

NICE guidance has failed to end “postcode prescribing”

Caroline White *London*

The National Institute for Clinical Excellence (NICE) has so far failed to end the “postcode prescribing” that it was designed to eliminate when it was set up five years ago, a report from the institute has shown.

An analysis of how trusts have acted on 28 treatment reviews, involving 33 sets of recommendations, which was commissioned by the institute and published this week, shows that only around half have been implemented properly. The analysis covers guidance issued up to 2003.

NICE had advocated first line use in 10 sets of recommendations and second or third line treatment in a quarter (24%). A third of the recommendations applied to a defined group of patients.

The analysis concludes that although the institute’s guidance tended to be more often positive than negative in tone, and that it has spurred market growth in some areas, only 12 of the 28 sets of guidelines had been implemented well.

It found good compliance with recommendations for the new drugs it reviewed for bowel cancer, Crohn’s disease, diabetes, and obesity and for asthma inhalers for children.

But 12 sets of guidance had been insufficiently acted on, including new drugs for advanced ovarian cancer, arthritis, and schizophrenia, as well as home haemodialysis and surgery for obesity.

The analysis found that

funding for obesity surgery, for example, varied from trust to trust, with insufficient capacity and long waiting lists common problems. Just 12 trusts carry out 90% of all surgery for obesity.

Four guidelines, including the use of interferon beta for multiple sclerosis and metal hip replacements, seem to have been “over implemented,” with more patients being treated than projected.

An implementation review from the Association of the British Pharmaceutical Industry, submitted to the institute last month, concluded that uptake of guidance among strategic health authorities varies considerably. But it warned that issues surrounding implementation were complex and beset by conflicting priorities. There was “no magic bullet,” it said.

A similar audit by the pharmaceutical company Roche on four of its own drugs, conclud-

ed that guidance had helped patients to access medicines “at a level comparable with other European Union countries.”

But it also felt that the problem of postcode prescribing had increased. “In all areas, the gap has now widened between the best and the worst NHS organisations charged with implementing [the] guidance,” it said.

An institute spokesperson commented: “Implementation may not be happening consistently, but take-up by many trusts is rising despite this, and the figures are still improving.”

In a bid to secure a more consistent approach, NICE has advertised for an implementation director and has posted a new section on its website to support those responsible for acting on its guidance. □

Measuring the Impact of NICE Guidance in Selected Disease Areas can be accessed at www.nice.org.uk/page.aspx?o=200009

First stem cell bank in the world is opened in UK

Susan Mayor *London*

The first stem cell bank in the world opened last week in the United Kingdom, with the aim of providing an international resource for storing, characterising, and supplying ethically approved, quality controlled, stem cell lines for research and, ultimately, for treatment.

The bank is being run by the National Institute for Biological Standards and Control—a government funded organisation involved in quality assurance of research related to biological medicines.

Its key aims are to improve access to high quality stem cells for research. The Medical Research Council and the Biotechnology and Biological Sciences Research Council will fund the work of the bank.

Cell banks already exist for many other types of cell line, but this is the world’s first repository for stem cell lines of all types, derived originally from embryonic, fetal, and adult tissues. These

will be developed to supply well characterised cell lines both for basic research and clinical applications under appropriate and accredited quality systems.

The bank will operate according to strict principles of governance laid down by a steering committee, chaired by Lord Naren Patel—an obstetrician who is now a member of the Science and Technology Committee of the House of Lords. A management committee—with representatives from research, healthcare, and regulatory bodies and the public—will oversee its work.

Dr Stephen Ingles, director of the National Institute for Biological Standards and Control, said: “Stem cell therapy has great potential, but research is still at an early stage, needing a great deal more work to bring it to fruition. This work will go much better if stem cell lines are widely available—one of the central aims of the bank.”

The bank will accept stem cell lines approved by its steering committee, grow them up, and provide them to researchers. “A second important role of the bank is to provide quality control. The bank will grow cells under controlled conditions, ensuring good quality material for researchers,” he added.

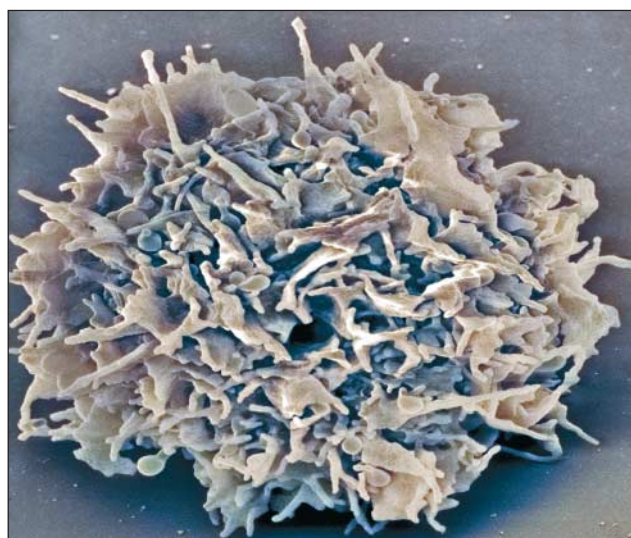
The bank will handle and

store cells under Good Manufacturing Practice conditions, which meet those required for human medicines, so that the cells could eventually be used for therapeutic purposes.

Stem cells are potentially very useful for research because they are able to multiply and reproduce indefinitely. They offer a potentially revolutionary way to repair diseased and damaged body tissues, replacing them with new cells. However, a huge amount of research is still needed to understand exactly how they

work and how they might be used as treatments for conditions such as diabetes, Parkinson’s disease, and Alzheimer’s disease.

Professor Julia Goodfellow, chief executive of the BBSRC, said: “Stem cell therapy will remain a dream unless we can understand and control the processes that switch these cells into specialised types, such as brain or pancreas cells. The bank will help us to achieve this by providing isolated and well characterised cells for research.” □



DR GARY GAUBLENSTL

The stem cell bank will help scientists understand the processes that switch these cells into specialised types