

FIRST ISSUE!



The official magazine of the  
National Pharmacy Association

# *in*pharmacy

ESSENTIAL READING FOR THE COMMUNITY PHARMACIST

September/October 2010  
[www.inpharmacy.co.uk](http://www.inpharmacy.co.uk)

## **SHELF STRIFE**

Supply chain issues  
in the spotlight

## **FLU SEASON**

Be ready to  
vaccinate

## **CHRISTMAS TIDINGS**

This year holds promise  
for better trading

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# The future starts here

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**Ian Facer**  
NPA chairman

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We have  
launched the  
magazine  
to ensure  
that as  
part of the  
membership  
package  
we provide  
value for  
money to  
every one of  
our members

”

# Chairman's welcome

Welcome to the  
first edition of  
*InPharmacy*,  
the new-  
look member  
magazine  
for the

National Pharmacy Association. Since the  
NPA's inception in 1921, the face of our  
member magazine has changed a handful of  
times – moving from a two paged linotyped  
newsletter in 1921 through to the 16-page  
magazine *InTouch*, to our current format  
of this 52-page *InPharmacy* magazine. We  
have launched the magazine to ensure that  
as part of the membership package we  
provide value for money to every one of our  
members. That's why this magazine contains  
advertising – so it will be self-funding and  
enable us to provide a better product, with no  
additional cost to our members. *InPharmacy*  
provides more in-depth information to our  
members in areas such as clinical pharmacy  
and business and practice matters as well as  
containing the latest news and information  
from the NPA. We welcome your comments  
and feedback on the new magazine –  
please contact our communications director,  
Nicola Rossi (n.rossi@npa.co.uk), or head  
of communication services, Natalie Smith  
(n.smith@npa.co.uk), with your feedback. ■

## NPA calls for drug concordance scheme



The NHS needs to support ways to improve medicines adherence to improve the effectiveness of medicines use, according to the NPA. It is calling for a national concordance scheme for pharmacies to support patients taking medicines, particularly those with long-term conditions taking medicines for the first time.

The call follows a report from the National Prescribing Centre, 'Key therapeutic topics 2010/11', which identifies 15 areas where more efficient use and procurement of medicines could contribute to £20 billion worth of 'efficiency improvements' in the English NHS. Nanette Kerr, director of pharmacy at the NPA, said: "This guidance is useful but limited – it is all about what GPs do, not what patients do. Real value for money can only be achieved if we support patients to get more benefit from their medicines. The least cost-

effective medicine is one that is used improperly or not used at all once supplied."

It is estimated that up to half of all medicines are not taken as the prescriber intended, she added. "What is more, adverse drug reactions and poor compliance account for many emergency hospital admissions, which incur a significant financial cost."

The NPC report calls for the use of ACE inhibitors rather than angiotensin receptor blockers (ARBs) because of their larger evidence base and some evidence of better efficacy. It also says more use of generic simvastatin and the low-cost PPIs omeprazole or lansoprazole would generate significant savings. The risks of NSAIDs are highlighted.

Peter Rowe, chief executive of Ashton, Leigh and Wigan Primary Care Trust, noted that pharmacists have played a key role in controlling the growth of the primary care drugs bill, where £443 million of savings in 2009 have been made compared with 2005. "We know this is largely testimony to the work of clinicians, prescribing advisers and pharmacists working locally."

Rowe, who is leading efforts by the Department of Health to make efficiency savings on medicines in England, said although the areas identified in the report were not new to pharmacists and other health professionals, it is a "significant list of options for local work". The issue of medicines management would become a key issue for the new GP commissioning consortia, he predicted.



Peter Rowe



**Pharmacists have played a key role in controlling the growth of the primary care drugs bill**



Peter Rowe



### Warning on Avandia

The European Medicines Agency has drawn attention to existing warnings on the use of the oral diabetes drug rosiglitazone (Avandia) as it reviews data on the risk of cardiovascular adverse effects. The treatment is absolutely contraindicated in people with heart failure or acute coronary syndrome. There are also warnings against its concurrent use with insulin, and a recommendation that it should not be used in patients with ischaemic heart disease or peripheral artery disease.

### Pharmacies could increase hepatitis detection rate



Offering a test for viral hepatitis in community pharmacies identifies more people previously infected with hepatitis B and C than opportunistic testing in GP

surgeries, according to a pilot study. The findings suggest that a national pharmacy scheme could identify people who might otherwise be missed, speeding up early diagnosis and treatment.

In the pilot study, carried out in 19 pharmacies in the UK, 234 people took up the offer of tests, 35 of whom were found to be positive for hepatitis C and four for hepatitis B. The rate of those found to have antibodies to the hepatitis C virus, at 15%, is nearly four times the level typically found by GP testing.

Gary Warner, a pharmacist from Regent Pharmacy on the Isle of Wight, commented: "Pharmacists see a different cohort to those who see their GP and therefore we can access and diagnose people who would otherwise not have been tested."

## Insurance should be statutory

Pharmacists, and all healthcare professionals, should have insurance or indemnity cover as a condition of registration with regulators such as the new General Pharmaceutical Council, according to an independent review to the government. A report, by Finlay Scott, chair of the review group, concludes that 'making insurance or indemnity a statutory condition of registration is the most cost effective and proportionate means of achieving the policy objective ... that all registered healthcare professionals must have cover'.

*The report can be downloaded at [tinyurl.com/364cgq](http://tinyurl.com/364cgq)*

## NPA on Facebook

The NPA's Ask Your Pharmacist Facebook page now has over 3,000 fans. The page updates the public on community pharmacy news and services and promotes the NPA's consumer-facing Ask Your Pharmacist campaign.

Stephen Fishwick, head of external communications, said: "To drive up the number of fans we would like more involvement from NPA members. Pharmacy teams can post information about what their pharmacy is doing to encourage people in their area to visit them. I would also like to put up photos of pharmacy teams and activities. Email photos to [communicationservices@npa.co.uk](mailto:communicationservices@npa.co.uk) and include your pharmacy's name, address and any other relevant information."

*See also page 43 for news on this year's Ask Your Pharmacist Week.*

### TO THE POINT

The NPA has responded to the General Pharmaceutical Council's (GPhC) consultation on setting fees – see the NPA website for details, [tinyurl.com/38hhdyr](http://tinyurl.com/38hhdyr)

### DID YOU KNOW?

The majority of adults use pharmacies, with 84% of adults visiting a pharmacy at least once a year

## Supply chain improvements urged by the NPA

The NPA has launched a drive to identify improved medicines supply chain arrangements for community pharmacies in the future. The move follows concern by many pharmacists about direct to pharmacy supply and limited distribution arrangements, which more pharmaceutical manufacturers have introduced in the past three years.

The NPA wants pharmacist views on what a better alternative to the controversial and unpopular DTP arrangements would look like.

Pfizer renewed its distribution deal with Alliance Healthcare in October last year, and such schemes were examined by the Office of Fair Trading (OFT) in a market review of medicines distribution after complaints from pharmacists, but they were cleared in 2008.

Yet pharmacists say the schemes mean they have to maintain multiple accounts with medicines suppliers, complicating their VAT and other accounting compared with dealing with a single wholesaler.

NPA chairman Ian Facer said: "Over the past few years we have witnessed major structural changes to the UK's medicines supply chain. While the majority of NPA members oppose 'direct to pharmacy' and limited distribution arrangements, the question must be asked, what is the best alternative? Is a return to the 'traditional' pre-DTP structure realistic? Or is a complete re-shaping of the supply model needed?"



Ian Facer: pharmacist views are needed

Pharmacists say that driving up their administrative burden means they have less time to spend with patients, who may have to wait longer if the medicines they need are not in stock under DTP arrangements.

Meanwhile a report from URCH Publishing says that the DTP model pioneered by Pfizer has not been widely picked up in other countries. The report, 'The Future of European Pharmaceutical Distribution', found that many manufacturers had decided to do business with a fewer number of wholesalers to cut costs. Recently both Servier and Schering Plough announced distribution deals with three wholesalers, Phoenix, AAH and Alliance Healthcare, to distribute their products. *The NPA held a medicines supply chain visioning event in June in Edinburgh, which featured expert analysis of medicines supply models worldwide from Per Troein of IMS Health. For more detail on supply chain issues see the supply chain campaign on the NPA website and article on pages 18–19.*

# Homeopathy regulation rejected in England

The Department of Health in England has rejected calls from a committee of MPs that called for new labelling regulations for homeopathy treatments. It said calls to align homeopathy labelling with that of conventional medicines posed a threat to patient choice.

The House of Commons select committee on science and technology had recommended that homeopathic medicines making therapeutic claims should be regulated in the same way as POM and P medicines by the Medicines and Healthcare products Regulatory Agency (MHRA). It said homeopathy products should have to provide evidence of efficacy if they were making any health claims.

The committee said labels

## Dispensing error guidelines to be considered

Junior Health Minister in England, Earl Howe, has identified errors in the use of medicines as a key target for protecting patients from accidental harm in the NHS. He assured a meeting of the All Party Parliamentary Group on Pharmacy that current guidelines for dispensing errors were an interim solution and the issue would be looked into by the Department of Health.

He was aware of the aim of the NPA to change the law so that dispensing errors were no longer a criminal offence, but made no commitments about introducing legislation.



should make it clear that homeopathy products 'contain no active ingredients and are unsupported by evidence of efficacy' and should not mention symptoms. The committee's report was part of its series of 'evidence check' inquiries designed to promote evidence-based policies in health.

The DH argued that it could not change the regulations because of EU law, and said moving from the current position would have an adverse effect on consumer choice.

It said: "If regulation was applied to homeopathic medicines as understood in the context of conventional pharmaceutical medicines, these products would have to be withdrawn from the market as medicines. This would constrain consumer choice and, more importantly, risk the introduction of unregulated, poor quality and potentially unsafe products on the market to satisfy consumer demand."

The committee also called for an end to NHS spending on homeopathy. The Department of Health said such spending was a local decision for commissioners of services, and for individual clinicians.



## £1.4m plan to reduce hepatitis in Wales

The Health Minister has approved a plan to tackle blood borne hepatitis developed by Public Health Wales. With £1.37 million of Welsh Assembly Government funding, the plan aims to identify people at risk of hepatitis, prevent further transmission and improve care for people with hepatitis B and C, the latter affecting over 12,000 people.

## Trading hours over Christmas

Have you made the necessary arrangements for trading hours over the Christmas break?

The Pharmaceutical Services Negotiating Committee (PSNC) has advised that pharmacies are not required to open on Christmas Day to meet their contractual hours, unless the PCT has issued a direction requiring the pharmacy to open, or if the pharmacy has contracted to provide an out of hours enhanced service on that day (see [tinyurl.com/33pp6kk](http://tinyurl.com/33pp6kk)).

In 2010, the official Boxing Day bank holiday is on Tuesday 28 December, as 26 December falls on a Sunday. Pharmacies that are normally open on Sundays will need to notify the PCT (with at least 90 days notice) if they intend to close on 26 December 2010 (if the hours are all supplementary), or apply (at least 90 days in advance) for permission to change core contractual hours (if the Sunday hours include core contractual hours). The same applies for 1 January as the substitute bank holiday is 3 January. See the opening hours section at [www.psn.org.uk](http://www.psn.org.uk)

## Pseudoephedrine decision welcomed by the NPA

A decision by the Medicines and Healthcare Products regulatory Agency (MHRA) to keep the antidecongestant pseudoephedrine as a pharmacy only product has been welcomed by the NPA. But it is urging members to 'remain vigilant' to prevent use of the medicine as a starting point for the manufacture of the illegal drug methylamphetamine. The MHRA decision is a confirmation that community pharmacy teams are "acting responsibly with regard to the sale and supply of pseudoephedrine", Nanette Kerr, NPA director of pharmacy commented.

## SCOTLAND

## Chronic Medication Service: implementation payments

Payments available to pharmacy contractors in Scotland for the implementation of the Chronic Medication Service are detailed in NHS circular PCA (P) (2010)19. The service aims to enable shared care of patients with long-term conditions between community pharmacists and GPs, backed by IT links between the two professions. Patients with LTCs can benefit from 'pharmaceutical care planning' with their community pharmacist and it may lead to repeat dispensing.

Contractors are being asked to familiarise themselves with the system up until the end of December 2010, registering and planning care for no more than 50 patients, and from January 2011 to promote registration to the majority of eligible patients.

