

# No change there, then

**G**uidance and assessments from the National Institute for Health and Clinical Excellence — in all their guises — are not applied universally or evenly across England and Wales. As a result, despite the fact that NICE was partly designed to prevent it, postcode rationing and prescribing continue unabated.

This must come as little surprise to anyone involved in the NHS: NICE was not given the teeth to make sure that trusts complied — that role lies with the Healthcare Commission.

Nevertheless, the report published this week by the Audit Commission, “Managing the financial implications of NICE guidance”, suggests the unevenness is not solely a result of lack of funds. Rather, it is a consequence of a lack of horizon scanning to see what NICE is about to publish and financial planning to ensure that funds are available for implementation (p299).

On Thursday this week the NHS Confederation called for an urgent debate on how new medicines and surgical procedures should be funded since annual extra investment in the NHS (averaging 7.4 per cent) is lower than the year-on-year real increase in the cost of drugs.

In one sense, therefore, we can wonder what there is to debate. However effective a trust’s horizon scanning, however good its financial management systems, if there is not enough money to go round, local clinical priorities will influence implementation of NICE guidance and decisions will differ in different parts of the country.

But there is a solution to the conundrum: new drugs, particularly those that are expensive but suitable for relatively few patients, should be funded centrally. That way, the government would be made aware quickly of what the total demand for a drug might be, as well as learn where patients who would benefit from a new drug live. Mandarins then could ensure that the appropriate local health economy was given ring-fenced money to pay for the new treatment and yet, at the same time, leave local managers to get on with the day-to-day business of trying to balance their books.

## FIP coverage

**T**his year, the coverage by *The Journal* of the congress of the International Pharmaceutical Federation — which has just taken place in Egypt — is being done in an innovative way. We publish a report of the opening session as usual (p313). However, the rest of the coverage will appear in a special supplement to be available in October. This supplement is available free to all members of the Royal Pharmaceutical Society and subscribers but we need to know who wants one — see **Notice-board** p305 for further details.

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