

■ FEES CONSULTATION

The Council is listening to members

From Mr H. R. Patel, FRPharmS

The Council of the Royal Pharmaceutical Society of Great Britain meets next week on 1 November to discuss the feedback from the retention fees consultation process and the updated financial position, and to decide the fee increase for 2008.

I would like to thank the members, groups and organisations that have taken part in the consultation. It has been an excellent learning process for the Society and demonstrates that we are serious about our desire to open up greater dialogue with our members. The consultation period ended on 3 October and the Council was given an initial analysis at its meeting this month.

The early feedback revealed the very considered responses to the consultation document covering the principles behind the proposed fee increase, the potential impact on groups of members and the staging of payments. The responses to the online petition have also been taken on board in the independent analysis (*PJ*, 18 August, p169), although they did not provide the depth of information contained in the responses to the consultation. The Council will have the opportunity to discuss the full report and make a final decision on 1 November.

In addition, the Treasurer, Andrew Gush, has continued to review the planning assumptions and expenditure forecast for 2008 with the aim of driving down costs and improving efficiency.

Once again I would like to thank members for their feedback.

The responses have not all made comfortable reading, but I want to assure them that we have listened.

Hemant Patel
President
Royal Pharmaceutical Society

Will letters to *The Journal* be considered in the fees consultation?

From Mrs J. L. Townend, MRPharmS

Jeremy Holmes has told the Royal Pharmaceutical Society's Council that all responses to the consultation on retention fees will be analysed by an independent consultant, and that this analysis will be assessed by Society staff and Council members (*PJ*, 6 October, p387). I hope this assessment will include rereading the numerous letters to *The Pharmaceutical Journal* on this subject over recent months.

The Pharmacists' Defence Association's response to the fees consultation shows that it is in touch with the real world and the views of fee-paying members. In speaking up for those members who are not working full-time the PDA is reflecting the opinions of the many correspondents on the letters pages who represent the retired, semi-retired, part-time and overseas members who are seriously considering resigning from the Register. Has it occurred to anyone that the Society may lose more income as a result of these resignations than it might lose by retaining these members at a lower fee?

It has been pointed out by several correspondents that the pool of part-time locum pharmacists, of which I am one, is

likely to be depleted, and the Society should not view lightly the loss from the non-practising Register of eminent members of our profession.

Lesley Townend
Penzance,
Cornwall

Letters published in *The Pharmaceutical Journal* up until the closing date of the consultation on retention fees will be included in the independent analysis of responses. — EDITOR.

■ COMMUNITY PHARMACY

Perhaps pharmacy contractors should go on strike

From Mr P. J. Francis, MRPharmS

If a seller signed a contract to sell a house that allowed the buyer to lower the agreed price before parting with any money, the seller would be regarded as foolish. Yet that, it seems, is the contract the Pharmaceutical Services Negotiating Committee has with the NHS for supply of dispensing services. The state of pharmacy in England and Wales, as it appears to me, is thus:

1. The Department of Health constantly reduces dispensing remuneration.
2. The DoH weakens the will of contractors to protest against the reduced dispensing payments with talk of payment for other services.
3. The money to pay for most of these services never appears. This distraction is like the thimble trick.
4. The DoH offers pharmacy multiples the chance to save money, by replacing most of

their pharmacists with technicians. The multiples are hurting from reduced dispensing margins, and are tempted to agree.

5. Once technicians run most pharmacies, the DoH slashes margins further, and removes entry restrictions.
6. At the same time as enacting these changes, the Government emasculates the Royal Pharmaceutical Society, the one pharmacy body that can claim to speak for all British pharmacists. This removes any opportunity the Society has to fight back and maintain pharmacy as a profession.

In my view, the only chance to stop these changes is for NHS contractors to go on strike in the same way that doctors refuse to perform NHS work when they are unhappy.

Paul Francis
Brisbane,
Australia

A4 certificates

At the request of members performing locum duties, the Royal Pharmaceutical Society has made available an A4-size registration certificate.

Any member wishing to take advantage of this facility should write to the Society enclosing their current registration certificate together with a fee of £10.

It is a requirement of the Medicines Act 1968 that the certificate of registration should be displayed at the premises at which the pharmacist is working.

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.

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■ PACK SIZES

A 28-day pack size policy would improve safety

From Mr A. A. Patel, MRPharmS

So Bristol-Myers Squibb/Sanofi-Aventis is changing the pack size of Plavix from 28 to 30 (*PJ*, 29 September, p346). Like many of my colleagues, I am annoyed by this decision because most prescriptions are for multiples of 28. There is a safety issue around 30-day packs, due to the requirement of having to cut strips. It is also confusing for patients because if GPs try to help them by prescribing original packs, the patient will be left with packs of 28 and packs of 30 and will run out of medicines at different times.

