RPSGB to delay launch of new Code of Ethics

MPs to push for emergency Pill through pharmacies

PAGB awards £50k for OTC research

US pharma firm takes on ex-Norton staff for new UK subsidiary

Pfizer/Warner-Lambert in $230bn merger

Beating the blues in the babycare market
Eczema is the last thing on his mind

Think of E45 and you probably think of E45 Cream. Yet, E45 Bath and E45 Wash can help too.

E45 Bath and E45 Wash are just two of these three products designed to help people with dry skin. When combined with E45 Cream, they can help improve skin hydration and reduce the risk of flare-ups.

All three products are effective in providing relief from dry skin and can be used together to achieve the best results.

Just as importantly, E45 Complete Emollient Therapy is pleasant to use. It is gentle on the skin and leaves it feeling soft and smooth.

Call 0151 968 8685 now to receive more information on the benefits of E45 Complete Emollient Therapy.

At ease about eczema
Society delays launch of new Code of Ethics

New legislation threatens to make parts of new Code out of date before they are even adopted

MPs to lobby for emergency pill through pharmacies

All Party Pharmacy Group to argue for supply of emergency contraception through pharmacies

PAGB announces allocation of £50k research grants

Winning projects look at OTC use in children, use of community pharmacies and headaches

Call for tighter limits on sugar in baby foods

Food Commission survey reveals that some baby biscuits are sweeter than jam tarts and doughnuts

Fighting back in the battle for baby care

Category management and joint initiatives with manufacturers can help win back baby care business

The third force in pharmaceutical wholesaling

After a year in existence, Phoenix Medical Supplies claims 11 per cent share of the wholesaling market

Health promotion dates to remember in 2000

C&G's health events calendar, listing all major health promotion dates, will help you plan ahead

Lloyd's pharmacy committed to social pharmacy

Report from the first of a series of 'health networking' conferences, organised by the company

Taro arrives in the UK

UK subsidiary of US-listed Taro Pharmaceutical Industries is headed up by Keith Maddison (right) formerly of Norton Healthcare

Warner-Lambert agrees $2.5bn merger with Pfizer

Pizer's president admits it is a take-over in financial terms and new $2.5bn company will be Pfizer Inc.
The new Code of Ethics is in three sections:

- Part 1: Pharmacists' Ethics
  - The role and accountability of the pharmacist
- Part 2: Standards of Performance
  - Personal responsibilities for proprietors, pharmacy superintendents, and those providing professional services
  - For pre-registered tutors, etc.
  - Professional competence
  - Confidentiality
- Part 3: Service Specifications
  - Publicity, promotion
  - Stock
  - Premises and facilities
  - Supply of prescribed medicines
  - Patient medication records
  - Medication management services
  - Prescription collection services
  - Delivery services
  - Healthcare information
  - Sales of non-prescribed medicines
  - Diagnostic testing and health screening
- Emergency supplies
  - Collection and disposal of waste
  - Services to drug users
  - Services to nursing homes

The Royal Pharmaceutical Society is delaying full implementation of its new Code of Ethics for at least a year, it should have gone into force before its annual meeting on May 10.

The Society's Council was told last week that the rush of new legislation threatens to make parts of its new Code out of date before they are even adopted. Council members were asked to consider the scope of the proposed new Code was extended as the Society pushed out guidance to cover sales of medicines over the Internet. The draft Code, issued last September, did not include a section on e-pharmacy.

Last week Council decided to put only the first two sections of the Code into operation, assuming they were approved by the Society's AGM. The third section, which covers service specifications (see box), will be held back until 2001.

The chairman of the Society's ethics working party, William Darling, told the Council: "There have been significant changes in practice since the consultation document was published." He was "saddened" that the new Code could not be introduced in May as planned, but said: "It would be wrong for Council to go to the AGM with a document which in the light of the current situation is substandard."

However, he added that it was felt "strongly" that the principles incorporated in parts 1 and 2 of the new Code are "very germane and should receive support and ascent from Council as soon as possible."

This approach was strongly endorsed by other Council members, although Linda Stone asked how pharmacists could be expected to comply with the existing Code working alongside the two new sections.

Sue Sharpie commented afterwards that the outcome would be a bit of a "hotchpotch", but that she was keen for the ethical thinking in the new Code to come into play as soon as possible. "It is a bit unsatisfactory, but do you leave something that is past its sell by date in place for another year or introduce new provisions?"

Why the Code is on hold

There are four key areas where rapid changes in practice and legislation have raised worries about the service specifications in the new Code. They are:

- E-commerce legislation, both national and European, which will affect the sale of medicines
- The Data Protection Act
- The Competition Act 1998, which comes into force next month
- Last years Health Act, and the Government's drive to link clinical governance, lifelong learning and professional self-regulation.

The Competition Act 1998 has the most important impact on the new Code. Under the 1976 Act pharmacies were classed as suppliers of goods, not professional services, and despite the Society pushing for pharmacy classification as a profession, it remains a goods supplier under the new Act.

This means its Code of Ethics cannot be exempted from the requirements of the Act, as would be the case if pharmacy was classified as a profession.

The Code has to be considered against the general criteria set out in the Act for trade agreements, explained Mrs Sharpie. That raises a number of problems when professional rules are being interpreted against wording that is meant to apply to trade agreements. Once we have finalised the text of the Code of Ethics, we need to be satisfied that it is legally permissible.

So, for example, the new Code cannot be more restrictive about epharmacy than the law permits. If the Society puts a clause in the new Code prohibiting internet sales of medicines by pharmacists when the law allows it...

NPA launches secure members' intranet service

The National Pharmaceutical Association is launching a secure intranet service for its members.

The NPA, which is a national body representing pharmacy, is close to completing its own secure intranet, called NPAnet, which is due to go live on Monday.

The new site is free to members and delivers:

- Secure Internet access to the pharmacy computer at the cost of a local call
- Web-based member services
- News and information services
- Site e-mail facilities

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in January:

- Heroin (1149)
- Auto-immune disorders (1150)
- Adverse drug reactions (1151).

Pharmacy Update is a distance learning programme accredited by the College of Pharmaceutical Practice. Previous modules can be obtained by using the feedback service on 0891 444791 (premium rates apply).

Internet users can catch up by accessing the dotpharmacy site (http://www.dotpharmacy.com). The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Boots Pharmacists.

Society considers rape allegation case

The Royal Pharmaceutical Society is investigating a case in which a woman pharmacist claimed she was raped by a colleague.

Eym Walker, of Gateshead, was ordered to pay £400,000 damages to Martin Garfoot, who had been a senior pharmacist at the Boots branch when she worked in North Shields. She must also pay the estimated £150,000 costs of the High Court action brought by Mr Garfoot to clear his name. The jury in Newcastle decided Mrs Walker had made up the allegations.

A Society spokesman said: "A decision on any further action will be based on the results of our investigations."
P licence application for Levonelle-2

Schering Healthcare has announced that it has submitted an application to deregulate its new emergency hormonal contraceptive pill Pharmacy medicine status.

Schering's medical director Peter Longhome made the announcement at the All Party Pharmacy Group debate held at the Houses of Parliament last Wednesday. "We have put in a submission for a change from POM to P" he said. This will take about a year which will give the company an opportunity to see how the drug, Levonelle-2, performs in the market place.

He stressed, though, that Levonelle-2 is intended for emergency contraceptive purposes and should be treated as such, and warned against encouraging people to take it on a regular basis rather than use a standard method of contraception (see also p10).

Pharmacy group lobbies on emergency contraception

The All Party Pharmacy Group is to present a report to the Government arguing to allow community pharmacy to supply emergency hormonal contraception without prescription. It has also been proposed that the Commons Health Select Committee hold a 'mn mnn inquiry into pharmacist supply of EHC.

At a meeting of the APPG last Wednesday, journalist Polly Toynbee led the call for greater access to EHC and was backed by MPs, senior pharmacy representatives, and patient groups. The Group will now write up the debate proceedings and seek a response from the Government to points raised.

Ms Toynbee argued that there was also a misperception that family planning clinics could be unfriendly, but pharmacies were easily accessible and pharmacists approachable. She questioned whether people had to have expensive emergency contraception. "Doctors hand it out without any extra checks," she said. "I do not think there is anything extra a doctor can contribute." Besides, she added, it is a lot less daunting for a woman to walk into a pharmacy than into a doctor's surgery.

To encourage more women who need to use EHC to obtain it, Ms Toynbee also argued that protocols in pharmacy should be kept to a minimum, as they might further act as a barrier to access and deter young people.

To overcome a lack of understanding for the low risk involved and the most fantastic reactionary publicity in the press', Ms Toynbee called for as wide a distribution of EHC as possible - even to the extent of having "slot machines on every corner".

From a professional point of view, she thought that a move to allow pharmacy supply of EHC would make better use of the trained community pharmacists. There is also a great opportunity for walk-in centres to work with community pharmacies.

Jenny Tongue, MP, a former GP, endorsed the view that young people do not like having to go to a clinic and would rather go to a shop. Many older women may be too embarrassed to ask the doctor for EHC, so would appreciate availability through pharmacies. Ms Toynbee also found it "very offensive" that doctors controlled women's sexual activity. How would men like to have a ten-minute interogation with a physical examination each time they wanted to buy condoms, she asked.

Lord Newton of Braintree said he believed that pharmacists and nurses were under-utilised resources. Pharmacies are already walk-in centres and there is a need to maximise the resources we have already, he said.

Pembroke seeks LHG funds for FTE pharmacist

The Pembroke Pharmacy Forum is to ask its local health group to provide funding for a full-time equivalent pharmacist.

The money would not necessarily be used to employ one person, says the Forum. Instead, it could be used by a combination of pharmacists making up the time in a variety of services, or it could pay for a locum to allow a service to be provided. However, the Forum hopes the FTE pharmacist would work across primary and secondary care and support the work of the pharmaceutical adviser to Pembroke's LHG, Delyth Simonds.

Anticipated services include prescribing advice, running clinics such as for diabetes or asthma, and providing nursing home education management. Another option would be for the forum, representing contractor pharmacists along with the local NHS Trust, to employ a peripatetic pharmacist to deliver the extended roles being funded by the LHG. The service agreement would be with the contractor, but because of time constraints or a lack of expertise, the peripatetic pharmacist would be employed.

Chris Martin of St David's Pharmacy, Pembroke, has helped to develop the Forum, which he hopes will involve all members of the local Branch. He is vice-chairman of Pembroke's LHG and believes that the funding for such a scheme is still available via the Primary Care Development Fund.

A joint letter to Branch members from Mr Martin and Forum chairman Barry Withyburn from Withyburn District General Hospital, and Mr Martin stresses the need for further ideas for developing services that can be presented to the LHG to secure continued funding via service agreements. It also says there is a need to target areas identified for development by community pharmacists in the LHG's health improvement programmsuch as repeat dispensing and prescribing, first port of call for minor ailments, and prescribing advice to GPs.

The Welsh Centre for Postgraduate Pharmaceutical Education will be involved inurry up continuing professional development training with the areas of expertise needed to deliver the proposed extended roles.

Mr Thomas has also proposed that pharmacists should have experience of working in either the primary or secondary setting. He suggests that pharmacists could swap positions for a day. The Forum is also keen to draw on experience across the Branch, whether in a clinical or business area. Future plans may take in FT with a web site or opportunities in e-commerce.

The first meeting of the Forum was held in January. The second has been scheduled for February 28.

In brief

Drug recall

Cox Pharmacoeuticals is recalling some batches of its Hydrozine Tablets 25mg due to reports of tablet discoloration. The affected batches are HY98 and HY90, both in 100s and 500s, and both with expiry September 2001. The class 2 recall was issued on February 7. Further information is available from Laurie Cook at Cox Pharmacoeuticals on 01271 311200.

Dong quai and warfarin interact

Following an alleged drug interaction between warfarin and the herbal remedy Dong quai, a personal injury claim is being made against both the supplements manufacturer and its health food retailer. The claimant, who suffered extensive bruising and subcutaneous bleeding, said the product should have carried safety warnings, and that the retailer should have made further checks.

As published by PCTs

The Health Act 1999 (Supplementary, Consequential etc Provisions) Order 2000 (SI No 90, Stationery Office 53) amends 36 other Acts to take account of the introduction of primary care trusts from February 8.

Insulin pen needles on prescription

Insulin pen needles and re-usable insulin pens will be allowed on NHS prescriptions from March 1.

Wednesday’s announcement, which only applies to England, means that Novo Nordisk’s Novopen, Becton Dickinson’s BD Pen and Owen Mumford’s AutoPen can be prescribed by GPs. All the insulin cartridges currently available will fit one or another of these pens, says the Department of Health.

The move follows prolonged lobbying of the Government and an official consultation. Over recent months, health ministers have received several questions from MPs asking when a statement would be made. Upright now, people with diabetes have had to buy the needles if they use a pen injector.

It is estimated that 1.4 million people in the UK suffer from diabetes, over 200,000 have to inject insulin. Currently, about 225,000 use insulin pens.

The British Diabetic Association has welcomed the move. "This is excellent news for people with diabetes," said BDA chief executive Paul Street. "This has been a long time coming and has been a key issue for people with diabetes and those who care for them and it has effectively addressed their needs."
PAGB allocates £50k funding

The Proprietary Association of Great Britain Research Fund Board has announced three research projects that will share £50,000 of funding.

Sharon Conroy, a pharmacist at the University of Nottingham, has been awarded £22,000 to investigate the use of OTC medicines in children in the West Midlands. The project will determine the extent and nature of OTC medicine use in this group and examine the health impacts and consequences of this use.

Just under £20,000 has been awarded to Dr Timothy Hammond, a GP in Chichester, to study patients' use of pharmacists. The study aims to assess patients' use of community pharmacy services, particularly those prescribed as part of their treatment plan, and to evaluate the impact of these services on patients' health and wellbeing.

The remaining £8,000 will be shared between two projects. The first, led by Dr Anna Mewies-Wiedenbach at the University of Sheffield, will investigate the impact of online pharmacy services on patient outcomes and satisfaction. The second, led by Dr Jonathan Hart at the University of Manchester, will examine the role of pharmacists in community pharmacy services, focusing on the provision of advice and support to patients with long-term conditions.

Council considers e-pharmacy options

The Royal Pharmaceutical Society Council has considered a paper setting out options for e-pharmacy policy.

Five key issues affecting pharmacy relating to the internet and e-commerce were highlighted at last week's meeting of the Council.

- supply of pharmacy medicines - specific guidance has been brought out in the Society's new standards for the provision of online pharmacy services (GCD January 1996)
- supply of prescription medicines
- supply of General Sales List medicines and toiletries, which would probably be the major economic driver for internet pharmacy
- quality of information given electronically
- method of delivering the product to the customer - at the moment, internet pharmacy could be seen as a glorified mail order service. It would be to go beyond that area, it would have to establish special delivery networks.

The E-commerce Bill currently going through Parliament, which touches on internet pharmacy, is expected to be on the statute book in April. The European Parliament is also debating drafting e-commerce legislation, which it is keen to get on the statute book by the end of the year.

The president of the Council approved a new mechanism for the election of the Society's president, vice-president and treasurer. It was agreed that any member of Council should be able to put themselves forward for election to any of the three posts, doing away with the need for a nominator and seconder. All candidates for the presidency will have to produce a 1,000-word address showing their suitability for the post and setting out their policies. This would be distributed to Council members with data about candidates previous performance as Council members, and would be put in the public domain after the election. It was also agreed that job specifications should be published for each of the officers roles.

Emergency contraception The Society is looking at what support the profession may need if a Pharmacy-only emergency contraception product comes onto the market.

Council expenses and attendance fees The Council has referred back for further consideration and advice a document setting out draft new arrangements for the reimbursement of expenses and the payment of attendance fees for Council members. This is due to concern about the lack of any facility for reimbursement of local expenses incurred by proprietor pharmacists who served on the Council.

Agriculture and Veterinary Pharmacists Group It is to drop the word 'Agriculture' from its title, becoming the Veterinary Pharmacists Group.

Futures A task group, chaired by Professor Clare Mackie, will be set up to look at futures and how to deal with them.

Committees membership selection Changes to the selection procedures for the chairmen and members of Council committees and working parties have been approved. A selection panel consisting of the officers, with a Privy Council nominee as external assessor, will propose the membership and chairmanship of committees. The post of deputy chairman will be introduced as well and job person specifications for each committee chairman. Pre-registration training The Council has approved a proposal for a flexible approach to shared pre-registration training to meet the new performance standards. Last year it provisionally decided that trainees should spend a period of six weeks during their pre-registration training in a second sector of practice. The Pre-registration Advisory Group is drawing up guidelines for the second period which will be available from the late spring.

All the fun of the fair at Kings College

The pharmacy department at King's College London resumed its annual Pre-registration Student Recruitment Fair for its highly successful third year pharmacy students after a year's absence. The fair was held on the switch from a three-year to a four-year degree. Around 100 students queued up well before the official opening time to see representatives from community pharmacy multiples and several hospitals.

