



DEBATE PACK

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Availability of cancer drugs

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Westminster Hall Debate: Availability of Cancer Drugs

This debate pack has been compiled ahead of the debate on the availability of cancer drugs to be held on Tuesday 20 October 2015 at 0930hrs in Westminster Hall. The member in charge of the debate is Jim Shannon.

The House of Commons Library prepares a briefing in hard copy and/or online for most, but not all, non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced after the announcement of parliamentary business and are intended to provide a brief summary or overview of the issue being debated and identify relevant or useful documents, including press and parliamentary material. A more detailed briefing can be prepared for Members on request to the Library.

1. Availability of Cancer Drugs

Summary

There are a number of different steps a drug must go through to be authorised for use by the NHS and the process for the assessment of drugs' clinical effectiveness and value for money varies in different parts of the UK. England is the only part of the UK that has a specific fund to pay for cancer drugs that would not ordinarily be provided by the NHS due to their high cost. Cancer drugs may also be funded by the Scottish Government's New Medicines Fund, set up last year to expand and replace the Rare Conditions Medicines Fund, which supports health boards to fund the cost of orphan, ultra-orphan and end-of-life drugs for patients.

Before a medicine can be sold or prescribed in the UK it must receive a marketing authorisation (previously known as a product license) either from the European Medicines Agency or from the UK Medicines and Healthcare Products Regulatory Agency (MHRA). Doctors can prescribe any medicine that has received a marketing authorisation although the NHS has policies, both at the local and national level, which specify what will and will not be funded.

Patients in England and Wales have the right to cancer drugs and treatments that have been recommended by the National Institute for Health and Care Excellence (NICE). NICE technology appraisals consider the clinical and cost-effectiveness of new healthcare interventions and the NHS in England and Wales is legally required to fund those treatments recommended by NICE in its technology appraisal guidance. The Department of Health, Social Services and Public Safety (HPSS) in Northern Ireland also uses guidance issued by NICE in determining its funding decisions.

There is a different system for making decisions on the funding of drugs in Scotland, where the Scottish Medicines Consortium (SMC) also reviews all new drugs on the basis of their clinical and cost-effectiveness. NHS boards in Scotland are expected to follow the advice of the SMC.

Further information about how each part of the UK decides which drugs to fund can be found on the [Cancer Research UK website](#).

The Cancer Drugs Fund (England)

Where a cancer drug is not routinely funded by the NHS in England, patients may be able to access the drug through the Cancer Drugs Fund (CDF). The UK Government established the CDF to help improve access to cancer drugs in England and its budget has been increased a number of times to meet demand; the CDF budget for 2015-16 is £340 million.

NHS England is responsible for administering the CDF, and decisions on which treatments are funding status are taken by an expert clinical panel. For cancer drugs not on the national funding list, regional clinical panels can consider individual applications for funding in exceptional cases.¹

¹ <http://www.england.nhs.uk/ourwork/pe/cdf/>

The Cancer Drugs Fund (CDF) completed a review of the effectiveness of the treatments it funds on 4 September 2015 – this led to the removal of a number of drugs from the list of drugs that the CDF will fund. The Chair of the CDF explained that despite previous efforts to contain costs it was projected the Fund would face an over-spend of £70m unless it took further action. The review was carried out to ensure that the CDF's budget is spent on the best available drugs, at appropriate costs.

NHS England has said that for those drugs recommended for removal from the CDF the manufacturer will have an opportunity to reduce their costs, and a number of negotiations are already underway. Patients who are already receiving a drug which is to be removed from the CDF will continue to be treated with that drug until they and their clinicians consider it appropriate to discontinue treatment. In addition, drugs removed from the CDF will continue to be available via Individual Funding Requests if the individual patient meets clinical exceptional criteria. NHS England provide more [guidance](#) on this process.

Further information on the September 2015 review of the CDF is available here:

<http://www.england.nhs.uk/2015/09/04/update-on-the-current-cancer-drugs-fund-list/>

One example of a cancer drug removed from the CDF in September 2015 is Nab-paclitaxel (Abraxane), for the treatment of pancreatic cancer. On the 8 September, the Health Secretary responded to a petition on the removal of Abraxane from the CDF:²

The Government recognise the importance of having access to new and promising treatments for people affected by pancreatic cancer and firmly believe that clinically appropriate drugs that are established as cost-effective should be routinely available to NHS patients.