The payments are in three parts. Part A can be claimed from now until the end of December 2010, Part B from 1 October 2010 and Part C between 31 March and 29 April 2011. Part A can be claimed for a payment of £750 if the contractor complies with the following:

- Registered with the health board to offer CMS
- Intention to provide CMS to no more than 50 patients by the end of December 2010
- IT ready and enabled for CMS
- Staff training completed
- Standard operating procedures amended for CMS
- Pharmacy Care Record can be accessed for pharmaceutical assessments and pharmaceutical care plans
- A provisional list is produced of patients who would clinically benefit from CMS including the first 50 patients to register.

Visit the Member News section of the NPA website for updates.



## Planning completed for all countries

Strategic plans for the NPA's representation managers in Scotland, Wales and Northern Ireland were approved by country board members during July. NPA director of communications, Nicola Rossi, has been to all three countries over the summer to hear about the different national issues and to support NPA teams to finalise their plans for future activities.

"There are different priorities in each country and it is really important that the NPA, as the only UK-wide representative pharmacy body, is attuned to the needs of members wherever they may be," she says.

Plans are in place now for how the NPA will work to represent, support and protect its members, including lobbying a range of key stakeholders, throughout the UK and locally on their behalf.

## Chronic Medication Service: support

NHS Boards and National Education for Scotland (NES) have provided a range of support for contractors as they start to roll out the Chronic Medication Service. Each board held an evening for community pharmacists and GPs to jointly review some of the working processes.

A GP guide to implementation of the service has now been distributed by NES, and a more detailed version for practice managers will be available shortly. NES has produced an eCMS quick reference guide and a user guide to the Pharmacy Care Record, which is a secure web-based programme that enables pharmaceutical assessments and pharmaceutical care plans to be produced for patients.

Patient information leaflets are now available, but for now these should only be used to explain to patients enquiring about or being offered the service.


All CMS resources are available on the NHS Community Pharmacy Scotland website [www.communitypharmacy.scot.nhs.uk](http://www.communitypharmacy.scot.nhs.uk) and are being highlighted as they become available to NPA members through news alerts and the regional representation manager.

## Quality strategy for NHS Scotland

The Scottish government has published an action plan to implement the NHS Quality Strategy in Primary Care plan, which proposes 11 actions that involve increasing NHS quality measurement, including the pharmacy contract and increasing communication between primary and secondary care.

The plan gives priority to the ePharmacy programme to increase usage of the Acute Medication Service's electronic claiming programme and to further develop the Chronic Medication Service.

## Protected and Vulnerable Groups Act


 The PVG Act, which followed from the Bichard Inquiry on child protection after the Soham murders, will be implemented in Scotland on 30 November 2010. The Act introduces a membership scheme for people who work with children and vulnerable adults. Community pharmacy is covered by the PVG Act because it involves giving health advice.

If a person is considered unsuitable to work with children, vulnerable adults or both, they will be unable to become a scheme member. It will be an offence for an organisation to permit someone who has been barred to undertake protected work.


NPA members in Scotland will be provided with advice on how the Act will affect costs and procedures in employing staff in community pharmacy. Similar legislation for England and Wales has been postponed.

### NORTHERN IRELAND

## Needle and syringe exchange scheme

 Twelve pharmacies and one community addiction services clinic are now offering needle and syringe exchange in Northern Ireland. The pharmacies were chosen for their willingness to participate, their location, and the need for needle exchange in the area. Usage data for 2009/10 shows an 18% rise in visits to all centres and an increase of 13% in the number of syringes issued.

## Product standardisation, modified release (MR)


 The Department of Health, Social Services and Public Safety has provided an update to the Pharmaceutical Clinical Effectiveness

(PCE) programme, which establishes product standardisation for a number of medicines in Northern Ireland. A number of MR products have been evaluated for inclusion in the latest secondary care contract.

New patients who are started on these products in secondary care will have the preferred brand as standard. Existing patients can continue to receive their original brand or switch to the preferred product in line with best practice.

It is suggested that preferred MR products should account for 70% of all prescribing. Practitioners in primary care are awaiting further guidance on implementation from HSC Board. *Pharmacists who wish to become accredited to deliver a substitution treatment service can attend a two-day workshop held by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) on 6 and 13 October 2010, and complete the associated distance learning programme.*


## Consultation on collection and delivery

 The Pharmaceutical Society, Northern Ireland, has issued a public consultation on new supplementary professional guidance to pharmacists on the provision of prescription collection and delivery services, to which the NPA is collating a response. The guidance has three key principles for offering a service:

1. The responsible pharmacist has professional accountability for the process and systems during the period of their involvement in the collection and delivery service
2. The quality and safety of a pharmaceutical service is best assured where the opportunity exists for direct contact between patient and pharmacist at the point of supply, which would normally take place in a pharmacy
3. A pharmacist must respect and protect confidential information and provide a high standard of practice and care at all times.

### WALES


## Simple solution to script sorting and submission

 In contrast to the well documented issues relating to the filing, sorting and submission of prescriptions for pricing in England, Health Solutions Wales is soon to release details of an improved process for Wales. The new prescription pricing system makes full use of the 2D bar code development to price a number of prescriptions automatically, providing speedier and more accurate pricing while making sorting and submission much easier and less labour intensive.

## All Wales Diabetes Forum – update

 The NPA represents its members as the sole pharmacy representative on the All Wales Diabetes Forum. This is a highly influential forum that advises on the delivery of diabetes care in Wales. At the last meeting it was confirmed that each of the new health boards had been asked to form a diabetes planning and delivery group to take responsibility for leading, managing and reporting on diabetes care. Each group is expected to produce a delivery plan by 31 October. The formation of these groups is a tremendous opportunity for community pharmacy to be part of the agenda at a local level.

## MUR number tops 100,000

 Figures from the NHS Wales Business Services Centre show that there were 108,000 medicines use reviews (MURs) carried out in Wales during 2009/10. This is a 20% increase compared with 2008/09 and reflects the effort put in by members in Wales in growing the service.

# The future STARTS HERE

There are major changes coming in the NHS, particularly at primary and community level. Mark Pownall takes a sounding of what's in store

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**Most of the NHS work of pharmacies will no longer be commissioned locally**

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**T**he NHS in England will look very different in a couple of years time, that much is certain from the coalition government's white paper, 'Equity and excellence: liberating the NHS'. But the overall impact on community pharmacy remains unclear at this early stage.

Over the coming months pharmacists have an opportunity to put their case for improvements to the NHS services they offer patients, before the gaps in the government's plans are gradually filled in.

The most definite change for pharmacists that has so far been announced will mean that most of the NHS work of pharmacies will no longer be



commissioned locally. After primary care trusts are phased out and dissolved in April 2013, community pharmacy services will not be commissioned by the local GP consortia that will control the vast majority of the NHS budget, but by the new national NHS Commissioning Board.

The board, described by the government as a 'lean and expert organisation, free from day-to-day political interference, with a commissioning model that draws from best international practice', will calculate the budgets of the commissioning consortia, publish commissioning guidelines and will hold consortia to financial account, among other functions.

The move to the commissioning of community pharmacy nationally is an opportunity for the much-needed development of pharmacy services, according to Ian Facer, chairman of the National Pharmacy Association. "The new NHS Commissioning Board should be a vehicle to move pharmacy services forward in a less piecemeal fashion than has been the case under local, PCT-led arrangements," he says.

### Important role for pharmacists

The white paper, published in July, promised that the community pharmacy contract would 'incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients'. And it spoke of how pharmacists 'working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health'.

The white paper also suggests greater transparency in NHS pricing and payment for services would benefit pharmacists, which may mean that the complex regulations on dispensing fees will be streamlined.

Since its publication, further details about the government's plans have come out. Much of the public health commissioning of PCTs will be moved to local health authorities, which will

### The 'bonfire of the quangos'

As part of the coalition government's overall stated intentions of reducing bureaucracy and cutting public spending a number of 'arms-length bodies' are set to be abolished, or their work moved to the Department of Health, the NHS or the new public health service. Two of these bodies of most interest to pharmacists – the National Institute of Health and Clinical Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA) have been retained. But others such as the National Patient Safety Agency, whose work covered the area of medication errors, are to be scrapped. Other organisations destined to be closed include the Health Protection Agency, and the National Treatment Agency for Substance Abuse, the functions of which are both to become part of the new public health service.

each have a director of public health operating at a senior level, and probably contributing to a council 'health and wellbeing board'.

These local authority public health directorates will be responsible for assessing local health needs and local public health campaigning. They will probably take the lead in promoting healthy lifestyles and smoking cessation, which have often involved community pharmacists in the past. Details are still sketchy but it looks as if this is one area where community pharmacists will need to look to identify NHS income beyond the core pharmacy contract.

The government is publishing a public health white paper by the end of the year that will describe the new public health arrangements in greater detail.

The strong emphasis on the role of GPs in commissioning has resulted in concerns that the important role of others in local health economies might be overlooked.

The NPA has written to the Secretary of State for Health, Andrew Lansley, to propose that pharmacists are involved in the commissioning consortia. Chairman Ian Facer told the Health Secretary: "We support the principle that frontline healthcare professionals should have a say over the direction of NHS investment. Community pharmacists serve on the

NHS frontline and should therefore be fully included in decision making at all levels. GP commissioning can only make best use of NHS resources and be truly transformative if it is characterised by genuine partnership and accountability."

The NPA is also concerned about how the changes may affect the health gap between rich and poor, identified as wider now than in the 1920s and 1930s in a recent study published in the British Medical Journal (*BMJ* 2010; 341: 3639). A prominent role for community pharmacies is crucial in efforts to reduce health inequalities, it says.

Ian Facer points out that pharmacists are often the primary care professionals that the most deprived people – those not registered with a GP practice – consult. "Any emerging system must be capable of maintaining equity so that people who need care most are not left behind. Community pharmacists see many people who are not registered with GPs – and we need to know that this group will be looked after."

The NPA will be making sure that the views of pharmacists are prominent in the debate over

the white paper, and will be lobbying the Health Secretary, his team, and senior civil servants to ensure that community pharmacy in the new-look NHS develops to meet the needs of patients.

**See p14 for more on the NPA's view.**

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**Community pharmacists serve on the frontline and should be fully included in decision making at all levels**

”

## What the NPA wants to see

**A**lthough the white paper does raise areas of concern, it does opens up possibilities for community pharmacies and the populations they serve, according to Stephen Fishwick, head of external communications at the NPA. There are many ways in which pharmacy can support the aims of the new government in achieving accessible patient choice, he says, and the NPA will be highlighting them with civil servants and ministers over the months ahead.

**Public health:** There are significant public health aspects to the reforms. A new public health service, which will operate under

**“We would like to see the NHS using pharmacies to promote health to their local population**

”

**Commissioning consortia:** Pharmacists should become part of the governance structures of the GP commissioning consortia and of the ‘health and wellbeing boards’ that it has been suggested local authorities will establish to help in the fulfilment of their

the director of public health within each local authority, will mean important new opportunities for community pharmacy to deliver on its public health potential, and offer an extended range of services. “We would like to see the NHS using pharmacies to promote health to their local population, and address health inequalities,” says Fishwick.



new public health responsibilities. As Fishwick comments: “We want to ensure that the National Commissioning Board is a robust body that addresses conflicts of interest, and service commissioning is open and transparent.”

**More effective use of medicines:** The NPA wants to see the white paper’s encouragement of more effective use of medicines translated into a structured national medicines support service to enhance patient concordance with prescription medicines. This, says Fishwick, is a development that plays to the strength of pharmacists – medicines expertise – and will release cash from the rest of the NHS by ensuring patients respond better to treatment because they use it more effectively.

**Services beyond dispensing:** Some pharmacies already offer services traditionally carried out in outpatient clinics, such as blood tests for patients on warfarin, which are cost effective for the NHS and more convenient for the patient. The NPA want to see continued support for innovations that build on the expertise of pharmacists to improve care.

### Regional moves



#### WALES

The NHS in Wales underwent its own restructuring in October last year. The political arguments sound similar to those surrounding the English proposals, with the old system characterised as ‘complex and over-bureaucratic’ and simpler structures would ensure more money is channelled to frontline services. But the reforms in Wales could hardly be more different. The number of local health boards (LHBs) was reduced from 22 to seven (rather than the English expansion to possibly hundreds of GP consortia), and are responsible for providing all health services, effectively ending the internal market in healthcare in Wales. Community pharmacy remains the responsibility of the LHBs.



