In brief

Insufficient evidence for depression screening in primary care: Screening questionnaires designed to improve the detection of depression in primary care have no impact on the recognition, management, or outcome of the disorder, a new report says. The latest issue of the *Effective Health Care* bulletin from York University's NHS Centre for Reviews and Dissemination says that one intervention that improves outcome is case management by practice nurses. The bulletin is at www.york.ac.uk/inst/crd

New commissioner for FDA: The US Senate's Health, Education, Labor, and Pensions Committee has unanimously approved the nomination of President Bush's top health policy adviser, Mark McClellan, to be the next commissioner of the Food and Drug Administration.

CHI criticises Dorset Ambulance NHS Trust: The Commission for Health Improvement has expressed serious concerns about the style of leadership at Dorset Ambulance NHS Trust. It says the trust has concentrated its efforts on meeting the national targets on ambulance response times and has made little progress on implementing formal systems to improve the quality of patient care. See www.chi.nhs.uk

NHS information authority announces numbers for babies scheme: From 29 October all babies born in England and Wales will be issued with their NHS number at birth, instead of after the birth is formally registered with the registrar of births and deaths, which can mean a wait of six weeks for the number. This should ensure that all personal records are consistent and universally available to relevant NHS staff from day one.

Nuffield Council appoints new chairman: Professor Bob Hepple QC has been appointed chairman of the Nuffield Council on Bioethics. He succeeds Professor Ian Kennedy, who retires on 31 December. Professor Hepple is currently master of Clare College, Cambridge.

NICE widens patient group for leukaemia drug

Zosia Kmietowicz *London*

The National Institute for Clinical Excellence (NICE) has recommended that anyone with chronic myeloid leukaemia who has failed first line therapy or is in the accelerated and blast phase of the disease should have access to the signal transduction inhibitor imatinib (Glivec). This is a wider group of patients than doctors and campaigners originally thought would have access to the drug.

About 900 patients a year stand to benefit from the new guidance, which will cost the NHS between £11.8m ($18.4m; €18.7m) and £15.8m in the first year.

When it first issued its consultation document on imatinib in May (8 June, p 1352), the institute stated that there was insufficient evidence to recommend the drug for the treatment of chronic or blast crisis phase of the disease. But after considering more evidence and submissions from patients, professionals, and manufacturers, the institute revised its analysis.

Andrew Dillon, the institute's chief executive, denied that the media coverage and lobbying that followed the publication of the original consultation document led to the revised guidance. He described the latest guidance as an "excellent illustration" of the institute's revised appraisal process in action.

"What was interesting is that NICE followed a genuinely consultative process during which it reinforced its commitment to being as transparent as possible; yet because the independent committee that advises us listened to, and acted upon consultation feedback, it was accused of 'doing a U turn.'

"This was disappointing not only for NICE as we believe that transparency is the way forward, but also for patients who were concerned that NICE had in fact issued guidance when it had not," he said. □

NICE accused of restricting treatment for eye patients

Lynn Eaton *London*

A row has broken out in the United Kingdom over the latest proposals from the government's National Institute for Clinical Evidence (NICE) to restrict NHS funded treatments to certain groups of patients.

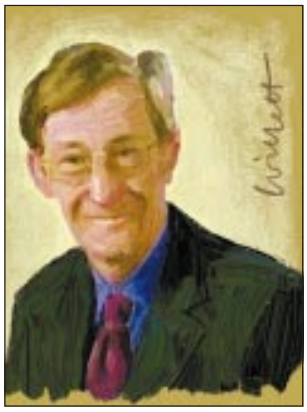
The Royal National Institute of the Blind (RNIB) claims that NICE's latest recommendations on treatment for age related macular degeneration (the commonest cause of central vision loss in the Western world) would condemn several thousand people to have to choose between either paying privately for treatment or losing their sight.

NICE issued its appraisal consultation document on Monday and consultation is due to continue until 4 November.

The condition affects the centre of the retina, making reading, driving, and recognising faces difficult, although peripheral vision remains unaffected. NICE has been considering the use of photodynamic therapy, which involves injecting the drug verteporfin into the affected area of the eye, then applying a laser, which activates the drug, destroying the lesion. The process may have to be repeated every three months in some patients.

Photodynamic therapy has been shown in randomised trials to reduce the risk of moderate and severe vision loss in people with the neovascular, or "wet," version of the condition, in which blood vessels grow from the choroidal layer of the eye. An estimated 18 000-21 000 people are diagnosed with this type of age related macular degeneration each year in England and Wales.

However, NICE's latest recommendations suggest the treatment should be used only in



Professor Michael Rawlins, chairman of NICE

1000 people each year who are diagnosed with the "pure" classic condition, not those who are diagnosed with the "predominantly" classic condition.

Treating 1000 patients with photodynamic therapy would cost £8m (€12.6m; $12.5m) a year. The RNIB argues, however, that some 2500 people a year are diagnosed with the pure condition and a further 5000 who are diagnosed with the predominant form could benefit from the treatment.

"This recommendation beggars belief," said Steve Winyard, the head of public policy at the RNIB. "This would condemn several thousand people each year to an impossible choice: pay for private treatment or lose your sight."

He went on to condemn the way the recommendation had been reached, claiming it was the latest in a continuing "saga of changing views and moveable goalposts" by NICE.

Anne-Toni Rodgers, corporate affairs director at NICE, was angry, however, at the way the consultation process over treatment options was being presented by the RNIB.

"It is very disappointing that when the independent committee that advises us listens to, and acts on, consultation feedback, it is accused of 'moving the goalposts' or 'developing a saga,'" she said.

"We expect those with whom we consult to respond to our consultation documents objectively and constructively. To do otherwise is not in the interests of the patients or the NHS, on whose behalf we are working," she added. □

See: www.nice.org.uk/