PSNC looks at discount clawback

The Pharmaceutical Services Negotiating Committee was to decide this week what action to take over the discount clawback, in view of the increasing cost of category D generics.

Some contractors are concerned that they will be paying more than expected as the percentage clawed back each month reflects the higher prices. But PSNC's financial executive, Godfrey Horridge, told GCD that the agreed cost budget for the year to the end of March is taking account of category D changes and looks unlikely to be exceeded. The higher discount rate means that the £65.6 million will be paid back slightly sooner than March 31, although two copy invoice reports from 1997/98 remain outstanding. Any overpayments would be carried forward as 'excess due to contractors', so would not be lost, he added.

Pictured with the Chemist & Druggist/King's teacher practitioner Fawz Farhan (fourth from right), who helped organise the show with community pharmacy lecturer Alan Nathan, are (l-r) Kiran Patel of the Day-Lewis Group, Nanette Kerr of Safeway, Sheila Chantler of Sainsbury, Roger Cotton of Moss Chemists, Liam Stapleton of Superdrug, Anil Mangla (pre-reg student) of Tesco and Alice Ward, pre-registration pharmacist facilitator at Guy's and St Thomas' Hospital Trust.
Extra funding or die in the sky?

In the NHS is going to have an extra £12 million over the next few years to bring health spending up to European levels. Or so Mr Blair has said. Increased funding is always welcome, and those who think the NHS has been undervalued for years will feel vindicated.

But will pharmacy rate a mention, or will be more doctors, nurses and beds ususl? Will there be a big push to prove that the money is being spent wisely and helping to reduce waiting times? Waiting lists are useful indicators of how quickly patients are seen, dispensed, treated and discharged. Shouldn't they be kept as short as possible?

Decisions have to be made on the importance and relevance of waiting times. For example, if a patient has a condition where clinical evidence shows that treatment is needed within three months of diagnosis then there is no difference to the outcome should there be a major drive to reduce the waiting list to two weeks. If the alternative is that another area of the hospital gets new equipment that allows more effective treatment of its patients, shouldn't this be given priority?

Last year some extra money was made available to reduce waiting lists. So far as I am aware, most of it was used to fund extra theatre sessions and over-charge pharmacy.

"Studies have shown that pharmacists are better at taking medication histories" for surgeons and nursing staff. There now is extra funding for any of the underpinning services such as pharmacy, path labs, and radiology.

We were all supposed to take the extra workload in our stride. But what if some of the funding is used to improve pharmacy services? What effect would there have been on wards receiving a limited service if they received an increased level of pharmacy involvement?

Studies have shown that pharmacists are better at taking medication histories when patients are admitted on more involvement in the admission and discharge processes could pay dividends and release time for medical staff to carry out other duties. The discharge procedure would be smoother, with a reduction in the amount of time wasted by pharmacists and nurses.

I hope that some of this might come fruition, but I won't hold my breath.

---

Keeping track of CDs - more accountability needed

The Harold Shipman case has not only sounded the self-regulatory alarm bells of all the health professions, but it has also made me think about the procedures that presently govern the supply and return of Controlled Drugs.

I have never had a problem with supply since, with the odd exception, almost all the CDs I dispense are for patients of known GPs and for patients who have medical histories that I am already familiar with.

I would view with professional caution any prescription from an unknown GP, and rarely receive one.

However, the return of no longer needed Controlled Drugs is a haphazard process without any rules of guidance and controls need to be tightened. I regularly take back for disposal drugs which are no longer needed, but these rarely include CDs. I have to assume that many unwanted CDs are disposed of by other means.

CDs may legally be disposed of in the household refuse by the patient or their family, but if returned to the pharmacy or doctor they must be rendered unfit for use before being destroyed. However, all these arrangements are based on a high degree of trust in the integrity of the possessor that is not mirrored by the degree of regulation that presently governs supply.

I can understand that destruction cannot be easily regulated, but presently there is no attempt at control. If the professions do not start to put their own house in order they run the risk of being subject to some far more Draconian measures following the inquiry into the Harold Shipman case.

An easily introduced measure would be an ethical requirement for the label on all dispensed CDs to include the statement that any that are unused should be returned only to a pharmacy. All pharmacies should be required to record all such returns with as much detail as possible and then allowed to destroy the drugs in the normal way.

Doctors should be required to pass on to the pharmacy for destruction all CDs returned to them, with records again being kept by the pharmacy. These simple measures are not foolproof but would be a substantial improvement on the present unsatisfactory situation.

When will GPs learn to communicate?

I recently had my annual stock check and the stocktakers commented on my high stocks of insulin compared to last year. When I looked at the figures I was astounded: a 100 per cent rise in insulin value in one year is bad business, and the main culprit is my increasing use of 3ml cartridges.

In my fridge I now have 10ml vials, 1.5ml cartridges and 3ml cartridges. All these are kept to satisfy the requirements of regular customers, but when the transfer from vial to cartridge, or from 1.5ml to 3ml is made, I am the last to know.

The 3ml pens are more convenient for the patient and cost the doctor nothing to prescribe, but the changeover could potentially cost me a fortune: My patients expect me to keep their insulin in stock, but I have no recourse to any return mechanism for insulin that is no longer in demand. früge lines cannot be returned and out-of-date insulin can soon become a costly reality.

I know that the problem of dead stock in pharmacies caused by changing prescribing habits, has never been the concern of the prescriber, but with tight drug budgets doctors should start to shoulder more responsibility.

In the case of insulin changes, a simple letter from the prescriber, to be given by the patient to their local pharmacy notifying the change from the next prescription would quickly solve the problem and this is all I ask.

But I never expect to see it! The lines of communication between medicine and pharmacy seem as stretched as ever. And the issue of insulin pens is but one example of a general malaise.

Changes in therapies, wound management and treatment period policies are never discussed with me because I am still only seen as a supply professional whose problems are irrelevant. That we share care responsibilities has still not entered the equation.
Woman loses ‘faulty condom’ case against LRC

A woman who claimed that she became pregnant because of a faulty condom has lost her £12,000 claim for damages against LRC Products Ltd (C&G, January 29, p8).

In the first case of damages being sought over the failure of a contraceptive, the judge ruled that Marian Richardson had not established liability and therefore was not entitled to any compensation. Mrs Richardson had claimed that the condom was damaged by ozone during its manufacture. The judge said: “I am satisfied that the correct conclusion on the whole of the evidence is the likelihood is that this was post-factory damage.” The issued the following statement: “We are delighted with the Court’s decision. Customers should be reassured that we remain committed to stringent quality monitoring procedures so that we continue to manufacture products to the highest possible standard.”

The judge said: “Users’ expectation is that a condom will not fail, though no claim is made by the defendants that one will never fail. And no one has ever supposed that any method of contraception intended to defeat nature will be 100 per cent effective.” He argued that the fracture in the condom did not prove that it was defective. Mrs Richardson’s solicitor said they were considering an appeal.

Attack on sugar in baby biscuits

The Food Commission, a consumer group campaigning for healthier food, has called for tighter limits on the amount of sugar allowed in baby foods.

The Commission says some biscuits designed for babies and toddlers are sweeter than jam tarts and doughnuts. A survey found 50 per cent sugar in Nestle’s Fruit Stick and 37 per cent in Boots Teddy Bear biscuits, compared with 36 per cent in a jam tart. Farley’s Muesli (29 per cent) contained more sugar than a chocolate digestive (27 per cent) and Farley’s reduced sugar products (21 per cent) had more sugar than a jam doughnut. Only five out of the 22 products were virtually sugar-free.

A report in the commission’s Food magazine says that sweet biscuits are one of the main causes of tooth decay in infants, with 11 per cent of frequent biscuit eaters getting tooth damage before they are 30 months old compared with 1 per cent who eat biscuits less than once a day. More than twice as many two-year-old cats eat biscuits daily as drink sweetened juices or fruit drinks.

Dr Nigel Dickie, nutritional consultant to Heinz, said the report was “nutrition nonsense” as sugars formed just a part of the weaning diet. Research had shown that even breast milk could cause tooth decay if mothers left the babies on the breast all night.

“IT is much better for a mother to give a baby a rusk than a chocolate digestive which has a high fat and salt content,” he told C&G. Sugar is essential to give the rusk an open texture and to help them dissolve easily in water or milk. Reducing the sugar any further would make the rusk more like dog biscuits and would increase the risk of choking.

Nestle said that Fruit Stick was designed to encourage toddlers to enjoy more fruit in their diet. Over 98 per cent of its sugar occurs naturally in the fruit.

Survey identifies pharmacists’ IT needs

Research into pharmacists’ use of information technology has identified a set of needs, which should be addressed, for IT benefits to be realised.

IT should specifically support pharmacists across a wide range of public health initiatives, while balancing the demands of everyday pharmacy practice, says the report. “Computerised databases may require more developments of the human computer interface before they will be widely used.” Similarly, IT suppliers and maintenance support providers must offer a consistent, high level of service as technical problems discourage use. The report also calls for local training and continued awareness of developments in relation to the internet.

The report is based on an evaluation project looking at the use of IT in community pharmacy. This was based on the winning submission in the Royal Pharmaceutical Society’s 1998 millennium competition. Eleven community pharmacists were given hardware and software to pursue their own professional initiatives says the Society. “The evaluation revealed that IT can overcome problems of isolation, improve any perceived lack of clinical knowledge, and boost self confidence. It also seems to allow them to offer a better service to patients.” Participants agreed that their clinical knowledge had increased. The IT also supported local projects such as taking part in a local community health promotion scheme.

Tanna’s mayoral campaign setback

Ashwin Tanna has received a possible setback in his campaign to be Mayor of London. Mr Tanna may have to collect some of his 60 nominations again if it is decided that his nomination forms do not meet the required standards. As the official forms have not yet been released, Mr Tanna had to design his own in order to collect signatures in time for the election. It took almost ten weeks to collect the necessary signatures, but Mr Tanna pointed out that other candidates will have assistance in the process, and party candidates are not required to collect nominations. Electoral role numbers are required for nominations, but these are not available until February 16. Mr Tanna was also not aware that signatures names must be in capital letters. He has written to the returning officer, who is currently on holiday, to clarify the situation.

John Bell & Croyden in London’s West End is hosting a Heart Week from February 14-19. Visitors to the pharmacy will have access to information on heart disease, with trained staff on hand to offer advice. Representatives from the British Cardiac Patients’ Association will talk about healthier lifestyles. Demonstrations will include the Healthyheart Lifestyle Check, which uses computer technology to analyse cholesterol and blood pressure measurements and to assess the risk of heart disease. The check is also available at 15 Lloydspharmacy stores.

NICOTINELL® FRUIT & MINT, 2mg & 4mg

All contain nicotine. Presentations: Nicotine chewing gum containing 2mg and 4mg nicotine, in fruit and mint flavour.

Indications: Treatment of nicotine dependence as an aid to smoking cessation. Dosage & Administration: Stop smoking completely when starting treatment. The 4mg gum is particularly suitable when severe withdrawal symptoms are experienced. One gum should be chewed when the user feels urge to smoke. Normally, 8-12 pieces per day up to a maximum of 25 pieces of 2mg per day or 15 pieces of 4mg per day. 3 months, the user should gradually cut down the number of pieces chewed. Avoid drinks 15 minutes before chewing.

Contra-indications: Non-smokers, children under 18 years. Avoid smoking. Nicotinell is contra-indicated in acute myocardial infarction, unstable or angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding. Precautions: Hypertension, angina pectoris, cerebrovascular or occlusive peripheral arterial disease, failure, hyperthyroidism, diabetes mellitus or hepatic impairment, peptic ulcer or irritation. Keep out of the reach of children.

Side Effects: Smoking cessation may withdraw symptoms. Events which are related to smoking cessation include heart rate and blood pressure disturbances and gastrointestinal disturbances. May cause throat irritation, hiccuping, minor indigestion or heartburn.

Interactions: Smoking may increase metabolism of some medicines. The dose of these medicines may require re-titration.

Legal Category: P


8 Chemist & Druggist 12 FEBRUARY 2000
TO RECOMMEND THE SUGAR-FREE GUM THAT SUPPORTS PHARMACY

Nicotinell is the fastest growing brand within the gum market.

- Taste preferred by 7 out of 10 committed quitters.
- Nicotinell is dedicated to continue the growth of the pharmacy smoking cessation market.

£5 million heavyweight advertising campaign.

The Nicotinell®

Stop Smoking Programme

Helps your customers set themselves free from smoking

For further information contact Novartis Consumer Health on 01403 323953

www.nicotinell.co.uk

Legal category: P.
'NRT should be on the NHS'

Society needs to recognise that nicotine is a powerful addictive drug and needs to do more to help people give up smoking, says a Royal College of Physicians report.

The report, Nicotine addiction in Britain, calls for a new approach to nicotine addiction, including regulatory controls on cigarettes as drug delivery devices. Doctors should acknowledge nicotine addiction as a major medical priority in the same way they would treat dependence on alcohol or illicit drugs, and nicotine replacement therapy should be available to all smokers on NHS prescription.

Speaking at a press conference on Tuesday, the chairman of the RCP's tobacco advisory group, John Britton, said that if nicotine addiction was to be treated as a medical problem, NRT should be provided in the same way as other medicines. NRT represented a large investment to poorer people who were the most likely to smoke.

Christine Godfrey, professor of health economics, University of York, said treatment of nicotine addiction was one of the most cost-effective actions the NHS could take. Treating smoking-related diseases in adults cost £1.4-1.5 billion a year and possibly £410m in treating the effects of passive smoking on children. The cost to society of smoking cessation interventions ranged from £212 per year of life saved (for brief advice alone) to £375 per year saved (using a specialist service with advice, self-help and NRT). These figures compared favourably with the £35,000-£151,000 cost per life-year gained from statins.

The tax revenue from cigarettes had fallen in importance to the Government, said Professor Godfrey, and although there would be job losses in the tobacco industry when people gave up smoking, these would be offset by the creation of new jobs as people spent their cigarette money on other things.

Ann McNeill, Health Development Agency, said all NRT should be on general sale as it was wrong for cigarettes to be freely available while help in giving up was not. Although the report did not highlight the part pharmacists could play in smoking cessation, she told CGD there was no intention to denigrate their role. NRT, she said, should be powerfully marketed, and the cost of medication should not be a factor in a doctor's advice.

Some non-nicotine medications had shown promise in treating nicotine addiction, she said, particularly the antidepressant bupropion, which was likely to be licensed soon for this indication in the UK.

Levonelle-2 to supersede PC4

Levonelle-2, the new oral progestogen-only emergency contraceptive from Schering Health Care, is set to supplant the company's mainstay emergency contraceptive, PC4.

Speaking at the launch last week (CGD February 4, p100), Dr Diana Mansour, consultant in community gynaecology and reproductive health care, said Levonelle-2 (levonorgestrel 750mcg) had a number of advantages over PC4 (ethinylestradiol 50mcg, levonorgestrel 0.25mg) in terms of reliability and tolerability, and it would be inappropriate to deny it to women. Although there is a cost difference (£5 for Levonelle-2 and £1.60 for PC4), this would have to be weighed against the cost to the NHS of pregnancy.

Dr Peter Longhorne, medical director at Schering, said Levonelle-2 will eventually replace PC4, which will remain available, however, in the immediate future.

A study of nearly 2,000 women has shown the progestogen-only regimen to prevent 85% of expected pregnancies compared to 57% per cent with PC4. The crude pregnancy rate for Levonelle-2 was 1.1 per cent compared to 3.2 per cent with PC4. The decrease in efficacy over time was also less for Levonelle-2 compared to PC4 but the message is still for women to take oral emergency contraception as soon as possible after intercourse.

Side effects were also less severe with the new emergency contraceptive because of the absence of oestrogen: 20 per cent experienced nausea compared to 50 per cent with PC4. 12 per cent experienced vomiting against 18 per cent with PC4. Dr Mansour also believes the new emergency contraceptive will increase accessibility of oral contraceptives to women with cardiovascular complications whose doctors were reluctant to prescribe them oestrogen.

Because of its safety profile and the need for greater accessibility to emergency contraception, Schering Health Care has applied to the Medicines Control Authority to have Levonelle-2 deregulated. Speaking at an All Party Pharmacy Group meeting on emergency contraception, Dr Longhorne said: "We have put in for a change from POM to P. This will take about a year which will give us an opportunity to see how the drug performs in the market place." He stressed that it was for "emergency" use. "We should not be encouraging people to take it on a regular basis," he added.
Diabetes?
Take a new look at
Your profit potential

Look at what the new Glucotrend 2 can do for your profits.
Glucotrend is already the best selling blood glucose testing meter in pharmacy, outselling its nearest rival by a massive 9:1.

Now it's even better. The UK's No.1 meter has a stylish new design and extra features. So you can look forward to even bigger sales - and bigger profits.