The National Institute for Health and Care Excellence (NICE) is the independent body that provides guidance on the clinical and cost effectiveness of drugs and treatments. NICE is currently appraising Abraxane (nanoparticle albumin bound paclitaxel or nab-paclitaxel) for the treatment of prostate cancer and has not confirmed when its final guidance is expected to be published.

NHS England is responsible for administering the Cancer Drugs Fund (CDF). Advances in medical science means that new cancer medicines are emerging all the time and NHS England needs to regularly prioritise its national CDF list so people can access these too.

Decisions on which treatments are included on the national CDF list are made by the CDF expert clinical panel. The panel includes expert oncologists, oncology pharmacists and patient representatives and is fully aware of the very poor outcomes in pancreatic cancer and of current available treatment options in this disease area.

The inclusion of Abraxane on the national CDF list was reviewed at the panel's prioritisation meeting at the end of July. On 4 September 2015, NHS England published its decision following its review of Abraxane. The CDF panel concluded that the clinical

² [Petition, Health: Chemotherapy drug Abraxane, 8 September 2015 c9-10P](#)

benefits of Abraxane in metastatic pancreatic adenocarcinoma were insufficient to merit retention within current CDF funding and that it will be removed from the list from 4 November 2015. The panel's decision summary is available at: <http://www.england.nhs.uk/wp-content/uploads/2015/09/cdf-decision-sum-nanoparticle-albumin-bound-paclitaxel-mpancreatic.pdf>

Where a drug has been removed from the national CDF list as a result of the re-prioritisation process, any patients currently receiving the treatment under the CDF will normally have the option to continue treatment until they and their clinician consider it appropriate to stop. In addition, clinicians can make Individual Cancer Drug Funding Requests (ICDFRs) on the grounds of clinical exceptionality from the cohort for which the decision not to fund has been made.

The Government remain committed to the Cancer Drugs Fund which has already helped more than 72,000 people access the cancer drugs they need.

2. Press articles

The following are a selection of media articles relating to the availability of cancer drugs.

Please note: the Library is not responsible for either the views or accuracy of external content.

The Guardian, 23 September 2015

[UK NHS cancer patients denied drugs due to inflated prices – experts](#)

The Pharmaceutical Journal, 18 September 2015

[Cancer Drugs Fund needs overhaul, NAO investigation finds](#)

Independent, September 5 2015

[NHS cuts to drugs fund mean thousands of cancer patients in England will be denied life-extending treatments](#)

Telegraph, 4 September 2015

[Thousands of cancer patients to be denied treatment](#)

Telegraph, 7 August 2015

[NHS cancer drug approval needs radical change](#)

Telegraph, 7 August 2015

[NHS accused of 'shambles' as dying cancer sufferers denied drugs](#)

Health Service Journal (HSJ), 23 July 2015

[NHS England unveils revamp of cancer drugs fund](#)

Health Service Journal (HSJ), 19 July 2015

[Cancer commissioning overhaul could save 30,000 lives](#)

Health Service Journal (HSJ), 17 July 2015

[Updated: NHS England halts cancer drugs working group](#)

BMJ: British Medical Journal (International Edition), 6 December 2014

[Reforming the Cancer Drugs Fund](#)

BMJ: British Medical Journal (International Edition), 1 November 2014

[Cancer charity demands extension of drug fund despite criticisms it is unfair](#)

BMJ: British Medical Journal (International Edition), 13 September 2014

[Which way now for the Cancer Drugs Fund?](#)

BMJ: British Medical Journal, 1 September 2014

[Cancer Drugs Fund receives boost but will no longer fund "overpriced" drugs](#)

3. Press releases

NHS England

Update on the current Cancer Drugs Fund list, 4 September 2015

The Cancer Drugs Fund (CDF) has today completed a further review of the effectiveness of treatments it funds to ensure it delivers the best outcomes for patients.

Professor Peter Clark, Chair of the Cancer Drugs Fund and an oncologist, said: "There is no escaping the fact that we face a difficult set of choices, but it is our duty to ensure we get maximum value from every penny available on behalf of patients. We must ensure we invest in those treatments that offer the most benefit, based on rigorous evidence-based clinical analysis and an assessment of the cost of those treatments."

NHS England has previously increased the budget for the CDF from £200 million in 2013/14, to £280 million in 2014/15, and £340 million from April 2015. This represents a total increase of 70 per cent since August 2014.

