Repeat ordering is emphatically not the way to deal with shortages (PJ, 5 February 2011, p125).

It may be true that it is only necessary, on average, to order an item three times in order to obtain it (which is in itself an appalling statistic), but this figure hides the fact that essential items such as prednisolone tablets 5mg (a recent example) go out of stock for weeks or, sometimes, even months.

Generic medicines such as this are supposedly available from a number of manufacturers, so how is it possible that none is available from any source? More revealing and interesting statistics would be the number of times GPs have to rewrite prescriptions for alternative products (eg, soluble or gastro-resistant prednisolone tablets) or how many cancer patients have had their regular dose of depot goserelin delayed because of lack of supply from the manufacturer.

Another problem is the restriction of supplies by certain manufacturers. It is possible to order Zyprexa tablets repeatedly from the appointed agent and be told for weeks that they are not available. However, a telephone call to the manufacturer saying that we have a prescription, specifying the number required and sometimes the serial number of the prescription, results in a delivery of stock from the same agent on the next delivery. It is obviously not out of stock but being held pending authorisation to release it by the manufacturer. Presumably there is a political agenda about pricing in operation here.

It seems that a complete lack of responsibility towards the needs of patients is pervading the pharmaceutical industry in Britain. There is mention in the footnote to your news item that there is legislation in Germany to combat this situation. Surely there should be some punitive sanction available here if companies fail to act responsibly in maintaining continuity of supply?

This situation has been gradually worsening for over two years now. What has the Royal Pharmaceutical Society done about this? Why have we not had publicity such as an investigation by the media (eg, Daily Telegraph, Daily Mail, BBC, etc) into this alarming situation?

F P Reader
Horley, Surrey

NEAL PATEL, head of corporate communications, Royal Pharmaceutical Society, responds: We share the frustration and anguish of Mr Reader and many other pharmacists who have contacted the RPS about this issue. We know also that, if it were not for the sheer hard work and perseverance of pharmacists in sourcing medicines for patients such as those highlighted by Mr Reader, many patients would have to wait longer than they should for life-saving medicines.

It should be a matter of regret to all parties involved in the medicines supply chain that we are still seeing the situation Mr Reader highlighted many months after this problem was first reported. Although the root cause of shortages may lay with the euro-stere Ling exchange rate favouring exports of medicines, we strongly believe that the supply chain should work within this new context and pharmacists should be supplied with the medicines their patients need within 24 hours as a minimum. The RPS is happy to play its part in this full and is signatory to the new guidance on medicines supply as a first step on resolving this issue for pharmacists and patients.

More work does need to be done and the RPS will continue to act on behalf of our members to influence those who can make a change.

The media have featured this story through 2010 and 2011. The RPS was involved in a BBC News at 10 investigation in 2010, as well as features on the problem by, among others, the Daily Mail and, most recently this year, the Sunday Telegraph. We will continue to shine a spotlight on this issue throughout 2011 and are planning a series of snapshot audits with pharmacists to see if the situation is improving or not. My colleagues at RPS Scotland have already completed a survey of pharmacists on this issue during the Christmas/new year period and they will be sharing results with the UK and Scottish Governments, as well as relevant companies involved, who will be asked how they will work towards solutions.

Drug shortages issue continues to worsen

From F P Reader, MPharm

These are our stories. What will yours be? Pharmacist Nationwide If you want to join our team and make a difference to our customers’ lives, find out more and apply at www.boots.jobs/pharmacy GPhC fees paid.

“Sympotan” for depression

The antidepressant Sympotan (mianserin) has stopped being supplied by Takeda, the company that makes it, leaving some patients without their treatment of choice. Patients who are able to get medicines that are in short supply, such as Sympotan, should be given priority.

The National Institute for Health and Clinical Excellence (NICE) recommends Sympotan as first-line treatment for depression. Patients who have switched to other medicines recently might find it difficult to switch back.

药物短缺问题继续恶化

从F P Reader, MPharm

这些是我们的故事。你的会是什么？

“Sympotan”用于抑郁

抗抑郁药Sympotan（mianserin）由Takeda公司停止供应，这使得一些患者无法获得他们的首选药物。能够获得短缺药物的患者，如Sympotan，应该被给予优先权。

国家健康与临床卓越研究所（NICE）将Sympotan推荐为抑郁症的一线治疗方案。近期转用其他药物的患者可能发现难以转回。
Why can staff not hand out POMs when the pharmacist is absent?

From Mr R C Jones, MPharm

I cannot see the logic that, when the pharmacist is away for lunch, my trained support staff are not allowed to hand out pregagged and checked prescription medicines to patients in my pharmacy. This inconveniences our working customers who call in during their lunch hour. In contrast, these same medicines can be delivered by a delivery driver or despatched by an internet pharmacy through the post.

In both these cases, there is absolutely no advice available when a patient receives the medicines, in contrast to the situation in my pharmacy at lunch time. Where is the sense in this?

Rod Jones
The Pharmacy
Hereford

Great way to promote science as a career choice

FROM PJ ONLINE

I believe that proposals that an intercalated year could be offered after the third year for pharmacy students who want to develop their specialist pharmaceutical science knowledge (PJ, 19 February 2011, p187), is a fantastic idea.

We seriously need to get science across to pharmacy students as an attractive career choice and it makes no sense at all that the only health profession that has science at its core does not yet have this option.

Carrying out research for a few weeks is simply not enough to develop a scientific approach to hypothesis generation and study design. An appropriate funding model to tackle both this and the integrated preregistration year will be essential.

