Cancer Research UK submission to the consultation on revisions to the statutory scheme to control the prices of branded NHS medicines

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About Cancer Research UK

Every year around 300,000 people are diagnosed with cancer in the UK. Every year more than 150,000 people die from cancer. Cancer Research UK is the world’s leading cancer charity dedicated to saving lives through research. Together with our partners and supporters, Cancer Research UK’s vision is to bring forward the day when all cancers are cured. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2012/13 we spent £351 million on research. The charity’s pioneering work has been at the heart of the progress that has already seen survival rates in the UK double in the last forty years. We receive no government funding for our research.

Summary of Cancer Research UK position

- Cancer medicines represent a challenging aspect of NHS commissioning due to their high cost and variations in how individual patients respond to different treatments.

- Reductions in overall spending on NHS medicines, such as those proposed within the current consultation, could reduce access to high-quality cancer drugs. Since the Cancer Drugs Fund is only guaranteed until March 2014, continued patient access to innovative medicines is already uncertain.

- Details of the proposed system of value-based pricing are as yet unconfirmed and so it is not clear how this new mechanism will impact upon access.

- Changes to the statutory scheme should be informed by the overall framework which supports patients to access medicines. We believe the Government should conduct a more detailed assessment of the impact of the proposed changes to the statutory scheme and make public its results to help inform patients and organisations of which treatments may not be funded. The impact assessment provided alongside the consultation document does not appear to take into account the implications of VBP, the potential removal of the Cancer Drugs Fund or the current renegotiation of the Pharmaceutical Prices Regulation Scheme (PPRS).

- We also urge the Government to introduce an adaptive licensing scheme and to ensure that the new pricing scheme is suitably flexible for such a system.

Cancer Research UK welcomes the opportunity to comment on this consultation. We are unable to answer some of the specific questions within the consultation as we do not directly purchase or produce
medicines. However, there follows our general views on the issues raised within the consultation document.

Cancer drugs – including chemotherapy, biological therapies and hormone therapy – are an important part of treatment for a variety of cancers. We would like to see a drug pricing system which supports cancer patients to access the most effective medicines or therapies that their doctor recommends at all stages of treatment. Revisions to the statutory scheme for medicines pricing must therefore reflect this principle.

Oncology is a complex disease area. An ageing population means that the number of cancer sufferers in the UK will increase over the years to come; improved survival rates due to more effective treatments will prolong treatment periods; and the responses to individual cancer drugs vary from patient to patient, meaning that commissioning is often not straightforward. Furthermore, research and development of new cancer drugs is costly and this tends to be reflected in their prices.

There is currently considerable uncertainty around how a number of policy proposals will affect the interactions between the Department of Health, NICE and pharmaceutical companies. Negotiations around the PPRS are still ongoing, and since details of the proposed approach to VBP have not yet emerged it is not clear what the impact would be on the price of new medicines. We welcome the role of NICE in setting out a blueprint for VBP and look forward to the publication of further details on this mechanism. We hope that better engagement with patients and their representatives will be part of this process. However, it is difficult to assess the full impact of patient access to drugs from 2014 onwards until there is more information and greater clarity on the results of these pieces of work.

In the event that there is no agreement upon the successor to the 2009 PPRS, all companies would automatically join the statutory scheme. This is likely to have a significant impact on drug producers. It is not clear what impact this would have on patient access. We urge the Government to put in place appropriate safeguards to ensure that medicines which are proven to be effective remain available.

It should also be noted that the Cancer Drugs Fund (CDF) will expire in March 2014, which will constrain access to a number of medicines if no measures to safeguard patient access are implemented beyond this point. We believe that Government should set out clearly its plans to ensure that patients continue to have access to innovative treatments. This will provide reassurances to patients who are currently experiencing uncertainty about the future of their treatment.

We welcomed the flexibility within the most recent PPRS regarding greater use of patient access schemes (PASs) and the ability for pharmaceutical companies to renegotiate prices once clinical value has been demonstrated. Both elements are important to maintaining patient access to effective cancer medicines and we would urge that similar features are considered within the revised statutory scheme and, as appropriate, in the successor to the PPRS.

The ultimate impact of changes to the statutory scheme, as well as the replacement to the PPRS and the introduction of VBP will be mutually dependent in their link to patients’ level of access to the most
appropriate medicines for their condition. VBP in particular has the potential to provide patients access to treatments by assessing a medicine’s economic and social value – if implemented well, this will be a positive change. However, the NHS will need to closely monitor both changes in spending on prescription drugs and changes in prescribing patterns, as well as how prescribed drugs are meeting the needs of patients and continuity of supply.

Ensuring that the UK government continues to support innovation in the life sciences is not only crucial for the national economy but also for achieving better patient outcomes through the development of new, effective medicines. Government support through the initiatives introduced by the Strategy for UK Life Sciences and Innovation, Health and Wealth is welcome. However, the way that the current system of drug pricing works in tandem with regulatory mechanisms means that only a small number of new medicines come through the pipeline each year. Support for innovation is only one part of the process through which medicines reach patients. Efforts to support the life sciences industry must be continually monitored with reference to the regulatory framework, and assessed based on contribution to the NHS and patients outcomes as well as economic benefits.

Finally, Cancer Research UK urges the Government to introduce an adaptive licensing scheme for promising new treatments. The aim of such a scheme is that patients with life-threatening illnesses can access treatments for diseases in areas of unmet need sooner than would usually be the case, for example at the end of phase II clinical trials. Any changes to drug pricing arrangements should be flexible enough to allow for the payment of treatments based on the requirements of an adaptive licensing scheme if one were to be introduced in future.

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