However, despite previous action taken to contain costs, current projections suggest that spending would rise to around £410 million for this year, an over-spend of £70m, in the absence of further prioritisation.

This money could be used for other aspects of cancer treatment or important NHS services for other patient groups.

The CDF has therefore today taken further action to control the costs while ensuring that every penny is spent on the best available drugs, at appropriate costs. In carrying out the prioritisation, all decisions on drugs to be maintained in the CDF were based on the advice of clinicians, the best available evidence, and the cost of the treatment.

The changes will be set out at:

<http://www.england.nhs.uk/ourwork/pe/cdf/cdf-drug-sum/>

Where it is proposed that a drug be removed from the CDF list for specific clinical uses, this is not necessarily the final decision.

In those cases where a drug offers enough clinical benefit, the pharmaceutical company has the opportunity to reduce the price they are asking the NHS to pay to ensure that it achieves a satisfactory level of value for money. In some cases the companies have done so and a number of these negotiations are underway.

While these actions will reduce costs further, the CDF does not expect the Fund to be back on budget this financial year. It does expect that it will be operating within its budget during 2016/17.

The recently-published independent Cancer Taskforce report recommended that NHS England work with NICE, charities, Government and the pharmaceutical industry to develop a new system aligned with NICE processes.

NHS England and NICE will shortly be consulting on a proposed new system for commissioning cancer drugs. The new system will be designed to provide the NHS with a more systematic approach to getting the best price for cancer drugs, meaning more treatments can be made available, and give a greater focus on evaluation, leading to the best drugs progressing swiftly to routine commissioning.

Patients currently receiving the drugs to be removed from the CDF in this review will continue to be able to do so.

Cancer Research UK

Thousands of patients missing out on targeted cancer drugs, 20 August 2015

Thousands of cancer patients are missing out on personalised treatments each year in England because they are not being given a test to see if they might benefit from them, according to a [new report](#) from Cancer Research UK.

The report looked at the NHS's molecular diagnostic testing service for cancer patients in England. These are tests that can identify the genetic faults underpinning a patient's cancer, some of which can be hit with targeted therapies. The report focused on patients with [skin](#), [lung](#) and [bowel](#) cancer, where targeted drugs are already available on the NHS.

In 2014, it is estimated that more than 24,000 molecular diagnostic tests were not carried out in hospitals across England. In lung and bowel cancers alone, around 16,000 eligible patients weren't offered these tests*. And about a quarter of these patients could have been given targeted treatments, meaning an estimated 3,500 lung and bowel cancer patients missed out on medicines that could have changed the course of their disease.

The main reasons for missed tests are the cost – there is no dedicated funding available for them – and doctors' poor awareness of targeted treatments and testing. But molecular diagnostic tests have been available since 2008, are routinely available in many other countries and the Government made a commitment in its 2011 cancer strategy to develop a national commissioning structure for the tests. This has still not been introduced and so features again in the [new cancer strategy for England](#), announced earlier in the summer.

The report – commissioned by Cancer Research UK and produced by health consultancy Concentra – estimates that at least a further £13million is needed to meet the demand for tests and make sure the services keep up to date, as new treatments become available and new biomarkers are found that can be added to the tests.

Professor Peter Johnson, Cancer Research UK's chief clinician, said: "It's lamentable that routine molecular diagnostic testing still hasn't been established, more than 2 years after Cancer Research UK showed how it can be done with our [stratified medicine programme](#). Despite much talk about innovation in care, the NHS is once again lagging behind, and

patients aren't getting tested to see if they might benefit from new types of treatment.

"Molecular diagnostic tests can help doctors to choose more tailored treatments that may improve survival for their patients, allow patients to take part in clinical trials and potentially reduce side effects from less effective treatments: they are not an optional extra."

Emma Greenwood, Cancer Research UK's head of policy, said: "We need to see [greater investment and leadership from NHS England](#) to organise national commissioning of molecular diagnostic testing. And, if action isn't taken, England will fall behind as these tests are now routine in many other countries.

"In some cases, patients have missed out on treatments that could have given them priceless extra months with their friends and families. In order to make sure thousands of patients don't continue to miss out, it's essential that the Government acts on the recommendations in the new cancer strategy, which calls for NHS England to properly commission these tests."

