

Cancer drugs underprescribed in Wales compared to England

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Patients suffering from cancer in England are up to seven times more likely to be prescribed expensive cancer drugs than fellow sufferers in Wales, a new study assessing the impact of the Cancer Drugs Fund (CDF) has revealed.

Researchers from the University of Bristol compared the prescription of 15 cancer drugs in both countries to show the divide created by the introduction of the CDF in 2010 to help patients in England access certain drugs.

The CDF is money the Government has set aside to pay for [cancer drugs](#) that haven't been approved by the National Institute for Health and Care Excellence (NICE) and aren't available within the NHS in England. The scheme was due to end this year, but David Cameron has pledged £400 million to keep it running.

The governments of Scotland, Wales and Northern Ireland decide on how they spend money on health and so far haven't decided to run a similar programme.

There are currently over 70 drugs available through the CDF, with over 38,000 patients in England receiving them in the past three years. Reasons for NICE not approving them could be because the drugs haven't been looked at yet or because NICE have said they are not cost-effective.

For this study, researchers analysed data from hospital pharmacies in both England and Wales from August 2007 to December 2012, to capture data from before and after the establishment of the Cancer Drugs Fund.

The 15 drugs were selected to represent different categories of NICE approval – recommended, not recommended and not appraised.

The results, published in the *British Journal of Cancer*, show that drugs recommended by NICE were not prescribed any more in England than in Wales following the introduction of the Cancer Drugs Fund.

However, drugs that were rejected by NICE because they were not good value for money were prescribed up to seven times more often in England than in Wales.

Unexpectedly, the three most recently launched drugs (Pazopanib,

Bendamustine and Abiraterone), which were awaiting appraisal by NICE at the time of the introduction of the Cancer Drugs Fund and have since been approved, were adopted faster in Wales than in England.

This suggests that doctors in England have been slower to adopt newer drugs which do provide good value for money.

The research was led by Dr Charlotte Chamberlain, an NIHR Doctoral Research Fellow from the University of Bristol's School of Social and Community Medicine. She said: "There's been much debate surrounding the Cancer Drugs Fund. The vast majority of Cancer Drugs Fund drugs do not cure the cancer, but may extend life or improve symptoms in some people.

"The high cost of these drugs means that the NHS cannot afford other treatments and therefore, critics argue that public money is being spent inefficiently. It's also been controversial because people perceive that the fight against cancer is being prioritised over other diseases.

"Our research has highlighted that the CDF has created an inequality between cancer sufferers in England and those in Wales. This raises ethical, moral, financial and policy concerns."

More information: "Does the cancer drugs fund lead to faster uptake of cost-effective drugs? A time-trend analysis comparing England and Wales." C Chamberlain, S M Collin, P Stephens, J Donovan, A Bahl and W Hollingworth. *British Journal of Cancer* advance online publication 25 February 2014; [DOI: 10.1038/bjc.2014.86](https://doi.org/10.1038/bjc.2014.86)

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