The National Institute for Health and Care Excellence (NICE) supports healthcare professionals and others to ensure that the care they provide is of the best possible quality and offers the best value for money, which is essential in light of the spiralling cost of healthcare. To quote from their website, “NICE provides independent evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.” The guidance is intended for the NHS, local authorities, charities and anyone with a responsibility for commissioning or providing healthcare, public health or social care services.

So far so good. Once a treatment is NICE approved it is expected to become available within a relatively short period of time. The Secretary of State advises that when NICE recommends the use of a drug or treatment, “the NHS must usually provide funding and resources for it within 3 months of the guidance being published.” However, it is widely recognised that a postcode lottery exists for many of the latest drugs in England, as recently demonstrated by the NHS Health and Social Care Information Centre,1 a body established in 2013 to deliver high quality information and IT systems to drive better patient services, care and outcomes.

Variation was demonstrated for many drugs, including the newer blood thinners, such as dabigatran and rivaroxaban, which are NICE-approved as alternatives to warfarin to reduce the risk of stroke in patients with atrial fibrillation. I have written extensively about these drugs and their benefits compared with warfarin, not least that there is no need for regular blood tests. However, despite their advantages and the fact that they were approved in early 2012, a 28-fold difference was found in the use of the new alternatives to warfarin. A patient’s access to the new drugs seemed to depend greatly on where he or she lived. These drugs made up 8.4% of items prescribed for stroke prevention in atrial fibrillation in Bristol, Somerset and south Gloucestershire but made up just 0.3% of drugs in south London, East Anglia and Merseyside.2

It is frustrating for patients (and doctors) that, despite these two organisations, one to appraise new treatments and the other to monitor delivery and uptake of new technology, the postcode lottery seems to be alive and well.