4. Parliamentary questions

[Cancer: Drugs](#)

Asked by: Long Bailey, Rebecca

To ask the Secretary of State for Health, with reference to the update of the current Cancer Drugs Fund list published on 4 September 2015, what assessment he has made of the potential effects on survival rates for (a) breast cancer, (b) pancreatic cancer, (c) lymphoma and (d) leukaemia of the removal of treatments from that list.

Answering member: George Freeman

NHS England has advised that negotiations are continuing which may result in some drugs remaining in the Cancer Drugs Fund making it difficult to provide a meaningful estimate at this time.

NHS England also advises that the planned removal of these drugs from the Fund will have no or minimal impact on survival rates for the cancers listed.

15 Oct 2015 | Written questions | 11045

[Cancer: Drugs](#)

Asked by: Long Bailey, Rebecca

To ask the Secretary of State for Health, with reference to the update on the current Cancer Drugs Fund list, published on 4 September 2015, what estimate he has made of the number of patients who would have been expected to receive the treatments which are being removed from that list in each of the next three years.

Answering member: George Freeman

NHS England has advised that negotiations are continuing which may result in some drugs remaining in the Cancer Drugs Fund making it difficult to provide a meaningful estimate at this time.

NHS England also advises that the planned removal of these drugs from the Fund will have no or minimal impact on survival rates for the cancers listed.

15 Oct 2015 | Written questions | 11044

[Cancer: Drugs](#)

Asked by: Cunningham, Mr Jim

To ask the Secretary of State for Health, what estimate his Department has made of the number of patients who have made use of the Cancer Drugs Fund in each year since 2011; and if he will make a statement.

Answering member: George Freeman

Prior to April 2013, the Cancer Drugs Fund (CDF) was administered through clinical panels based in each strategic health authority (SHA). Information on the number of patients accessing the Fund in 2010-11, 2011-12 and 2012-13 is shown below:

	Number of patients ¹ funded in 2010-11	Number of patients funded in 2011-12	Number of patients funded in 2012-13
England	2,780	11,798	15,456

Source: Information provided to the Department by SHAs

¹ Some individual patients may be double-counted where a patient has received more than one drug treatment through the CDF.

Information on the number of unsuccessful applications made to the CDF during this period was not collected centrally.

Post April 2013, NHS England has had responsibility for the Fund and it publishes information on CDF activity including unsuccessful notifications routinely on its website. Information for 2013-14 and 2014-15 is available at: www.england.nhs.uk/ourwork/pe/cdf/

The CDF has already helped over 72,000 people in England to receive the life-extending cancer drugs that would not otherwise have been routinely available to them.

12 Oct 2015 | Written questions | 10502

[Cancer: Drugs](#)

Asked by: Cunningham, Mr Jim

To ask the Secretary of State for Health, what recent representations he has received from charities and patients' groups on the future of the Cancer Drugs Fund; and if he will make a statement.

Answering member: George Freeman

The Department has received a number of representations on this issue from a wide range of interested parties including hon. Members, noble Lords, patient representative groups and charities, the pharmaceutical industry and healthcare professionals. This Government is committed to continuing to invest in the Cancer Drugs Fund which has helped over 72,000 people in England to receive the life-extending cancer drugs that would not otherwise have been routinely available to them.

12 Oct 2015 | Written questions | 10500

[Cancer: Drugs](#)

Asked by: Dakin, Nic

To ask the Secretary of State for Health, what assessment he has made of the effect on cancer clinical trials of NHS England's decision announced on 4 September 2015 to remove (a) Abraxane and (b) 22 other drugs and indications from the Cancer Drugs Fund list of approved drugs; and if he will make a statement.

Answering member: George Freeman

Neither the Department nor NHS England has made any such assessment. Advances in medical science means that new cancer medicines are emerging all the time and NHS England needs to regularly prioritise its national Cancer Drugs Fund (CDF) list so people can access these too. Decisions on which treatments are included on the list are made by the

CDF expert clinical panel because it is right these decisions are clinically led.

16 Sep 2015 | Written questions | 10093

[Cancer: Drugs](#)

Asked by: Dakin, Nic

To ask the Secretary of State for Health, what mechanisms there are for appeal against NHS England's decision announced on 4 September 2015 to remove (a) Abraxane and (b) 22 other drugs and indications from the Cancer Drugs Fund list of approved drugs; and if he will make a statement.