Rachel Ainsley, University of Huddersfield

We should be more open about the actual price of medicines

From Mr J Thakrar, MPharm

As a mechanism to reduce waste in both primary and secondary care by patients and staff, perhaps we should be more open about the actual price of medicines?

Many nursing staff whom I work with have no idea that a Seretide Accuhaler costs £35 and, when it comes to discharging a patient, they often request another not realising how much money it would cost. It is easier to ask for a new one than find out where the old one is.

The same holds true with patients. When I ask them to look at their medicine box, they often request another not realising how much money it would cost. It is easier to ask for a new one than find out where the old one is.

Jaimin Thakrar
Bristol

Plenty of learning in store at Asda

Asda now has more than 200 in-store pharmacies, and there are a lot more to come. The Pharmacists run the business and are part of the store management team, so it’s a great opportunity for outgoing professionals who want to develop a career beyond the dispensary. All new managers in Asda, Pharmacists included, are prepared for the challenges ahead by spending four weeks in a Store of Learning (SOL), an integral part of Asda’s world class training and development.

SOLs, and the level of training and support they provide, are unique to Asda, says Bhamini Malviya, now a Regional Pharmacy Manager in this fast growing business.

She talked to us about her experience.

“I was so impressed with Asda when working as a locum in several stores, I knew it was something I wanted to be a part of. The two-day induction is a great way of welcoming you into the business and helping you understand their vision and plans for pharmacy. From there it was a four week stint in my nearest Store of Learning, which was fantastic and something I’d not experienced before. Rather than being thrown in at the deep end, you get to see how it all works first hand and getting hands on experience while being coached by the SOL pharmacy team.

There’s some classroom learning too, all part of a training program that was specifically designed for me. By the end I had the knowledge, and crucially, the confidence, to start running my own Asda pharmacy in Hatfield.

“But that was just the start of a continuous learning and development process. In my first year I attended lots of specialist courses such as smoking cessation and flu vaccination, which was great for my ongoing CPD. I wanted to become a Regional Pharmacy Manager, and in my appraisal we agreed I would first need to build on my leadership skills. So I transferred to the Stevenage SOL where I had to run a busy pharmacy while coaching new Pharmacists and shadowing my Regional Pharmacy Manager to really understand the role. My team worked really hard to make our pharmacy one of the best performing throughout Asda.

“So now here I am, at the start of my next adventure as a Regional Pharmacy Manager. I love the pace at Asda and enjoy being part of a wider team that together contributes to the success of the store. I admit this may not be for everyone, but if you really want to develop and branch out, all the opportunity and support is here - starting in those first weeks in the Store of Learning. It really does get you off to a great start.”

www.ASDA.jobs/pharmacy

An insight into the retailer’s unique approach to management training

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Jaimin Thakrar
Bristol
**MONITORED DOSAGE SYSTEMS**

MDs will lead to fewer administration errors

From Mr N. Niven, MRPharmS

The Journal reported on a study into administration errors in care homes by Alldred *et al* in *BMJ Quality & Safety* (PJ, 12 February 2011, p156). The results of the study showed that the odds of administration errors for tablets and capsules not in monitored dosage systems (MDs) were double those that were dispensed in MDs. It also demonstrated that the odds of administration errors for liquids were over four times as great as those for tablets and capsules in MDs.

This comes as no surprise to those of us who have been using and developing MDs for years. They have proved popular in care homes, not just for the sake of convenience, but for the added safety it brings to busy care homes and their residents.

Similar technologies have been in hospitals in the US in the form of unit-dose dispensing for several decades. In 2002, it was reported that over 89 per cent of US hospitals repackaged medicines into unit doses. The American Society of Healthcare Pharmacists issued a statement on unit-dose dispensing, which stated that numerous studies concerning unit-dose drug distribution systems have been published and that these studies indicate categorically that unit-dose systems are safer for patients than other drug distribution methods. There are sufficient similarities between unit-dose dispensing and MD use in care homes that we can expect that MDs will lead to fewer administration errors than traditional administration systems.

In the same issue, David Pruce sets out the ideal characteristics of an MD (p172). MDs vary greatly in their design, characteristics and the materials used in their manufacture.

Norman Niven
Director
Protomed Ltd

**ROYAL PHARMACEUTICAL SOCIETY**

A great way forward for the RPS press machine

From Mr M. Smith, FRPharmS

I was greatly heartened to see Royal Pharmaceutical Society English Pharmacy Board member Graham Phillips on Breakfast TV (Saturday 12 February BBC1). He spoke with authority and a great deal of common sense about alternative medicines on the programme.

I have been a critic of the RPS press machine in the past, but I have to say that, if this is the way forward using speakers of the quality of Mr Phillips, it has my full support.

I am greatly encouraged by the start the RPS has made. I have renewed my membership and would urge all pharmacists to do so. We can then speak for a united profession.

Mike Smith
Chairman
Alliance Healthcare

**BLOOD PRESSURE**

Wrist BP measurement less accurate

From Mr J. H. Atkinson, MRPharmS

My eyebrows rose on sight of a picture on p101 (PJ, 29 January 2011) showing use of a wrist manometer. They may be suitable for use on patients with good circulation but, in many, blood pressure measured at the wrist provides a lower reading than at the upper arm. Although some wrist devices are cheaper, easy-to-use upper arm cuff devices are available at a reasonable price.

J. H. Atkinson
Mkomani, Kenya

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