#### SCOTLAND

Community pharmacists are contracted to 14 geographically based local NHS boards that are encouraged to work with local health authorities in community health partnerships. GPs and other primary care providers such as opticians and dentists are also contracted to the boards. The commissioner/provider split between boards and trusts was abolished in 2004 and hospitals are now managed by the acute divisions of boards. Boards will in the future have a majority of elected members, and pilots of direct elections began earlier this year. The current driver of policy is the NHS Scotland Healthcare Quality Strategy.



#### NORTHERN IRELAND

In April last year a single Health and Social Care Board (HSCB) replaced four regional health and social services boards that used to cover Northern Ireland, and community pharmacists are now contracted to the regional board. Nineteen providers of health and social care were also reconstructed within six trusts. The board focuses on commissioning, resource management, and performance management and improvement. Unlike other UK systems, health and social services are fully integrated. Negotiations over a new pharmacy contract are underway after some delay.

## Pharmacists on the team for diabetes

Including a pharmacist in a primary care team treating patients with type 2 diabetes brings added benefits and drives down the risk of type 2 diabetes, according to a study. It found a much greater fall in the predicted 10 year risk of cardiovascular disease in patients treated by a team that included a pharmacist compared with control patients given usual primary care without the contribution of a pharmacist. The patients in the study were aged 30–74, and their mean age was 56.

The study was carried out by a team from the University of Alberta in Canada. The pharmacists taking part carried out a review of medications and a physical examination of the patients, who were then given advice by their GP on addressing their cardiovascular risk.

Their cardiovascular risk over 10 years fell by 11% over 12 months from 14.9% to 13.3%. This compared with a 5% fall from a 10 year 14.7% risk to a 14% risk after a year's treatment from the team that did not include a pharmacist.

Cardiovascular risk was also measured using a different scale and similar benefits of the pharmacy intervention were found. The researchers conclude: "Adding pharmacists to primary care teams had a significant and clinically important effect on predicted 10 year risk of CV disease in type 2 diabetes when compared to control."

*American Diabetes Association, 70th scientific sessions, June 2010, Abstract 0665-P.*

## Community methadone study

**Injecting drug users who maintain long-term treatment on oral methadone given in primary care are more likely to survive, according to a study in Edinburgh. The National Treatment Agency, however, wants to introduce strict time limits on the prescribing of methadone. "No one should be 'parked' indefinitely on methadone without the opportunity to get off drugs," the NTA says. *BMJ 2010 340: c3172***

## Top of the pops

The most popular drugs in the NHS are simvastatin, ramipril, aspirin, bendroflumethiazide and levothyroxine, figures from the NHS Information Centre show. The top five accounted for 131 million dispensed items. The most expensive area is diabetes, where costs have risen by 40% over the past five years. Fluticasone, atorvastatin and budesonide are the most costly products to the NHS. Generics are about two-thirds of all items dispensed. *NHS Information Centre, Prescriptions Dispensed in the Community, England – Statistics for 1999 to 2009, 27 July 2010*



## Modafinil warning

The European Medicines Agency has warned against the use of modafinil for all indications other than narcolepsy. Its warning follows a review that found psychiatric side-effects, and reactions in the skin and subcutaneous tissue. Also, the EMA said there is significant off-label use and potential for abuse.

The treatment should no longer be used for excessive sleepiness associated with obstructive sleep disorder, or for chronic insomnia associated with shift work.

And it says the treatment should not be prescribed for children as the risk of serious skin and hypersensitivity reactions appears to be higher than for adults.

## Capital idea for drug names

**A system that uses a mixture of upper and lower case letters to distinguish between drug names that can be confused reduces errors among health professionals, according to a study. Researchers at the University of Glasgow found that healthcare professionals made fewer errors in a laboratory-based task, based on electronic prescribing, with the 'tall man' lettering system, which marks out key differences in otherwise similar drug names with capitals. The antibiotics cefTAZidime and cefUROxime can be distinguished by the TAZ and URO sections of their names.**

People were asked to say whether the system helped them tell whether drug names were the same or different, and the tall man lettering did help draw attention to the differences in drug names.

The researchers, writing in the journal *Drug Safety* (2010 33: 8), say their findings support its use in pharmacies as a way of reducing mistakes. The government has now identified prescribing and dispensing errors as a core patient safety performance measure for the new NHS commissioning board.

### Some recommendations for the use of 'tall man' letters

bu <b>PRO</b> Pion	bus <b>PIR</b> one
gli <b>PI</b> ZIDE	gly <b>BUR</b> IDE
tra <b>ZOD</b> one	tra <b>MAD</b> ol
<b>TOLAZ</b> amide	<b>TOLBUT</b> amide
metro <b>NIDAZOLE</b>	met <b>FORMIN</b>
<b>PAR</b> oxetine	<b>FLU</b> oxetine
<b>QU</b> Etiapine	<b>OLANZ</b> apine

Source: FDA/Institute for Safe Medication Practices



# SHELF STRIFE

## The problems in the medicines supply chain show no sign of easing yet

**N**o one in healthcare – and least of all pharmacists – likes to see headlines about drug shortages causing ‘extreme distress’ for patients. In particular, there has been a spate of emotive stories in national and local media about breast cancer drugs such as Femara and Arimidex being in short supply.

The stories variously point the finger at unethical exporting and manufacturers’ supply policies, but note that short-term solutions such as emergency numbers for pharmacists to call, as Novartis has done for Femara, have sprung up.

But getting to the bottom of exactly what to do about it in the long term is, as most agree, very complex. All concerned have invested a significant amount of time in trying to find a solution and the NPA regards this as one of the most important issues that it is dealing with on behalf of its members.

Indeed, after shortages came to the fore last year, a ministerial summit attended by the NPA and other bodies before the general election came up with a

string of actions, and there is no shortage of advice and ongoing discussion, at least (see also panel).

But pharmacists are still experiencing supply difficulties on a day to day basis, and the majority of cases do not seem to be related to a particular production problem, but to market forces and imperfect allocation policies. Nor do they seem to affect any particular class of drugs on a continual basis, although some products do recur as ‘usual suspects’.

The market forces explanation is fairly straightforward, as the NPA’s lead on the supply chain, Gareth Jones, notes. “The difference in exchange rates and the success of the PPRS scheme have pushed prices down in the UK and we are now among the lowest cost markets in Europe,” he says. This has made the UK an attractive source for drug exporters recently, although sterling is now regaining ground on the euro. “But ultimately parallel trade will stay as it is supported by European law.”

What is harder to fathom is the way that products are now allocated by manufacturers and wholesalers to pharmacists. “One of the main problems now is that manufacturers are putting quotas on their drugs, and if a pharmacist reaches their allocation they cannot have any more through the normal route. But it is often not clear to individual pharmacists why they have been given a particular quota.”

While some pharmacies are also acting as wholesalers – and it is not against regulations to do so – others are getting hit hard even though they have a prescription in front of them, says Jones. “It’s a very dynamic market – if say a manufacturer allocates two boxes of a drug to all pharmacies in an area, what happens to one that has demand for ten boxes because local GPs are prescribing it more than others? It can make serving customers very difficult.”

The market in supplying medicines has been made less dynamic in some respects now that more manufacturers are moving to direct to pharmacy (DTP) distribution, following Pfizer’s lead in 2007.

## Talk and actions

### Among the actions from the ministerial summit, held on 2 March this year, were:

- The MHRA to undertake a targeted programme of inspection and those who breach duties to supply medicines 'will face the consequences'. Manufacturers and wholesalers risk losing their licences and prosecution; pharmacists and doctors risk being called to account by their professional bodies
- The government will raise the standards required for wholesaler dealer licences
- A list of products in short supply to be published
- Best practice guidance is to be developed for dispensing doctors, pharmacies, wholesalers and manufacturers to help them better manage the difficulties they face
- The possibility of buffer stocks to be held by wholesalers to give greater flexibility will be investigated.

### Among the NPA's activities:

- Held a 'Medicines supply chain visioning event' at the Royal College of Physicians in Edinburgh in July (see also news, page 7)
- Met with leading pharmaceutical companies to highlight the problems members are encountering in obtaining stock of their products and highlighted the problems to the three main full-line wholesalers
- Worked with the MHRA and RPSGB on a guide to the legal and ethical framework for pharmacists
- Worked with a range of stakeholders to produce a guide to the legal and ethical framework pertaining to all parties in the supply chain
- Opened discussions with the Office of Fair Trading on the structure of the supply chain
- Worked with the media to ensure that community pharmacy is not portrayed as the villain of the current situation.

According to a report, 'The future of European pharmaceutical distribution: the impact of DTP on manufacturers and wholesalers', from URCH Publishing, moves in the UK by major pharmaceutical companies to bypass wholesalers and supply to pharmacies through exclusive distribution partners have largely been successful and have not met with legal opposition from the authorities. The model, it says, was expected to be rolled out in other European markets, threatening the existence of some wholesalers, especially in France and Germany, but so far that hasn't happened.

But the likely upshot where the model does take hold is that as certain wholesalers become preferred distribution partners for DTP "their willingness to oppose changes in the supply chain will diminish and only companies that have lost out will be left to put up any resistance to manufacturers". Schering-Plough, for example, announced in June that AAH Pharmaceuticals, Alliance Healthcare and Phoenix – 'the big three' – are to become its exclusive UK pharmacy distributors.

Jones says it is difficult for pharmacies to keep track of all these arrangements as there are over 20 in place now. "The NPA therefore produces a supply chain chart that is updated every month and available in the member's section of our website. This helps members keep track of the changes," he said.

On the frontline, pharmacists are certainly reporting the type of difficulties that Jones flags up. Raj Patel, at Mount Elgon Pharmacy in Wimbledon, and chair of Sutton, Merton and Wandsworth LPC, says the arbitrary quota system can hold up supplies of drugs that suddenly become more in demand, such as the asthma drug Symbicort, during the recent volcanic ash episode. "You can get a surge in orders and before you know it you've reached your allocation. It's hard to monitor stock closely for all products.

"Allocations seem to be irrespective of your profile as a pharmacy, and so we have to send emergency faxes to manufacturers,

but it can take ages to get hold of anyone and when you do the right person may not be available until next week and you have to deal with things another way. Instead of running around other pharmacies it is sometimes easier just to send patients to another store."

As Patel adds, this is a restraint on growing his business. "I want to order what I want when I want. I have to offer a good service to my patients." With more than 80% of a community pharmacy's business coming from prescriptions, it's no wonder this is such a critical issue.

Gurvinder Bhatia, who runs a pharmacy in Tollesbury, Essex, agrees that the emergency route is time consuming and means extra paperwork, and can still happen despite planning ahead with patients for repeat prescriptions. "I have to get smart with products that typically become short, such as Femara and Cymbalta. Really the only party that can solve this issue is the manufacturer – there would be few shortages if they released more stock."

Bhatia adds: "If the market now is such that it can be cheaper to import from the UK then so be it." He knows people who are involved in the export chain, and his view is that it is fine to add a revenue stream to help business as long as local demand is fulfilled, but this view isn't shared by all pharmacists.

Jones said all parties had been working hard to resolve these problems but it is clear that there is no single solution. One part of the answer, he suggests, is simply improving communications all round, and that should include better feedback from manufacturers and wholesalers on what pharmacists can expect when placing orders.

Finally, a possible big spanner in the works could be the entry of the US, the biggest pharmaceutical market, into parallel trade. The country's protected drug market could possibly be opened up to imports following President Obama's much fought over healthcare reform, and as a fellow English speaking market the UK is an obvious target for lower cost products.

“

You can get a surge in orders and before you know it you've reached your allocation

”

# Not to be *sneezed* at

This year's flu season offers pharmacists an opportunity to sharpen up their clinical business stream

**W**hatever one thinks about last year's swine flu programme – a hugely expensive (£1.2 billion) overreaction or a necessary precaution – a strain of the seasonal flu virus will still circulate this winter, and swine flu (H1N1) could still produce another wave of illness of unpredictable severity. That's why the World Health Organization (WHO) recommended that a swine flu component be added to this year's seasonal flu vaccination in the northern hemisphere.

In the UK, a number of 'lessons' have been learned about the 2009 pandemic, set out in a report by Dame Deirdre Hine, and 28 recommendations made to improve planning and delivery, including lining up pharmacists to take the pressure off GPs.

So this year, pharmacists carrying out their own in-store vaccinations will be administering a new trivalent product containing a swine flu component from one of at least six manufacturers that as of late June had indicated they would be supplying the UK market this year.

