Letters

**ELECTIONS**

**Voter turnout was depressingly poor**

From Mr S. G. Foster, MRPharmS

So, the election is finally over, and we have a new English Pharmacy Board in place to lead the profession kicking and screaming into the new era.

Even with the most keenly fought election campaign in my memory, voter turnout was depressingly poor. Of the 38,611 colleagues eligible to vote, only 8,027 (21 per cent) bothered to do so. Indeed, the only candidates who managed to encourage their supporters to vote in their thousands were the “stop remote supervision” candidates.

I have spoken of apathy among our colleagues in the past but, when you consider the significance of these elections and the responsibility of the new board to lead the “seismic change” that Jeremy Holmes has described ([PJ, 17 October 2009, p145]), I am flabbergasted at the apathy demonstrated in this instance by the majority of pharmacists in Britain.

I believe that the new board has a tough challenge ahead and needs to consider the following two points:

- What on earth do we need to do to engage with the vast majority of the profession who cannot currently be bothered to engage with us?
- What did the “stop remote supervision” candidates, supported by Mark Koziol and the Pharmacists’ Defence Association, do differently from the rest of us in drumming up such vociferous support?

There are clearly lessons to be learnt, not only in engaging with the masses, but in looking at the POA campaign and finding out what turns the profession on or off.

Stephen Foster
Superintendent Pharmacist
Perremon Pharmacy Ltd
Kent

**MEDICINES SHORTAGES**

**Overlooking patient confidentiality**

From Mr A. M. F. O. El-Dabbagh, MRPharmS

I wish to know why we have to fax patients’ prescriptions to Novartis in order to obtain Femara. The company will only send enough to fill each prescription. Apparently, we are not allowed to keep anything in stock.

Is it not enough that we have to fax the order itself? What is the rationale behind this extra work? And whatever happened to patient confidentiality? I now have to ask patients presenting prescriptions of Femara to return in two to three days so I can fax the prescription and wait for postal delivery. This compromises patient safety and health because some have to miss tablets for a day or two.

How can a company overlook patient confidentiality?

Novartis Pharmaceuticals UK Ltd
Wickford, Essex

A. El-Dabbagh

Apologies if I am wrong, but did a health minister some years ago not introduce regulations to allow British pharmacists to import medicines from outside the UK? Did the minister, then, not force unwilling pharmacists to participate in this trade by reducing prices paid to pharmacists for those imported goods because they were cheaper? Did the minister at the time not consider that this trade could have been creating the same kind of shortages felt here now, in other territories?

Does the current health minister Mike O’Brien not understand that pharmacists have no alternative but to continue to be importing and creating problems outside this country or lose out financially on payments received? Is he prepared to forgo the savings currently being made by the NHS to the detriment of other EU countries?

For Mr O’Brien to accuse some hardworking and professional pharmacists of being unscrupulous ([PJ, 23 January 2010, p66]) is outrageous and should require an immediate apology, both to UK pharmacists and those within the EU who have been suffering for years as a result of the British Government’s promotion of importing from those territories.

I remember learning, when I was a professional and not a businessman, that every action has an equal and opposite reaction. What is good for the goose . . .

Adrian Korsner
London
Medicines Shortage

Alternative solution

From Mr P. O. Shah, MRPharmS

Drug shortages did not always allow me to provide my desired level of service. Sometimes, the shortages were due to manufacturing issues and apparently unavoidable. However, at other times, they were a result of some drug companies trying to maximise profits by controlling markets and controlling supply.

Although I have never exported any medicines, I was put on a quota for certain drugs. Some companies, I was told, had put the wholesalers on quotas. These caused delays, extra work and undue stress. At the time, I spoke to the Pharmaceutical Services Negotiating Committee and the National Pharmacy Services Negotiating Committee. The response was that they were aware of the situation, and the National Pharmacy Services Negotiating Committee put a new order. However, they did not put the wholesalers on quotas.

I had the impression that the only solution was to change patients from these "problem" medicines. We should encourage patients to stop taking certain medicines and to change patients from these "problem" medicines to the readily available alternative to these "problem" medicines.

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Bob Dunkley
Locum Pharmacist
Leeds

Need for stakeholder engagement

From Mr M. Ali, and others

We were moved to share our experience after reading Carina Laver's article on medicines use reviews (PJ, 16 January 2010, p57). We recently completed an audit of the MUR service provided by Manor Pharmacy Group in Hertfordshire. The results demonstrated that MURs are meeting most objectives:

- Improved patient knowledge and understanding of their medicines
- Pharmacists' identification of (and attempt to resolve) medicines-related issues
- High levels of patient satisfaction

Despite this, the MUR service is still not successful in winning the favour of GPs. The GPs in the area do not regard MURs as "virtually essential to patients' overall care or good use of pharmacists' skills. Sadly, the negative attitude of GPs can lead to reduced MUR uptake and damage patients' trust in pharmacy services.