- Huge £8.87 profit on every Glucotrend 2 meter
- Superb market potential, every month over 15,000 blood glucose meters are sold in pharmacy
- Massive consumer launch - national advertising in Balance, Reader's Digest, the Daily Mail and the Daily Telegraph will generate interest and sales
- Unrivalled on-going support from Roche Diagnostics with eye-catching P.O.S. for high impact in your pharmacy

Don't miss out, stock up now. For further details contact your local Roche Representative or call 0800 701000.

1 Source: Nielsen J/A 1999
Dreemon with Peach Pharmaceuticals

Dreemon is a new range of diphenhydramine products from Peach Pharmaceuticals.

Dreemon is formulated for temporary sleeping problems and comes as tablets and syrup. Each Dreemon tablet contains diphenhydramine hydrochloride 25mg and retails at £2.25 for 20 tablets (outer of 12 packs, £1.35 each). The syrup contains diphenhydramine hydrochloride 10mg/5ml and comes in 150ml bottles retailing at £3.49 (outer of 12 packs, £2.58 each).

Dreemon will be promoted by its regional sales force and through national advertising from March 1. The products will be available from A & H Peach Pharmaceuticals. Tel: 01202 666626.

A new approach to dental flossing

Glide Products is launching a new combination of its Glide floss, with a built-in threading device for people who have difficulty in sliding floss between their teeth.

Glide Threader Floss has already been on trial in dentists and is now being introduced into pharmacies.

The product offers a needle and thread approach to flossing, suitable for people with bridges, braces or implants.

The floss is individually wrapped (rsp £4.99 for a box of 30).

Glide Products, Tel: 0800 660044.

Cough, cold & flu

FORECAST

Information updated weekly by SDI

With the incidence of respiratory illness falling again this week the UK moves to Advisory status after eight weeks on Alert. Only Manchester and Norwich are still on Alert status with a high risk of respiratory illness. All other centres have seen a drop in incidence index that puts them on Advisory status. Bristol, in particular, has almost returned to baseline levels and, along with London and Newcastle, is a low risk area. Although relatively few people are suffering symptoms of fever and body aches, coughs are still common.

For more information contact your Warner-Lambert representative.

New tea tree oil range from down under

Ord River Tea Tree Oil Plantation is launching an Australian tea tree oil range into UK pharmacies on March 1.

Ond River is a range of tea tree oil products including two sizes of oil, shampoo, conditioner, hand and body lotion, antiseptic cream, toothpaste and soap.

Suitable for people with sensitive and sensitive skins, the products are free from artificial preservatives, fragrances and colours.

Pos material for pharmacies includes shelf strips, leaflets, posters, stands and window displays.

Around £100,000 will be spent on a women’s press and poster advertising campaign for the brand starting in late spring.

Retail prices range from £6.65 for the 125g and £6.25 for the 25ml oil. Special bonus deals will be available through Trinity Sales & Marketing from March 1. The company plans to introduce six additional products in the UK later this year.

Ond River Tea Tree Oil Plantation Ltd. Tel: 01962 734080.

Taking the pain out of blood glucose testing

Roche Diagnostics is launching a new blood glucose testing system as a direct replacement for its Glucometer system.

The Glucometer 2 Soft Test System is designed for virtually pain-free testing and comprises the new Glucometer 2 monitor and Softelin 2 finger prick.

The Softelin 2 finger prick uses thinner lancets and features an 11-stage depth adjustment range and greater linear control to minimise pain and tissue damage during and after skin piercing.

The Glucometer 2 meter requires a minimal blood sample (3 microlitres) and offers several new features including a date and time function and an expanded 125-test memory to help patients maintain an accurate record of their testing time and results.

The silver Glucometer 2 Soft Test System is designed to look as stylish as possible to help people with diabetes to test as comfortably in the workplace or socially as they do in their own home. It contains a home monitoring record book plus a lifetime guarantee and free batteries for life.

Pos material for pharmacies includes money-off vouchers, prescription bag inserts and posters explaining how to use the system. The promotion is being supported by an advertising campaign in national newspapers.

The system is available to pharmacies at the promotional price of £20 (rsp £29) until April 30.

Roche Diagnostics, 0800 701000.
**Fresh Start**
**Complete Quitters Support Programme.**

**Eye-catching in-store P-O-S.**
Massive £6.5m TV & press support.

The widest product range.

It all stacks up to No. 1.

Nicorette®
Contains nicotine
Where there's a will, there's a way.

Smokers require 8-12 or 16-24 tablets per day, not to exceed 40 tablets. Duration of treatment is individual but between 3 & 6 months is recommended. The nicotine dose should be gradually reduced by decreasing the total number of tablets used per day. Treatment should be stopped when daily consumption is down to one or two tablets. Children - Contraindicated below age 18 years. Precautions: Inhalator & Microtab Peptic ulcer, Anaemia pectoris, Recent myocardial infarction, Serious cardiac arrhythmias, Systemic hypertension, Peripheral vascular disease, Diabetes mellitus, Hyperthyroidism, Phaeochromocytoma, Hepatic, Gastric or Renal disease. Contra-indications: Inhalator & Microtab Pregnancy & Lactation, Inhalator Non-tobacco users, Intolerance to nicotine or menthol. Special Warnings: Inhalator Cease smoking before use. Best used at room temperature.


Date of preparation: November 1999.

---

**Smoking cessation products abridged prescribing information.**

**Presentation:** Inhalator: Inhalation cartridge containing nicotine for oral/nasal use via a mouthpiece. Microtab: R-cyclodextrin complex 17.4mg, equivalent to 2mg nicotine.

**Indications:** Inhalator: Nicotine dependence and symptom in smoking cessation. Microtab: Intended to help smokers want to give up smoking but who experience difficulty in doing so due to their dependence on nicotine.

**Dosage & Administration:** Inhalator: Adults & Elderly - 6-12 cartridges/day weeks. Half no. of cartridges in weeks 9 & 10. Stop usage in weeks 11 & 12. Children - Contraindicated below age 18 years.

**Microtab:** Adults & Elderly - The tablet is used sub-lingually with a recommended dose of one tablet per hour or, for heavy smokers (more than 20 cigarettes per day), two tablets per hour. Most smokers require 8-12 or 16-24 tablets per day, not to exceed 40 tablets. Duration of treatment is individual but between 3 & 6 months is recommended. The nicotine dose should be gradually reduced by decreasing the total number of tablets used per day. Treatment should be stopped when daily consumption is down to one or two tablets. Children - Contraindicated below age 18 years. Precautions: Inhalator & Microtab Peptic ulcer, Anaemia pectoris, Recent myocardial infarction, Serious cardiac arrhythmias, Systemic hypertension, Peripheral vascular disease, Diabetes mellitus, Hyperthyroidism, Phaeochromocytoma, Hepatic, Gastric or Renal disease. Contra-indications: Inhalator & Microtab Pregnancy & Lactation, Inhalator Non-tobacco users, Intolerance to nicotine or menthol. Special Warnings: Inhalator Cease smoking before use. Best used at room temperature.


Date of preparation: November 1999.
Pharmavita is launching two new skincare products for ageing skin into UK pharmacies. Oxygen creams P02 Visage and P02 Contour were initially introduced exclusively at Harrods. The oxygen formula used in the products was created by Swiss scientist Dr Paul Herzog who devoted 30 years of his life to the study of oxygen.

During his research, Dr Herzog found that the ageing of the skin is mainly due to a decrease in oxygen pressure within the capillaries. The oxygen is contained in liquid form within the products, but on contact with the skin it is transformed into gas, allowing the oxygen to penetrate the deeper layers. P02 Visage (sp £29.95, 50ml) is a face formulation to help fade out wrinkles and irregularities and improve skin elasticity. The product contains oxygen in the form of 1 per cent stabilised hydrogen peroxide plus vitamins A and E. It is suitable for all skin types, but care should be taken to avoid contact with eyebrows and hair as the product may lighten the colour.

P02 Contour (sp £28.50, 150ml) has been developed to fight cellulite. It is formulated to restore the defective microcirculation in areas where the body has stored high concentrations of fat. It should be applied twice a day on the problem areas.

Pharmavita Ltd. Tel: 020 7223 4144.

Smackers adds flavour to girls’ cosmetics

Brodie & Stone is introducing a US range of fun cosmetics for little girls into pharmacies in the UK. The Bonita Bell Smackers range has already been on test in limited Superdrug stores and distribution for the range is now being expanded into other pharmacies.

Smackers Cosmic Lips (sp £1.50) is a flavoured lip gloss that comes in 12 flavours with names like Strawberry Kiwi Comet and Gum Ball Galaxy. The Smackers range also includes Flavoured Sponge On Spooler for lips, fruit-scented Cosmic Nails and Cosmic Cheeks Glitter Gel (all sp £2.99).

Brodie & Stone plc. Tel: 020 7278 9597.

Hot new shades from Maybelline

Laboratoires Garnier has reformulated its Maybelline Express Finish Nail Enamel range and introduced ten new shades. In addition to its quick drying benefits, new Express Finish is formulated to be longer-lasting than before - offering improved resistance to signs of wear and tear.

The ten new colours range from soft, opalescent shades like Pearly Pink and Seashell Pearl to bright colours like Happy Orange, Red Alert and Electric Blue. New too are three metallic shades - Pure Gold, Pearl Platinum and Frosted Copper.

The nail polish now comes in an elegant new slimline bottle with a redesigned brush for improved application. Retail price is £3.79.

Laboratoires Garnier. Tel: 020 8762 4010.

Oxygen creams to help combat skin ageing

Braun is launching three new compact hair dryers that are suitable for travelling and out-of-home use.

The Braun Combi 1000 (sp £69) is the company’s smallest ever dryer. It features a built-in concentrator for optimal control, which eliminates the need for a separate concentrator nozzle.

This model comes in a stylish black/matt or grey combination. It has a heat/speed switch and safe grip handle that also provides convenient cord storage.

The Braun Swing (sp £71) is a compact dryer designed for use as part of the daily beauty routine. It has 1,200 watts of power and incorporates a concentrator nozzle for optimal control.

This model features an easy clean filter designed to complement the curved shape of the dryer. It comes in a shiny black/matt grey colour combination.

Braun has also introduced a bold blue colour for its Creation compact hair dryer with the launch of the Creation Aqua (sp £13.59). This 1,600 watt, two-speed hair dryer has a concentrator attachment and fresh new packaging.

Braun Ltd. Tel: 020 8560 1234.

Revlon’s new foundation offers liquid assets

Revlon will be introducing a new liquid foundation in the UK on April 19.

Complexion Even Out Makeup is a lightweight, blendable foundation that is formulated to give sheer coverage and even out minor skin imperfections and discoloration.

The silicone-based, oil-free product is designed to give long wear for up to eight hours. It contains a salicylic acid complex to gently exfoliate dead surface skin cells.

The SPF20 formulation includes vitamin A and E, mulberry, bearberry and grape extracts to help brighten the appearance of the skin.

The product is available in six shades - Nude Beige, Sand Beige, Natural Beige, Medium Beige, Honey Beige and Natural Tan. Retail price is £8.50 for 30ml.

Revlon International Corporation. Tel: 020 7639 7400.
Powerful, proven performance...

111% GROWTH IN JUST OVER 7½ YEARS

10.3% AVERAGE ANNUAL GROWTH

Don’t miss the moment... these unprecedented benefits can never be repeated!

Time’s running out to take advantage of the ‘Millennium Issue’ of RNPFN’s highly successful Managed Growth Fund. The unprecedented package of benefits for this offer is only available until 15 March 2000.

It’s a proven way to make the most of your money, whether you want to save on a regular basis or invest a lump sum. Founder investors have already seen their money more than double in just over 7½ years.

IMPORTANT - ACT NOW

TELEPHONE FOR YOUR FREE INFORMATION PACK TODAY.
Make sure that you don’t miss out. The ‘Millennium Issue’ of the Managed Growth Fund is strictly limited - the offer closes on 15 March 2000.

FREE PRIZE DRAW ENTRY
£20,000 IN CASH TO BE WON!

Simply by asking for an information pack you’ll be automatically entered into our Millennium Prize Draw. There’s £20,000 in cash prizes to be won.

CALL FREE TODAY 0800 77 66 77 Please quote ref: CD2
For your protection, your call will be recorded and randomly monitored or visit our website: www.rnpfn.co.uk or return the coupon below

YES, I want to mark the Moment. Please send me my free ‘Millennium Issue’ Managed Growth Fund information pack and enter me in the special Prize Draw

Title (Mr/Mrs/Miss/Other) First Names
Surname:
Address:
Postcode:
Home Tel No (in case of queries) Date Of Birth
Occupation

Please put your completed coupon in an envelope and return it to RNPFN, FREEPOST, Burdett House, 15 Buckingham Street, London WC2N 6DX. No stamp is needed.

We may from time to time use the information you have given to contact you regarding further offers and products. This may be by mail or by telephone. If you do not wish to receive such information please tick this box.

Under the Data Protection Act you have the right to access any personal data which we hold on you and to rectify any inaccuracies.
Kodak Pictures creates stronger brand for D&P market

Kodak will launch new branding for its D&P services in March.

Kodak Pictures is designed to create a strong, differentiated brand for the complete Kodak D&P range, including its digital services.

The aim of the new branding is to fully integrate digitisation as a core service into the Kodak D&P range by including Kodak Picture CD and Kodak Picture Maker under the overall banner.

All Kodak Pictures services will be rebranded with an index print for easier re-ordering and storage.

Prints will be produced on the new generation Kodak Ektacolor Royal VIII colour paper.

Kodak will relaunch its Gold and colour negative film range this spring. New branding and packaging will be introduced for a new group of Ultra films.

A healthy outlook for Nestlé Build-up

Nestlé plans to run a new on-pack promotion for its Build Up range of nutritionally fortified shakes and soups from March.

The offer emphasises the brand’s association with a healthy lifestyle. It is designed to appeal to health-conscious consumers and those who simply want to re-charge their batteries.

Consumers have the opportunity to win one of 25 health farm breaks worth £500 each.

Each prize comprises a two night mid-week break for two people at either Springs, near Ashby de la Zouch, Leicestershire or Henlow Grange in Bedfordshire.

The brand has recently been repackaged and new flavours have been added to give it a fresh look with more widespread appeal. Nestlé UK Ltd. Tel: 020 8680 3333.

Disprol takes to the airwaves

Reckitt & Colman is supporting Disprol paediatric analgesic with its first ever radio campaign in London, the Midlands, the North-east and Yorkshire.

The new campaign focuses on Disprol Soluble Paracetamol Tablets, which are specifically formulated for children.

The tablets can be dissolved in water to produce a pleasant, lime-flavoured drink.

On air this month, the radio commercial is targeted at mums with children aged between three and nine.

It features parents reminiscing about the quirky things their children used to do as toddlers.

Reckitt & Colman Products. Tel: 01828 326151.

Bodyform String hits the big screen

SCA Hygiene Products is supporting its Bodyform String pantyliner with a new cinema advertising campaign starting this week.

It is believed that this is the first time a feminine hygiene product has ever been advertised on UK cinema screens.

SCA Hygiene Products Ltd. Tel: 01582 677400.
Beating the baby blues

As the baby war intensifies among the major grocery multiples, Sarah Thackray analyses where this leaves the future of pharmacy baby product sales.

As every pharmacist knows all too well, the grocery giants are locked in a battle to attract mums of young babies into their stores offering cut price deals on key baby products, together with other inducements like baby changing rooms, private breastfeeding areas and riches.

Tesco has now introduced a baby and toddler catalogue as part of its home shopping service and Sainsbury has even offered its ABC loyalty cardholders a 10 per cent new baby discount on their total shopping bill up to six months.

Alarmingly, the grocery baby war started last year - sparked off by the nappy and baby milk price cutting war between Asda and Tesco slashed nappy prices in some grocery multiples resulted in some large packs of Pampers and Huggies being sold at around £3 less this January than they were a year ago. Both Asda and Tesco have now captured a larger share of the nappy market than Boots, which used to cut the cost of nappies to compete with their grocery rivals.

Baby market analyst FSA reports that the most common price cuts across brands Superdrug, Asda, Safeway, Sainsbury and Tesco in January 1999 were £1.75 for the economy pack of Pampers and £1.25 for the jumbo pack of Huggies. By January this year, the most common price cut for the same pack of Pampers in these key accounts had fallen to £0.99 (£0.99 for Playtimes) and the same pack of Huggies was most commonly being sold at £0.99.

Difficult position

Faced with such aggressive competition, pharmacies are increasingly being relegated to top up and distress purchases. Andy Lewis, brand manager for Huggies at Kimberly Clark, admits that pharmacies are being left in a difficult position because of the price cutting activities of the grocery multiples.

"This is a tricky area and once we are looking at very closely. However, it's not something we can influence because retailers are selling Huggies at their own prices and we believe some major multiples are probably losing money on nappies. The only support we can offer to independent pharmacies is to offer them an appropriate format that is not available to the major multiples."