According to the Department of Health, this vaccine will be sufficient for most people – ie.

all those in the usual clinical risk groups for seasonal flu, and of course anyone else who wants it. But the DH is recommending that the previous monovalent H1N1 swine flu vaccine also be given to children aged between six months and 5 years (if they have not already received it), and also to older immuno-suppressed children and those over 13.

The DH says that despite the emergence of swine flu, uptake of the usual seasonal vaccination in older adults in 2009–10 reached 72.4%, which was only slightly below recent years and not far off the WHO target of 75%.

Provisional figures for the uptake of the H1N1 vaccine include 40.4% for those aged 65 and older in clinical risk groups and 35.1% for those under 65, but the DH notes that a hard hit group was children with chronic neurological conditions and it urges that this group be targeted this season.

Pharmacists of course are mainly only able to offer vaccinations to adults (those aged 18 and over) under the current patient group direction (PGD), but will need to be alert to the advice from the DH when talking with customers who are in high risk clinical groups, or who have family who are.

But the NPA's private service (see also panel) can also allow pharmacists to serve customers outside of the standard PGD. This was a really valuable part of the NPA's PGD, as Raj Patel, who runs the Mount Elgon Pharmacy in Wimbledon, reports. "I wasn't aware of this last year when we started our flu service but I was able to vaccinate 16 or 17 year olds after discussion with the supervising doctor under the NPA's PGD. This is done on a case by case basis."

Patel is one of many pharmacists who took up the NPA's flu service last year and has now attended a recent refresher. As a pharmacist who believes in maximising the potential of his store, adding a flu service was an obvious move. "You have to promote the service well with posters, newsletters and referrals from GPs – write to them before they have their flu days – to compete with the multiples, but I'm finding that people prefer the personal service I offer. I did over 55 vaccinations last year and should do more in 2010."

He says he was not fazed by the clinical side. "It seems like a big thing but it's like your first blood test and is easy from then on."

Gurvinder Bhatia, a young pharmacist based in Essex, also signed up for NPA flu programme, which he says is a "brilliant idea – the training was among my peer group and so was a trusted environment where no one was worried about negative feedback. Providing your own service is also great for local health promotion as well as a good business opportunity and a new income stream. During an epidemic such as last year's it means we can reassure people and help manage the situation by taking the pressure off GPs."

He converted his pharmacy, in



**Your own flu service is great for health promotion as well as a good business opportunity**





occupational health agencies tend not to work there.”

As for flu vaccine stock, Bhatia makes the point that not all offerings are the same in terms of comfort. “Last year we found Influvac was good because the gauge of the needle was quite small – when it went out of stock and we had to use other brands there was a difference,” he says

Patel adds that he has looked at banding together with other pharmacies to get a good price on a large batch, but it is difficult to work out just what to order for each shop.

Bhatia says he has met one pharmacist who has done 600 injections by also going out to local businesses through a separate PGD. He notes a PDG for a meningitis vaccination has also been launched (see page 37).

And one point both are agreed on: they charge £15 for a flu jab, a price they feel reflects the personal and professional service on offer.

Tollesbury, Maldon, from another shop from scratch as a new contract, designing the interior around the consulting room. “The aim was to create a professional, clinical environment with the right lighting and equipment. For the flu jab we were taught to pay attention to detail, such as positioning a sharps bin within easy reach, approaching the patient from behind and ensuring you have two in-date EpiPen injectors to hand. I choose to wear gloves as it adds to the professional approach. My staff are trained how to use consent forms and to advise patients if they can get the flu jab free on the NHS, and I am also looking at offering the service outside the pharmacy to local businesses and organisations such as care homes. We need permission to do this but outside of the main cities there is a gap in the market as the large

### The NPA's flu vaccination service

#### The NPA's service is well recommended

Nitin Shah of the Fulham Pharmacy recently took the one day course and enjoyed ‘hands-on’ training on everything from clinical governance to troubleshooting. Busy patients like the flexibility of visiting their pharmacist rather than a GP with irregular opening hours.

The service is run with vaccination provider, The Health Station, and offers a number of window posters and leaflets, and an operations manual. But the core is the one day course tailor-made for pharmacists. It covers PGD advice, vaccinations, anaphylaxis and resuscitation in a clinical governance programme.

Support comes from a seven day helpline on customer or clinical issues, as well as a patient helpline. Refreshers can brush up their knowledge on a half-day course that updates vaccination technique and meets the NHS requirements for

practising the delivery of vaccinations, and management of anaphylaxis and resuscitation.

The NPA launched the service after concerns from members about the frustrating burden of regulation that faced them every time they wanted to supply prescription medicines via private patient group directions. The NPA responded with a series of PGD opportunities to help them smooth out that regulatory burden.

A big plus for members is they do not need additional insurance, as NPA Insurance already covers the pharmacist for providing flu vaccinations. Another advantage is there is no commitment to buy a particular brand of flu vaccine; the choice of brand and volumes is open. *The service costs £370 plus VAT for starters; refreshers pay from £285 plus VAT. Contact: 01727 858687 ext 3391, [businessdevelopment@npa.co.uk](mailto:businessdevelopment@npa.co.uk)*

# Dealing with European prescriptions

Leyla Hannbeck advises on how to proceed with regulations on European dispensing

**A big concern is how to check the registration details of EEA and Swiss prescribers**

**H**undreds of calls received by the NPA information department in recent weeks have been about the recent changes in dispensing European Economic Area (EEA) and Swiss prescriptions. As of 3 November 2008, prescriptions issued by doctors and dentists in an EEA country or Switzerland were legally allowed to be dispensed in the UK subject to certain restrictions. From 26 July 2010, there has been a further change in legislation for dispensing EEA and Swiss prescriptions for children under the age of 12. Community pharmacists are now entitled to dispense prescriptions originating from EEA member states and Switzerland for children aged under 12 years old without the patient's address and age being specified on the prescription.

This change complies with a European Commission decision made earlier this year, which is supported by the Medicines and Healthcare products Regulatory Agency (MHRA). Pharmacists can ascertain the patient's age and address by asking the patient,

parent or carer for evidence of age and address when presenting the prescription, eg. by presenting an ID card or passport.

One of the biggest concerns raised by pharmacists is how they should check the registration details of EEA and Swiss prescribers to confirm the prescription's validity. How can you overcome this barrier?

We advise pharmacists to check the EEA or Swiss prescriber's registration details by contacting the prescriber's relevant medical regulatory authority (equivalent of the General Medical Council in the UK). Most of the EEA countries have English speakers on hand who can assist in obtaining or verifying a specific doctor's registration details.

Alternatively, the registration status of an EEA or Swiss prescriber can be confirmed by checking the website of the relevant medical regulatory body in the country where the prescriber is registered to practice. This can be difficult if you are not familiar with the language.

Patients presenting with EEA

## Information department



Leyla Hannbeck is the head of information at the NPA. The information department offers one of the most timely and comprehensive information services available to community pharmacists. Members are offered solutions to practice-related queries with reassurance and support by a skilled team of healthcare professionals (who are registered pharmacists). Over 14,000 calls a month are answered by the department on a wide range of queries, from legal and ethical issues, drug interactions and travel advice, to clinical topics, the Drug Tariff and many more.

or Swiss prescriptions are more likely to be vulnerable because of language differences and may find it difficult to communicate with the pharmacist. In such situations patient safety has to be the pharmacist's primary concern.

A family member or friend of the patient, fluent in English, could help translate the language so that the pharmacist can ascertain the relevant information required. Alternatively, the pharmacist can contact NHS Direct, which offers an interpreter service in many languages. The patient can also be signposted to other sources of help if they require more help.

*If you have any questions the information department at the NPA will be able to help.*

**S**ince Chancellor George Osborne put VAT and public-sector cuts at the heart of an emergency budget that has been called the 'toughest for a generation', pharmacists and finance experts have been split on just how tough the austerity measures will be in practice.

VAT will rise 2.5% to 20% in January and Osborne also increased capital gains tax for higher earners. He hit bankers with a £2.4bn levy, drew thousands of basic-rate taxpayers into the higher 40% band and slashed public spending.

Warr & Co, an accountancy firm with offices in London and Stockport that recently launched a pharmacy division, says one of the biggest problems for community pharmacists is the rise in VAT and how this will affect impulse buyers in 2011. Pharmacists must decide whether to absorb the increases, put up prices, or try and strike a happy medium and "go 50-50".

"When customers go into the pharmacy to pick up a medicine they are likely to think twice about luxury items," a spokesman for the firm told *InPharmacy*. Pharmacists need to improve their point of sale approach "because you are trying to sell yourself and the budget has given this greater urgency".

Some of the Warr & Co's more 'proactive' clients are engaging with customers more, talking at greater length about their health issues. Others are going further by setting aside a consultation room – but you have to weigh up the possible loss of selling space with offering more personal contact.

Dr Terry Maguire, a community pharmacist in Belfast, says to offset the impact of the VAT increase at the counter, he is ramping up services for smoking cessation and minor-ailment management, which offer significant income streams from the Department of Health.

# What's ahead for 2011

## There's mixed news from the Budget for pharmacists

In the anti-smoking stakes, Maguire may have found a kindred spirit in the Chancellor, whose quirkiest Budget measure, perhaps, is duty on long cigarettes: from January, every 3 cm of a cigarette longer than 8 cm will be taxed as another cigarette.

The VAT change may also require upgraded point of sale systems for those who use them for VAT returns.

A spokesman for the Forum of Private Business says a reduction in corporation tax and rise in entrepreneurs' relief will be welcomed by small businesses. Not so welcome are the public-spending cuts and threat of rising unemployment that may cause growth to flatten.

For the next couple of years community pharmacists must exploit every possible way of reducing costs, he says. But if you are looking to sell to fund retirement, the rise in relief for entrepreneurs means you have "not £2m but £5m before the tax authorities take their cut".

Riz Akhtar, a senior partner at RA Accountants, which specialises in pharmacy businesses, says there is mixed news about employment.



"Because of next April's 1% rise in national insurance, employing people will become a little dearer. You may want to look at taking on more part-time staff – employer NICs are only payable if the weekly wage is more than £110.

"But up to £50,000 is, in effect, up for grabs for people setting up a new business outside the South-East. They will be exempt from £5,000 worth of contributions for each of the first ten staff. Now could be a good time set up a community pharmacy, but we've yet to see the small print and there may be measures to prevent a hasty, opportunistic relocation."

Akhtar, based in Eastcote, Middlesex, says sole traders may want to consider incorporating their business as a limited company, as corporation tax falls 1% to 20% next April for small companies. Careful advice is a must to get the "best fit for your individual circumstances".

### Steps to take

- Take advantage of any short-term stimulus in sales produced by the delay in the VAT rise until 4 January 2011 by encouraging customers to stock up their medicine cabinets early
- Upgrade your EPOS and account packages if necessary and also change your pricing, taking advantage of the breathing space between now and budget changes in 2011
- Look at the possible considerable tax-planning opportunities thrown up by the entrepreneurs' tax relief, which allows gains arising from the sale of business assets
- If you pass on price rises to your customers explain that it is a result of the 2010 budget



# Good tidings for Christmas

Christmas could ring a lot more till bells this year for pharmacists, finds Jez Abbott

**T**he good news is this Christmas should be better than last year's. That's if the British Retail Consortium has lined up its ducks, or a more festive equivalent, on market trends for the season of goodwill. The BRC says shoppers are still nervous, of course, but confidence is stronger in the run up to 25 December than it was a year ago. This may reflect not so much confidence inspired by the new government, but its 2.5% hike in VAT and a rush by consumers to beat the not so festive day of 4 January 2011, when it comes into force.

"We could see a sales boost in November and December to try and beat the VAT change," says a BRC spokesman. "More expensive items are likely to shift quicker than beauty products or toiletries, which should nevertheless see more uplift in sales. The good thing is pharmacists, like other retailers, have become

much better at inventory control than a couple of years ago."

So there's less chance of overcautiously buying less stock to avoid unplanned price cuts, and facing the risk of running out of that popular shampoo or bubble bath. This would be bad for business in the last minute Christmas rush.

As expected, toiletries and cosmetics did sell well up to last Christmas, helped by promotions, and are likely to do so this year. Perfume was and always is a popular last-minute buy. Gift sets did well in clearance sales, skincare showed some gains, but cough and cold remedies fell back a little, owing to low incidence, says the BRC (see also pages 29–30).