The National Patient Safety Agency, the Medicines and Healthcare products Regulatory Agency and the Committee on Safety of Medicines should implement a 28-day pack size policy for all medicines, with exemptions for some, such as methotrexate or antibiotics.

If companies would stick to a 28-day pack policy, there would be better patient compliance, improved safety and more time for pharmacists to undertake new roles, such as medicines use review.

Ahmed Patel

Batley,
West Yorkshire

Extremely annoying for pharmacists

From Mr J. M. Strachan, MRPharmS

I can imagine it now. Across a boardroom meeting in Bristol-Myers Squibb/Sanofi-Aventis came the question (*PJ*, 29 September, p346): "How can we raise our profitability even more?" A resounding answer came. "Why not increase the 28 calendar pack of Plavix to 30, and adjust the price upwards by £2.52 and we'll keep the pack looking exactly the same?" This was greeted by much applause.

The tea lady who happened to be in the room at the time and whose son was a pharmacist piped up: "Would this not inconvenience the dispensing process as the majority of patient packs are in 28s and most repeat quantities are in multiples of 28? This may require cutting of packs and if 30 were dispensed each time, the patient would build up excess quantities of

Plavix gradually, hence causing confusion when it came to ordering. Some pharmacists might not notice the change and lose out on £2.52 each time a pack was dispensed. In fact would it not be better to try to help the pharmacy profession at a time when so many factors are going against them from the emergence of the new Pfizer distribution agreements, which have reduced the margin of discount to such an extent that they are actually losing money, to the increasing clawbacks on their generic drug tariffs? Could you not try to help pharmacy in these times instead of introducing another pitiful method of lining your own pockets?"

No one in the boardroom took any cups of tea that day.

John Strachan

Macduff,
Banffshire

Can common sense finally prevail?

From Mr M. Spencer, MRPharmS

I have never understood why it is so difficult for drug companies to get their heads together and finally decide just how many days make up a month. The majority seem (logically) to opt for 28 days, as do the majority of GPs when writing prescriptions. It becomes confusing for patients and extremely annoying for pharmacists when medicines are supplied in packs of 30.

My staff have enough on their plates without the unnecessary hassle of searching for the scissors and snipping and spoiling packs to supply a request for 28 days' medication when the pack contains 30.

How then can Bristol-Myers Squibb justify changing the pack size of Plavix from 28 to 30 (*PJ*, 29 September, p346)? Prescriptions are always written for 28; I cannot ever remember receiving one for 30.

A similar problem occurred some time ago when paroxetine and fluoxetine were no longer recognised as calendar or special packs.

Again, a prescription for 28 results in a scramble for the scissors and a situation that can only increase the chances of dispensing mistakes being made as a result of the break in concentration that can arise. Patients end up with an unprofessional final product. And then there is the problem of information leaflets.

Glaxo is another company that persists in providing 30 and 60 pack sizes.

Please can somebody, somewhere, ensure that common sense can finally prevail?

Mike Spencer

Stockport, Cheshire

TONY WHITEHEAD, medical director, Sanofi-Aventis, and FRANCES MACINTOSH, medical director, Bristol-Myers Squibb, respond: Thank you for the opportunity to comment on the pack change of Plavix (clopidogrel bisulphate) which is now produced in 30 rather than 28 packs.

The new packaging is part of a wider initiative to centralise manufacturing and secure the supply chain across Europe against counterfeit products. The new package will include security elements to ensure that the product is, in fact, from Bristol-Myers Squibb and Sanofi-Aventis, and is produced in accordance with EU good manufacturing practices for quality, safety and efficacy. Earlier this year, the Medicines and Healthcare products Regulatory Agency issued a recall of specific lots of Plavix due to confirmed

counterfeit parallel-imported products.

To facilitate the change, GP prescribing systems are being updated to default automatically to the 30 pack option (though for an interim period GPs will still be able to select the 28 pack option). We are working to ensure this change happens as quickly as possible to avoid further frustration for community pharmacists.

Importantly, the daily cost of clopidogrel remains unchanged.

Ownership change?

Transferring the ownership of a registered pharmacy premises? Remember that you have a legal obligation to update the Royal Pharmaceutical Society. Contact the Society's registration section (tel 020 7572 2322; e-mail registration@rpsgb.org) for an application form or download a form from the registration section of the Society's website (www.rpsgb.org/pdfs/regpremb.pdf).

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