

Lack of support for 'ring-fencing' cancer drugs fund revealed

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The public oppose the cancer drugs fund but support the new pricing system for branded medicines, according to a new study.

When asked if the [NHS](#) should pay more for cancer drugs compared to medicines for an equally serious condition, the majority of 4,118 people surveyed across Britain said it shouldn't.

Medicines were favoured, however, if they met the criteria by which the value of new medicines is to be assessed as part of the value-based pricing scheme, due to be introduced from January 2014. Treatments were preferred if they were for severe diseases, if they reduced burden on carers, or if they were for diseases for which there were no other treatments. Innovative medicines were only preferred if they offered substantial health benefits.

The Bangor University research – which is the largest survey of its kind – found that the Department of Health's rationale for the Cancer Drugs Fund, that society values health benefits to patients with cancer more highly, all else being equal, than benefits to patients suffering other conditions, is not supported. While this fund is only available to patients in England, at an annual cost of £200m, the researchers found that the public's views are aligned with the NHS policies in Wales and Scotland, which do not ring-fence a Cancer Drugs Fund.

But the Government's reform to the way the NHS pays for branded medicines, to be introduced in response to concerns that the current

pricing system does not promote innovation or sufficient patient access, was broadly supported.

One of the authors of the study, Prof Dyfrig Hughes, said the Government should justify continuing the [Cancer Drugs](#) Fund during these times of austerity to which the NHS is not immune.

He said: "The funding of high cost cancer treatments is clearly an emotive issue, and it is for politicians to determine the parameters by which the NHS pays for them, however, there are equally distressing conditions affecting patients who are equally deserving, but they have no access to ring-fenced budgets. Singling out cancer seems to be unfair, but is something which will hopefully be addressed in the value-based pricing system, which has public support."

The research, conducted by Warren Linley and Dyfrig Hughes at Bangor University's Centre for Health Economics and Medicines Evaluation, is to be published in the journal *Health Economics*.

Provided by Bangor University

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