

# Pharmacy prepares for the leap year

*Preparations for change within pharmacy have gathered pace during 2003. Jonathan Buisson looks back on the year*

NEXT year will be a leap year and we should see pharmacy begin to make the definitive leap forward that it has been preparing for over the past few years.

A theme of several of our previous reviews has been that “next year will see many changes” — this year this prediction (finally) looks like coming true. For community pharmacy in England and Wales a new contract will be implemented (Scotland will have to wait until 2005); for hospital pharmacy the new job descriptions and pay scales of “Agenda for change” will be finalised; for the industry there will be a new Pharmaceutical Price Regulation Scheme; and, significantly, for some pharmacists there will be prescription forms to sign rather than to dispense.

## CONTROLS, VISIONS AND CONTRACTS

Having failed to show up in 2002, the Office of Fair Trading report on the control of entry regulations started 2003 off with a bang (*PJ*, 25 January, p103). The OFT’s stark recommendation — that the regulations should be abolished in their entirety — galvanised a massive lobbying campaign. The volume of mail on the subject received by parliamentarians was said by lobbyists to have exceeded that on the Iraq war. With elections pending in Scotland, Wales and Northern Ireland, the devolved administrations swiftly rejected what was seen as a vote-losing proposal. The Department of Health in England was left to cobble together a “balanced package of measures” with a number of exemptions to control of entry being proposed. Details of how this might be implemented were still awaited as *The Journal* went to press.

The publication of the “balanced package” was accompanied by an update to the DoH’s vision for pharmacy in England (*PJ*, 26 July, p111). The vision document was a mixture of progress reports on previous announcements and some blue-sky thinking on how pharmacy can move forward. One of the more controversial aspects was a suggestion that community pharmacies could sell or dispense medicines without a pharmacist being present at all times. Pharmacy bodies poured cold water on this idea in their

official responses (*PJ*, 25 October, p569) and, in addition, suggested that the DoH needs to put its money where its mouth is, in the form of additional funding through the new contract, if enhanced roles for pharmacy are to become a reality.

Discussions on the new pharmacy contract have continued and contractors approved the outline framework in a ballot (*PJ*, 15 November, p665). At the same time, contractors in Scotland were being assured by the Scottish Executive Health Department that concerns about the new contract north of the border would be addressed during negotiations next year.

During 2003, pilots of electronic transmission of prescriptions (ETP) came to an end in England. An independent evaluation, based on a restricted period of the trials, concluded that ETP worked but the pilots had not demonstrated any of the claimed benefits. ETP has now been absorbed into the National Programme for Information Technology within the National Health Service. Pilots of repeat dispensing struggled to overcome IT problems and had just got under way by November. Automated dispensing has also risen in prominence this year, with a number of installations in community pharmacies and major extensions in hospital pharmacy, particularly in Wales.

Still awaited are finalised proposals from the Government on reimbursement for generics and the provision of out-of-hours pharmacy services.

## CLINICAL DEVELOPMENTS

2003 started with the launch of the long awaited delivery strategy for the National Service Framework for Diabetes (*PJ*, 18 January, p69). Three months later, came the first part of the Children’s NSF (*PJ*, 19 April, p539). Both documents recognised the contribution pharmacists could make through supplementary prescribing — an activity for which many pharmacists are now in training.

The National Institute for Clinical Excellence, and its Scottish counterparts, continued to lay down standards for a multitude of conditions from the treatment and prevention of influenza (*PJ*, 1 March, p291)

to the management of multiple sclerosis (*PJ*, 29 November, p736).

Foreign travel became less attractive for a short time with the rise and fall of SARS, and the threat of deep vein thrombosis. Hormone replacement therapy fell out of favour — its associated risks precluding its use for anything but short-term control of menopausal symptoms (*PJ*, 16 August, p199 and 6 December, p768). The year ends with the prospect of statins becoming available over the counter (*PJ*, 22 November, p705), as the Government pushes for increased self-care.

## MODERNISING THE SOCIETY

The Royal Pharmaceutical Society and its members did little in 2003 to patch up what we described last year as a “prickly relationship” as the Society’s modernisation plans gathered pace. The Council decided in March to seek a new Royal Charter for the Society (*PJ*, 15 March, p379). After consulting the members on two draft versions of the Charter, and being on the receiving end of a hostile special general meeting (*PJ*, 7 June, p802), the Council ended the year by petitioning the Privy Council for a new Charter. Arguments over modernisation look set to continue into the new year.

Other topics for the Society this year included the make-up of the Council itself. In addition, mandatory continuing professional development and the right to use the protected title “pharmacist” were discussed.

## IN AND OUT

The Iraq war prompted the resignation of Lord Hunt as Parliamentary Under-Secretary of State for Health. A subsequent ministerial reshuffle saw Lord Warner take over in the House of Lords while responsibility for pharmacy passed from David Lammy (who escaped to Constitutional Affairs) to Rosie Winterton. Alan Milburn resigned to spend more time with his family and was replaced as Secretary of State for Health by Dr John Reid.

The only pharmacist in the National Assembly for Wales, Geraint Davies, lost his Rhondda seat to Labour on 1 May, but David Davison was re-elected as a Conservative Member of the Scottish Parliament.

## LOOKING AHEAD

As we concluded last year, the changes taking place in pharmacy, and preparations for more change, should now be apparent to everyone. By this time next year, most pharmacists should be able to point to changes in the way they work. Automation and IT will start to play an increasing part in these. Next year should see pharmacy make a leap towards being a clinical service for the 21st century rather than a supply service for the 20th century.

## Some of the new products launched in 2003

- Tadalafil (Cialis) and vardenafil (Levitra) for erectile dysfunction
- Dutasteride (Avodart) for benign prostatic hyperplasia
- Rosuvastatin (Crestor) and ezetimibe (Ezetrol) for hypercholesterolaemia
- Moxifloxacin (Avelox) for certain bacterial infections
- Norelgestromin/ethinylestradiol (Evra) for oral contraception
- Valdecoxib (Bextra) and adalimumab (Humira) for rheumatoid arthritis
- Enfuvirtide (Fuzeon) for HIV
- Olmesartan (Olmetec) for essential hypertension
- Teriparatide (Forsteo) for osteoporosis in postmenopausal women