Dobson backed NICE ruling on flu drug

Gavin Yamey BMJ

The former secretary of state for health, Frank Dobson, has backed the National Institute for Clinical Excellence (NICE) in its ruling against the novel influenza drug zanamivir (Relenza).

The institute believes that the current evidence from clinical trials by the manufacturer, Glaxo-Wellcome, suggests only a moderate benefit of the drug to otherwise healthy individuals. The drug reduces flu symptoms by about one day, and the costs of achieving this benefit are uncertain. In the absence of clear evidence of its effectiveness in high risk patients (9 October, p 937), NICE has advised GPs not to prescribe zanamivir during the 1999-2000 flu season.

Frank Dobson said: "In their own literature the company have acknowledged that they have as yet not a great deal of evidence of the impact of the drug on high risk groups, but there is more research under way. I believe that this decision is in the long term interests of patients, the NHS, and research based pharmaceutical companies."

Mr Dobson has asked NICE and Professor Sir John Pattison, the NHS director of research and development, to work with GlaxoWellcome to study the impact of zanamivir in high risk patients. It is hoped that NICE will be able to reconsider its guidance ahead of the flu season in the winter of 2000-1.

NICE has also advised that flu immunisation remains the most effective intervention in preventing complications. Rates of vaccine uptake remain low, and a Department of Health spokesperson commented, "We need to do better on uptake of vaccination in people most at risk" (11 September, p 659).

Professor Michael Pringle, chairman of council at the Royal





The international development secretary, Clare Short, releases 6000 balloons in Trafalgar Square, London, to publicise the fact that the world population has reached 6 billion.

College of General Practitioners, welcomed Frank Dobson's decision. "We believe that GPs should encourage all vulnerable groups to be immunised against flu," he said, "and we will join in encouraging GPs not to prescribe Relenza this year."

But Dr John Chisholm, chairman of the BMA's General Practitioners Committee, expressed serious concerns about the implementation of the ruling. "NICE's decision should have been given legislative force," he said.

"The secretary of state's failure to blacklist the drug has done nothing to protect GPs from potentially colossal demand for Relenza. GPs have been left between a rock and a hard place. Relenza is still available on NHS prescription, and even if GPs follow NICE's advice, as I hope they will, the prospect remains of enormous patient demand."

Tories give a "patient's guarantee"

Linda Beecham BMJ

The United Kingdom's Conservative party has given a "patient's guarantee" in its statement of policy principles, which was launched at its annual conference last week.

All NHS patients will be given a guaranteed waiting time based on their need for treatment. It will be up to the patient's doctor to decide the need, and if the treatment cannot be provided by the NHS in the time specified patients will have to be treated in the private sector.

The statement calls for a debate on how to increase the small amount of gross domestic product that is spent on health in the United Kingdom. The party believes that one way would be to encourage an expansion in the private sector, and it wants to examine how this could be done.

The party also proposes a long term care partnership between the government and the governed, whereby a future Tory government would protect more of people's assets if they were to make provision for their old age, so that they would not need state funded care later in life.

Dr Liam Fox, the shadow health secretary, devoted much of his conference speech to criticising the government's record on health. "Labour seems to think that the problems of our health service can be solved by spin doctors rather than real doctors. So time and again, what Labour has delivered is the opposite of what Labour promised."

He criticised what he called the manipulation of waiting list figures. The Labour party had claimed that waiting lists had fallen by 65 000 since it came to power, but its own statistics showed that nearly 200 000 extra patients were waiting to join the waiting list. A Conservative government would move to a system that measured its success in terms of waiting times not waiting lists.

Irish nurses to strike

Doug Payne Dublin

Irish hospitals this week began reducing services and cancelling operations for thousands of patients in anticipation of the country's first nurses strike, set to begin next Tuesday.

The 28 000 members of the country's four nursing unions voted 95% in favour of a strike, with 100% in favour in at least one hospital. The nurses will provide some degree of emergency cover despite the largest nursing union, the Irish Nursing Organisation, not having sufficient funds to provide strike pay to its members; the other three smaller unions will pay token amounts.

The minister of health, Brian Cowen, said that he did not believe the nurses' action "is either justified or necessary."

If the nurses strike goes ahead it will be the largest industrial dispute in the country's history and the first national public healthcare strike. The Department of Health's general secretary, Jerry O'Dwyer, said that waiting lists would grow by a third if the dispute continued for three weeks, and it could then take over a year to clear.

The government says that it is bound by a recommendation from the Labour Court, to which the nurses' pay claims had been previously referred. The Labour Court recommended a package worth £IR150m (£125m; \$200m)—which is supported by the government but which nurses rejected last month, by a 9 to1 margin.

The government has insisted that no further money will be offered, despite its having just announced a £IR6bn budget surplus. The nursing unions have been seeking parity with different groups at various times, first teachers and now paramedics.

The basic pay for a staff nurse has, since early 1997, increased by 26%—from £IR17747 to £IR22339 after 13 years' service. □