

electronic generation, transmission, dispensing and processing of prescriptions. It allows a GP to produce a bar-coded paper prescription and an associated electronic message containing all the details that were printed on the prescription form. The message is sent by the GP system to the ePharmacy Message Store (ePMS), where it sits until the patient presents the prescription in the pharmacy.

HRG – Healthcare Resource Groups

Within the NHS, a Healthcare Resource Group (HRG) is a grouping consisting of patient events that have been judged to consume a similar level of resource. For example, there are a number of different knee-related procedures that all require similar levels of resource, and so may all be assigned to one HRG.

The application of DRGs, HRGs and PbR is likely to change following the General Election. The Liberal Democrats, possible 'kingmakers' in health policy, have stated clearly that they favour a 'lowest price for all' approach.

HTA – Health Technology Assessment

The NHS HTA programme is part of the National Institute for Health Research (NIHR). It produces independent research information about the effectiveness, costs and broader impact of healthcare treatments and tests for those who plan, provide or receive care in the NHS. HTA is often linked to NICE, NTAC, MTAC, RRP etc (see below).

The potential change in government is likely to impact on the role of HTA, and it has been considered that arm's-length bodies like NICE could input to or even run pricing advice for pharmaceutical and medtech companies.

MHRA – Medicines and Healthcare Products Regulatory Agency

The MHRA is the government agency responsible for ensuring that medicines and medical devices work and are safe.

MTAC – Medical Technology Advisory Committee

MTAC was established by NICE

If we are to communicate effectively with all the providers, purchasers and patients in the healthcare system, we need to be versatile in our dialogue and not rely heavily on code words.

(by request of the DH) to set up a new evaluation pathway in order to drive the adoption and diffusion of innovative medical technologies more quickly throughout the NHS. These technologies include medical devices and diagnostics. The group is chaired by Professor Bruce Campbell and meets monthly.

NHS NIIC – National Institute for Innovation and Improvement

The NHS Institute for Innovation and Improvement supports the NHS in transforming healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world-class leadership.

NIHR – National Institute for Health Research

The Department of Health (DH) established the NIHR to provide the framework for publicly-funded health research in England, following the publication of *Best Research for Best Health: A new national health research strategy* (DH, January 2006).

NTAC – National Technology Adoption Centre

NTAC assists organisations in navigating the complexities of the NHS adoption landscape. It has a

number of aims, such as identifying technologies that will provide improved and cost-effective patient outcomes.

NTAC works with NHS trusts to support the sustainable implementation of new technology, identifying where changes in the pathway or service may be needed to unlock the full benefits of the technology. It also produces NHS-focused guides detailing how the technology can be successfully implemented and the benefits, both to patients and to organisations, that can be achieved.

NTAC is currently going through a period of flux following the recent departure of its CEO, Marg Parton. The opportunities for NTAC to have a significant impact on the medtech sector still remain. I hope that the advent of MTAC and NTAC will lead to a truly beneficial partnership that delivers greater access to treatment and drives the uptake of technology. The two acronyms are, however, easily confused.

PBC – Practice Based Commissioning

PBC is about involving GP practices and other primary care professionals in the commissioning of services. The intention of PBC is to lead to high-quality services for patients in local and convenient settings.

GPs, nurses and other primary care professionals are in the prime position to translate patient needs into redesigned services that best deliver what local people want.

PbR – Payment by results

The aim of PbR is to provide a transparent, rule-based system for paying trusts. It was set up with the intention of rewarding efficiency, supporting patient choice and diversity and reducing waiting times. Payments are linked to activity and adjusted for case mix. Importantly, the system is supposed to ensure a fair and consistent basis for hospital funding rather than being principally reliant on historical budgets and the negotiating skills of individual managers.

The General Election result could affect PbR, as the Conservatives have announced their intention to focus on payment for results achieved and scrap the 'process' targets of recent years.

RRP – Rapid Review Panel

The RRP was convened by the Health Protection Agency (HPA) at the request of the DH. The panel provides a prompt assessment of new equipment, materials and other products or protocols that may be of value to the NHS in reducing hospital-acquired infections.

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With clear understanding, acronyms can be a route to faster and more effective communication. Without it, they may simply exclude anyone not in tune with current thinking in the NHS.