

UK cancer fund is not the victory for patient groups that some believe

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The lead Editorial is this week's *Lancet* criticises the UK Government's announcement of an emergency cancer fund, and saying that is not the victory for patient groups that some believe.

The new £50 million fund will be available for 6 months from October, until the previously announced £200 million [cancer drugs](#) fund comes into effect from April next year. The fund will enable a doctor whose patient has had funding for a drug declined because it is not approved by the National Institute for Health and Clinical Excellence (NICE) to appeal to their regional Strategic Health Authority (SHA) panel. These panels will have the power to overrule NICE, and draw on their share of the £50 million to fund the patient's drugs.

The Editorial says: "This raises the spectre of appeals being granted or declined not on the basis of patients' conditions, but because of where they live: either because their SHA has exhausted its share of the fund, or because their SHA is using stricter funding criteria. Scratch the surface, and it quickly becomes clear that what this fund represents is not the victory for patient groups that some believe. Rather, it is the product of political opportunism and intellectual incoherence."

A report by UK National Cancer Director Mike Richards provided a timely opportunity for UK Health Secretary Andrew Lansley to announce this policy. The report compared treatment for various diseases in 14 [developed countries](#). The UK ranked highly for providing drugs to fight heart disease and stroke, but was 11th for the provision of

drugs for [dementia](#), 13th for drugs for multiple sclerosis, and 12th for cancer drugs that had been on the market for less than 5 years. Lansley appeared uninterested in the potential causes of the variations in drug use, and diverted £50 million of Department of Health funds earmarked for the Personal Care at Home Bill to the emergency cancer drugs fund. The Editorial says: "Presumably emergency funds for dementia and multiple sclerosis drugs will be announced in due course—anything else would be intellectually indefensible."

The Editorial condemns the policy for not only undermining NICE, but also it undermining the entire concept of a rational and evidence-based approach to the allocation of finite health-care resources. It concludes: "New cancer treatments clearly challenge the cost thresholds set by NICE, but innovative schemes have been developed to reduce the cost of drugs—notably bortezomib for multiple myeloma—by rebating costs in patients who do not respond to the drug in question. Lansley's £50 million slush fund could reduce the incentive for drug manufacturers to engage in mutually beneficial schemes of this type. With ministers claiming that the coalition government is 'more radical than Thatcher', there is an increasing sense that a desire to force the pace of change is starting to cloud judgment."

Provided by Lancet

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