With this in mind, Kimberly Clark has launched a new small pack promotion for Huggies this month, which is tailored to drive volumesales in pharmacies and independent retailers. Special pre-marked £2.99 packs of Huggies are currently available while stocks last (normal rsp is around £3.49). The number of nappies in the small packs ranges from 14 junior to 20 mini.

Procter & Gamble does not currently have such small packs of Pampers Baby Dry. Extra, but is planning to launch smaller packs of these nappies at the beginning of March. P&G says the new packs will be particularly suited to the smaller retailer, although they will be available to all retailers. Selling at around £3.49, the small packs contain 16 junior, 18 maxi plus, 20 maxi or 22 midi nappies.

Despite the stiff competition from grocery multiples, value sales of disposable nappies and training pants in chemists (excluding Boots) grew by nearly 6 per cent last year (FSA October 1999). However, there was no such growth in the baby food sector, which saw an 18 per cent drop in value sales in chemists and, while the total baby milk sector grew by 7 per cent last year, there was a 17 per cent value fall in baby milks in chemists (FSA October 1999).

Organic opportunity?

Food health scares like BSE and the genetically-modified foods issue have raised parents' concerns about food quality and have fuelled sales of organic baby foods. Which are growing strongly in multiples. HIPP has a successful range of products, which are now available in infant food ranges and Sainsbury has followed suit by launching its own brand organic baby food line in its stores.

HiPP Organic, manufactured by a major German processor of organic products, is the fastest growing baby food brand in the UK. Winner of the Mother & Baby magazine's Gold Award 1999-2000 for best baby food or drink, this range offers organic food at mainstream prices - confounding the belief that organic food is always more expensive. With a retail price of £1.89 for 150g, HiPP's dried foods are cheaper than non-organic packet brands (asp £1.95 for 125g) and there is little price premium, if any, on the jars.

HiPP has also made successful inroads into the wet toddler food sector, which grew by 30 per cent last year. Three years ago, Nutricia's HiPP dominated this market with a 77 per cent share, but this had fallen to 12 per cent by last summer with Heinz and HiPP's toddler foods growing by 182 per cent and 104 per cent respectively (August 1999).

So far, however, profitable organic baby food sales have largely passed the independent pharmacy by, as HiPP and Farley's have concentrated their efforts on the major multiples. HiPP still has a very patchy distribution in UK pharmacies, and although availability of Baby Organix is growing in the pharmacy sector, it is still very limited. When it comes to the more familiar names on the pharmacy baby food shelves, Farley's & Heinz and Nutricia (Cow & Gate and Milupa) have yet to make a move into the organic sector.

Mary Daly, head of communications at Baby Organix, says: "Mothers who phone us are very concerned about chemicals and pesticides used in baby foods. They are looking for alternatives to GM foods and see organic baby food as a reliable alternative."

In two years' time, a new EC ruling will regulate the use of pesticides in baby foods and ban the use of more dangerous pesticides. This will mean that the pesticide levels in some UK baby food variants will have to be reduced, although most baby foods already comply according to the Infant and Dietary Foods Association.

The association states: "The differentials between pesticide residues in organic baby food versus other standard baby food is small and will become less. Whether organic or standard, the differential between baby foods and adult foods can be quite significant. Baby foods have much lower pesticide residue levels than adult convenience foods."

Manufacturers like Farley's & Heinz and Nutricia will have the challenge of sourcing organic produce in sufficient quantity and without a cost penalty in order to compete on price with HiPP. A spokesman for Farley's & Heinz told
When women need a cream that cools.

Canesten 2% Thrush Cream provides rapid relief.

The strength of Canesten Thrush Cream has been doubled, to 2%, to provide effective relief from external itching. Its compact size makes it easy to carry around, and when used with Canesten Once the combination cools and clears thrush fast.

What can cool thrush fast? Canesten car

Clotrimazole BP 2%
Continued from P17

That the organic baby food
market is of great interest to
the company, but that it has no plans to
into this sector although this is a
under continuing review.

Richard Davies, trading
director for
organic, is convinced that organic
baby foods are here to stay and are not
a fad. "Mums want organic baby
food, but are not necessarily prepared
to pay a price premium for it in
quantity." Our research among mums
shows that both organic and GM-free
baby foods and that can anticipate something from
this area this year.

Mums told Nutricia they would like
more variety in the current organic
range, so it would be no surprise to
the company enter this
marketplace. However, Richard
Davies hints: "It's not easy for us to do in
terms of product availability and
applicability, and it's not something we can
enter into quickly. It takes time for a
company of our size to source organic
ingredients. Once we can understand
the raw material base, we would
certainly want to enter this
marketplace and we are getting closer
to saying something definitive." Asda and Tesco have declared their
tention to take all promotions out of
their systems before the end of this
year. Instead, they will simply offer a
price message of everyday low prices
to their customers.

Everyday low
pricing is not likely to
be an option for
pharmacies, but it is
possible to be more
competitive in the
overall marketplace
using rival promotional
activity that is
rivalled by baby
products.

Pharmacies fight back
some baby product manufacturers
declare that pharmacies have fuelled
rivals' dominance by giving up on
locking baby products. In a
corrected effort to increase
independent pharmacies' declining
baby category sales, a new scheme -
Baby Come Back - was piloted in
pharmacies last year in a joint
initiative between Unichem, Procter
& Gamble and Nutricia.

Each pharmacy was given
marketing advice and in-store
advice in baby products. Their baby sections were
divided into four colour-coded
categories - baby food, baby bath,
changing and baby accessories. POS
material was highlighted to help
highlight the baby
section and to promote special offers.

Asda and Tesco have declared their
intention to take all
promotions out of
their systems.

Total baby products. Annual sector shares

<table>
<thead>
<tr>
<th></th>
<th>12M E</th>
<th>12M E</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OCT '98</td>
<td>OCT '99</td>
<td></td>
</tr>
<tr>
<td>Disposable nappies &amp; training pants</td>
<td>44.1</td>
<td>44.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Foods excl finger foods</td>
<td>13.9</td>
<td>13.4</td>
<td>-0.2</td>
</tr>
<tr>
<td>Finger foods incl. rusk, etc</td>
<td>0.8</td>
<td>0.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Drinks</td>
<td>1.8</td>
<td>1.9</td>
<td>7.7</td>
</tr>
<tr>
<td>Milks incl soya</td>
<td>13.6</td>
<td>14.1</td>
<td>3.7</td>
</tr>
<tr>
<td>Toiletries excl specialised baby creams</td>
<td>5.0</td>
<td>4.6</td>
<td>-5.1</td>
</tr>
<tr>
<td>Specialised baby creams</td>
<td>1.4</td>
<td>1.2</td>
<td>-13.2</td>
</tr>
<tr>
<td>Baby wipes</td>
<td>8.5</td>
<td>9.3</td>
<td>12.2</td>
</tr>
<tr>
<td>Cotton wool</td>
<td>2.2</td>
<td>2.1</td>
<td>-2.5</td>
</tr>
<tr>
<td>Bottles, teats &amp; soothers</td>
<td>3.3</td>
<td>3.1</td>
<td>-2.0</td>
</tr>
<tr>
<td>Sterilisers</td>
<td>0.5</td>
<td>0.5</td>
<td>-9.7</td>
</tr>
<tr>
<td>Gripe &amp; colic treatments</td>
<td>0.4</td>
<td>0.4</td>
<td>-5.6</td>
</tr>
<tr>
<td>Bubs</td>
<td>1.3</td>
<td>1.1</td>
<td>-10.1</td>
</tr>
<tr>
<td>Tableware</td>
<td>2.9</td>
<td>2.6</td>
<td>-8.0</td>
</tr>
<tr>
<td>Breast nursing pads</td>
<td>0.4</td>
<td>0.5</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Source: P&G

"Asda and Tesco have declared their intention to take all promotions out of their systems" pack. Local advertising and door
drops helped to raise the pharmacies
profiles.

The scheme has
now been offered to
members of

UnitChem's Community
Pharmacy Initiative
(CPI) and UnitChem
anticipates that the
roll out will take
place in late
February.

Peter Skinner,
UnitChem's
marketing controller, says: "Following
efficient results in the trials, we are
confident that many CPI
pharmacists will see the benefits of
availability and will take up the
scheme. "Mothers with young children are a
key target audience for UnitChem and
we are confident that this scheme will
help to re-establish the baby
sector within independent pharmacy."

Meanwhile, nearly 500 Numark
pharmacies are running another baby
market initiative designed to help
pharmacists claw back declining
market share from grocery multiples.
Numark reports that its Numark, Baby
and Young programme, which was
launched last autumn, has proved to be
one of its best supported initiatives.
Supported by Procter & Gamble, Johnson & Johnson, Novartis and
Nutricia, the programme aims to

Continued on P21 ->

Total baby products % value split in chemists
(excluding Boots)

<table>
<thead>
<tr>
<th></th>
<th>12ME OCT '98</th>
<th>12ME OCT '99</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposable nappies &amp; training pants</td>
<td>25.9</td>
<td>29.8</td>
<td>5.9</td>
</tr>
<tr>
<td>Foods excl finger foods</td>
<td>14.6</td>
<td>13.0</td>
<td>-18.0</td>
</tr>
<tr>
<td>Finger foods incl rusk, etc</td>
<td>1.2</td>
<td>1.2</td>
<td>-7.9</td>
</tr>
<tr>
<td>Drinks</td>
<td>2.4</td>
<td>2.3</td>
<td>-11.0</td>
</tr>
<tr>
<td>Milks incl soya</td>
<td>19.7</td>
<td>17.7</td>
<td>-13.3</td>
</tr>
<tr>
<td>Toiletries excl specialised baby creams</td>
<td>5.7</td>
<td>4.9</td>
<td>-20.2</td>
</tr>
<tr>
<td>Specialised baby creams</td>
<td>5.3</td>
<td>4.3</td>
<td>-25.8</td>
</tr>
<tr>
<td>Baby wipes</td>
<td>7.0</td>
<td>7.5</td>
<td>-1.9</td>
</tr>
<tr>
<td>Cotton wool</td>
<td>1.6</td>
<td>1.4</td>
<td>-19.3</td>
</tr>
<tr>
<td>Bottles, teats &amp; soothers</td>
<td>6.3</td>
<td>5.0</td>
<td>-27.3</td>
</tr>
<tr>
<td>Sterilisers</td>
<td>1.3</td>
<td>1.0</td>
<td>-31.6</td>
</tr>
<tr>
<td>Gripe &amp; colic treatments</td>
<td>2.1</td>
<td>2.7</td>
<td>15.9</td>
</tr>
<tr>
<td>Bubs</td>
<td>0.6</td>
<td>0.6</td>
<td>-6.1</td>
</tr>
<tr>
<td>Tableware</td>
<td>5.5</td>
<td>8.1</td>
<td>56.1</td>
</tr>
<tr>
<td>Breast nursing pads</td>
<td>0.7</td>
<td>0.6</td>
<td>-21.1</td>
</tr>
</tbody>
</table>

Source: P&G

Aggressively re-position pharmacy at
the core of baby care provision by
offering a highly differentiated service
from multiple sources. One of its key
advantages is the delivery of practical
advice to consumers.

Paul Evans, Numark's assistant
category manager for baby care, says:
"The initiative offers a strong
proposition to both mums and
mums-to-be by focusing on support
and advice as key elements of
competitive advantage. Supermarket shelves
cannot match the intimate service and
convenience that community pharmacists
provide on a day-to-day basis."

"Mums are the perfect group to
develop a direct one-to-one
relationship at retail level. Once you
have helped them out for the first time
on price, advice or convenience, they are
more likely to come back to you
than any other customer. The
advantage of pharmacy is two-fold:
firstly, opportunities for additional sales
can be maximised and secondly the
basket value for a mother with a young
group is on average 25 percent greater
than that of any other shopper."

The Numark programme includes
distinct POS material, tailored
phonograms, staff training, exclusive

Chemist & Druggist 12 FEBRUARY 2000 19
The new baby from Tixylix
Just watch him grow

We expect new Tixylix Baby Syrup to be a little monster in pharmacy sales.

Colour free, sugar free, alcohol free and with a pleasant blackcurrant taste, our new arrival has inherited all the characteristics that make the Tixy family No.1. So, to encourage growth we’re investing a healthy £500k in a UK TV and Press campaign.

And remember, because Tixylix Baby Syrup is suitable from as young as three months you’ll be measuring extra profits from an earlier age.

Tixylix
BABY SYRUP
Contains Glycerol
Specially made for babies’ coughs

Stock up now by calling our Customer Care Hotline on 01403 323 959

Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. Telephone: 01403 212121. www.tixylix.co.uk
Continued from P19

promotions and a loyalty card package to increase repeat purchase, Namark's first loyalty card offers consumers a free pack of Pampers nappies for every 12 packs purchased at a participating store. The planograms are updated quarterly to reflect changing consumer demand and market activity. New developments this year will focus on infant feeding and paediatric medicines.

A distance-learning programme has been developed to support the initiative targeted at both pharmacists and counter assistants. A one-year training schedule covers issues such as equipment sterilisation and medicines.

Sales of baby feeding equipment in independent pharmacies have stagnated in recent years. Latest FSA figures for last year show a dramatic 27% decrease in feeding bottle, teat and soother business compared to a year earlier. John Morris, general manager of Cannon Avent believes that pharmacies could help to turn this around if they become more proactive in supporting breast feeding mothers. Most mothers (67% per cent) do start off breast-feeding and the pharmacist can assist these mums in overcoming common problems that may arise - for example, recommending a good breast pump for engorgement. Breast-feeding offers a prime opportunity for pharmacies to enhance their professional healthcare role."

"Pharmacist are key source of information on nutritional and other baby-related matters," says Leigh Edwards, Farley's & Heinz category manager. "Pharmacists need to make sure that consumers feel confident with the reassurance that they have an expert on hand in-store to help them make the best choice."

He believes it is worthwhile for pharmacists to make an effort with mums as branded babycare products generate high traffic and above average spend. Mothers are generally twice as valuable in terms of spend as the average shopper so their shopping trip must be made as easy as possible.

Create the right environment, good advice and a well laid out store and you win loyalty and regular custom."

Simon Shuecrson, marketing manager for SMA Nutrition, adds: "The pharmacist can create a bond with mums and build long-term loyalty. Future trading for the pharmacy will be difficult, especially as parents are able to get specialist products from the internet but personal attention gives pharmacists an edge."

There is no doubt that mums will continue to turn to their local pharmacy for baby care information, reassurance and support. However, unless pharmacies themselves get active support from manufacturers and wholesalers in providing competitive prices deals on baby products, the marketing muscle and buying power of the grocer giants will continue to tempt mums to shop big for their little ones.

Sweeet talk

• Some biscuits specially designed for babies and toddlers are sweeter than jam tarts and doughnuts, according to a new report by The Food Commission. The survey found 50 per cent sugar in Nestlé Fruit Stick, which Nestlé launched last summer, compared with 36 per cent in a jam tart. It also says that traditional Farley's Rusks have more sugar (29 per cent) than a chocolate digestive (27 per cent). See also story in the News section.

• Dental experts have warned parents not to dip babies' dummies in sugar solutions following a report that suggested sugared dummies are a good way to offer pain relief to babies.

An article published in Practice Nurse last year said that sugar solution offered on a dummy could help relieve pain when babies are undergoing minor surgical procedures. The report described the treatment 'simple and safe' and recommended wide use of a sugar-coated dummy when carrying out procedures on babies.

"This treatment is certainly not safe and we would strongly advise mothers not to use sugared dummies at any time," says Dr Nigel Carter, chief executive of the British Dental Health Foundation. "Poor dental health is directly linked to poor general health and starting bad practices in babyhood is a sure way to create bad practices for life."

The British Dental Association points out: "If dummies are dipped in sugary liquids like concentrated fruit juice, sugary drinks or honey, this can cause rapid tooth decay. Parents and carers are strongly advised not to dip their child's dummy in anyway."

Tooth decay levels are apparently higher among children who suck their fingers than among those who suck dummies because sucking a dummy produces more saliva and this helps combat plaque.

• Last week's BBC Watchdog programme focused on the link between soyas-based infant formulae and dental decay. Most infant milks use lactose, which is the least cariogenic sugar and is also found in breast milk. Says infant formulae use glucose syrup solids instead of lactose to meet the needs of children who are unable to digest lactose.

The British Dental Association says: "Parents who have to give their babies soyas infant formula for med-
New arrivals
A round-up of what's new in the babycare market for 2000

Nutricia is aiming to keep babies in the follow-on milk market for longer by launching a new 'third stage' milk for toddlers aged from one year.

Cow & Gate Next Steps has been developed to provide the next progressive step from follow-on milks such as Cow & Gate Step Up. Designed to provide appropriate nutritional requirements for older babies, the product's formula is similar to Step Up but it is more satisfying with added cereals and starch.

Child friendly... but is that enough?
John Moran of Moran Pharmacy in Edinburgh was the 1999 winner of Mother & Baby magazine's 'Child Friendly Pharmacy of the Year' Award backed by Novartis Consumer Health.

He was chosen for the quick and efficient advice he gave to a local mother who often phoned him with her child's symptoms.

