



HOUSE OF COMMONS
LONDON SW1A 0AA

11/02/2016

Dear Sir Andrew,

Cancer Drugs Fund Consultation

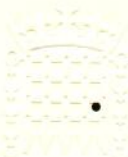
I am writing to you with regard to the consultation on proposals for a new Cancer Drugs Fund (CDF) Operating Model from 1st April 2016. Due to the highly technical nature of the consultation, the All-Party Parliamentary Group on Cancer (APPGC) has chosen not to submit a formal response. However, we wanted to take this opportunity to highlight some key points which we feel should be considered as part of the reforms.

As the APPGC set out in our response to the previous consultation on the Cancer Drugs Fund in October 2014, we believe that all cancer patients should be able to access the drugs they need regardless of where they live, their age or their type of cancer. However, we recognise that, whilst the Cancer Drugs Fund has benefitted a significant number of patients, it is important it is able to continue to do this in a manner which is sustainable for the NHS.

We welcome the proposals set out in the consultation to establish a new system which integrates the Cancer Drugs Fund with NICE appraisal processes. We believe that this has the potential to ensure that patients are able to access drugs more quickly, as well as enabling better data collection and management of uncertainty particularly where the efficacy of specific drugs is unclear. It will be important to ensure that NICE has sufficient capacity to deliver these ambitious reforms in a sustainable way.

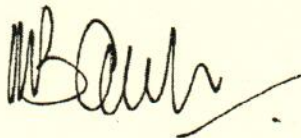
However, whilst we agree in principle with the proposed reforms, there are some areas in which we feel greater clarification is required – please forgive me for setting these out in bullet point form:

- We would like to see more detail on the transitional arrangements for treatments currently available through the CDF (including assurances that this will not impact patient care given the short timescales for implementation of the reforms), as well as more detail on what the exit and entry criteria will be for new drugs chosen for conditional CDF funding.
- Whilst we are hopeful that these new processes will benefit all cancer patients, we would welcome assurances that the needs of cancer patients who tend to suffer worse clinical outcomes, in particular, older people, teenagers and young adults and people with rarer cancers, have been considered carefully as part of this process, and that the views and involvement of patients will form a core part of the operation of the new system in future.
- We welcome the proposed, limited change to the end of life criterion with respect to patient populations, but wish to ask why further changes have not been considered? In particular, we are eager to understand why additional changes have not been considered which would allow the end-of-life criteria to be applied both to drugs which extend life by up to 36 months (rather than the current 24 months) and to drugs which extend life by less than three months in those cancers which have an extremely poor prognosis. NICE might also wish to consider applying a greater multiplier to the end of life criteria than the current 2.5, potentially allowing more drugs with a higher cost-per-QALY to be made available on the NHS.

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- We note that the consultation document was not issued alongside a draft impact assessment, which would have undoubtedly helped inform all respondents and potential respondents. We are extremely disappointed that details of the potential impact of the proposals on cancer patients have not been revealed. We would hope that these details can be shared with us and other stakeholders for consideration and review before the new CDF process is finalised.
 - The APPGC believes that the CDF has undoubtedly made a positive difference to the lives of many cancer patients since its inception. In order to ensure that the Fund can continue to do this in a sustainable way, it is vital that lessons are learnt from the last five years. The new process should therefore see a strong focus on evaluation, data collection and transparency, including an annual review of the efficacy and impact of the Fund.
 - The APPGC would like to suggest greater flexibility of reimbursement, or pricing, under the new system. The Cancer Drugs Fund has been able, over the past 12-13 months, to agree much more favourable prices to the NHS for many of the drugs that it has funded. NICE does not and will not have this flexibility of reimbursement, so many of the clinically effective drugs currently available at discounted prices via the CDF may no longer be available. It is absolutely vital that flexibility of reimbursement is built in to the new CDF from the outset and that NHS England is able to apply flexible reimbursement as drugs currently on the CDF are re-assessed using the new NICE criteria. In the absence of flexibility of reimbursement, the number of patients being able to access clinically-effective cancer drugs will undoubtedly fall.
 - We would like greater clarity as to the process for the assessment of off-label or off-license drugs. The CDF has been able to support the use of off-label drug treatments but NICE does not currently have a mandate to do this. Being able to access off-license or off-label treatments is particularly important for people with rare and less common cancers as the cost of developing new drugs or licensing existing drugs can outweigh the likely returns for a manufacturer.

I look forward to hearing from you,

Yours,



John Baron MP
Chairman of All-Party Parliamentary Group on Cancer

Sir Andrew Dillon
Chief Executive
National Institute for Health and Care Excellence
10 Spring Gardens
London
SW1A 2BU