respondent and cannot be overturned by the trust board or authority. The hospital and community services will also be supportive, even though many professionals believe that the current clinical complaints procedure has been a considerable success.

Implementation will require legislation and, for family health services practitioners, renegotiation of their national contract. Hopefully, management will heed the advice from outside industries that if a complaints procedure is heavily promoted, even "branded," management must ensure that the resources are provided to deliver the service properly. Sadly, the committee failed to quantify the human and financial resources necessary. It would be wonderful if,

coupled with a new patients' complaints procedure, a culture could be developed in the service that treated staff complaints as genuine attempts by them to improve the service given to patients, thus reducing their complaints. This is a fair report and deserves the profession's backing.

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Dispensing with prescriptions

Patients will buy more, although not necessarily more suitable, drugs

Pharmaceutical products are licensed as prescription only medicines; non-prescription medicines available only from a pharmacy; or products on the general sales list, which can be sold in any shop. The licences of several medicines have recently been switched from prescription only to pharmacy only, and all prescription only medicines will now be reviewed every few years to see whether restriction on their sale remains justified. From 1983 to 1992, 11 products made the transition; by the end of 1994, 26 will have done so. The categories of drugs that can now be bought without prescription include non-sedating antihistamines, corticosteroids for topical use in hayfever, oral and topical non-steroidal anti-inflammatory drugs, nicotine patches, and H₂ antagonists.

The change of status brings several advantages. Patients can benefit from more effective treatments for a wider range of minor ailments without needing to see their doctor. Similarly, general practitioners will be pleased that many minor symptoms can be relieved without their intervention. Skilled pharmacists, who now spend much of their time giving out prescribed medicines in unopened original packs, will be better able to use their training because they will increasingly advise patients how to treat minor symptoms and when to see a doctor. They will also benefit from the wider profit margins on over the counter medicines (D Crow, unpublished report). Pharmaceutical companies should be able to market medicines more freely and extend the time for which a product is profitable. Acyclovir's patent expired in Germany last year—it is now available in several countries, including Britain, as an over the counter treatment for cold sores. In the first 10 weeks after it became available 1.3 million tubes were sold in Britain.¹

The government is not only giving consumers what they want but also reducing the NHS drugs bill by allowing patients to pay directly for more of their medicines. It can then drive harder bargains on prescription only medicines with a pharmaceutical industry that will increasingly profit from non-prescription drugs. But if the government hopes for massive savings it could be disappointed: around 80% of prescriptions are exempt from charges, and thus patients will continue to visit their doctors to obtain free drugs.

There are also concerns about which drugs are safe for switching. In China methotrexate and practolol are available over the counter; few people in Britain would want to follow that example. Although the risks of drugs have sometimes been exaggerated, fatal reactions to switched drugs have been described,² and some switched drugs interact with other

medicines.³ These adverse reactions should be monitored, but no mechanism yet exists for patients or pharmacists to report them. Over the counter drugs need to be safe in overdose because intentional overdose is common, and patients may unintentionally take the same active ingredient simultaneously in more than one product.

Ideally, pharmacists should counsel patients with minor ailments, but in a busy pharmacy many patients are served by counter staff under supervision. This may not be sufficient. Patients need help with diagnosing their complaints and need to know how to take the medicines that they buy. They also need to know how these medicines might interact with prescribed drugs. Barber's suggestion that only pharmacists should sell switched drugs might reduce these problems,⁴ but some patients are reluctant to describe their symptoms in public. With increasing use of switched drugs, doctors will be less clear about the medicines their patients take, but they will also have to avoid drug interactions and be able to recognise adverse reactions to over the counter products.

Perhaps the most worrying aspect of the policy is that it may encourage patients to seek treatment for trivial ailments. This effect on the public's perception of medicines seems not to have been considered. Pharmacy only medicines are marketed like any other consumer product, and the patient is the target. Marketing seeks to fulfil a need even if that need has to be created⁵—a philosophy that is unlikely to increase the rational use of drugs, which requires a detailed knowledge of the safety, efficacy, and relative merits of treatment.⁶

People with minor symptoms could do worse than emulate the Dutch. In the Netherlands 40% of people with minor ailments neither visit their doctor nor take over the counter drugs—compared with 17% in Britain and 11% in Spain.¹ Perhaps we should encourage patients to tolerate their minor ailments rather than be persuaded by the pharmaceutical industry to rush to their pharmacy for yet another pill.

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