## Ignore remedies at your peril

Christmas is not merely a time for pharmacists to make a decent income from beauty products. According to market researcher Kantar Worldpanel, 28% of all upset stomachs and 26% of indigestion remedies are brought during the festive season. And Alka-Seltzer sales can be four times higher over Christmas and New Year to blitz hangovers.

Jeremy Meader, trading director for pharmacy at GlaxoSmithKline Consumer Healthcare UK, says: "Christmas and the New Year are key times for pharmacy, with categories such as cold and flu, weight management, smoking cessation and indigestion or over-indulgence all peaking at around that time. There should be a strong focus on products such as Beechams and Zantac leading up to Christmas. Alli and NiQuitin should also be prominently displayed in good time to take advantage of the New Year period, when there is a greater emphasis on healthy living as consumers make resolutions to lose weight or give up smoking."

Pharmacies that run weight management or smoking cessation programmes should promote these schemes and increase participation levels, advises Meader.

## What customers say

Market-research company Him! runs a pharmacy tracking programme and recently interviewed more than 1,000 shoppers at a high-street pharmacy on their seasonal gift-buying trends (see also box). Marketing manager Georgina Wild says few shoppers traditionally buy gifts from pharmacies, so the market is ripe for some smart thinking.

"Many of the products in a pharmacy could simply be gift wrapped to add a personal touch and make a present that is a little bit more special," she says. "Do you offer a gift-wrapping service or simply offer gift bags that can be purchased?"

"Nearly half of customers have children under the

age of five, which suggests lots of children's parties and a need for Christmas presents or stocking fillers. Why not target this captive audience while parents are waiting for prescriptions by offering gift ideas such as fun-shaped sponges or bubble bath?"

Research by Him! shows that over a third of pharmacy shoppers also have children between the ages of 12 and 16. So going big on perfume, teen make-up and hair accessories could be a good idea over Christmas, but ideally "ranges need to change weekly to keep customers interested and engaged while waiting to be served".

As Wild adds: "Everywhere you go retailers will be maximising the Christmas opportunity, so pharmacies should do the same. You have fantastic locations and prime selling space, but you need the right range of products for your customer base. Get staff to up-sell – 'Today we have a special offer on...' Not everyone will say yes, but it's proven to give a sales uplift."

**Focus on core business?**

But not every community pharmacist is gearing up for Christmas with a glitzy push. Graham Phillips, of Herts-based Manor Pharmacy Group, is wary of being swept along in the retail rush. Nine-tenths of his income, after all, is from NHS prescriptions, and he's keen not to send out "confused messages" about his core business.

"Let's not kid ourselves," he says. "The days when Christmas was a big moment in pharmacy are over by at least ten years."

Look at what people buy now: it's more likely to be mobile phones, Internet-related kit or MP3 players, not the kind of gift lines you see in a traditional community pharmacist. And in fairness, I trained as a health professional not a retailer."



**Many of the products in a pharmacy could simply be gift wrapped to add a personal touch**



Phillips does stock up on a limited range of high-end perfumes and toiletries such as Bronnley and Yardley products. And he spends big on decorations – on high quality baubles and bunting. But part of him feels sad that "Christmas and pharmacy are almost finished", but "I want to earn my living from healthcare not selling hairspray". Keeping a level head on Christmas allows him and his team to focus on what they do well, and not buying stock you have to cut in price and then spend the rest of the year trying to shift. Mitesh Soma, who set up Chemistdirect.co.uk after helping his wife, Krishna, run her pharmacy in Westminster, sees Christmas differently. Community pharmacists should seize the opportunity to "remerchandise" their business. "Forget a few limp decorations and the little tree in the corner; go for gift sets, prominent point of sale and fantastic window displays," he says. "Christmas is not just about presents, but health products for headaches or indigestion, and giving advice to people worried about their alcohol intake. Community pharmacists can provide several aspects of what people want or need and Christmas is a great time to show the diversity of your skills."



**Gift buying in a pharmacy**

**Have you ever bought a gift for a friend or relative in this store?**

Yes	48%
No	50%
Don't know	1%

**Which products have you bought as a gift from this store?**

Perfume/aftershave	47%
Gift packs/sets	30%
Body skincare	24%
Make-up	20%
Facial skin care	14%
Hair care	11%
Electrical goods	10%
Hair accessories	9%
Gift vouchers	7%
Jewellery	6%
Chocolate/sweets	4%
Sunglasses	3%
Other	6%
Don't know	1%

**Who have you bought a gift for from this store?**

Girl under 12 years	15%
Boy under 12 years	8%
Female teenager	26%
Male teenager	11%
Adult woman	78%
Adult male	35%
Myself	11%
Other	1%
Don't know	1%

Taken from a survey of 1,173 interviews over a month in a high-street pharmacy. Source: Him!

**Christmas on the Internet**

**Internet business is growing**

'phenomenally', says the British Retail Consortium. Retail sales jumped 26% last Christmas from the year before. And though Internet trading accounts for only 6% of overall retail sales, pharmacists should not miss out, says a spokesman.

"Last year there was uncertainty over postal strikes and it's less likely we will have that overshadowing us this year," he says. "So

retailers may enjoy an even bigger Internet boost from people keen on convenience but not so keen on the high price of fuel for their cars."

Mitesh Soma, at Chemistdirect.co.uk, will give his website a festive flourish with yuletide graphics. Pharmacies that sell online may want to do likewise. Sales around 6 December always soar as people "suddenly realise Christmas is round the corner". A well-targeted website that's easy to navigate can work wonders, he says.

# Out of the cold

The warmth of the pharmacy provides comfort and cures for winter ailments – and a big market – reports Jez Abbott

“

More than half of those who catch cold or flu buy over-the-counter remedies

”

The market for winter remedies is certainly catching, with cold and flu products set to ring up an eye-watering £348m this year.

This estimate from Mintel marks a rise in total value of over £100m in seven years, and few sectors are better placed to spin financial growth out of this market segment than community pharmacists, reckons the market analyst.

Mintel says in three years the market is expected to be worth £405m, and the sharp spike is due to the increased use of pharmacists and higher purchases of own-label remedies as well as branded products. This has driven purchase of over-the-counter cold and flu remedies way beyond initial forecasts, it adds. Around 30 million adults caught colds last year, says Mintel, driving demand for everything from cough liquids, decongestants and lozenges to tissues and antibacterial sprays. And more than half of those who catch colds or flu buy OTC remedies.

This is set to rise this year thanks to more public-service announcements urging woozy victims to use their local pharmacist as a first port of call. And although fears of a swine flu epidemic

have lessened, any re-emergence may give further momentum for sales of more of those pills, packets and potions.

Mintel says sales of own-label cold and flu remedies experienced double-digit growth in the last couple of years but branded products are still very much in the ascendency. Branded products account for around 84% of the market and grew by over 13% in sales value this year, while own-label treatments grew by just over 12%. The 10 most expensive brands grew faster than the market as a whole (see panel overleaf for the top 10 cold and flu remedies).

Tim Nancholas, strategic insight director for market researcher Kantar Worldpanel, says a big difference in the market this year from last is swine flu. Whereas the market for winter remedies is usually slow in summer, a series of swine flu outbreaks in the sunny months prompted people to stock up early for their medicine cabinets. The market moved fast.

“But come autumn last year, when things traditionally pick up, the market was slightly down as people had bought their analgesics early in anticipation,” he says. “However, many went for own-label



brands, so volumes were really good, but market value was not so good."

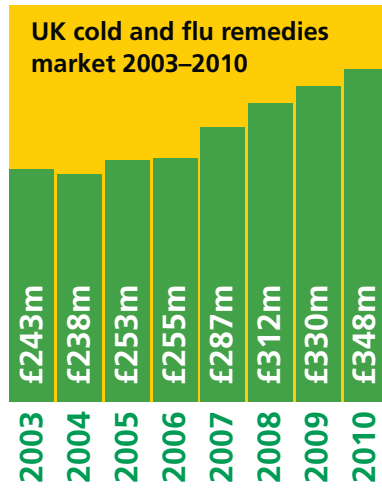
Cut to this summer and the market is up 2–3%, but where last year consumers waged war with swine flu, this year they face threats of another kind. Recession is perhaps foremost on their mind, says Nancholas. Vitamins are struggling, which may be because they are a "discretionary spend that's too expensive to justify under recessionary pressure".

Also down this year is the market for liquid sanitiser sprays, which enjoyed massive growth in both volume and sales last year, thanks to swine flu. Kimberly-Clark, for example, enjoyed a 1,000% increase in sales for its Kleenex Hygiene Kit, with antibacterial hand foam and tissues.

**Target markets**

So pharmacists who bought big expecting the swine flu saga to rumble on into this year, may have excess stock on their hands, considers Nancholas.

"Nevertheless, pharmacies are well placed to pick up business from emergency purchasing, pharmacy-only services and ranges of cheaper generic products. Sadly,



Source: Mintel

they can rarely beat the multiples: Tesco sold 50m packs of analgesics last year alone, again in part from fears of swine flu."

Marc Zander, head of Kleenex marketing in the UK for Kimberly-Clark, agrees this year's market is not showing the kind of spikes it did at the height of the swine flu hysteria and the government's 'Catch it, Bin it, Kill it' campaign. His firm is targeting smaller pharmacies with tissue products such as Kleenex balsam, antiviral and pocket packs.

Kleenex has run campaigns with Lloydspharmacy to make the link between facial tissues and winter remedies, and will do so again this year, he says, aiming to increase consumer spend in community pharmacies. Currently this accounts for around only 5% of sales of Kleenex, so Kimberly-Clark sees this as a market with plenty of scope for expansion.

GlaxoSmithKline is also watching this autumn's winter remedy market with mixed feelings. Says a spokeswoman: "During the swine flu situation last summer we experienced a pre-season uplift in sales verses previous years. The normal cold and flu category during the November-to-February season was down against previous years.

"This was due to lighter cold

**Community pharmacies fight back**

**The multiples and convenience, it seems, make good bedfellows when it comes to cold, flu and cough remedies, says Jane Westgarth, senior retail analyst at Mintel. Supermarkets have clamped an iron grip on 46% of the market share, up 2% in as many years.**

"The reality, however, is that supermarkets don't offer the same level of consultation and customer advice as local community pharmacists, even though four out of ten consumers are happy with the own-label brands they offer," she says.

"Treatments for coughs and sneezes form a very big market – with average spend per adult per year of £10.43 on winter remedies. It's worth focusing on this market when trying to set yourself apart and keep hold of your market share.

"There's a lot you can do, apart from offer a larger range of products. First is a friendly face, followed by extra advice and more help for customers less confident in diagnosing cold symptoms in children. Many community pharmacists focus on children's care.

"This builds relationships from an early stage with new mums who can make the pharmacist a destination when going back for all kinds of medicines. Personal service is hugely important and I predict pharmacists will rely more on classic customer communications.

"This will even include good-old letter writing as well as sending leaflets, using more focused emailing and creating websites for backup information on treating their children's colds; all done to build relationships with the customers in their catchment areas."

and flu incidence not necessarily correlating with swine flu predictions. Subsequently, World Health Organization-reported incidences and media interest in swine flu have died down which reflects sales returning back to normal seasonal patterns."

But the threat of flu remains real and important, which is why the NPA is emphasising its private seasonal flu vaccination service. Over 6 million people miss their free jab and there are 28 million people in the working population who are younger than 65 so there's a big vaccination market to go with winter remedies.

For more on flu and the NPA's service see pages 20–21.



**Top 10 cold and flu remedies**

1	Lemsip	£49.6m
2	Beechams	£34.2m
3	Day/Night Nurse	£17.7m
4	Own label	£12.2m
5	Benylin	£5.6m
6	Nurofen	£1.7m
7	Paramed	£0.6m
8	Covonia	£0.5m
9	Vicks	£0.3m
10	Calcold	£0.2m
<b>Total</b>		<b>£122.6m</b>

(Year to 12 June 2010)

Source: Nielsen Scantrack



**I**n 'insurance claim' – the mere words are enough to send a shiver down the spine of most pharmacists. But the good news for pharmacists is that – despite the current economic conditions – the overall number of claims coming through to NPA Insurance isn't increasing. The bad news, though, is the costs associated with claims are on the rise. Partly, this is due to legislative changes that were introduced in January 2007. But overall, the value of claims has almost doubled.

