Briefing for the Public Petitions Committee

**Petition Number:** PE1407

**Main Petitioner:** Jamie Walker

**Subject:** Cancer Drug Fund

Calls on the Parliament to urge the Scottish Government to set up a Scottish Cancer Drug Fund.

**Background**

The UK Government’s Cancer Drugs Fund for England was set up following a commitment in the Coalition’s programme for government. A consultation was held between October 2010 and January 2011 and the scheme was launched on 1 April 2011. It is a three year scheme, with £600m being committed to it. The UK Government has stated that the fund will provide a means of improving access to cancer drugs “prior to the anticipated reform of arrangements for branded drug pricing on expiry of the current Pharmaceutical Price Regulation Scheme at the end of 2013”. At this point, the UK Government wishes to move to system of value-based pricing, which seeks to ‘improve NHS patients’ access to effective and innovative drugs by ensuring they are available at a price that reflects the value they bring’.

Each year of the fund will see £200m made available to Strategic Health Authorities (SHAs), with associated guidance being published alongside it. The 2011-12 Guidance was published to coincide with the first tranche of funding being made available on 1 April 2011.

The fund is specifically for cancer drugs that have not been approved for use in the NHS in England by the National Institute for Clinical Excellence (NICE) – either because NICE has not considered them or because NICE has not approved after assessing their efficacy and cost effectiveness. Each SHA gets a share of the fund and should set up processes for dealing with applications as outlined in the guidance. However, it is up to each SHA to

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1. The Coalition: our programme for government, May 2010
2. The Cancer Drugs Fund: Guidance to support operation of the Cancer Drugs Fund in 2011-12 (p 6)
3. ‘A new value-based approach to the pricing of branded medicines: A consultation’ (December 2010, para 1.2)
determine what drugs it will be prepared to fund. The Cancer Research UK web page\textsuperscript{4} discussing the fund contains a list of the SHAs and their ‘priority lists’ for the cancer drugs to be funded, together with the clinical circumstances it will be prepared to fund the drug. Before a patient is able to access the fund, Cancer Research UK notes that many SHAs still require them (through their doctor) to have gone through their local Primary Care Trust’s process for providing funding for particular treatments in individual or exceptional circumstances.

\textit{The Scottish system for assessing newly licensed medicines}

The current process for approving medicines for use in the NHS in Scotland is detailed in Scottish Government guidance (\textit{CEL 17(2010)}) from May 2010. In short, the Scottish Medicines Consortium (SMC) considers all newly licensed medicines following an application by the manufacturer. This is unlike in England where NICE only considers those drugs referred to it by Ministers. The SMC considers the efficacy and cost effectiveness of the medicine and makes a decision on whether or not it recommends its use in the NHS in Scotland.

Where the SMC guidance has not recommended a medicine for use, NHS Boards can still decide to prescribe the medicine to a specific patient if it is felt there are grounds to do so. This now takes place through an Individual Patient Treatment Request (IPTR). CEL 17, together with subsequent advice stipulated that Boards should have had written protocols for handling requests in place by April 2011.

\textit{Rare Cancers Foundation research}

In making the case for a cancer drugs fund, the petitioner makes reference to research from the Rare Cancers Foundation (RCF). In August 2011 it published a report\textsuperscript{5}, considering the variations in access to cancer treatments across the UK. Its key findings for Scotland were:

- There were 23 cancer treatments which are not routinely available in Scotland which may be available in England through the Cancer Drugs Fund.
- People in Scotland are now more than three times less likely to gain access to a cancer drug which is not routinely available than people in England.
- If the same approval rate occurred in Scotland as does in England, then 248 cancer patients in Scotland would gain access to life extending treatment instead of 74 – an increase of 174.
- It is estimated that the total cost of improving access to cancer drugs in Scotland to similar levels as in England would be £5,172,390. This is less than £1 per person in Scotland per annum. Over a three year period this cost could be expected to grow to between £16.8 million and £19.6 million.

\textsuperscript{4} Cancer Research UK; Cancer Drugs Fund

\textsuperscript{5} ‘Nations divided? - An assessment of variations in access to cancer treatments for patients in England, Scotland and Wales’
Recently, the Cabinet Secretary for Health, Wellbeing and Cities Strategy responded to this research. Whilst finding it helpful in many areas, she stated that it contained a number of errors, which meant a number of its conclusions were open to challenge:

“For example, some of the medicines that have been listed as being not available in Scotland are, in fact, available. There has been double counting, and some of the “not recommended” decisions were made because the pharmaceutical company in question had not made a submission to the SMC. I will discuss those issues with the Rarer Cancers Foundation in due course.”

The RCF also published a study into the use of the IPTR process by NHS Boards in March 2011. Its findings were achieved through requesting information directly from NHS Boards. Amongst its findings was that: at that stage, not all Boards had written policies in place; there was no consistency in the criteria used by Boards in determining whether an IPTR request would be approved; the application rate in Scotland is higher than the equivalent system in England. During a debate on 29 September 2011, the Cabinet Secretary noted that the Scottish Government was gathering data on requests and approvals in order to assess the situation across the country (col 2265).

Scottish Government Action

In the recent debate on instituting a cancer drugs fund in Scotland the Cabinet Secretary (col 2259-2260), stated her openness to “considering ways to improve access to clinically evidenced and cost-effective medicines that improve patient outcomes”. She also noted the UK Government’s plans to introduce value-based pricing and said the Scottish Government was working with the UK Department of Health to ensure Scotland’s interests were recognised. Whilst recognising the attractions of a cancer drugs fund she stated her concern with such a scheme was on the basis of equity:

“I have two key concerns about equity. First, I am concerned about the risk of a cancer drugs fund creating inequity between those who suffer from cancer and those who suffer from other serious conditions, such as Alzheimer’s and heart disease. We should continue to improve access to drugs; however, in my view, that should mean access to all drugs—not just to cancer drugs. […] The second …is the risk of inequity within cancer care. Drugs are an important weapon in the battle against cancer, but they are not the only weapon. Radiotherapy and surgery are increasingly the treatments of choice. We need to invest in them too, and we need to do more to prevent cancer in the first place.” (col 2260).

She then made reference to the recent investment in radiography equipment and the Government’s Detect Cancer Early Implementation Plan, which was published in August 2011.

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6 Meeting of the Parliament 29 September 2011 (col 2258-2259)
7 “Exceptional Scotland? – An audit of the policies and processes used by NHS boards to determine exceptional prescribing requests for cancer treatment”
Scottish Parliament Action

The debate that took place on Wednesday 29 September 2011, as discussed above, has been the main platform for the policy of a cancer drugs fund for Scotland being debated.

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7 November 2011

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