There is a clear need for effective stakeholder engagement (especially GPs) in the commissioning process in order to make MURs a "valued sustainable service".

Majid Ali
Lecturer in Pharmacy Practice
Mustapha Malik
Fourth Year MPharm Student
School of Pharmacy, University of Hertfordshire
Graham Phillips
Superintendent Pharmacist
Manor Pharmacy Group, Hertfordshire

When does the Council propose to honour promises?

From Mr B. R. Edwards, MRPharmS

In 2005, the Council of the Royal Pharmaceutical Society proposed to introduce a nominal fee for members who had been on the Register for 50 years or more. At the time, advisers to the Privy Council rejected this proposal. In 2006, the Council stated "it remains committed to exploring the options available to it in respect of non-practising and retired members" (PJ, 15 April 2006, p439). It also promised to explore the possibility ofemeritus membership for such retired members.

When does the Council propose to honour promises?

Once the regulatory responsibilities of the Society are taken over by the General Pharmaceutical Council, the Privy Council will no longer have any say over membership fees. I raise this question because, on Christmas Day, I received a letter from Patrick Stubbs, the Society's head of marketing and membership services, which stated: "There will be no distinction between practising and non-practising, everyone will simply be members." This carries the implication that there will be the same membership fee for both. If this is the case, it will be grossly unfair since the only benefit most retired members, and certainly those of 50 years or more, receive from their membership is membership services, which stated: "It remains committed to exploring the options available to it in respect of non-practising and retired members" (PJ, 15 April 2006, p439). It also promised to explore the possibility ofemeritus membership for such retired members.

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Brian Edwards
Heswall, Wirral

PATRICK STUBBS, head of marketing and membership services, Royal Pharmaceutical Society, responds: If Mr Edwards has opted to stay on the non-practising Register in 2010, he has, in effect, paid the professional body fees for 2010. My letter was written to ensure members realised that, by staying on the non-practising Register, they would automatically be welcomed into the professional body. I did not want Mr Edwards or his colleagues on the non-practising Register to drop off and then have to reapply for membership, which, on day one, could be more than the current non-practising fee.

In the future, there will not be practising and non-practising members, there will simply be members (MRPharmS) and fellows (FRPharmS). Because the fees for 2011 are yet to be considered, I am unable to say what they are. However, the introduction of reduced rates for retired members will, I am sure, be something that the assembly of the new professional body will want to consider once it has come into being. Until that time, we wanted to advise members based on the information available and to make sure the transition is as convenient as possible for everyone.

Michael D. Moore
Ashford, Kent

THE LIBRARY
Philistine and short-sighted
From Mr M. D. Moore, MRPharmS
I write to express my full support for the letter from Adrian Korsner (PJ, 23 January 2010, p76) relating to the historical collection and the library. I have only occasionally needed to use the library during my 50+ years on the Register, but have always found the information that I required with the assistance of a most helpful staff. I cannot believe that the “new” Royal Pharmaceutical Society is unable to understand that a truly leading professional body could never be so philistine and short-sighted as to dispose of the archives and antiquities of our profession. I hope that wise views will prevail.

Andrew Low
Harrow, Middlesex

HOEOPATHY
The angry (or irritable) cough
From Mr A. J. T. Low, MRPharmS
Thank you for the Glow-worm piece on Anton Chekhov (PJ, 30 January 2010, p116). It really is great to read some of the work of Chekhov and he deserves to stand as a literary giant. On a humble level, I am truly grateful to Chekhov for writing ‘A dreary story’, in which he mentions a world-weary medical professor noting the angry (or irritable) cough of a passing porter. So many times I have recalled those words (the English words are translations from Chekhov’s Russian) in transactions at the pharmacy counter when selling a cough mixture. It does help to make a balanced exchange.

Russell Greene
London

HOMOEOPATHY
Should have waited until April Fool’s Day
From Dr R. J. Greene, MRPharmS
Having long regarded the PJ as an organ of impeccable professionalism and high journalistic quality, I am concerned there may have been a lapse from your usual standards. This is not due to the (albeit regrettable) absence of pasta recipes or Tuscany holiday advice, but because I fear you may have inadvertently permitted a spoof letter through.
How else is one to interpret the contribution from John Morgan (PJ, 16 January 2010, p50) regarding the preparation of Berlin Wall homoeopathic remedy? Surely, the mischievous writer should have waited until 1 April?

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