Insurers are now required to reimburse NHS hospital charges where their insured are liable. This means that if a patient is the victim of a dispensing error or a member of the public has an accident in a pharmacy, NPA Insurance has to repay the cost of resulting hospital treatment.

Inpatient treatment is charged out at £720 a day, and the hospital treatment cost has to be factored in at the outset when assessing the reserves that need to be applied to each claim file.

For example, if an older patient falls in a pharmacy and fractures a hip, the hospital stay can be around 7 to 10 days. So we have to allow £7,000 for hospital

charges before even assessing the likely compensation for pain and suffering, and the costs of solicitors and

other heads of claims (claims are categories of compensation).

Unfortunately, that's not the only reason why claim costs are rising. The vast majority of clinical negligence and personal injury claims are dealt with by claimants' solicitors under a conditional fee agreement. This leads to higher costs because claimants' solicitors are entitled to apply a success fee to their baseline fees. Success fees



**The vast majority of claims are dealt with by solicitors under a conditional fee agreement**



# Avoiding risky business

We talk to Glyn Walduck, the NPA's head of claims, about risk and insurance

can range from anywhere between 10% and 100%, depending on the complexity of the case.

Also, insurers have to allow for 'after the event' insurance premiums. Policies are often taken out by claimants that guard against them having to pay defendant's costs in the event that the claim is unsuccessful. Where the claimant is successful, insurance companies have to pay the premium.

"It is essential that everything possible is done to mitigate errors and accidents in the first instance and be aware of what can happen if there is a failure to follow SOPs and protocols," says Glyn Walduck, the NPA's head of claims.

"When dispensing errors occur we are often able to admit liability at the outset and therefore costs incurred by claimants in establishing negligence are minimal. However, there are often complicated causation issues that need to be investigated, and specialist medical reports such as pharmacology, toxicology and immunology are required. Frequently this will translate into settlements which are fairly modest, but costs incurred by the claimant's solicitors in undertaking their work can be extremely high. I'll give an example."

**Patient A, an asthmatic, was incorrectly booked in to see a doctor by practice staff as Patient B. Patient B's notes were placed before the doctor who saw the patient, believing that she was seeing Patient B – who was not an asthmatic. Patient A was prescribed ibuprofen by the doctor and then visited the pharmacy where his prescription was dispensed. Patient A took a tablet and very sadly had an adverse reaction and died. There was a police investigation, although on this occasion the Crown Prosecution Service decided that there should be no criminal prosecution. The**

**matter then proceeded to an inquest where the coroner criticised the GP and the training given to reception staff at the practice. While the coroner acknowledged that staff training at the pharmacy was comprehensive, he implied that the performance review was ad hoc. There is now a claim for compensation.**

As Walduck continues: "Sadly, the wrong patient name was captured at the surgery and had the patient been asked to provide his address at the pharmacy, the error could have been picked up."

There is also a recent example of swift action taken by a pharmacist after a dispensing error that prevented a potential fatality. The circumstances of the case below are almost identical to another case which sent shockwaves through the profession.

**A patient presented a prescription for prednisolone 5 mg tablets and, in error, propranolol 40 mg tablets were given, labelled as prednisolone 5 mg. The patient took eight tablets but, fortunately, the pharmacist realised the error had been made within half an hour of dispensing the prescription, contacted the patient and although she was hospitalised with symptoms attributable to the effects of the beta-blocker she recovered.**

"As pharmacists know, this could easily have resulted in tragedy. The message is clear: prednisolone and propranolol do not mix. On this occasion the incorrect selection of propranolol could have been avoided if the dispensary bench had been cleared following a previously dispensed prescription."

Mitigating risks is not just



about dispensing errors. Small things such as leaving delivery boxes unattended in an aisle where a customer could trip can lead to compensation claims. It's important that pharmacists carry out ongoing risk assessments.

In a recent example a customer fell down the stairs of a pharmacy. The landing on the staircase was being used to store and display goods on shelves. Not only was access restricted but the display distracted the patient and she missed her footing. "This is probably a one-off, but it does no harm to remind members about risks, and this is a good illustration of what could happen if they fail to keep aisles, walkways, stairs and other public areas free from obstruction," says Walduck.

"NPA members are covered for professional errors and public liability claims. We are here to help them when untoward incidents occur but to protect members fully, it is important that we are contacted immediately if things go wrong."

Head of claims, Glyn Walduck, will be speaking at the Pharmacy Show at the NEC, Birmingham, about professional indemnity on 10-11 October.

# Fruit bowls customers over

## An East London pharmacy has won an award for a healthy eating campaign

**T**he Daniels Pharmacy team from South Woodford won the Most Valuable Pharmacy

In Store Initiative award at the Pharmacy MVP Awards in May 2010 for their innovative and practical approach to promoting healthy eating to customers. Daniel Chen, Daniels Pharmacy superintendent and fellow owner Jason Muir found a way to help patients think about weight loss and nutrition with an engaging and light-hearted campaign.

"It was just after the Christmas and New Year break when people are generally starting to make resolutions – such as losing weight," says Muir. "Using the Department of Health/PCT campaign materials on healthy eating as a basis, we selected the 5-a-day message as a way of promoting our new initiative.

"I went across the road to our local greengrocer and made sure we got about £5 worth of fruit each day for two months to place in a bowl on the front counter. We briefed our staff to talk to our customers about eating healthily – using the fruit as the prompt. Every customer who came in and was served by our staff walked out with a free piece of fruit as well as some good advice. It was incredibly successful."

He says after the pharmacy

launched the campaign they received a call from the Department of Health. "They wanted to know more about the campaign, and how they could help. They offered us some calico 5-a-day bags to give to customers as well as some 5-a-day t-shirts to give away," he says.

Over the course of two months the promotion also helped to increase the customer footfall in the store, he adds. "We had a lot of customers who returned again and again because of the interaction with our staff, and we had others who came in just



Team Daniels:  
Donna Rogers,  
Angie Bennett,  
Daniel Chen,  
Jason Muir

because they had heard about the campaign. This led to an increase in the number of prescriptions, sales and of course our profits also went up."

The 5-a-day campaign was the first major public awareness promotion the pair had undertaken at the pharmacy. "We purchased the pharmacy in late 2008 from a retirement sale and spent a lot of time in the first year refurbishing the front. We were assisted a lot by the NPA," says Muir. "In fact, at an NPA member event I attended in Essex I got an opportunity to speak with other members about our recent success and the assistance and advice we received."

Following the success of their first big promotional campaign, Daniels Pharmacy is planning to take part in other events to promote public health awareness.

"We took to the high street to promote public health awareness during Sexual Health Week that ran on 13–19 September, and are planning more public awareness promotional campaigns next year as well."

**“A lot of customers returned again and again because of the interaction with our staff**



# Complete communications



Take the worry out of pharmacy communications with a supplier that knows your business

Communication is the lifeblood of any business – and is becoming increasingly important for pharmacies, from single concerns up to the largest chains. No pharmacy business can afford not to make the most of contact with customers and suppliers, liaison with local and national health authorities, and not least communication among staff members and owners.

What you need is a reliable, cost effective telephony service from a trusted partner, which is precisely what many NPA members have

## What we offer

Simply put, we offer the most competitive, flexible friendly telephone service you will find. For your core telephone needs we provide:

- Low cost line installation and rental – and we will never knowingly be undersold
- No connection charges for local, national and mobile calls
- No minimum contract period – you are free to leave whenever you want
- Free enhanced maintenance for NPA members
- Custom billing reports to suit your business.

been enjoying since 1996 from LCC. Set up and still run by two expert directors – one ex-BT (Stewart Irwin) and one a pharmacist (Malcolm Begg) LCC has the great advantages of both a deep understanding of the day to day issues of running a pharmacy, as well as all the technology involved.

“Our lines are top quality voice grade – we buy wholesale from BT and pass savings on to you – and our enhanced maintenance service means we can get an engineer to you the same day if we get the call before 1 pm – and often even after,” says Irwin.

If you run more than one store – and if you want to add home telephones to your communications network – LCC also offers free intersite calls, he adds. “Further, for each line or site we can provide itemised billing so you can see exactly what your communications spend and trends are. You can opt to receive bills by email, and have them sent to a head office if needed, and log into online billing on our website.”

One LCC customer who is very happy with the savings he’s made is pharmacist Peter Buckley, who runs six shops in the Wigan area. “I defected from BT to LCC some ten years ago – a decision I have never regretted,” he says. “The savings on our telephone accounts around the shops has been great.”



We have long experience in all aspects of business comms and will give you unbiased advice



Apart from basic telephony, Irwin says pharmacist businesses are starting to use services such as audioconferencing now. Another service he says is being taken up is the non-geographic telephone number – such as 0844 and 0845 – which gives customers and contacts a number charged at local rate to call wherever they are.

## Service ethos

Finally, Irwin stresses the quality of the service that LCC offers. “When you sign up with us we can also advise on in-store equipment and mobiles – we have long experience in all aspects of business communications and will give you unbiased advice. But most of all we pride ourselves on our response – when you call us you’ll speak to a person, round the clock and year round. And you’ll have the same people to talk to.”

## Call us now

To find out more about our offerings – and to sample our friendly service – **call us FREE now on 0800 652 2256.**

Or email [enquiries@lcccommunications.com](mailto:enquiries@lcccommunications.com), or visit our website, [www.lcccommunications.com](http://www.lcccommunications.com) – where you can sign up online in a few easy steps.

**LCC Communications, Pragnell House, Sopwith Close, Preston Farm Business Park, Stockton-on-Tees TS18 3TT**

# Market update



## Bio-Oil

New research by the maker of Bio-Oil has shown an astounding one in two women suffer ongoing psychological issues due to stretch marks and scarring. Furthermore, almost half said stretch marks and scars affected the way they dressed, with over a fifth trying to hide them from their partners for years afterwards.

Despite over a quarter saying they were very worried about stretch marks during their pregnancy, the majority (66%) were given no advice by any healthcare professional. Bio-Oil is a specialist skincare product which has been clinically shown to help improve the appearance of scars, stretch marks and uneven skin tone. Its unique formulation, which contains the breakthrough ingredient PurCellin Oil, helps increase skin elasticity thereby helping to reduce the impact of scars and striae for patients. See [www.bio-oil.com](http://www.bio-oil.com)



## DB500 deblisterer

The DB500 deblistering machine is the latest technical innovation from MTS Medication Technologies, which has been at the forefront of pharmacy technology since 1984. The DB500 is the fastest manual deblisterer available and can recover up to 280

tablets or capsules a minute, with no crushing or breaking. It has an innovative calibration system making it effortless to switch between medication types. As well as improving your pharmacy's operational efficiency, the DB500 gives you peace of mind, ensuring the improved health and safety of staff by preventing repetitive strain injury and sore fingers from manual deblistering. The DB500 is a must for pharmacies providing MDS services to care homes as well as those with medium to high volumes of community pack patients. See [www.mtsp.co.uk](http://www.mtsp.co.uk)



## Kaloba

Kaloba is a traditional herbal medicinal product used to relieve the symptoms of upper respiratory tract infections including the common cold, such as sore throat, cough and

blocked or runny nose, exclusively based on long-standing use as a traditional remedy. Kaloba is licensed by the MHRA under the Traditional Herbal Medicines Registration Scheme. It is available in easy-to-administer oral drops, which can be added to water or taken directly from a spoon. It can also be given to children six years and over, relieving the symptoms of coughs and colds that are so prevalent in childhood. Kaloba contains *pelargonium sidoides* root extract EPs 7630 and should be taken at the first sign of a cold. Dosage: 30 drops orally, three times a day. Dosage in children six years and over: 20 drops orally, three times a day. For further information visit [www.kaloba.co.uk](http://www.kaloba.co.uk)



## Lemsip Max Lemon Flavour Tablets

New Lemsip Max Lemon Flavour Tablets are the first and only dual format remedy within the cold and flu

category, from the UK's No 1 cold and flu brand, with patented technology and innovative development spanning over five years. The new tablets provide max strength relief from the symptoms of cold and flu. The dual format provides consumers with the convenience of tablets plus the comfort of a hot drink – in a single remedy. They're easily swallowed for on-the-go relief, or simply dissolve in hot water to make a soothing hot lemon drink. So now consumers can buy one remedy which allows them to 'choose how they use'. The launch will be supported by a dedicated TV campaign, radio ad and digital campaign. Contains paracetamol. More on the range at [www.lemsip.co.uk](http://www.lemsip.co.uk)



## ReplensMD

ReplensMD helps thousands of women seeking a hormone-free solution to vaginal atrophy and dryness, itching, irritation, discomfort or pain during intercourse.