Mr Moran says: "It's not always easy for mothers of young children to just pop into the pharmacy but my customers knew they can ring me and get sound advice over the phone. For a first-time mum, in particular, everything can be a crisis. There are so many things that are unsure about. In many cases, first-time mums just need reassurance."

"I am often asked for advice on feeding problems and conditions like nappy rash. I always tell customers to give me a ring if a problem gets worse or if they have any questions."

When the Moran Pharmacy was refitted last year, the babycare fixture was repositioned on an accessible open wall and more floor space was allocated to make it easier for mums with buggies.

"People tend to think that supermarkets are always cheaper but we are often cheaper for nappies - and give advice that parents don't get in gracers!" he says. The Moran Pharmacy is part of Edinpharm (a buying group of 30 independent pharmacies) and can take advantage of good deals on nappies. The pharmacy finds it easier to get smaller packs of nappies as parents with cars often tend to buy large packs in out-of-town hypermarkets.

Turnover, however, is slayer for baby foods. "The profit on baby food is small and I am considering whether it's worth keeping baby food at all. Parents came in carrying bags containing baby foods from multiple stores and ask me for advice on toiletries or medicines. Other pharmacies I know have taken the babycare section out completely because they feel it is not worth the space."

"Pharmacists have to accept the drift of babycare products to gracers. As long as parents continue to come in for advice on medicines and toiletries, that is as good as we can hope for!"

Next Steps – Nutricia’s ‘third stage’ milk for toddlers

The DoH recommends that cow’s milk should not be introduced as a main milk drink until after the baby’s first birthday. However, Nutricia’s research shows that mothers currently switch from formula to cow’s milk at an earlier stage – the average age for cow’s milk introduction is eight months.

Richard Davies, trading director for Nutricia, says: "The follow-on market has been growing at 13.7 per cent (FSA) and we believe this market will continue to grow in double figures. Next Steps is the next natural progression after follow-on milk in terms of holding people in the baby markets and stopping the drop off into the cow’s milk market."

"Although follow-on milk is currently indicated for infants from six to 24 months, there are huge differences between the energy requirements of an infant of six months and a toddler from one year. Our consumer research shows that mums have a genuine desire to move their kids on in terms of development so the third stage ought to keep people in the baby milk market for longer."

Next Steps will feature in a new £5 million TV campaign for Cow & Gate which will start in March/April followed by regular bursts throughout 2000. The new TV commercials will focus on follow-on milks rather than baby foods. A £300,000 press campaign and a direct mail programme will also support the launch.

Next Steps is being launched in a powder format on February 21 with pricing in line with Step Up (esp £6.59 for 900g). Nutricia plans to add a liquid version in two sizes later this year.

The company is also introducing a new system of labelling on all its baby milk packs to make it easier for parents to track milk to the baby’s stage of development. Cow & Gate Premium and Plus will be stage 1, Step-up follow-on milk will be stage 2 and new Next Steps will be stage 3.

• Third milks now account for a £13 million sector in France where sales of these milks have been incremental to the growing first and second milk markets

Nutricia. Tel: 01225 768381.

Ups and downs
SMA Nutrition is supporting its SMA Progress follow-on milk with a £1 million TV campaign this year. The commercials will be split between Progress sachets and general advertising for the brand, which promotes the benefits of using a follow-on milk for longer.

Last year’s advertising campaign for SMA Progress has helped to keep babies on the brand for longer. Simon Sheenerson, marketing manager for SMA, says: "Our research shows that, whereas babies used to be taken off the brand at 11-12 months, it is now a little later at 12-13 months."

The brand will also be backed by a £500,000 press campaign with a roller coaster theme to illustrate the ups and downs of life with a new baby.

SMA is talking to wholesalers about support for pharmacies which is likely to include pharmacy promotions and display material for Progress.

SMA Nutrition. Tel: 01628 660633.

Bottoms up!
Kimberly Clark is supporting a new educational baby skin health campaign this year.

The bottom line in baby skincare campaign has been developed in association with practising health visitor and is being supported by the British Skin Foundation.

The campaign material includes an educational pack to support the advice that is given by health visitors and other health professionals involved in practical parenting education. The pack cover..."
Eucerin. It’s a different treatment for the problems associated with eczema – dry skin, flaking and itching.

Why is it so effective?

Because it contains urea, a moisturiser naturally present in healthy skin. In many cases of eczema the skin’s natural urea levels are decreased leading to further moisture loss. Eucerin replaces this urea, soothing and softening the skin, and works to lock in the moisture.

Its water-in-oil formula is also non-stinging, non-greasy and is easily absorbed into the skin where its re-hydrating action stays effective for many, many hours. Two applications a day are all that are normally required to bring relief, unlike the traditional remedies that are greasy and need constant ‘topping-up’.

Eucerin’s clinically-proven* 10% Urea formula is available as a lotion or cream and is suitable for children as well as adults.

For more information and details of other Eucerin products please phone Beiersdorf medical on our pharmacy line 0870 738 4000.

For sales enquiries contact our UK distributor Dendron 01923 229 251.

Eucerin 10% Urea Cream and Lotion Product Information

INDICATIONS: specially formulated hydrating creams and lotions for the treatment of atopic eczema/dermatitis, xeroderma, hyperkeratosis, ichthyosis.

Active Ingredients: Urea EP 10% w/w.

Instructions for use: Apply sparingly to the skin (or a thin film to the affected areas) of the skin, massage gently into the skin until absorbed.

Medical advice should be sought if the cream or lotion is accidentally swallowed.

PRECAUTIONS FOR PATIENTS: Do not use if you are allergic to any of the ingredients in the cream or lotion. Do not use on abraded, inflamed skin. Do not apply to large areas of the skin if you have kidney trouble. Consult your doctor if you are using any other medicines, including any that you could have purchased without a prescription. Eucerin 10% Urea Cream and Eucerin 10% Urea Lotion may increase the penetration of some substances e.g. medicines known as contraceptives, oral and topical ones.

LEGAL CATEGORY: Eucerin 10% Urea Cream 111/1000 and Eucerin 10% Urea Lotion 111/1000.

Eucerin registered trademark is held by Beiersdorf AG, Hamburg. Product licence is held by Beiersdorf UK Milton Keynes. MK14 9LS.

FOR EXTERNAL USE ONLY

*bClinical reference

1 Pigatto PD et al 1996, 10% Urea cream (Eucerin) for atopic dermatitis: a clinical and laboratory evaluation. Journal of Dermatology Treatment 7 Page 171-175

issues such as the importance of protecting fragile skin, the basics of good hygiene and preventative information on certain skin conditions.

Information leaflets to distribute to parents are included in the pack. Pharmacies can obtain a pack and copies of the leaflets by phoning 020 7753 5444.

Kimberly-Clark Ltd.
Tel: 01732 594000.

The Avent Nipple Protector joins the Avent range

<table>
<thead>
<tr>
<th>The Avent Nipple Protector joins the Avent range</th>
</tr>
</thead>
</table>

Saving for baby's rainy day: Heinz & Farley's promotion

Wean 'n' save
Heinz has teamed up with Alliance & Leicester in an on-pack promotion to appear on Farley's Rusks and Dry Meals and the Heinz Baby Basics products in February and March.

Parents who collect 20 tokens from these products will qualify for a free opening balance of £5 or £10 if they collect 40 tokens when they open a First Save Account for their baby at any Alliance & Leicester branch.

Farley's Breakfast, Savoury and Dessert Meals all feature two tokens - with a further five on special bonus packs.

The promotion is supported with posters and POS material at Alliance & Leicester branches.

HJ Heinz Co Ltd.
Tel: 020 8573 7737.

The crying game
Recent research shows that transient lactose intolerance may be an important factor in some babies with colic.

Britannia Health Products says its studies show that hours of crying may be significantly reduced when babies are fed with milk treated with infant drops formulated to break down lactose in a baby's usual milk (breast or formula), allowing it to be more easily absorbed.

The company's new Colief Infant Drops are formulated with the naturally occurring enzyme lactase, which breaks down lactose into the more easily digestible glucose and galactose.

The drops can be used at every feed until the transient lactose intolerance passes which is usually within the first few weeks of life, as the digestive tract matures.

The drops are added to the baby's usual milk which is then refrigerated for four hours to allow the drops to work. The bottle can then be warmed and used as usual.

The drops are completely natural and suitable for use from birth onwards. The 7ml bottle (rsp £9.99) is sufficient for 80 separate feeds.

Britannia Health Products Ltd.
Tel: 01732 744032.

Organic options
Baby Organix plans to offer babies a wider variety of tastes and textures with the launch of 12 new or improved organic baby foods this year.

New savoury 'Hunger Busters' are Potato and Cheese Gratín Tomato and Chicken Casserole, Baby's First Vegetables and Mediterranean Vegetables. These recipes have an average 53 per cent vegetable content.

The new dessert line-up features Apple and Apricot, Fruit Compote, Strawberry Rice Pudding and Banana and Blueberry. The range also includes four organic baby cereals - Apricot and Oatmeal, Prune and Oatmeal, Apple and Pear and Banana Porridge.

Baby Organix.
Tel: 0800 593511.

Jelly designs
A new line up of baby products featuring a transparent jelly design joins the Junior Macare range this month.

The new products include fruit cooling teether in melon, strawberry, orange and kiwi shapes.

The transparent jelly range will also include feeding equipment such as weaning spoons, cutlery sets, feeding bowls, trainer cups, gripper feeding bottles and soothers.

Other new additions to the Junior Macare range are fluorescent animal bibs, mini popover bibs, soft baby wash cloths, baby bottle carriers, a flip-top drinking cup, baby animal toothbrushes and nasal decongesters.

All Junior Macare baby products are PVC free.

Paul Murray plc.
Tel: 01703 268444.

Breast feeding aid
A new nipple shield has been introduced in the Avent range of breast feeding accessories.
ZOVIRAX COLD SORE CREAM

Nothing works Faster to Treat the Blister and the Tingle

At Tingle
Start Zovirax Treatment

Or Blister
Start Zovirax Treatment

National TV Advertising

You can't make a better recommendation

PUTTING THE SMILE BACK ON YOUR PROFITS

Presentation: 5% w/w aciclovir in water miscible cream base.
Dosage and administration: Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the first signs of infection, ideally during the tingling phase. If healing has not occurred, treatment may be continued up to an additional 5 days.

Contra-indications, Warnings, etc: Zovirax Cold Sore Cream is contra-indicated in patients hypersensitive to aciclovir or propylene glycol.

Precautions: Zovirax Cold Sore Cream should only be used on cold sores on the lips. Do not apply inside the mouth or in the eye.

Side and adverse effects: Transient burning or stinging may follow application, or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application.

Retail Selling Price: 2g tube - £4.67 (exc VAT); 2g pump - £5.10 (exc VAT).

Pack Licence Number: PL 0003/0304, Pack Licence Holder: The Wellcome Foundation Limited, Greenford, Middlesex UB6 0NN.

Date of preparation: May 1999.

Zovirax is a trademark of Glaxo-Wellcome PLC.

Skin deep

Skin health is essential to a baby's overall wellbeing. Sarah Thackray reports on common skin problems

We've come along way since the days when nappy rash was so severe that babies were admitted to hospital wards for treatment. The incidence and severity of nappy rash has fallen in recent years (mainly due to the technological advancement of disposable nappies), but nappy rash is still the most common infant skin complaint.

Recent research indicates that 57 per cent of all babies experience some form of nappy rash every two to three weeks. So, with around 715,000 new babies expected in 2000, there are likely to be nearly half a million cases of nappy rash this year!

"Nappy rash is still a problem for many children and their parents," says Professor Stanley Bleehen, paediatric dermatologist. The condition can be painful and uncomfortable for the child and in adult terms it can be equated to having really bad sunburn.

Even though today's nappy rash is usually milder than in the past, it can seriously compromise skin health which is essential to the overall health of babies.

The skin not only protects the baby against infection, but also controls body temperature, produces warning pain signals and synthesises vitamin D which is vital for healthy growth.

However, many parents feel there is a lack of sound advice when it comes to baby skincare. Kimberly Clark reports that its research groups indicate that mums feel they can't go to their GP and are overwhelmed with confusing information.

In many cases, nappy rash can be prevented but latest research indicates that parents do need more advice on baby skin health.

Continued on P28
where is the largest community pharmacy show in the UK
Modern disposable nappies have led to the fall in the incidence and severity of nappy rash...

The quick-to-act type

Active young man, lives life in the fast lane, seeks something special. Help me feel better straight away. Act fast, no time wasters please.

#Continued from P26

A recent ICM study (August 1999) shows that almost 50 per cent of parents name nappy rash and thrush as the skin complaints they most worry about and say they want more information. The same survey also highlights that around half of mothers with young children feel guilty if their child suffers from nappy rash.

"Mums will often empathise with their baby's nappy rash pain but may feel helpless and guilty of neglect," says Chris Sapwell, a practice nurse at a London medical centre.

Parents need to be reassured that, even with the best efforts in the world, some babies will get nappy rash.

**Rash attack**

Nappy rash undoubtedly begins with overhydration of the skin, caused by prolonged wearing of a wet nappy. The pH of a baby's skin is usually 5.6-6.0, i.e. acidic. If it becomes moist, the pH increases - making the skin more permeable to irritants. In addition, enzymes found in the faeces become more active and irritant to the baby's skin at these higher pH levels.

The aim in preventing nappy rash is to keep the baby's skin dry for as long as possible. However, as babies can pass urine as often as 15 times a day, this is not always easy to achieve. Until a baby learns to control bladder and bowel, its skin is continuously subjected to the irritating effects of urine and bowel movements.

When a baby is weaning and trying new foods, the bowels will be emptied more readily, making the child more susceptible to nappy rash. Illness and certain prescribed medicines can also provoke an attack. Most babies can be expected to have a rash when they are teething.

Nappy rash always starts with a slight redness of the skin in the nappy area, particularly around the genitals, bottom and the surrounding skin. Depending on the severity of the rash, the skin can become spotty, sore and hot, ultimately developing into open sores if left untreated.

The rash should be treated as soon as possible and cleanliness is essential. The nappy area should be cleaned gently and thoroughly with warm water and cotton wool. Baby wipes are excellent when a baby has a clean bottom but when used with nappy rash, wipes can lead to further irritation. It's vital for parents to wash their hands before and after each change to cut the risk of infection.

Many paediatricians recommend leaving the nappy off in the treatment of nappy rash to allow air to aid the healing process. A small amount of a nappy rash treatment cream can be dabbed thinly over the sore area at each nappy change.

Nappy rash is often exacerbated by secondary candida albicans infection. In many cases, thrush will go unnoticed, however, it can appear as red patches or plaques and may have white or red pimples around the rash area. If parents suspect their baby has thrush, they should contact their GP.

**Early skin problems**

Cradle cap is another common skin condition in the first year of life. The scalp becomes thickly coated with greasy yellow scales that stick to the head, making it look crusted. The eyebrows, forehead, temples, neck and behind the ears may also be affected.

This skin condition is not itchy or uncomfortable, so it does not affect feeding or sleeping. To stop the scales piling up, parents should gently massage in warmed olive oil or emulsifying ointment and then wash it off using a mild shampoo.

Infantile seborrhoeic eczema is a common skin condition similar to cradle cap. It mainly affects infants between two weeks and six months and it is rarely seen after the age of one year.

The rash usually affects the nappy area or scalp first and can later spread to the face, neck, armpits and trunk. This type of eczema makes the skin look red, inflamed and flaky. It is not itchy, sore or uncomfortable so babies with the condition will feed, play and sleep as usual.

This skin condition will clear up on its own if the skin is in good condition. Parents should use a moisturiser and soap substitute on the baby's skin to stop it becoming dry.

Keeping the nappy area clean and dry helps to prevent the skin becoming sore. However, the skin can become infected with thrush and parents should consult their GP if any area of the skin seems particularly inflamed or hot, smells odd, weeps or develops an unusual looking rash.

**Eczema: in its infancy?**

It's estimated that the number of infants and children with atopic eczema (also known as infantile eczema) has doubled in the last 20 years, although the reasons for this are not yet fully understood.

Dr Allan Marsden, a dermatologist and honorary secretary of the British Skin Foundation, reports that atopic eczema now affects 15 per cent of youngsters.

Dr Marsden is convinced that atopic eczema is a "disease of the over-privileged". He explains: "Current opinion is that atopic eczema is related to hygiene conditions as a consequence of children not being exposed to infections. Fifty per cent..."
of children usually grow out of it by the age of seven and 75 per cent grow out of it by the age of 13.

Although eczema affects all age groups, it is particularly distressing when it strikes in babies. Atopic eczema can develop at any time after six weeks of age and although it is largely confined to childhood, it can persist into adult life.

This type of eczema causes discomfort through itching and cracked skin and is strongly linked with asthma and hay fever. Babies are born with this tendency and it can be brought on by stress factors, viral infections and occasionally food allergy or house dust mite allergy.