Answering member: George Freeman

NHS England has advised that the mechanisms for appeal are as set out in Appendix G, section 11 of the Cancer Drugs Fund Standard Operating Procedures which are published on NHS England's website at: www.england.nhs.uk/wp-content/uploads/2013/04/cdf-sop-2015-16.pdf

16 Sep 2015 | Written questions | 10092

[Cancer: Drugs](#)

Asked by: Dakin, Nic

To ask the Secretary of State for Health, what assessment he has made of the implications for his policies of the decision by NHS England announced on 4 September 2015 to remove (a) the pancreatic cancer drug Abraxane and (b) 22 other drugs and indications from the Cancer Drugs Fund list of approved drugs.

Answering member: George Freeman

No such assessment has been made. We remain committed to continuing to invest in the Cancer Drugs Fund which has so far benefitted over 72,000 people with cancer in England.

We understand that NHS England continues to work with manufacturers seeking to maintain drug and indication combinations within the Fund.

NHS England has confirmed that patients who are already receiving a drug/indication which is to be removed from the Fund will continue to be treated with that drug until they and their clinicians consider it appropriate to discontinue treatment. In addition, drugs removed from the Fund will continue to be available via Individual Funding Requests if the individual patient meets clinical exceptionality criteria.

16 Sep 2015 | Written questions | 10091

[Cancer: Drugs](#)

Asked by: Abrahams, Debbie

To ask the Secretary of State for Health, what estimate he has made of the number of patients who will be denied access to treatments no longer available on the national Cancer Drugs Fund list from 4 November 2015.

Answering member: George Freeman

NHS England is working with manufacturers seeking to maintain drug and indication combinations within the Cancer Drugs Fund.

11 Sep 2015 | Written questions | 9396

[Cancer: Drugs](#)**Asked by: Abrahams, Debbie | Party: Labour Party**

To ask the Secretary of State for Health, with which patient groups did NHS England consult before the decision was taken to remove 25 treatments from the Cancer Drugs Fund.

Answering member: George Freeman | Party: Conservative Party | Department: Department of Health

The national Cancer Drugs Fund Panel followed NHS England's Standard Operating Procedures for the Cancer Drugs Fund during the process of decision making. The Panel includes members from patient groups. In accordance with the Standard Operating Procedures, delegated members of the panel met with patient groups this week to explain the panel's decisions.

11 Sep 2015 | Written questions | 9395

[Cancer: Drugs](#)**Asked by: Abrahams, Debbie**

To ask the Secretary of State for Health, whether the prioritisation process for treatments on the National Cancer Drugs Fund list will take place in 2015-16.

Answering member: George Freeman

The Cancer Drugs Fund panel considered a number of drug/indications for reprioritisation in July 2015. The panel's decisions were announced on 4 September 2015 and are available at: www.england.nhs.uk/ourwork/pe/cdf/cdf-drug-sum/

10 Sep 2015 | Written questions | 9315

[Cancer: Drugs](#)**Asked by: Abrahams, Debbie | Party: Labour Party**

To ask the Secretary of State for Health, pursuant to the Answer of 26 June 2015 to Question 3177, on the Cancer Drugs Fund, whether it is still his policy to continue to invest in the Cancer Drugs Fund.

Answering member: George Freeman

The Government remains committed to continuing to invest in the Cancer Drugs Fund and this year £340 million has been provided so people in England get the cancer drugs they need.

10 Sep 2015 | Written questions | 9233

[Cancer: Drugs](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what amount from the Cancer Drugs Fund is available to be spent by the Northern Ireland Executive in (a) 2015-16 and (b) 2016-17.

Asked by: Shannon, Jim | Party: Democratic Unionist Party

To ask the Secretary of State for Health, what recent discussions he has had with his counterpart in the Northern Ireland Executive on the availability of drugs to treat cancer.

Answering member: George Freeman

We have had no such discussions. The Cancer Drugs Fund operates in England only and it is for the Northern Ireland Executive to make its own decisions on the commissioning and funding of cancer drugs based on its available resources and population needs.

08 Sep 2015 | Written questions | 8032 & 8033

[Cancer: Drugs](#)

Asked by: Gwynne, Andrew

To ask the Secretary of State for Health, whether he plans for a new system for the reimbursement of cancer drugs to be in place by April 2016 when the current Cancer Drugs Fund is proposed to end.

Answering member: George Freeman

NHS England has advised that the Cancer Drugs Fund in its current form is due to operate until 1 April 2016. We understand that NHS England and the National Institute for Health and Care Excellence will shortly be consulting jointly on a proposed new system for commissioning cancer drugs.

