) appears to epitomise the Royal Pharmaceutical Society's approach to problems at the moment, ie, spend more money. With the Society in a state of financial crisis where is the commitment to try new approaches, or re-engineer systems? I am sure Mr Phillips is correct that the membership wants "the Society to speak with a stronger voice" but that does not automatically mean spending more (of the membership's) money. This consistent failure even to consider such efficiencies highlights just how out of touch with the real world the Society has become. Pharmacists and other frontline staff in health care have been solving problems without extra funding for many years.

With the Society facing such an uncertain future how can now be a sensible time to create three new posts? Even if the Society continues to exist after the review it will have fewer responsibilities and hence require fewer staff. Presumably someone has costed out the potential redundancy costs already. Surely now is not a good time to increase employment costs by a further £98,000?

Clive Newman
Nottingham

"Taking ever more drastic action"

From a pharmacist

In her rebuttal letter (*PJ*, 25 August, p205) Ann Lewis, former Secretary and Registrar at the Royal Pharmaceutical Society, responds to the facts presented in Graham Southall-Edwards's article (*PJ*, 25 August, p204) discussing the implementation of the Pharmacy and Pharmacy Technicians Order

2007. She scarcely attempts to address them. More information and debate on this subject is essential.

I cannot agree that the Royal Pharmaceutical Society is not "taking ever more drastic action".

As one of the dozens of pharmacist recipients of the "large envelope", with its contents couched in hostile language, I can attest to the shock and distress I felt. The feelings of anyone receiving such an assault are worse than Mr Southall-Edwards described.

I was invited to declare that I was unfit to practise as a pharmacist because of evidence held in the Registrar's office. This related to the time when, experiencing severe mental depression, I resigned from the Register. Following my recovery I applied to be readmitted. This took five months from the date of my initial request and the process appeared to be an ad-hoc, mismanaged and untimetabled affair, with no written guidelines, or at least none was provided to me.

The allegations made against me were culled from my GP's report sent to the Society at its request. That report provided a history of this episode, said I was back to my old self in all respects and gave no suggestion that I was at any future risk of a similar event. The allegations made by the Society were incorrectly enumerated and scarcely made sense as the charges shifted between tenses. It was only after consulting the barrister who would act on my behalf, that I could understand that I was being accused of being currently mentally ill because formerly I had been so. The Society's documents presumably came from "the in house legal expertise" that Miss Lewis claims will reduce the costs

to membership. Those involved in the process appeared to have no knowledge of mental health issues.

The Investigating Committee determined "there is no real prospect of a finding that X's fitness to practise is impaired as a result of adverse health...". I would have liked them to have said that this case should not have been brought before them. The whole exercise, serving the papers, funding the Investigating Committee meeting was a waste of members' funds. I ceased working as a pharmacist as soon as I became ill. Any professional would do the same. It is no wonder pharmacists are distrustful, fearful and apathetic in the faced of continued assaults on their autonomy and integrity. I would be surprised if the overarching regulator, the Council for Healthcare Regulatory Excellence, would believe the process to which I was subjected was "reasonable, proportional, fair and timely".

Name and address withheld
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JEREMY HOLMES, Chief Executive and Registrar at the Royal Pharmaceutical Society, responds: It is not the Society's policy to comment on individual cases, particularly those clearly involving health issues and the Society will not be departing from that policy in this case. The Society appreciates that referral to the Investigating Committee may be a stressful experience for a registrant. However, the Society has a statutory duty to protect the health and safety of members of the public and a duty to refer cases to the Investigating Committee when the Society has information that calls into question a registrant's fitness to practise.

Veterinary diploma

The Royal Pharmaceutical Society offers a diploma in veterinary pharmacy and a postgraduate certificate in companion animal health care.

The core programme for the diploma consists of four modules, each of which includes a written assignment. Those aiming for the diploma must complete all four modules, undertake recorded practical experience, submit a dissertation, sit an oral examination and complete two consecutive three-day residential periods at Harper Adams University College, near Newport, Shropshire, where a full range of livestock units is available for study. The full diploma course can be taken in one year or spread over up to four years.

The postgraduate certificate is obtained by completing two modules through distance learning and attending a study day at Harper Adams.

Further information and registration forms can be obtained from Lorraine Fearon, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

E-mail

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