The moisturising gel contains no drug; in fact, the active ingredient is purified water (78.8%) which is slowly released from polycarophil – an inert, acidic, bioadhesive polymer which clings to the vaginal walls for up to three days until cells are shed naturally. One application of ReplensMD delivers continuous moisturisation to atrophic cells while increasing blood flow and balancing pH for a healthy vaginal environment. Linda Pearson, marketing manager at Anglian Pharma says: "ReplensMD offers a hormone-free solution which won't interfere with other treatments or medications and can help many women regain the ability to have the spontaneous sex life that they previously enjoyed." See [www.anglianpharma.com](http://www.anglianpharma.com)

## Autumn party conferences

The NPA is lobbying on behalf of community pharmacy at the autumn party conferences. We expect there to be a great deal of focus on the planned restructuring of NHS, as outlined in the white paper 'Equity and excellence: liberating the NHS'. Issues such as the Vetting and Barring Scheme, information governance and the medicine supply chain will also be on the NPA's agenda for



the Liberal Democrats conference in Liverpool (18 to 22 September), the Labour Party conference in Manchester (26 to 30 September) and the Conservative Party conference in Birmingham (3 to 6 October).

## NPA member evening events scheduled



Healthcare on the high street and the NHS white paper were discussed at the first member event for autumn held earlier this month in Eastleigh, Hampshire on 8 September. Attended by NPA members from across the South West, the event was also an opportunity for delegates to find out more about NPA services. Member events are also being held in Newport and Carmarthen, Wales, on 29 and 30 September; at the Pharmacy Show at the NEC, Birmingham, on 10 October; 25 November in

Belfast, Northern Ireland; and 2 December in Warrington, England. If you would like further details about the events please contact Natalie Smith, head of communication services ([n.smith@npa.co.uk](mailto:n.smith@npa.co.uk)) or Jenni Williams, events and sponsorship executive ([j.williams@npa.co.uk](mailto:j.williams@npa.co.uk)).



## More pharmacy products on sale from the NPA

The NPA is increasing the range of products and services on sale to members and has been reorganising the sales operations department to provide a more efficient service. The aim is to be the 'one stop shop' for all pharmacy supplies requirements. A new sales catalogue will be out in October featuring many new ranges at attractive prices. This follows the success of the summer promotional brochure.

We would appreciate members' feedback and suggestions on any new products and services you feel NPA should be providing (just email [sales.dept@npa.co.uk](mailto:sales.dept@npa.co.uk)). As a not-for-profit organisation, income generated by the NPA, including sales from our catalogues and the NPA webshop, are ultimately re-invested to support the expansion and development of membership services. For more information call sales on 0844 736 4199 or email [sales.dept@npa.co.uk](mailto:sales.dept@npa.co.uk)



## Meningitis vaccine approved for PGD

The NPA board recently approved a meningitis vaccine for NPA members to use as a PGD (patient group direction). The vaccine will be incorporated as part of the seasonal flu/meningitis vaccine PGD package. Following the board's approval, the NPA's business development department has been working on several new PGD packages to encourage and increase the service platform in pharmacies, which should be introduced later in the year. For more information contact us on 01727 858687 ext 3391 or email [businessdevelopment@npa.co.uk](mailto:businessdevelopment@npa.co.uk)

## Education and training days for NVQ level 3 students

The NPA's education and training department is hosting a series of NVQ3 information days across England and Scotland. From 20 September until 1 October it will be visiting:

- Birmingham (20 September)
- Bristol (22 September)
- Glasgow (23 September)
- St Albans (24 September)
- Manchester (27 September)
- Darlington (29 September)
- London (1 October).

To learn more about this event contact the education and training department on 01727 800402 or email [training.dept@npa.co.uk](mailto:training.dept@npa.co.uk)

# Pension changes and the NEST egg ahead

**S**ignificant government reforms relating to the way we plan for our retirement and for the retirement of our employees will come into effect next year across Great Britain and Northern Ireland. The changes will affect all employers, including community pharmacy, and will be compulsory.

The Workplace Pension Reforms mean that starting from October 2012 employers will have to automatically enrol all eligible jobholders into a pension scheme that meets or exceeds certain legal standards. These standards include a minimum amount employers have to contribute to jobholders' retirement savings.

Eight per cent of all jobholders' qualifying earnings will be the minimum contribution to all employee retirement savings pots. Of this 8%, the employer will have to contribute a minimum of 3%. The rest will be made up of tax relief and the contributions from jobholders.

Sue Wiseman, the NPA's head of human resources, says it is important for all members to be aware of the reforms and plan accordingly. "For the first time, employers will have a duty to enrol their workers into a workplace pension arrangement and planning for this really needs to start now."

The Department for Work and Pensions (DWP), alongside the



Pensions Regulator and the NEST Corporation, will help businesses across Great Britain and Northern Ireland with the changes.

NEST, launched on 5 July this year, is the trustee body

responsible for overseeing the National Employment Savings Trust, and is accountable to Parliament through the Secretary of State for Work and Pensions. It is designed to meet the needs of low-to-moderate earners and their employers.

The main service is the NEST low cost pension scheme. Employers can choose it or another qualifying workplace pension scheme for the new duties.

*For more information about these reforms and how to plan for them visit the policy section at [www.dwp.gov.uk](http://www.dwp.gov.uk) or see [www.nestpensions.org.uk](http://www.nestpensions.org.uk)*

**For the first time employers will have a duty to enrol their workers into a workplace pension arrangement**

## Clearing up bills

**S**eventy-two hours. For some, it's a long weekend – for community pharmacists it's the time spent sorting out an average of 480 bills a year.

As part of the range of services offered by the NPA, members can use the Clearing House Service – which allows you to pay for everything with one cheque – for free. Your feedback has demonstrated just how valuable this support service is.

Pharmacist Rob Davies from Swansea Valley, South Wales has used it for 10 years. "It saves me so much time and money. When we started using the service we had four pharmacies. We now have seven. So instead of sending off 50 different envelopes with 50 bills in them each month we send off one cheque in one envelope to the Clearing House staff at the NPA.

"If there are any issues with the payment, the Clearing House staff sort it out straightaway. In fact in 10 years of using the service, I think I've only had to speak with the

staff twice to sort out payment issues. In my book that is a pretty good service – and best of all, it's free to NPA members."

NPA Clearing House manager Linda Gooding says the service is one of the longest-standing benefits offered to members. "We have many members like Rob who have been using our services for years now – and it is really simple," she said.

"Instead of writing individual cheques, addressing, sealing, stamping and posting envelopes, you can now simply total up all your invoices, send us the remittance advices with just one cheque for the total amount and let us do the rest."

Think what else you could do with that time. Hours that could be valuable to you in the development of new business opportunities or new services or even just time to yourself or to spend with your family. *For more information contact Clearing House manager Linda Gooding, email [l.gooding@npa.co.uk](mailto:l.gooding@npa.co.uk) or call 01727 858687.*

# Essex pharmacies score in cancer awareness

## Health minister launches cancer report

**T**he outcomes of a project developed by the Essex Cancer Network in collaboration with the NPA and four Essex PCTs were detailed in a report launched at a community pharmacy by Health Minister Simon Burns.

Entitled 'Promoting cancer awareness and early detection within community pharmacies', the report, launched at Colecross Community Pharmacy on 19 July, highlighted the work delivered by 78 pharmacies across four PCT areas in Essex. The launch was attended by members of Essex LPC (local pharmaceutical committee) and the Essex Cancer Network, including LPC chairman and NPA board member Bharat Patel and LPC CEO Ash Pandya. Leyla Hannbeck from the NPA and Barbara Parsons from the PSNC were also present to highlight the role of pharmacy.

The project aimed to increase the awareness of skin and colorectal cancer to the population of Essex. Pharmacists and counter staff were trained to understand the 'red flag' symptoms and links to OTC products. Staffs were also given training to

raise confidence in being able to initiate discussions with the public on sensitive issues such as cancer. The training was developed in collaboration with and delivered by the NPA. It was well received by all participants and provided the right impetus to deliver the project within the timescales.

Ash Pandya said various point of sale materials were provided to support and initiate discussions including posters, leaflets and a quiz on skin cancer.

**Pharmacists reported 161 referrals, from which some cancer diagnoses were made**

"The results from the project show that 8,869 information leaflets were given out that initiated 4,667 conversations relating to the cancers," he said. "Although referral to GPs was not a formal element of this project, pharmacists reported 161 referrals,

some of which resulted in diagnoses of cancer.

"The project also reported that 92% of respondents felt that pharmacy was an appropriate location to receive information and have discussions around sensitive issues such as cancer."

Simon Burns spent over an hour at the pharmacy gaining a better understanding of the range of services provided by



Pictured left to right: Barbara Parsons, Bharat Patel, Leyla Hannbeck, Simon Burns

pharmacies that have consultation rooms, added Pandya. "Although surprised that over 95% of pharmacies had such rooms he was impressed with the range of services available. He felt that mechanisms could be developed within the new proposed structures to continue the direction of travel for pharmacy."

At the report launch, the minister also provided some feedback on the white paper, 'Equity and excellence: liberating the NHS', and stressed the importance of the consultation process. He highlighted the strong view of the government that GPs are best placed to commission services according to local needs, but at the same time acknowledged the potential conflicts of interest that may arise.

Issues arising from practice-based commissioning were highlighted to the minister, along with recognition that GPs will form limited companies as providers, although they may not commission themselves directly.

**“ Simon Burns was surprised that over 95% of pharmacies have consultation rooms ”**

## STAFF PROFILE

**Name:**  
Paul Coleman  
**Job title:**  
Director of insurance



**How long have you worked at the NPA?**

Two and a half years.

**What do you like most about your job and what attracted you to work at the NPA?**

I was attracted to the job because I recognised the ‘mutuality’ in what NPA Insurance was seeking to achieve. I began my working life at a mutual insurance company and at that time the ethos was around protection and service for the policyholder – that has long since disappeared from the corporate insurance world, so in one sense it was about going back to the roots of what I believe insurance to be.

The NPA had also made a significant investment in the development of the insurance business and I was stimulated by the prospect of realising the strategic vision that had prompted this move.

I enjoy the challenge of maintaining traditional values within the imperatives of a rapidly changing commercial environment and at the same time developing new products and solutions to manage risk.

**What was your first job, and how did you get it?**

I went to work at an insurance company, ostensibly for a year before I went to university. I liked it so much I stayed for 30 years.

**When you walk into a pharmacy, what’s the first thing you usually do?**

Being an insurance man through and through, I cast a critical eye for potential risks and hazards...

**Before you joined the NPA, what did you think of community pharmacy?**

Much the same as I do now – it is an integral part of healthcare provision in this country.

**If you had to choose, what one major improvement would you like to happen in pharmacy and why?**

I see too many divisions within the sector. There are many challenges and opportunities facing the world of pharmacy and most of them have a commonality for all parties. More would be achieved if everybody could focus on the areas of common interest and worked visibly and cohesively to present pharmacy’s perspective and role in delivering quality healthcare.

**When you are not working to represent, support and protect the interests of NPA members, how do you spend your time?**

I run four or five times a week and read voraciously – everything from political science and business theory down to the latest bestseller. I love the Internet and

online gaming on the PS3 – which I guess makes me some sort of silver surfer.

My granddad introduced me to the life sentence of supporting a football club – in my case Norwich City – and I am in the process of passing on this test of character to my daughters.

I also like cinema and art galleries when I get the chance. I think I’m very lucky in that there never seems to be enough time to fit in everything I’d like to do

**What are you most proud of?**

My two daughters. A big difference in age and light years apart in personalities.

**How would you like to be remembered?**

Someone who was honest and got things done.

“  
Being an insurance man through and through, I cast a critical eye for potential risks and hazards...”

”

**PROFILE**

**Name:**  
**Ian Facer**  
**Job title:**  
**NPA chairman**

**When did you become a pharmacist and why did you choose this profession?**

Family background was a key driver. I started out standing on a chair, washing bottles in my dad's pharmacy. This led to Saturday and holiday work, and ultimately to a career in the profession.

**Why did you become a NPA board member?**

My father was a board member and I always had a key interest in politics. At university I was involved in the pharmacy student group and helped to organise one of the BPSA conferences. I later joined my RPSGB branch, became president, and that led me into the LPC and PEC role in South Lancs PCT. It was there that I got to know the previous NPA board member, and when he left I stood for election and joined the board in 2004.

