

## Statement in response to the Consultation on Proposals for a new Cancer Drugs Fund Operating Model from 1 April 2016

The Cancer Campaigning Group – a coalition of nearly 60 cancer-related charities – welcomes the consultation on the future of the Cancer Drugs Fund (CDF). This provides an important opportunity to lay the foundations for a long-term solution to the issue of access to cancer drugs, which should ensure that people with cancer can access the optimal, evidenced-based treatments for their condition.

The CDF has helped more than 84,000 patients access medicines which they may not otherwise have had access to through the NHS. It is vital that the proposed changes to the CDF continue to deliver access to the best treatments for all patients diagnosed with cancer on an equitable and sustainable basis.

There are a number of elements within the proposals that the Cancer Campaigning Group welcomes:

- **Single sustainable system** - The ambition to establish a new, sustainable system which is fully integrated into the NICE appraisal process. We hope that this will address problems such as inconsistent assessment and potential incentives towards system-gaming; the result of having a dual system created through the establishment of the CDF
- **Quick access** - That medicines will in effect be made routinely available to patients more quickly, from the point of Marketing Authorisation if they receive a draft recommendation for routine use or for use within the CDF. We are pleased that Government, NHS, and NICE are committed to achieving faster access for patients through the CDF
- **Real-world evidence** - NICE will be more flexible about dealing with uncertainty, creating opportunities to collect real-world evidence about a medicine to inform a future appraisal where there is insufficient information to support routine commissioning
- **End of life criteria** - The proposed changes to make the end of life criteria more flexible, including amendments to emphasise the discretion that exists for NICE appraisal committees

We also share a number of concerns about the proposals:

- **Entry and exit criteria** - There is a lack of detail as to what the new entry and exit criteria will include with respect to drugs that will be chosen for conditional CDF funding. We would therefore like further clarity on how the proposed managed access fund will operate
- **Transitional arrangements** - We are disappointed by the lack of detail on the transitional arrangements for existing treatments on the CDF within the consultation. However, we understand stakeholders have been contacted by NICE on this point. The April 2016 deadline for implementation is very soon – it is important that current patient care does not suffer during the implementation process
- **NICE capacity** - It is essential that NICE are given adequate resource to administer the new system, which has highly ambitious appraisal timelines
- **Individual Funding Requests** - The consultation does not provide detail on how Individual Funding Requests (IFRs) will operate alongside the re-modelled CDF, despite IFRs inclusion in the current CDF standard operating procedure

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- **The NICE appraisal process** - The proposed new system will work within the current NICE Quality Adjusted Life Year (QALY) thresholds, with a maximum QALY of £50,000. Considering the difficulties that cancer treatments have had in meeting this threshold, which in part led to the creation of the CDF, we believe that a review of the NICE appraisal process still needs to take place
- **The patient voice** - The NICE appraisal system does not currently incorporate a strong enough patient perspective or adequately reflect the value of whole person outcomes. NICE's Patient and Public Involvement team is currently carrying out a review of its work - part of this should consider how the patient voice can be strengthened within Technology Appraisals
- **Limitations of real-world evidence** - The collection of additional real-world evidence may help to address this, but the proposals lack the requisite information as to the type of data that will be collected, and how real-world evidence will be used within the revised appraisal system. NICE regularly rejects cancer medicines for reasons other than a lack of clinical information and therefore, any new flexible approach must extend beyond real-world data to inform a decision, which may not address the current barriers to the appraisal of cancer medicines
- **Clinical trials** - The CDF Investment Group should work with the National Cancer Research Institute to ensure that their proposals align with the UK's portfolio of trials seeking to optimise cancer treatment (e.g. optimising dosage, considering use of treatments in combination or in a specific sequence)

We recognise that providing a sustainable solution which ensures more patients have access to new cancer drugs is complex, demonstrated by the failure to establish consensus on either Value Based Pricing or Value Based Assessment. However, it is vital that this consultation process leads to a system which assesses unmet need by enabling more cancer patients to have access to new evidence-based medicines, sooner, rather than one which risks turning back the clock. We are committed to working with NICE and NHS England to establish the best possible system for people living with cancer and their families.

## **About the Cancer Campaigning Group**

*The Cancer Campaigning Group is a coalition of nearly 60 cancer-related charities representing service providers, research, advocacy and campaigning groups for cancer patients and their families in England. The Group is supported by nine corporate sponsors who provide resources, alongside sector insights.*

*Founded in 2002, the Cancer Campaigning Group campaigns for world class research, prevention, diagnosis, treatment, support and care for every cancer patient in England to bring all services up to the standards of the best in Europe.*

*The Cancer Campaigning Group enables cancer charities to speak and campaign with a single, unified voice, pooling expertise, amplifying the impact of individual organisations, and ensuring that our messages are heard and acted upon by the Government and the NHS. More information is available on our website: [www.cancercampaigninggroup.org.uk](http://www.cancercampaigninggroup.org.uk).*

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