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William Powell, AM

Chair – Petitions Committee

National Assembly for Wales

Pierhead Street

Cardiff, CF99 1NA

14th March 2014

Dear William,

P-04-527 Campaign for a Special Cancer Drug Fund in Wales

Thank you for the opportunity to comment on the petition from Porthcawl First on a Special Cancer Drug Fund in Wales (P-04-527).

The difficulties faced by patients across the UK in gaining access to modern medicines is a longstanding problem, leading to political debate and media articles, which often cite challenging personal testimonials. We have nothing but sympathy for the individual circumstances being experienced by Ms. Margetson and others.

In 2013, analysis from the Office of Health Economics (OHE)[1] confirmed that the UK lags behind comparable countries in terms of use of branded medicines. This followed on from The International Variations in Drug Usage Report[2] which, worryingly, showed that for patients suffering from a range of conditions, including cancer, the UK had fallen behind most countries with similar economies and health systems.

The work of the International Cancer Benchmarking Partnership[3] has shown the contribution to improving survival rates that high quality treatment for patients with advanced forms of lung, breast and ovarian cancer can make. Many of the cancers with the highest survival rates are also those characterised by significant improvements in treatment on recent years. News that prostate cancer mortality rates have declined by 20 per cent over the past two decades shows what can be achieved. But for every breast cancer, prostate cancer or lymphoma, there is a lung, pancreatic or oesophageal cancer, where outcomes remain stubbornly poor.

The comparison with outcomes in other countries also indicates how far we have to go if we are to achieve the aspiration of having the best cancer outcomes in the world.

The Cancer Drugs Fund (CDF) in England has been highly effective in allowing tens of thousands of NHS patients to benefit from innovative new cancer medicines that they otherwise would not have been able to receive. However, whilst the ABPI welcomed its announcement and the associated improvement in access to a range of cancer medicines in England, the existence of the Fund is indicative of the challenge in ensuring that current UK health technology assessment (HTA) methods and processes are able to work effectively for cancer and other specialist medicines. The ABPI

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[1] OHE analysis for the ABPI, Benchmarking the uptake of new medicines in the UK – international perspective, 2013
[2] https://www.gov.uk/government/publications/extent-and-causes-of-international-variations-in-drug-usage
[3] http://www.cancerresearchuk.org/cancer-info/spotcancerearly/ICBP/

believes that the CDF in England should continue until such time as HTA evaluation processes are reformed to better encourage and reward innovation, and are shown to be appropriate for the evaluation of cancer medicines.

In Wales, the All Wales Medicines Strategy Group (AWMSG) appraises all new medicines for which no National Institute for Health and Care Excellence (NICE) guidance is expected for at least 12 months from the date of submission (i.e. normally 6 months from AWMSG appraisal and the anticipated date of NICE final advice). This comprehensive and compulsory use of HTA introduces significant challenges for clinicians, patients and the pharmaceutical industry, especially;

- when the evidence-base needed for HTA appraisal may be limited e.g. treatments for ultra-orphan, orphan diseases and small applicable populations in Wales
- if the appropriateness of HTA methodology is not suitable or aligned to the disease area in question, such as cancer treatments or end of life / palliative care, and
- in advance of either a NICE or AWMSG published guidance and implementation

In Scotland and England, the current limitations of HTA are recognised with additional and alternate methods of funding (such as the CDF, Routine Commissioning Lists, Specialised Commissioning, Baseline Commissioning, Medicine's Fund (for rare disease), etc.) providing alternative national routes to funding and fair patient access to innovative treatments when supported by clinical opinion.

Until very recently, in Wales, the only alternative route to funding a medicine not approved by AWMSG or NICE was for clinicians to progress their patients through an Individual Patent Funding Request (IPFR). These are deemed time consuming and bureaucratic by patients and clinicians alike, and require evidence of patient "exceptionality" which excludes some individual patients and disqualifies multiple applications, as would be expected for a clinically effective new cancer medicine. Concerns relating to the IPFR process have led the Minister for Health and Social Services to ask for a Review to be undertaken, which is due to report back to him by the end of March, 2014.

However, and whilst this review of process is on-going, AWMSG has agreed that if a new medicine – regardless of the disease area – is not recommended for use by NICE on the grounds of cost-effectiveness, an opportunity should be extended to the pharmaceutical company concerned engage subsequently for further HTA re-assessment by AWMSG, who will be able to consider the evidence base in relation to the specific Wales context. However it remains unclear and untested as to whether this additional re-assessment will overcome the current limitations with the HTA process and improve the range of medicines routinely funded.

The Committee may wish to gain further evidence from the All Wales Medicines Strategy Group on its agreed change of process to inform its response to the petition.

I hope that the above is useful to the Committee in its consideration of (P-04-527) Campaign for a Special Cancer Drug Fund in Wales. Naturally, if we can provide any further information or clarification we would be very happy to do so.

Regards

Dr Richard Greville
Director – ABPI Cymru Wales

Note:

Who We Are:
The Association of the British Pharmaceutical Industry (ABPI) represents innovative research-based biopharmaceutical companies, large, medium and small, leading an exciting new era of biosciences in the UK.

Our industry, a major contributor to the economy of the UK, brings life-saving and life-enhancing medicines to patients. Our members supply 90 per cent of all medicines used by the NHS, and are researching and developing over two-thirds of the current medicines pipeline, ensuring that the UK remains at the forefront of helping patients prevent and overcome diseases.

The ABPI is recognised by government as the industry body negotiating on behalf of the branded pharmaceutical industry for statutory consultation requirements including the pricing scheme for medicines in the UK.

ABPI Cymru Wales was established in 2003 in recognition of the evolving distinctiveness of the health agenda in Wales. We enable the collaborative working of ABPI members with a declared interest in Wales. ABPI Cymru Wales currently has an active membership of over 25 ABPI member companies.