**What activities do you undertake as a board member on behalf of the community pharmacists in your area?**

Most of what I do is about trying to represent the profession and get services commissioned. I prefer to see what I do as being for the profession as a whole, rather than just as NPA chairman.

**What do you perceive as some of the biggest challenges facing pharmacies in the UK?**

Where do I start? There's no doubt about it, community pharmacies

are all being increasingly asked to provide more for less. I've got real concerns about how long we can continue to do that throughout the UK.

We need to see more commissioning of new services that build on the expertise available in pharmacies. Hearing the messages coming out from the coalition government it feels like there's a growing recognition that pharmacy is in a good place to deliver.

**How do we overcome those challenges?**

We need to be seen to be delivering. We need to work more closely together, collectively, to put our message across. And as employers we've a responsibility to bring our employees with us.

**Tell us a little about pharmacy in your region**

Community pharmacy is proactive in the North West and I would like to think that we punch above our weight. I would say we have a good share of local commissioned services and a strong regional forum for the LPCs coordinated by our regional rep. There are significant health inequalities so there is still scope for pharmacy to do far more than it does at the moment.

**What do you do for relaxation?**

I play golf. I visit the gym when I can. I do some scuba diving and I like to go track driving in my Caterham.

**What is your greatest ambition at the NPA?**

When I complete my term as NPA chairman I'd like to feel that the pharmacy profession and the NPA are a better place than when I started.



“

It feels like there's a growing recognition that pharmacy is in a good place to deliver

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It's the biggest promotional week on the community pharmacist's calendar – and this year the NPA is championing pharmacy on the frontline. Ask Your Pharmacist Week on 8–14 November will draw public attention to the invaluable role of the community pharmacy throughout the UK.

To help politicians understand and support the work of community pharmacists the NPA will also be holding a reception at the House of Commons (see panel). "We will be telling the decision makers at Westminster about the vital role community pharmacy plays in fighting health inequalities," says Nicola Rossi, the NPA's communications director. "With the NHS on the verge of a radical restructuring it is critical to use every opportunity to drive the message home that

**The aim of the NPA Ask Your Pharmacist campaign** is to raise the profile of pharmacy to the public, government and other stakeholders. Last year the campaign focused on seven health services that community pharmacies offer the public. The services were a mix of NHS and private services and included: allergy screening, chlamydia test and treat, health checks, medicines use reviews, the minor ailments service, independent prescribing and smoking cessation. This year the campaign will focus on the role pharmacy plays in being a frontline provider for health as well as being a central hub for many communities. **Activities include the launch on 3 November of Ask Your Pharmacist Week at the Houses of Parliament** with the theme 'Pharmacy on the frontline'. NPA members and their patients will advocate the role pharmacy plays in communities to MPs and other stakeholders. More details to follow.

# Pharmacy on the Frontline

## What's happening at this year's Ask Your Pharmacist Week

community pharmacy plays an important role in optimising the use of medicines and supporting better health."

Community pharmacies are ideally situated to meet the needs of socially disadvantaged communities as they are located where people live and work, she says. "They see people when they are well and when they are in poor health, so they are particularly well placed to offer opportunistic health advice. The density of community pharmacies is also higher per head of population in areas of health inequality."

Community pharmacies run prescription collection and delivery services for people who find it difficult to leave their home, she notes. "The freezing weather earlier this year put this service to the test."

After the Parliamentary launch, activities have been planned across Wales, Scotland, Northern Ireland and England with NPA staff and community pharmacists.

Health check stations will be set up in shopping centres to allow members of the community to have their BMI, cholesterol, glucose and blood pressure checked by a community pharmacist. The NPA will also be working with members to run media events throughout the

week across England, Northern Ireland, Scotland and Wales.

To help pharmacists conduct their own in-store promotions during the week, online resources will be put up on the members section of the NPA website, including template press releases and marketing material such as a downloadable poster.



### Pharmacy health checks in shopping centres

To mark Ask Your Pharmacist Week 2010, pharmacists in Northern Ireland, Scotland and Wales will be available to answer questions from the public on their health and will carry out free health checks in shopping centres. Locations and dates are:

- Foyleside Shopping Centre, Derry – Thursday 11 November [www.foyleside.co.uk](http://www.foyleside.co.uk)
- Buchanan Galleries Shopping Centre, Glasgow – Wednesday 10 November [www.buchanangalleries.co.uk](http://www.buchanangalleries.co.uk)
- St David's Shopping Centre, Cardiff – Thursday 11 November [www.stdavidscardiff.com](http://www.stdavidscardiff.com)

The NPA is keen to highlight to the media pharmacy teams that are making a difference in their communities. Therefore we would like pharmacy teams to contact us with these stories, explaining what you are doing and putting forward a patient who is willing to say how useful the pharmacy is to them and/or the community. For more information please contact Jenni Williams by emailing [j.williams@npa.co.uk](mailto:j.williams@npa.co.uk)

# Celebrating success

## How the NPA's pre-registration training benefits trainee pharmacists

**A**fter a year of hard study Satpreet Sahota has proudly joined the team at Park Pharmacy in Eastleigh, Hampshire as a registered pharmacist.

Satpreet (pictured right) was among 75 trainee pharmacists who completed the NPA pre-registration training programme in 2009/10. Pre-registration trainee pharmacists are required to successfully complete a one year period of employment following a degree in pharmacy and sit examinations before they can apply for registration as a pharmacist with the Royal Pharmaceutical Society of Great Britain (RPSGB).

For some undergraduates the one year period of employment is integrated with their studies.

Satpreet, 24, began the pre-registration trainee pharmacist programme with the NPA under the supervision of pharmacist and fellow Park Pharmacy staff member, Kazeem Olalekan, in September 2009 after completing a four year masters degree at the University of Portsmouth.

The director and superintendent pharmacist, Rio Kaderbhai, and Kazeem had agreed that they would use the NPA pre-registration programme for their students.

"I have always had a great

interest in science and am very happy with my decision to become a pharmacist, which was greatly influenced by my sister," comments Satpreet.

"My family were really proud when I graduated from university and successfully completed the pre-registration year. I was fortunate enough to have a supportive family: I couldn't have done it without them. When I

completed my studies and started work at Park Pharmacy I felt privileged to be informed about the NPA course by Mr Kaderbhai, and I found it to be really good and highly recommend it."

Sukhjit Grewal, the NPA's head of education and training, says the NPA pre-registration trainee pharmacist programme has been designed to focus on specific elements of the pre-registration syllabus, giving trainee pharmacists an invaluable opportunity to interact with other students and share experiences.

"The pre-registration trainee pharmacist programme has been offered by the NPA for a number of years now," he said. "Pre-registration trainee pharmacists who have attended the NPA courses consistently say how much they have gained in terms of confidence.

"It is also good practice for pre-registration trainee pharmacists to undertake continuing professional development (CPD) activities on a regular basis to keep their knowledge and skills up to date."

*For more information about the course please contact the education and training department on 01727 800402.*



“

**I was fortunate to be told about the NPA course, and I found it really good and highly recommend it**

”

Satpreet Sahota

### Courses for trainees

#### The NPA provides the following pharmacy training support for pre-registration trainee pharmacists:

- NPA residential pre-registration trainee training programme
- Business management course
- Supporting self-care
- Drug Tariff course online
- Law and ethics course online
- Pseudoephedrine training
- NPA information leaflets
- NPA Training Seal approved training material.

#### The NPA also runs a pre-registration tutor training day for pharmacists who take on a pre-registration trainee pharmacist.

# Festival for health checks

West London pharmacy supports festival goers

A range of healthcare and lifestyle activities offered by pharmacists was showcased by Chana Chemist at a community event attended by almost 20,000 people in Hayes and Hillingdon this summer.

During the event, which was held at Guru Nanak Sikh School in Springfield Road, Hayes, to celebrate Prakash (a continuous spiritual reading of the Sri Guru Granth Sahib Ji – the Sikh holy book), more than 600 attendees took advantage of the free professional services provided by Chana Chemist staff to have their blood pressure, glucose and cholesterol levels checked.

Kuldip Singh Chana, proprietor and NPA member, says this was the third year his pharmacists and staff had volunteered to be involved in the event, which has helped to raise public awareness of the role of the pharmacist

within the community. He adds that the event was the biggest promotional activity conducted by his pharmacy during the year.

"This event promoted personal healthcare and lifestyle in the community, and of the number of attendees who had various checks, 15 were identified as being diabetic and 18 with raised cholesterol levels," he says. "All attendees were provided with comprehensive test results and asked to refer these results to their GPs when deemed appropriate. As well as raising the profile of pharmacy in the community it is also very rewarding for all of us from Chana Chemist to be involved in such an event.

"We are also thankful for the voluntary support provided by BHR Pharmaceuticals, which conducted the cholesterol level checks."

Sukhjot Grewal, the NPA's head of education and training, was

among those who had his blood pressure and cholesterol tested at the event and said BHR had been awarded the NPA Training Seal – the kitemark of high-quality training for NPA members.

"BHR has often conducted public testing forums for members and as well as offering a good service to existing customers it is a great promotional tool to encourage more business," he said.

Daniel Carver from BHR Pharmaceuticals said this was the second year his company had provided a service for Chana Chemist. "We look forward to attending in force again next year. This event is just one of the many public testing forums for BHR Pharmaceuticals using the cholesterol checks (HDL and total cholesterol). Even Boots recruited our services at the Vitality show held in Earls Court recently, which had an even greater turn-out."

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More than  
600 people  
took up the  
free services  
provided  
by Chana  
Chemist

”



# World service

## Pharmacy happenings around the globe...

Not surprisingly, the **United States** is a rich source of news, not least because of the massive fight to reform healthcare between the main political factions. Could it really catch up and provide **universal healthcare**? The country's primary care effort is far less organised than ours, but now it is discovering that 'drugstores' can contribute greatly to health. A story in the *New York Times* relates, with a slight tone of surprise, how **pharmacists are becoming key members of local health teams** in managing chronic diseases with in-store check-ups and medication monitoring to ensure compliance. It's a pretty recent trend in the US, but needless to say it's **ruffled a few feathers** given the way money goes round there – the American Association of Family Physicians says pharmacists should be careful not to usurp the doctor's role... Meanwhile, still in the US, the Food and Drug Administration is looking at making **drug information leaflets** that are packed with pills more accessible, as a study has found they have anything from 30 to 2,500 words, and some have tiny type full of jargon. Apparently, though, the FDA has been trying to do this since the 1960s, but pharma puts up an effective lobby against it every time. And do Americans **consume a lot of drugs** – prescription drug spend there was \$234bn in 2008, and the number of prescriptions has risen by 39% from 1999 to 2009, up to 3.9bn scripts. The **'most medicated state'** is West Virginia, with 18.4 prescriptions per head on average (68% of people there are obese, 12% have diabetes and 30% report poor mental health). So the US could be good place to emigrate to and set up a strong pharmacy business, but forget **Australia**, where there's talk of a **massive oversupply of pharmacists**, but not other healthcare professionals such as nurses. Back home in Weymouth, the *Dorset Echo* has an item on a Lloyds pharmacy where a pensioner customer had just left the store and then fell and sustained facial injuries. **Staff from Lloyds – one trained in first aid** (step forward Jan Rigby) – were quickly to the rescue. For another sort of emergency we're back in the US – spare a thought for the staff in a supermarket pharmacy in Pennsylvania who were confronted by a **robber with his face wrapped in medical bandages** and wearing a surgical mask. He got away with cash and 22 Suboxone pills before driving through a red light and being arrested.

“

The 'most medicated state' in the United States is West Virginia, with 18.4 prescriptions per head on average

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### Letters

#### Now on a Saturday

We just wanted to say your Saturday morning service in particular is fantastic, I really appreciate the NPA extending the opening hours. Saturday staff are to be congratulated for their patience, time and help.

*DS, Liverpool*

#### Send in your view

Letters to the editor should be about material published in *InPharmacy* or other issues of general interest to NPA members. Letters are not routinely acknowledged. They should be brief (300 words or less) and may be edited for reasons of clarity or space. They may appear in print and/or on the NPA's website.

To submit your letter, please email [n.smith@npa.co.uk](mailto:n.smith@npa.co.uk) or fax 01727 795934 (with attention to Natalie Smith)