This type of eczema makes the skin dry, red, sore, scaly and very itchy. Small water blisters may form on the skin and these can burst and weep.

Any part of the body can be affected but skin erases are the most often affected. It can be made worse by colds, teething, infections and stress.

Eczema can be triggered or aggravated by the house dust mite, clothing and bedding, changes in temperature and grasses and pollens.

Food may be a trigger for around 50 per cent of children with eczema. The most common food triggers are cow’s milk and egg, followed by soya, wheat, fish and nuts. Food can produce three different types of reaction:

- itching, rubbing and scratching
- immediate food hypersensitivity: symptoms such as a rash, redness and swelling develop within five minutes to two hours after eating the food
- delayed food hypersensitivity: symptoms develop six to 24 hours after eating the food.

Increasingly interest is focusing on preventing eczema during pregnancy and the baby’s first few months to delay exposure to potential allergens until the infant can tolerate them.

**Breast is best**

Babies who are breast-fed have fewer allergies than those who are bottle-fed. Babies who are known to have an increased risk of allergies should be breast-fed until six months if possible.

If this is not possible, mothers of high risk infants may wish to use a hydrolysed formula milk rather than introducing cows’ milk.

Infants are categorised as high risk if both parents and one or more siblings have atopy. Infants who have a parent or a parent and sibling with atopy are at moderate risk.

In hydrolysed formula milk, the protein fragments are too small to be recognised by the body and so cannot trigger an allergic response. Studies show that extensively hydrolysed formulations are more likely to protect against allergies such as eczema. Soy-formulations do not as well contain whole soy protein – a potential allergen.

It is important that atopic infants or those at high risk of developing an allergy should not be given solids before the age of four months.

Cow’s milk, egg, wheat or fish should be avoided until the age of six months. Foods should not be avoided for any longer without the supervision of a dietician. The exception is nut products which should not be given to a child with a family history of allergy for at least the first three years preferably longer.

The National Eczema Society stresses that diet alone will not cure eczema. Some parents find that modification of their child’s diet can help to relieve the symptoms of eczema when carried out alongside management procedures. These include application of emollients, use of topical steroids when appropriate, and avoidance of other known trigger factors such as the house dust mite.

**Wet wrapping**

In cases where the management of atopic eczema is poorly controlled by standard treatment methods, the wet wrapping bandage technique is particularly suitable for children. It is not suitable for weepy infected eczema.

Wet wraps are wet occlusive dressings constructed from tubular bandaging applied over generous quantities of emollients or topical steroids. The wet bandages improve the absorption of emollients and any topical steroids applied.

The skin is cooled as the water evaporates – reducing itching and helping prevent the sleepless nights commonly associated with eczema.

Wet wraps may be used all over the body or on isolated areas, e.g. hands, wrists and legs. In severe cases, the wraps can be left in place all day and all through the night, which helps to break the scratch-itch cycle by preventing the child causing further damage to the skin through scratching.

The dressings are usually applied a few hours before bedtime and left on for up to 24 hours after which the process may be repeated. During day long treatments the bandages have to be made wet again after 12 hours.

Originally, this form of treatment was only available on an inpatient basis but increasingly, families are being taught to use this technique at home – enabling parents to be more actively involved in the management of their child’s eczema.

However, wet wrapping should only be carried out under the supervision of a dermatologist or other healthcare professional with dermatological training. Information on wet wrapping is available from the National Eczema Society (tel 020 7881 4907 or www.eczema.org).
Phoenix Medical Supplies is making waves in the wholesale world and may yet shake up the pharmacy scene too, as Guy L'Aimable reports

**Spotlight on Phoenix**

Who will Phoenix Medical Supplies acquire next? How many more wholesalers does it want to acquire? What does it want to do with its chain of 160 pharmacies? PMS better get used to fending off such questions because interest in the company will intensify as it becomes recognised as the third force in UK pharmaceutical wholesaling.

Look where it is now: its wholesaling arm has 12 depots through L Rowland, Philip Harris Medical, Fosters Healthcare and Border Chemists Alliance - and claims an 11 per cent share of the wholesale market. Just a year ago the group did not exist.

Phoenix Pharmaculdes, its Mannheim-based parent, was formally established in 1991 when five regional wholesalers merged. Wholely owned by the Merckle family, Phoenix's acquisitive march throughout Europe has lifted its turnover from Dfl5,940 billion in 1994/95 to a projected Dfl616.5 billion for 2003/04.

Sandy Young, PMS chief executive, will not reveal who is next on its shopping list, but he's more open about its plans to expand geographically. Southern England is under consideration.

"My information is that AAU/Unichem are struggling around the south because it's a difficult territory, so I don't think it will be a tough nut to crack," he says.

"Logically, it's not an easy place to deal with, but we can't talk about being a national company if we aren't there."

So when will PMS have a depot in that region? He hesitates and smiles. 'I wouldn't want to give any comfort to the opposition.'

**German expertise**

The group will draw on the expertise of its German parent to put together the national structure. And it is keeping its options open about whether to grow organically or through acquisition. However, Mr Young does not expect PMS to be a national player until next year its first priority is to consolidate.

This partly involves convincing pharmacy customers that it is a viable alternative to the big two. Mr Young says it's in pharmacists' interests to ensure the group survives and prospers because it gives them more choice. "We can't expect pharmacists to deal with anything less than would for another company, so we've got to be competitive."

He believes many pharmacists can see the rationale of a third wholesale force. Those in south Wales, for example, were wary of dealing with Rowlands when it first traded there. That reluctance evaporated, he says, when Phoenix acquired Rowlands because pharmacists could see the strength of Phoenix's intentions.

Still, PMS has a formidable task, given the scale and sophistication of AAU and Unichem's operations. AAM, for example, wants to increase automation in all of its depots to around 70 per cent by the end of the year - its 89 million super depot in Coventry is due to start servicing independent pharmacists in February.

Mr Young accepts that PMS depots are not as advanced as its major rivals - its only automated warehouse is in Wrexham - but the group has started a programme to improve the efficiency and logistics of its sites. It is investing around £500,000 in an efficient consumer response (ECR) system, which should be in place in October.

That does not mean PMS wants to go all the way down the automation route. It is having an "internal debate" about this issue. On the one hand, automation is an advantage if you are dealing with patient packs... and it is particularly useful during the lunch time period when you can reduce the lead time between the order going in and the order being received."

On the other hand... "Pharmacists fundamentally want accurate stock, availability of stock and timely delivery - those are the three core principles of wholesaling. Whether you satisfy them through automation or not is not an issue - if you've got these three you're satisfying your clients."

Mr Young says automation can also make deliveries a bit inflexible - he has seen some examples in Europe. The group's eventual integration will improve its distribution. "By developing our logistics and networking depots we will be able to switch supplies where necessary to service our clients. We didn't have that opportunity before [when PMS' wholesalers were individual wholesalers]."

PMS will also draw on Phoenix's logistical expertise - the German company is its domestic market leader and supervises 85 depots in eight European countries.

How will PMS match the breadth of pharmacy services, both financial and marketing, of the big two? It is offering a loan guarantee scheme for pharmacists who want to buy outlets. "Status [AAU] and Unichem are very slick. Within a couple of months we'll be able to process the loan guarantee as quickly as anyone else," he says.

**Aim at the young**

Another option is aimed at young pharmacists. PMS will buy a pharmacy and sell a minority stake to the pharmacist, who can add to that stake at his or her own pace. When the pharmacist's stake has reached 49 per cent, he or she will have a track record in running a business and could seek a bank loan to acquire the remaining equity.

Rowlands has tried the process once - a pharmacist took a stake in two outlets in Chester and acquired them over a few years.

Sandy Young

"Once they've bought the business there is no compulsion to trade with Phoenix because we reckon that if we've been that bad with the relationship, we don't deserve that business," says Mr Young.

On the IT front the group is offering patient medication record systems and CFS. NDC (which bought Hadley Flutt, Chintec and John Richardson Computers) is supplying the hardware and software.

Meanwhile, the group is involved in other healthcare markets, such as medical equipment, and is looking to see how it can develop these.

Mr Young says his background enables him to empathise with the wholesale and pharmacy concerns of his group and its pharmacy customers. He trained as a pharmacist in South Africa and owned a community pharmacy in Groenvoirt, Namibia, for seven years. In 1976 he emigrated to the UK and became a branch pharmacist at Rowlands - he worked his way up the company until he was appointed chairman in 1998. Over the years he has been an active member of the pharmacy/wholesale political scene. His positions have included chairman of the Cumbria local pharmaceutical committee, member of the council of the Proprietary Articles..."
Statutory Committee, fairness and ethnic minorities

I wish to add my views to those of Gerry Diamond (C&G February 5, p24) regarding the Statutory Committee decision on Ms Valerie Esievo (C&G January 29, p9). I share his views with regard to the severity of punishment given to Ms Esievo.

In my opinion the case requires a more holistic approach. From the report of the case, it can be seen that Ms Esievo did wrong by claiming unemployment benefit while working as a pre-reg pharmacist. However, it can also be seen that she is a single mum with two young children.

Most women with children will appreciate the responsibilities involved in caring for one child alone two young ones, and as a single mum with an added responsibility of being a pre-reg student this is obviously exeminating.

The report goes on to acknowledge that she could have legitimately claimed family credit, which indicates a degree of ignorance or someone who genuinely needed help, but due to other pressures committed an offence by omission.

Ignorance of the law is inadmissible as a defence, but the weight of punishment should reflect the severity of the crime and other personal circumstances. Her initial denial of offence should also be looked on more sympathetically, as this is not unique to her.

There have been cases of other pharmacists who have denied allegations initially, only to admit them later and their punishment has not been anywhere near as severe as Ms Esievo's. It is a weak, but natural reaction when caught out, for humans to deny allegations and there are several high profile cases that confirm this.

The respective offences were punished proportionately. In this case, Ms Esievo has agreed to make refunds to the DNS for any overpayment, but she is neither a pre-reg nor a registered pharmacist. If she cannot get anything worthwhile to do, it will be more hardship which the state may have to relieve.

The length of the punishment will have an impact on how long she will be reliant on state benefits and her children will have to do without. Also the profession will miss out on a potential source of manpower in this time of shortage.

In my opinion, an agreement to repay the DNS possibly with interest and an administration dependent on good behaviour for a set period of time should be enough for a first-time offender.

More severely, a maximum period of three to six months off the register would be more than adequate to instil discipline for a first-time offender. I recall the 'Schaeffer cases' did not attract such drastic punishment just to mention one.

I hope the Statutory Committee is really fair when passing judgement on ethnic minority groups. Perhaps, a jury style tribunal with fellow pharmacists as jurors and a chairperson from the legal profession would give a more wholesome appraisal of cases.

Finally my appeal is for Ms Esievo to be given a second chance to prove herself worthy of membership of the society she has worked hard to join.

Jide Opakale
South Harrow, Middlesex

Deliberately muddying the discount inquiry waters?

I quite agree with the comments of Sayer made about the Drug Tariff prices of generics (C&G February 5, p7), but I would suggest that this is a deliberate ploy to muddy the waters for the next discount inquiry.

What we should be asking is how can there possibly be a fair and realistic discount inquiry when the cost of basic generics has gone through the roof and I challenge anybody to say what the 'price' of anything!

Why are our negotiators not kicking up a stink now about this to put pressure on the Government for future negotiations? Even C&D has fallen for the press release by printing a Government assertion that the category D situation is easing. I do not think there is any real evidence of this.

Paul Smith
Cleckheaton
Pharmacy assistant Caroline Anderson (right), of St Matthew’s Pharmacy, Leicester, was the winner of the final section of the 1999 Care Pharmacy Assistant of the Year competition. She is pictured receiving her personal organiser from Thornton & Ross sales representative Ann Tomlin

LETTERS

 Trade association chairman of Numark for three years and last chairman of the British Association of Pharmaceutical Wholesalers.

His PMS position must appear a little ironic to some regional wholesalers, given PMS wholesale ambitions. Mr Young is confident some regions will still be in business in five years time. "There are some short-term issues - I wouldn't like to be them because it's going to be a tougher market," he says. "I don't think the financial support, IT support and connections, growth of data movements can be done by small groups any more. And wholesaling margins are poor.

Banks in turn, will be put off by the amount of investment an embryonic wholesale needs to get started.

And PMS expansion will also make it harder for pharmacies to group together and prosper as new buying groups.

This raises an interesting scenario - PMS isouting the need for a viable third choice, yet its actions could result in only three big wholesalers dominating the market in five years time. Where's the choice for pharmacists then?

Mr Young can see the point, but says the demands on wholesalers make consolidation inevitable.

With PMS current focus on wholesaling, where does that leave its pharmacy chain?

Its outlook trade under the Pilowsky banner and the group has not yet decided whether to rebrand. It will also retain its close ties with Numark and invest in IT to improve the pharmacies. Mr Young remains tight-lipped about how many more pharmacies he wants and, indeed, whether he wants to build up a national pharmacy chain

However, he certainly does not intend to set up on line pharmacies. You need to have contact with people. I've seen instants as a pharmacist when the consumer's faith is related to how much in the medicine, but to the person they're dealing with then there's a psychosomatic element to pharmacy, he says.

And the pharmacist's diagnostic expertise works best face to face. It could hurt short-term financial prospects, meanwhile, reflect the investment. Last year its turnover was just over £1,000 million, and it expects 'modest growth' in profits this year.

However, Mr Young says its biggest hurdle concerns how customers will receive the group. One pharmacist, for example, has traded with lowlands for 35 years. "We have very personal, deeply held relationships with some customers, so it's inevitable that change will not make people think they are losing a bit of history. But having the potential or a third force, along with improved efficiency and service, will be the actors that hold it together."
Health calendar 2000

Raynaud's & Scleroderma
Awareness Month
February 1 to 28
Telephone: 01707872778

Contraceptive Awareness Week
February 14 to 18
Telephone: 0207837 5132

National Impotence Day
February 14
Telephone: 0208767 7791

Go Veggie Month
March 1-31
Telephone: 01732 361546

Scar Awareness Week
March 6-12
Telephone: 0121 236 9501

No Smoking Day
March 8
Telephone: 020 7910 8070

Brain Awareness Week
March 13-19
Telephone: 020 7937 7713

Daffodil Day
March 18
Telephone: 020 7235 3325

Miscarriage Awareness Week
March 19-25
Telephone: 01923 200795

World Heart Day
April 7
Telephone: 020 7630 1981

Parkinson's Awareness Week
2000
April 8-16
Telephone: 020 7532 1355

Arthrogryposis Appeal & Awareness Week
April 8-15
Telephone: 01776 822655

PSP (Progressive Supranuclear Palsy) Magnolia Day
April 8
Telephone: 01532 801007

National MS Week
April 9-16
Telephone: 020 7610 7171

National Bowel Cancer Week
April 10-17
Telephone: 020 7381 4111

World Parkinson's Disease Day
April 11
Telephone: 020 7932 1381

National Depression Campaign Week
April 17-24
Telephone: 020 7207 3293

National Depression Campaign Action Day
April 21
Telephone: 020 7207 3293

Arthritis Care Week
April 22-28
Telephone: 020 7916 1502

Mental Health Action Week
April 24-29
Telephone: 020 7535 7400

Next week is Contraceptive Awareness Week

World Asthma Day
May 2
Telephone: 020 7226 2360

National Endometriosis Awareness Campaign
May 7-17
Telephone: 020 7222 2781

Lupus Awareness Week
May 8-15
Telephone: 01708 731251

Epilepsy Week
May 14-20
Telephone: 01941 601300

World No-Tobacco Day
May 31
Telephone: 020 7630 1981

National Osteoporosis Month
June 1-30
Telephone: 01761 461666

Everyman Male Cancer Month
June 1-30
Telephone: 020 7970 6490

Arthritis Research Week
June 4 to July 10
Telephone: 01246 588033

National Tampon Alert Day
June 5-10
Telephone: 0161 748 3123

International Tampon Alert Day
June 5
Telephone: 0161 748 3123

British Heart Week
June 10-18
Telephone: 020 7935 0185

Psoriasis Awareness Week
June 11-18
Telephone: 01604 711129

National Diabetes Week
June 11-17
Telephone: 020 7662 2679

For Relief Of Glaucoma (FROG)
National Awareness Week
June 12-18
Telephone: 020 7737 3265

Alzheimer's Awareness Week
July 2-8
Telephone: 020 7306 0606

Sickle Cell & Thalassaemia Awareness Day
July 4
Telephone: 020 7737 3588

Sexual Health Week
July 31 to August 5
Telephone: 020 70923 5201

Migraine Awareness Week
September 3-9
Telephone: 01992 352468

October 2-8 is Backcare Week

The British Cardiac Patients Association Awareness Day
September 9
Telephone: 020 8166 2417