07 Sep 2015 | Written questions | 8164

NHS: Cancer Drugs Fund

Asked by Lord Hunt of Kings Heath

To ask Her Majesty's Government why the public are not allowed to appeal against a decision to remove certain drugs from the Cancer Drugs Fund list of approved drugs.

The Parliamentary Under-Secretary of State, Department of Health (Earl Howe) (Con):

My Lords, NHS England's appeal process for the national cancer drugs fund list centres on whether due process is followed with regard to decisions to add or remove drugs from that list. NHS England considers that third parties not involved in the application process, including patients, would not be in a position to make a judgment about whether due process had been followed.

Lord Hunt of Kings Heath (Lab):

My Lords, the cancer drugs fund was set up as a way of getting round NICE's refusal to approve the use of a number of drugs by NHS patients. Would the noble Earl concede that NHS England has, essentially, set up a new rationing tool to exclude patients from drugs which had originally been agreed through the cancer drugs fund? Last Thursday, NHS England listed 19 drugs no longer available. Although the noble Earl said that the process is around the procedure used, does he not agree that in the end this impacts directly on patients who can no longer get those 19 drugs? Why should not patients be involved in an appeal process? How does the mantra "No decision about me without me", which the Government have set for the NHS, fit the lack of patient involvement in these decisions?

Earl Howe:

The noble Lord is right that NHS England has just gone through a reprioritisation process. There are three important things to observe in that process. NHS England has assured the department that no patient whose treatment is currently being funded through the fund will have funding withdrawn, as long as it is clinically appropriate that they continue to receive that treatment. In addition, no drug will be removed from the fund where it is the only therapy for that condition. Clinicians will still be able to apply for individual patients to receive a drug not on the national list on an exceptional basis. We have seen through experience that many of those applications succeed.

Lord Walton of Detchant (CB):

Would the Minister accept that NICE is faced with an extremely difficult problem in continually having to consider the efficacy and affordability of new cancer drugs as they emerge in a National Health Service under financial constraint? Would he also accept that another major problem is emerging in relation to the orphan and ultra-orphan drugs now coming on stream for the treatment of rare diseases, which are equally deserving in many respects? How does he feel that the next Government—however they are constituted—will be able to consider this increasingly serious problem?

Earl Howe:

My Lords, the noble Lord is right that there is a particular issue around the appraisal of new cancer drugs. That is why NHS England, the Department of Health, cancer charities, NICE and the Ethical Medicines Industry Group, as well as the ABPI, are working together currently as part of a new working party tasked with finding the best way to get new cancer drugs appraised and commissioned for patients. A number of proposals have been looked at to reach an integrated process between NHS England and NICE which results in clear and final decisions on baseline commissioning of chemotherapy drugs.

Baroness Brinton (LD):

My Lords, given the good news that the Minister just gave us about the working group looking at the future of some of these complex drugs, and the whole policy about “No decision about me without me”, would it not be sensible to have patients’ advocates, such as Prostate Cancer UK, able both to present and to appeal the case for a drug? It seems bizarre that this is the one area where there is no input of anybody other than the committee making the decision.

Earl Howe:

I differ slightly from my noble friend on this point. I think that the key determinant for the reprioritisation process has to be clinical input, and that is indeed what happened. It is necessary to have as objective a process as possible when looking at how to reprioritise a cash-limited fund of this kind.

Lord Hunt of Kings Heath:

My Lords, if I could come back to the noble Earl, the NICE processes make sure that patients are involved in every stage of the process. I do not understand why there is a difference between the NICE process, which is incredibly thorough and well regarded internationally, and this hurried rationing tool used by NHS England, which is more about its own budgetary problems than an effective solution to these issues.

Earl Howe:

My Lords, I do not agree about the hurried rationing tool, as the noble Lord puts it. The tool used by NHS England is one that has been tried and tested, and accepted and shared with the pharmaceutical industry. The point here, as I said in my original reply, is that there is due process here. NHS England believes that any patient group or third party not involved intimately with that due process would not be in a position to make a judgment about whether the process had been followed correctly.

5. Further reading

NHS England

[The Cancer Drugs Fund](#)

House of Commons Committee of Public Accounts

[Progress in improving cancer services and outcomes in England](#)

12 March 2015

National Audit Office

[Investigation into the Cancer Drugs Fund](#)

17 September 2015

[Progress in improving cancer services and outcomes in England](#)

15 January 2015

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