Top-up system has hidden costs that have not been accounted for

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The "cost" of top-up payments to the NHS are not confined to the cost of the drug and require the NHS to make some long overdue changes or risk financial failure, argue two editorials published in *Clinical Oncology*, by Elsevier.

Dr Rob Glynne-Jones and Prof. Karol Sikora debate the issues of top-up payments with both concluding that the NHS must make substantial changes in administration and management structure. The NHS was in need of reform to meet patient behavioural changes, and the introduction of top-up payments puts more pressure on a system based on outdated requirements. Extra resources and management will be needed from the outset in order to effectively manage the payment transactions and keep accurate records of patient care and payment.

Dr Glynne-Jones highlights, "The cost of the drug is not the only cost to the NHS; patients who purchase the drug and stay in the NHS reduce the resources for all remaining patients."

Dr Glynne-Jones continues, "A co-payment system poses major risks to society: co-payment would require an administrative system to authorise, and police it, which will not be cost neutral to the NHS. In some circumstances the NHS may eventually be obliged to pick up the costs anyway, when a patient runs out of money, since the European Court of Human Rights may continue a treatment that is clearly keeping them alive."

Patients have become very sophisticated consumers, seeking knowledge and answers on the internet, making their own treatment demands and increasingly eager to understand the diagnosis. They will also want to understand their position if making a top-up decision including any potential after-care payments. Clear guidelines for implementation are needed for now both staff and patients. As Prof Sikora says, "A suitable infrastructure for the ethical delivery of top-up services is urgently required. This could drive choice and competition throughout cancer care leading to real reform and value, whoever pays."

Other cost considerations and resource issues include: the administration of the drug, – infusion time, complexity and cost of accompanying symptom control medication, dealing with side effects, extra doctor, nursing and pharmacist time.

Prof. Sikora suggests that "a fixed total tariff including all the costs above is calculated in advance of drug delivery and given as an option to the patient in writing. A supplement of 30% to the actual drug cost is likely for most intravenous and 15% for oral administration."

Source: Elsevier

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