National Eczema Week
September 23-30
Telephone: 020 7388 4097

Fus Awareness Week 2000
September 25 to October 1
Telephone: 020 7465 0609

Stroke Awareness Week
October 1-7
Telephone: 020 7568 0300

Breast Cancer Awareness Month
October 1-31
Telephone: 020 7384 2984

Backcare Week
October 2-8
Telephone: 020 8977 4574

Europe Against Cancer Week
October 9-15
Telephone: 020 7269 3249

World Mental Health Day
October 10
Telephone: 020 7143 1991

World Osteoporosis Day
October 20
Telephone: 01761 471771

Bux Rusty Day
October 31
Telephone: 020 8341 7167

World AIDS Day
December 1
Telephone: 020 7630 1981

International Day of Disabled Persons
December 3
Telephone: 020 7630 1981

For more details visit our web site at www.backcare.org.uk

ESSENTIAL INFORMATION
ImodiumPlus
Presentation: Chewable tablet containing Loperamide Hydrochloride Ph Eur 2mg and Simethicone USP equivalent to 125 polydimethylsiloxane. Indications Imodium Plus is indicated for symptomatic treatment of acute diarrhoea in adults and adolescents 12 years when acute diarrhoea associated with gas-related abdomen discomfort including bloating, cramp and flatulence. Dosage and administration Adults over 18: Two tablets initially followed by one tablet every 4h, until symptoms are controlled. Children under 12 years: Maxi dose: Four tablets in 24h, limited to no more than 2 days. Contraindications: Hyperosmolar component of the product. Adrenaline characterised by blood stool or high fever. Imodium contains sorbitol and should not be used in patients with sorbitol intolerance or fructose intolerance (fructose -1,6-diphosphatase deficiency). Avoid when inhibition of periosteal undesirable. Acute ulcerative colitis and antibiotic-related pseudomembranous colitis. Precautions: In patients (severe) diarrhoea, fluid and electrolyte depletion may occur. In such cases, appropriate fluid and electrolyte replacement should be considered. Symptoms persist for more than hours, treatment should be stopped. Children under 12 years of age. Medical supervision is required. Psychological disorder Diarrhoea should be treated causative. Drugs prolonging intestinal transit time can induce development of toxic mega colon. Discontinue constipation and/or abdomen distension develop. Side effects: Nausea, hypersensitivity reactions (skin rash), headache, dry mouth, chills, taste disturbance, constipation and or abdominal distension. Paralytic ileus, usually follows improper use. Treatment of overdose CNS depression or paralytic ileus, following an overdose, naloxone (as given for an antidote. Repeated doses of naloxone may be required. The patient should be monitored for CNS depra for at least 48 hours. Price: £6.95, 18 tablets £7.75. Legal code: P. L: 15208/0025. PL Holder: loid & Johnson.MSD Consumer Pharmaceuticals, Enterprise House Station Road, Loudwater, Wycombe, Bucks, HP10 9U.
The only pharmacy diarrhoea product that can provide fast, complete relief from all diarrhoea symptoms.

Certainly loperamide treatments alone can stop diarrhoea, but it is the addition of simethicone, unique to Imodium Plus, that now provides a new level of faster relief. By working gently with the body, Imodium Plus also calms the wind, cramps and bloating often associated with diarrhoea.

Unlike loperamide, Imodium Plus is a pharmacy-only product exclusively yours to recommend. It will be extensively advertised and supported to help achieve maximum awareness and drive pharmacy sales. Should you require a pharmacy support pack or full product information simply ring 0800 3890030.

Imodium Plus is your complete answer for diarrhoea symptoms.
Lloydspharmacy continues to promote social pharmacy by linking up with charities and holding a ‘Health Networking’ conference to examine new approaches to healthcare.

The start of social work?

In Dudley the CHAT centre will be involved with local schools in the Education Action Zone.

Forum for teamwork

In Birmingham last week, the company held the first in what is hoped will be a series of Health networking: innovation in public wellbeing conferences, bringing together leading figures from public health, the NHS, social care and education, as well as pharmacy. The aim is to increase teamwork to create a healthier and better informed society.

Speaking at the conference, Andy Murdock said: 'We strongly believe that by integrating the arts, health, education and social care we can offer a total package to members of underprivileged communities that will serve to increase their self esteem and self worth. We can also educate people and therefore help them to make informed social and healthcare decisions which will improve their wellbeing.'

He said he believed pharmacies were a vastly untapped source of information and should become recognised once more for their pre-NHS role, when they were the 'health and social hub of knowledge' in the community. By interacting with health and social services pharmacies could point people in the right direction for help. A knowledgeable, informed public could reduce pressures on the system.

He said pharmacies were non-threatening, convenient and had access to healthy people, as well as those who were ill. They could easily be converted to the Government's proposed walk in centres. ‘Why duplicate this vast community resource?’ he asked.

Remuneration should be geared more to these social issues rather than to perpetuating drug usage, he said.

Beyond drugs

Mr Murdock's suggestion that healthcare goes beyond medicine was echoed by other speakers.

Rod Griffiths, West Midlands regional director of public health, said he thought healthcare had become too ‘medicalised’ with its reliance on drugs to treat disease. Community support to help people give up smoking, improve their diet and get more exercise would have more impact than medicines in achieving the Government’s health targets.

He said the nation’s overall health had improved significantly in recent years, but there was a widening gap between professional and unskilled workers. There was a need to tackle poverty, housing, education, crime and unemployment ... because they had major influences on health.

Former GP Malcolm Rigler, who coordinates health promotion for two charities – Community Service Volunteers and the Retired Senior Volunteer Programme – spoke on ‘Rescuing health from the NHS’. In the past the accent had been on ‘war models’ for fighting disease with medicines, but it could be argued that the real killers were social – poor education, stress through lack of work, high divorce rates and other problems that drove people to alcohol and drug abuse.

‘If you wish to promote health you need to think more about work conditions, fair wages, agricultural methods and building communities,’ he said.

Support and nurturing should become fundamental to healthcare, concentrating particularly on caring for children, the elderly and the environment. He said there was enormous potential for pharmacies to become centres of community education, working in partnership with GP's, patient groups and other social services.

Conference chairman, Michael Ward, GMS UK’s chief executive, is convinced that social pharmacy has a major part to play in delivering the Government’s healthcare strategy.

Mike White, who leads an Arts in health programme for Tynes and Wear Health Action Zone, said its aims were to raise health awareness, to make the healthcare environment – such as hospitals – more attractive, and to show the therapeutic benefits of participating in the arts. It also aimed to tackle social exclusion. ‘People with active social networks live longer and have better lives,’ he said.

He described Gateshead’s annual Happy Hearts’ event in which local children, their families, voluntary agencies, churches and the area health promotion team came together to make lanterns with hearts inside which they lit for a procession around the town. The aim was to create a sense of belonging to a community and to make people think about health lifestyles. Since the project started it 1994, there have been noticeable changes in diet.

The Arts Council’s Naseem Khan asked how this wider view of health could be reconciled with the Treasury when the Government was looking for evidence of beneficial outcomes. Rod Griffiths was confident it was possible to gather enough data to prove the benefits. "Even the National Institute for Clinical Excellence could bend their minds to it," he suggested. There were plenty of medical treatments where the benefits were accepted, but where it was impossible or unethical to do a randomised controlled trial.

Andy Murdock: “Pharmacy can play an important role in the community by being a more extensive information provider”

Mike White: “People with active social networks live longer and have better lives”
US pharma firm enters UK

A US-listed pharmaceutical company has expanded into the UK through a new subsidiary called Taro Pharmaceuticals-UK.

Taro Pharmaceutical Industries, the UK firm's ultimate parent, has operations in Israel, Canada and the US - its headquarters are in New York.

While the company sells pharmaceuticals and active pharmaceutical ingredients in 38 countries, the US accounts for 82 per cent of its sales.

Keith Maddison, managing director of Taro Pharmaceuticals UK

Its portfolio includes generics, dermatological creams and OTCs.

The group's turnover rose 9 per cent to $66.7 million in 1998 - the latest available figure - and early estimates suggest it touched $80m last year.

Taro Pharmaceuticals UK, based in Bishop's Stortford, Hertfordshire, is led by managing director Keith Maddison, formerly director of marketing development at Norton Healthcare. Taro originally hired Mr Maddison as a consultant to research the UK generics market - Mr Maddison left Norton over a year ago - but then persuaded him to oversee its European plans.

His brief is to also set up Taro subsidiaries in Germany, Italy and Spain.

The UK company will eventually comprise four. Former Norton employee Peter Jennings, ex-group financial controller, now Taro's finance director; Margaret Doyle, ex-head of telesales, now sales service manager; and next week, Ray Maginley, formerly Norton's regulatory manager, will join as head of regulatory affairs.

Taro UK is starting modestly - its first product is carbamazepine controlled release, which it said would be priced at a discount to Novartis Pharmaceuticals' Legitrol. Taro dominates the UK market for carbamazepine, but Mr Maddison said the product was a logical first choice because Taro is already producing it for its global markets.

'Ve're very strong on that molecule worldwide, and it does not have a lot of competition in the UK,' he said.

Taro would also have an edge on costs, he added, because its operations cover every aspect of their manufacturing processes, from synthesising the raw materials to packaging the finished products. Pharmacies would therefore benefit from competitive margins.

The company will partly rely on relatively low overheads to drive its profits.

Meanwhile, it would have little trouble sourcing the raw actives, he added, because it synthesises its own. All the company's solid dose products are manufactured in Israel.

Distribution specialist Healthcare Logistics will source and deliver Taro UK's products to wholesalers, hospitals and other organisations. And Hyperion Healthcare, which specialises in sales to wholesalers, will handle Taro UK's wholesale sales and marketing.

Mr Maddison said the company plans to have a longterm presence in the market. It will initially focus on niche generic areas whose margins are buoyant, instead of bread and butter items that offer little return. And it will concentrate on ensuring continuity of stock.

Mr Maginley will liaise with Taro's HQ to see what other products would suit the UK. Within two years the UK firm expects to have expanded its product portfolio considerably.

Taro's parent is also said to be researching new chemical entities that could have a potential future in the UK. The company spends about 15 per cent of its turnover on research and development.

Taro UK will recruit extra staff as its product portfolio expands. Over the next two months the company will appoint two telesales reps and hopes to eventually take on another four. Its regulatory affairs department is scheduled to eventually have eight staff.

While Mr Maddison would not comment on its financial forecasts, GCD understands that Taro UK's turnover could be between £4m and £2.5m this year, rising to £5m by 2002, providing a series of licensing deals come through.

Meanwhile, Taro UK is talking to major pharmacy multiples, such as Moss Pharmacy and Lloydspharmacy, about the possibility of producing over-counter generics. Most of the major wholesalers and pharmacy multiples want new competitors in the generics market, according to Mr Maddison.

Moss acquires Wally Dove pharmacy

Ioss Pharmacy has bought six pharmacies since January 1 for £1m, most of which include a再来 pharmacy, an Isle of Wight-based pharmacy. The company does not plan to leave the industry. 'I've still got unfinished work with the Government on the subject of community pharmacy,' he said.

The other newly-acquired pharmacies are: Penny Lane Pharmacy - two outlets; GWK's靠近 pharmacy in Poole, Bournemouth, and Valium's pharmacy in Liverpool.

The outlets, whose combined turnover is £3.8m, will be rebranded as Moss Pharmacy and converted to its trading format.

Alliance UniChem is financing the deal by issuing 257,502 ordinary shares of 10p each - 68 per cent of the shares are valued at £1.18 each and the remainder at £1.16 each. There will be loan notes worth £1.495,600, and the balance will be in cash.

Alliance UniChem now owns 680 UK outlets, plus eight in Rimini, Italy.

Meanwhile, it has moved its headquarters to new offices: Alliance House, 2 Heath Road, Weybridge, Surrey; tel: 01932 870550.

Executives who have relocated include Jeff Harris, chief executive, Stefano Pessina, deputy chairman, and Geoff Cooper, finance director.

Moss Pharmacy was founded in 1986 by pharmacist Edwin Moss, and currently has 18 outlets and an online pharmacy that sells non-prescription drugs. It has a £10 million turnover and employs 30 people.

Specials specialist

Pharmacist Fiona Cruickshank has set up The Specials Laboratory, a special manufacturer, in Newcastle-upon-Tyne. Over 90 per cent of its orders are delivered next day nationwide. For details contact: 0800 0284525.

Aventis Pasteur MSD

Aventis Pasteur MSD has changed its name to Aventis Pasteur MSD because Aventis Pasteur MSD, one of its shareholders and a subsidiary of the Aventis group, was changed its name to Aventis Pasteur. Aventis was formed last year when Rhône-Poulenc merged with Hoechst.

Medical search engine

Kent-based i-KOS has set up a free web site - www.findmedical.com - to help healthcare professionals who want to locate medical products and equipment. It also provides a hospital telephone directory and information on medical exhibitions and conferences.

Norgine sales reach £52.6m

Norgine Europe BV's sales rose 11.5 per cent to €85.5 million (552.6 million) last year. Much of the impulse came from Movicol, its laxative, whose US sales doubled to 52.3 million, while the product's global sales rose 75 per cent to 220 million.

Conteb shares fall 18 per cent

Conteb Pharmaceuticals' shares fell 18 per cent to 265p last week after it revealed a US university had challenged two of its patents for disc virus vaccine technology. The technology is said to be vital for Conteb's lead product, a treatment for genital herpes.

Barclays offers on-line computer deal

Barclays Bank has introduced a computer leasing deal to help small businesses use the internet.

The package has been developed with Compaq, the computer supplier, and enables small business owners to lease a PC from £25 plus VAT per month. The features include:

• a choice of three PCs from the Compaq Prosigna range, plus additional equipment
• a pre-installed internet service provider - Barclays.net, Windows 98, MS Word/Office 2000 (small business edition)
• a standard 36 month lease with three year carry price
• an upgrade facility
• the option to lease or buy, additional equipment such as printers and scanners
• an internet enabled keyboard that allows users to access useful web sites at the touch of a button

To register for the service or to obtain more information, call: 0800 049494 or access Barclays Business Park at: www.business.barclays.net.
Avicenna to give members £500,000

Tadworth-based buying group Avicenna expects to distribute £500,000 to its members this year.

Quarterly rebates will account for £350,000 of that sum, and at least £100,000 will stem from a new loyalty bonus scheme, which will reward its members for supporting the group and its preferred suppliers.

Dividend payments will make up the balance - Avicenna became a plc last summer.

The average Avicenna member - it has almost 500 - will therefore receive around £1,400, while membership fees for the year to August remain unchanged at £590.

Saihan Jetta, who was appointed Avicenna’s chairman in January, said the payments showed how independent pharmacists benefited from being part of the group. “Improved profitability in the OTC area is essential to the effective running of pharmacies and we have more exciting opportunities for our members in the pipeline.”

Businesses offered free e-commerce web site

London newspaper The Evening Standard is offering businesses the chance to open up an e-commerce web site for free.

Shopcreator, a specialist in internet services, will provide the necessary software, which normally costs £999 plus VAT. This software will guide the businesswoman or woman through the process of setting up their own commercial web site.

It will also provide free technical support.

However, there is a catch - you must have collected and sent two different password tokens printed in the paper between February 7 and 9, along with a completed application form.

And Shopcreator will charge a monthly service fee that ranges from £40 for a web site displaying up to 50 products, to £750 for 50,000 products. Each product or service that has variations, e.g. different sizes, colours etc, counts as one product.

The first 5,000 applications the paper receives will be notified by e-mail and, The Evening Standard claims, will be able to trade via the internet within one week. Other applications will be notified 28 days later.


Warner-Lambert agrees $230bn merger with Pfizer

Warner-Lambert has finally agreed to merge with Pfizer after a bitter and protracted legal battle to resist what it considered to be a hostile bid.

Although the official line is that both companies are merging, Dr Henry McKinnell, Pfizer’s president, has admitted it is a takeover in financial terms, not a merger of equals.

Pﬁzer is acquiring Warner-Lambert for $90 billion - 2.75 Pfizer shares will be exchanged for each outstanding Warner-Lambert share. The deal values Warner-Lambert’s shares at 54 per cent above their level last October, before the company announced it would be merging with American Home Products (AHP).

Warner-Lambert is giving AHP $1.8 billion for breaking up their planned merger.

Following the merger, Pfizer’s shareholders will own around 61 per cent of the group, the remaining stock will be with Warner-Lambert shareholders.

The $230 billion combined company will be called Pfizer Inc and, with annual sales of around $28 billion, will be one of the biggest pharmaceutical companies in the world. Glaxo SmithKline’s proforma sales for example, are around $21 billion.

Pfizer’s combined research and development budget will be $7.1 billion - the largest in the pharmaceutical industry. Its 12,000 scientific employees around the world are working on 138 compounds.

The group’s established portfolio, meanwhile, includes seven $1 billion-plus brands: Viagra, Lipitor, Norvasc, Zoloft, Zithromax, Dulcan and Celebrex.

Its OTCs include Hall’s, Sudafed, Listerine and Benadryl. The group said it is ideally placed to deliver a series of ethical-to-OTC switches.

