

Briefing on Macmillan's Access to Treatment campaign



Purpose: **To provide an update on Macmillan's position on the Cancer Drugs Fund and value-based pricing**

Author: **Geoff Heyes, Senior Public Affairs Officer,**
GHeyes@macmillan.org.uk, 020 7840 4843

Date created: **March 2013**

Introduction

Prior to the 2010 General Election, Macmillan called for the creation of a Cancer Drugs Fund (CDF) to improve access to effective cancer drugs for people with rare and less common cancers. Following the election, the Coalition Government announced that a fund of £200m per year would be introduced for three years from April 2011.

In December 2011, Macmillan released [Improving Access?](#) which set out our position on the implementation of the CDF and the development of the Government's proposed value-based pricing system for drugs.

Macmillan wants all people living with cancer to be able to access the drugs they and their doctors believe they need, no matter where they are living in the country

Barriers to access

Historically, the UK uses significantly fewer new cancer drugs than other European countries and is slower to provide access through the NHS to 'gold standard' treatments. The reasons for the disparities are threefold:

1. The current drug pricing system (the Pharmaceutical Price Regulation Scheme) can result in unjustifiably high prices for cancer medicines;
2. NICE appraisal processes are inflexible and unresponsive, especially where medicines for rarer cancers are concerned; and
3. There has been a great deal of strain on the cancer drugs budget over the last twenty years as incidence increases.

The Cancer Drugs Fund

According to the Government, over 25,000 patients in England have benefited from the CDF since it was introduced. In its recently published report, the Rarer Cancer Foundation reported that the fund had considerably improved access to cancer drugs, with 94 different drugs being funded through the CDF.

However, the Government has yet to make clear what transitional arrangements it intends to put in place once the fund ends in January 2014. The Rarer Cancer Foundation estimates that ending the fund will prevent more than 16,000 patients from receiving potentially life-extending drugs each year.¹

The Health Select Committee has also raised concerns over the future of the CDF, calling for an assessment of the outcomes for those patients whose treatment has been paid for by the fund. The Committee has also asked for the Government to clarify how drugs which have been paid for by the CDF will continue to be available to patients beyond January 2014.

Value-based pricing

Alongside the introduction of the CDF, the Government also announced its intention to introduce a new value-based pricing (VBP) system for all drugs. The new pricing model would replace the existing NICE-run Pharmaceutical Price Regulation Scheme (PPRS) by January 2014.

The principle behind VBP is to broaden the consideration of the 'value' that drugs bring to patients, the NHS and to society as a whole. However, the Government has not yet set out the detail of how value-based pricing will work in practice. Whatever the new system looks like, Macmillan believes that it is crucial that it improves access to drugs for people with rarer cancers.

More specifically, Macmillan has called for:

- **Continued improvements in access to medicines** – A Government commitment to making all drugs that are accessible through the Cancer Drugs Fund available on the NHS at the beginning of 2014
- **Rarer cancers** – Government to ensure that drugs to treat and control rarer cancers are evaluated fairly in the new system of value-based pricing
- **Meaningfully involvement** – The Department of Health to make sure cancer patients are involved meaningfully in the development of a definition of 'value' and in how the new system operates.

For further information contact: Geoff Heyes, Senior Public Affairs Officer,
GHeyes@macmillan.org.uk, 020 8840 4843, www.macmillan.org.uk/parliament

¹ <http://bit.ly/ZduoDn>