

review of circulars and OFFICIAL PUBLICATIONS

By A. C. BOWER, MR PHARMS

This month, a new approach to managing and providing temporary staff, a strategy for people in long-term care, and NICE guidance on the use of pioglitazone and of orlistat are reviewed



Logo of the Health Service Circular "Better care higher standards: local charters present an opportunity for drug therapy standards to be set"

H ealth Service Circular, HSC 2001/02, "NHS Professionals; flexible organisations, flexible staff", was issued on February 16th. NHS Professionals is a new approach to managing and providing temporary staff.

The circular indicates that it will set standards for in-house NHS agency arrangements and will in time provide a nation-wide service offering trusts cost-effective, flexible access to the services of health care staff across the full range of clinical and support skills. The aim is that NHS Professionals will be used by all NHS organisations as the primary supplier of all temporary staff for the NHS as and when necessary, with tight contracts agreed with commercial agencies to meet any surplus demand.

Health care staff who work through NHS Professionals will benefit from fair and supportive employment conditions that give staff security and the confidence to build a career in the NHS. The ability to work flexibly to suit their circumstances, and the provision of nationally agreed rates of pay with flexibility to take account of local labour market variations are among the perceived benefits. The NHS Professionals initiative will be phased in by April, 2003. Hospital pharmacy managers will wish to monitor developments with this approach to determine how they might assist with the staffing of pharmacy services.

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The subject of HSC 2001/006, issued on March 2, was "Better care higher standards". This places a responsibility on Social Services departments, working in conjunction with housing departments and the NHS, to draw up charters for 2001/02 and beyond, for people who need long-term care and their carers. A charter should set out standards for services and should identify the actions which can be taken where these expectations are not met. The standards in the charter should be embedded in local planning systems to ensure that appropriate priority is given to their achievement.

An annex in the circular provides advice and good practice on charter development and potential content. The specific topics to be addressed and standards to be included will be dependent on the situation locally. This does, however, present an opportunity for charters for people who need long-term care to make reference to the standards which they can expect regarding drug therapy. This is a significant component of care for this group. Such a standard might, for example, make it clear that patients will be provided with information to ensure that they know how to take their medicines correctly.

Hospital pharmacy managers may wish to ascertain local developments in this area to determine the extent to which the inclusion of drug related standards in charters would be appropriate.

Technology Appraisal Guidance number 21 was issued in March by the National Institute for Clinical Excellence (NICE) on the use of pioglitazone for type 2 diabetes

mellitus. Patients with inadequate blood glucose control on oral monotherapy with metformin or sulphonylurea should first be offered these drugs as combination therapy, unless there are contraindications or tolerability problems. Patients who are unable to take metformin and sulphonylurea combination therapy, or patients whose blood glucose remains high despite adequate trial of such therapy, may be offered pioglitazone in combination with metformin or sulphonylurea as an alternative to injected insulin. The combination of pioglitazone with metformin is preferred.

In the same month, NICE also issued **Technology Appraisal Guidance** Number 22 on the use of orlistat for the treatment of obesity in adults. Usage of the drug should be restricted to those aged 18–75 years who have lost 2.5kg in weight by dietary control and increased physical exercise alone in the previous month, and who have a body mass index above 30 kg/m² or, where there are other risk factors, 28kg/m². Continuation of therapy beyond three months should be dependent on a loss of at least a further 5 per cent of body weight from the start of treatment. Continuation beyond six months should be dependent on a loss of at least 10 per cent of body weight from the start of treatment. Treatment should not usually be continued beyond 12 months and never beyond 24 months. Orlistat costs £537 per year and it is estimated that implementation of the guidance would incur additional drug costs of £6m in England and Wales in the first year on top of the current expenditure of £6m.