Merger synergies are expected to save $200 million by the end of the year, $1 billion by year-end 2001 and $1.6 billion by year-end 2002.

Lewdovick J R de Vank, Warner Lambert’s chairman, will leave after the merger is completed. Mr Vank spearheaded the company’s attempts to fend off Pfizer, although his departure will be cushioned with compensation and stock options reportedly worth $500 million.

William C Steere Jr, Pfizer’s chairman, will be Pfizer Inc’s chairman and chief executive officer. And Dr McKinnell will be president. Eight Warner-Lambert directors will join the board.

Its corporate headquarters will remain in New York, while Warner-Lambert’s consumer healthcare division, along with other consumer businesses, will be based at Warner-Lambert’s offices in Morris Plains, New Jersey.

Pfizer’s UK ethical business is in Sandwich, Kent, and its consumer healthcare operation is in Alton, Hampshire. Warner-Lambert’s consumer healthcare and ethical operations is in Eastleigh, Hampshire. Pfizer said it was too early to discuss how the merger would affect the UK sites.

Fortis Bank joins Statim Loan Guarantee Scheme

Statim Finance, AAI Pharmaceuticals’ financial arm, has added Fortis Bank’s services to its Loan Guarantee Scheme.

Fortis Bank is the UK subsidiary of the Benelux-based Fortis Group, which was formed when Generale Bank, based in Belgium, merged with Dutch bank MeesPierson. The group has 3,000 branches in 60 countries and has 5,000 corporate clients in the UK.

Like all major banks already involved in the scheme, Fortis will offer loans to independent pharmacists who want to buy new premises and refurbish outlets. Its loans can also be used to relocate stores or to refinance existing loans.

The interest rate on five-year loans is 0.75 per cent above the bank base rate, rising to 0.85 per cent over 10 years. Fortis also offers a six-month freeze on capital repayments. Pharmacists are charged a fee of 0.25 per cent on loans up to £2 million, (minimum fee of £500), and can negotiate the fee on loans above £2 million.

Robert Andrews, director of Statim, said Fortis’ funding will enable the wholesaler to reach many independent pharmacists who are not affiliated to a major wholesaler.

“Flexibility is an important factor because not everybody wants to bank with, say, HSBC or Barclays. It depends on the relationship pharmacists have with their local bank manager – our loan guarantee scheme now has the flexibility to meet all needs,” he said.

Statim’s Loan Guarantee Scheme is involved in 725 loans that are worth around £129 million and cover 1,150-2,000 pharmacies.

For more details contact Lisa Jessup, Fortis’ relationship manager at: 020 7247 5355/020 8466 6209.

Statim also wants to introduce a no-deposit finance scheme to buy motor vehicles. This would be run by Capital Bank, part of the Bank of Scotland group.

And it will be announcing a series of training dates around the UK for ‘Running a pharmacy profitably’, a module that was piloted recently. Locum pharmacists and managers, meanwhile, will be able to see a roadshow: ‘Have you considered ownership as a career option?’

COMING EVENTS

FEBRUARY 14
North Hampsh Branch, RPSGB, at the Alton House Hotel, Basingsstoke, 7.30pm.
FEBRUARY 15
Oxford Branch, RPSGB, at the John Radcliffe Hospital, Oxford, 8pm.
Bath Branch, RPSGB, Pratts Hotel, Bath, 8pm.
FEBRUARY 16
Avonshire Branch, RPSGB, Trowton, 7.30pm.
Bury Branch, RPSGB, at the Norton Grange Hotel, Castleton.
FEBRUARY 17
Bradford Branch, RPSGB, at Bradford University, 7.30 for 8pm.
Weald of Kent Branch, RPSGB, at the Kent & Sussex Hospital, 7.30 for 8.30pm.
Weald of Kent Branch, RPSGB, at Chever House, Hemel Hempstead, 7.30 for 8pm.
MCPEP at the PSNL, Belfast, 7.30 for 8pm.
This way for quality and value.

UniChem is committed to providing its customers with the widest range of products at the best possible value and supported with the highest quality service. We supply a comprehensive range of Own Brand products which is continually reviewed and improved. Our range provides the independent pharmacist with excellent quality at competitive prices and outstanding value to the consumer. Our newly re-launched Vitamins and Supplements range gives pharmacists a genuine alternative to the leading brands. We make no compromises in ensuring that our stock availability, in whatever category, is at an optimum. Generics and Parallel Imports, Surgical and Disability products - all are available through UniChem. “Specials” can be sourced via our subsidiary Eldon Laboratories, whilst UniVision supply a comprehensive range of Eyecare products. Whatever your requirements, UniChem will provide it. You can be assured of our on-going commitment to excellence.
**APPOINTMENTS**

**PHARMACY IN SOUTH WEST LONDON**
Requires full-time dispenser. Experience preferred but not essential. Full training will be given. Candidate must be enthusiastic to work in a friendly environment. Excellent pay and benefits.
Please phone 0171 385 0355

**Dispenser/Counter Assistant**
Experienced person required for busy community pharmacy in Chingford. Full or part-time considered, salary negotiable and dependent on experience.
Please contact:
Telephone: 0181 539 0696

**Dispenser and Pre-Registered Student**
Required to work at Victoria Pharmacy, High Wycombe.
Telephone: Mr Kotecha 01494 532781

**LOCUMS**

**Pharma-Syd Ltd**
EMERGENCY LOCUM PHARMACIST
Mr S N BASHFORD
Beverley Tel/Fax: 01482 881891
East Yorkshire Mobile: 07946 649366

London and Surrounding Counties
Independent Pharmacist seeks to acquire pharmacy business with T/O in excess of £500k.
Freeholds purchased.
For quick confidential decisions please contact:
Mr A Singh on 0956 217630

**BUSINESS WANTED**

**CHEMIST WANTED**
Progressive chain of 60 shops seeks to acquire Pharmacies with turnover of in excess of £600,000 in Southeast England and East Anglia. Freehold purchases. Must be treated in the strictest confidence. For a quick decision contact:
Day Lewis Group, Bensham House,
324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
Tel: 0208 689 2255 ext. 221. Mobile 0860 484999, Fax: 0208 689 0076
Email: DayLewis@aol.com

**EQUIPMENT WANTED**

**WANTED**
Mini Lab APS and 135
Tel: 01484 420070

**PRODUCTS AND SERVICES**

**PHARMACEUTICALS PLC**
★ *PROBABLY THE BEST DISCOUNT PHARMACEUTICAL WHOLESALER IN THE UNIVERSE*

Weekly Special Offers on PI's and Generics

**GENERICS**
Amitoxefillin Capsules 250mg Pack size 500 £27.00
Bendrofluazide Tablets 5mg Pack size 1000 £37.50
Bendrofluazide Tablets 2.5mg Pack size 500 £32.00
Co-Codomol Tablets 500mg Pack size 28 £1.45
Flucloxacillin 500mg Pack size 500 £30.00
Fluoxetine Tablets 250mg Pack size 100 £9.00
Frueniod Tablets 40mg Pack size 1000 £32.50
Nitrazepam 5mg Pack size 500 £18.95
Thyroxine 50mcg Pack size 1000 £15.99

**PARALLEL IMPORTS**
Prozac 20mg Pack size 14 £6.75

**UK LINES**
UK Nasobec Aqueous Spray Expiry 04/00 £1.80
To qualify for these Weekly Special Offers please quote Reference: C&D2

A1 Pharmaceuticals PLC,
Unit 3 Bessemer Park Industrial Estate,
250 Milwood Road, Herne Hill, London SE24 0HG
Freephone: 0500 293529 Fax: 0800 074 1988

**THREE PEARS WHOLESALE**
SPECIALISTS IN
TOILETRIES
PERFUMES AND AFTERSHAVES
CHRISTMAS LINES

**SEE US ON LINE**
ONLINE ORDERING
www.3pears.com
DELIVERY SERVICE
SPECIAL OFFERS AND NEW STOCKS UPDATED DAILY
Avicenna plc

"Strength Through Unity"

Join the buying group owned by its members and DISCOVER THE BENEFITS

Free
Call Vicki on Freephone 0500 451 145
Avicenna Pharmacists
16 Shelvers Hill, Tadworth, Surrey KT20 5PU
www.avicenna.org

LOOKING FOR THE DEALS THAT SAVE YOU MONEY?
WE’VE ALREADY DONE THE WORK FOR YOU!

Beta Buying Group Offers YOU

β FREE MEMBERSHIP
β PERSONAL SERVICE
β COMPETITIVE DEALS

To join NOW, please call Alison Diggins on Tel: 01376 521246. Fax: 01376 521257
154 Enterprise Court, Eastways Industrial Estate, Witham, Essex CM8 3YS
Fastest growing Buying Group of 425 plus independent Pharmacists

Join us now to increase your profits and have benefit of:

♦ Unique Profit Share Scheme
♦ Central payment system
♦ Head Office support and training
♦ 40 plus listed suppliers
♦ No minimum requirement on purchases of Generics/PI Discounts apply from £1.00
♦ Regular updates
♦ 4 Months FREE trial Membership

Call Pauline now on FREEPHONE

0800 526074

Mr R. L. Hindocha
BPharm,MRPharmS.FlnstID.
54/62 Silver Street, Whitwick, Leicestershire LE67 5ET

EXCESS STOCK

TRADE LESS 30%+VAT+postage - 3x28 Capozide (exp 10/01), 1x100 Clopensol 10mg (exp 10/01), 5x28 Metaxen 2mg (exp 9/00), 2x81 Recupin 1mg (exp 7/02), 2x100 Spansonal (exp 5/01), 3xTopamax 100mg (exp 5/01). Tel: 01787 212285.
TRADE LESS 50%+VAT - 6x1 Zofani suppos 10mg (exp 9/00). Tel: 01572 520052.
TRADE LESS 50%+VAT - Uno Catheters female CH12, 18cm (exp 6/03 and 12/03), 10x200. Tel: 01352 312977.
TRADE LESS 50%+VAT+postage - 2x60 Comblivent U3Vs 2.5ml (exp 4/00), Rinacce nasal spray (exp 5/00). Tel: 01206 283552.
TRADE LESS 30%+VAT - 5 Neocortom Injection 200mls (exp 2001). Tel: 0181 672 6116.
TRADE LESS 40%+VAT+postage - 3x100 Metoprine 250mg cap (exp 1/04), 4x56 Restandol 40mg cap (exp 5/00), 5x8 Dostynex 0.5mg tab (exp 3/01), 6x150mg Sporanox 10mg/ml liquid (exp 6/00). Tel: 0181 891 5034.
TRADE LESS 30%+VAT - 5 Neocortom Injection 200mls (exp 2001). Tel: 0181 672 6116.
TRADE LESS 30%+VAT - 5 Neocortom Injection 200mls (exp 2001). Tel: 0181 672 6116.
TRADE LESS 30%+VAT - 5 Neocortom Injection 200mls (exp 2001). Tel: 0181 672 6116.
TRADE LESS 30%+VAT - 5 Neocortom Injection 200mls (exp 2001). Tel: 0181 672 6116.

Book and Copy Deadline for 26th February issue is Friday, 18th February.

Please contact:
Debra Thackeray on 01732 377493

EXCESS STOCK CAUTION
Pharmacists are responsible for the quality, safety and efficacy of medicines supplied. In purchasing from sources other than manufacturers or license wholesalers, they must satisfy themselves about product history and condition of storage, and keep a record of such purchases.

For Sale

In working order - Avery weighing scale offers. Buyer collects. Tel: 0141 608 2242. Woodstyle fitting as complete, comprising of 3 perfume counters, 1 medic counter, 5 perfume/display cabinets, gondolas, shop shelving and dispensa fittings, £5,500+ons. Tel: 0181 445 0089. Yorkline pharmacy counters include glass present display, approx 1.4m in total plus three free-standing gondolas £500. Condition: Tel: 01253 721933 or 0121 4715.
For the symptomatic relief of Muscular pain and stiffness, lumbago, rheumatism, sciatica and fibrositis

Cremalgin Balm

Contains: Capsicin BPC 0.1% w/w, Methyl Nicotinate BP 1% w/w, and Glycol Monosalicylate 10% w/w

Abbreviated Product Information:

Cremalgin Balm is indicated for the symptomatic relief of pain in rheumatism, sciatica, lumbago, fibrositis and muscular stiffness.

Contains: Capsicin BPC 0.1% w/w, Methyl Nicotinate BP 1% w/w, and Glycol Monosalicylate 10% w/w. Also contains lanette wax, stearic acid, white soft paraffin, triethanolamine, E124 and water.

Pack size: 30g PL 13606/0044
GSL PIP: 033-4599

For further information from PL Holder:
Co-pharma Ltd, Rickmansworth, Hertfordshire WD3 1DE
Tel: 01923 710934

SHOP FITTINGS WANTED

WANTED

Old Chemist Drawers (Drug Runs)
Cash paid. Will collect
Telephone: 01327 349249
Pharmacist publishes short story book

A Leicester pharmacist has published a collection of 32 short stories.

Terence Mattock, of Mattock's Pharmacy, has written the stories on a variety of subjects including events in his pharmacy, the local lifeboat, and vicars. His stories are mainly factual, but two or three are fiction, and some are based on fact.

'Terry’s Tales' is on sale at the local Waterstones, and has already sold 100 copies through Mattock’s pharmacy and the local post office. Although this is the first short story book he has had published, the Leicester pharmacist is also working on an autobiography and a pharmaceutical novel.

Terence made good use of a recent spell in hospital to complete his work. As well as finishing his stories, he proof-read the manuscripts between operations.

Copies of 'Terry’s Tales', at £6.50 each, are available from Waterstones in The Shires, Leicester, or from Mattock's pharmacy (add £1.00 for p&p) on 0116 262 3508

Four hundred weddings and an erection

It’s only art if you think of it first. So all those pharmacists with piles of uncollected DAP have missed out on the chance to join the likes of Damien Hirst and Tracey Emin at the cutting edge of avant garde.

Two artists from London have amassed hundreds of thousands of uncollected photographs from pharmacies that were no doubt glad to be rid of them. Using their artistic talent and imagination the pair selected a few, hung them in an art gallery, and called it ‘Four hundred weddings and an erection’ - a possible Turner Prize contender.

Hannah Bormo and Charlie Skelton asked pharmacists if they could raid their collections of unwanted photos for their work. It was a massive job,” said Charlie. “One per cent of films are not picked up. Many are boring, but occasionally you open a bag and you find a bloke on his bike in his pants.”

The collection includes mundane moments from the home. Christmas snaps, wedding chaos and family days out. The artists have even included ones that would never make the family album. There is the occasional lampshade, an expanse of bare wall, and of course, an erection. Most shots come with the amateur photographer’s liberal amount of red-eye and blurring.

Included in the collection are pieces with imaginative titles such as ‘Two girls on a bed with an Argos catalogue’, ‘Kevin on the phone’, and the classic ‘Man in pants on bike’.

The Times is unsure what to make of it all, calling it "truly original, unexpectedly interactive, possessed of exquisite verity, has an erect penis in it, and is, by turns, unexpectedly melancholic and very funny - but is it art?” Good question.

The exhibition goes on show tomorrow at The Bricklayer’s Arms, 63 Charlotte Street, London EC2, for a month, or you can see a preview at www.sitesalori.co.uk.

Forza Alliance UniChem

Rugby fans will have noticed the logo of their favourite wholesaler emblazoned on Italian shirts at the weekend, as sponsors of the Six Nations' underdogs.

Alliance UniChem has secured a three-year deal with the ‘newest’ of the Six Nations in order to increase recognition of its corporate identity. The deal appears to be a shrewd one. Following Italy’s surprise 34-20 win over the holders Scotland in Rome, the UniChem logo has been all over national newspapers and television sports coverage.

Chief executive, Jeff Harris, said: “There is enormous potential for the team to grow and succeed, which entirely reflects Alliance UniChem’s ambitions to extend our existing success across Europe. Over the next three years we expect this sponsorship to make a real difference to consumer recognition of our name and logo.”

Even if the team’s winning streak does not continue through the tournament, there will be further opportunities in test matches in Rome, and in overseas matches against the likes of Australia, South Africa, Fiji and Western Samoa.
Your direct connection for all Specials

BCM Specials is the original 'one stop shop' for Specials. Not only do we offer the widest range of dosage formats of any Specials manufacturer, we manufacture all the products we supply. We will not keep you waiting for a product because we have to buy it from another supplier.

And you will not be kept waiting for advice. With over 28,000 formulations on record and our team of pharmacists and customer advocates always available you can be sure of a swift response, making BCM Specials your direct connection.

BCM Specials putting your patient first.

www bcm specials co uk
Thrush sufferers know it’s a price worth paying.

Women now know Diflucan™ One is the most expensive vaginal thrush treatment. Yet it’s the fastest growing too, accounting for nearly 1 in 3 sold. Proving that a treatment that is oral, fast and effective, is the one thrush sufferers want.

We’re backing Diflucan One with a £2.25 million advertising campaign, informing your customers of the price up front.

Diflucan One. Well worth recommending.