



DEBATE PACK

Number CDP 2016-0135, 5 July 2016

Blood cancers and the Cancer Drugs Fund

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Summary

This debate pack is prepared for the Backbench Business debate on 7 July 2016 on blood cancers and the Cancer Drugs Fund. This debate was scheduled by the Backbench Business Committee following a representation from Jim Shannon MP.

This debate pack includes recent press articles, Parliamentary material and links to further reading.

[Watch Parliament TV: General debate on blood cancers and the Cancer Drugs Fund](#)

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Summary

Blood cancers such as leukaemia, lymphoma and myeloma affect the blood, bone marrow and lymphatic system. In most blood cancers, normal blood cell development is interrupted by uncontrolled growth of abnormal blood cells. The abnormal blood cells can prevent blood from fighting off infection or preventing uncontrolled bleeding. Blood cancers are thought to arise principally as a consequence of random aberrations, with relatively minor contributions from defined behavioural/ environmental factors or known genetic causes. They can affect people of all ages and around 30,000 people are diagnosed with a blood cancer in the UK every year, accounting for around 1 in 10 cancer diagnoses in the UK.

Although there are over 130 types of blood cancer, there are three main types: leukaemia, lymphoma and myeloma. Some types are more common than others:

- Non-Hodgkin lymphoma is the sixth most common cancer in the UK
- Leukaemia is the eleventh most common cancer in the UK, and the most common form of cancer in children
- Other types of blood cancer – such as myeloma – are less common¹

Lymphoma

Lymphoma is a blood cancer that develops in the lymphatic system. The lymphatic system is made up of groups of lymph nodes which keep body fluids free from infection. The blood cancer may spread from one group of lymph nodes to another in order (Hodgkin lymphoma) or spread randomly (non-Hodgkin lymphoma).

Leukaemia

Leukaemia is a blood cancer in both the bone marrow and in blood itself. Both types of leukaemia involve an over-production of white blood cells. Lymphocytic leukaemia involves over-production of lymphocytes, and myelogenous leukemia involves over-production of white blood cells called granulocytes. Over time, leukaemia cells crowd out normal blood cells leading to serious bleeding and infection.

Myeloma

Myeloma is a blood cancer that affects the plasma cells in bone marrow, causing them to form a tumor. Plasma cells are the white blood cells that make antibodies to fight off infections. Myeloma is often found in multiple places in the body, and is referred to as multiple myeloma. In rare cases myeloma is found in one place in the body, and is called solitary myeloma.

Treatment options depend on the type of blood cancer, how advanced and aggressive it is and a patient's general health, but include

¹ <https://www.anthonynolan.org/patients-and-families/blood-cancers-and-blood-disorders/what-blood-cancer>

chemotherapy, radiotherapy and, in some cases, a stem cell or bone marrow transplant.

Background on the availability of cancer drugs in the UK

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, known as the Cancer Drugs 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 in 2010 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 in 2016-17 is £340 million.

On 1 July 2016, NHS England introduced a new model for the Cancer Drugs Fund, which is integrated into the NICE appraisal process. This new process was approved by NHS England in February 2016.²

Under the new model, the CDF becomes a transitional fund that will only pay for new drugs in advance of NICE carrying out a full assessment of whether the drugs should be recommended for routine commissioning. After assessment, the drug will either be approved by NICE for routine commissioning on the NHS, or be removed from the Cancer Drugs Fund.

NHS England considers that this would provide time for further 'real world' evidence to be collected to support the NICE appraisal process. The consultation document on the changes provides the following summary:

The proposal is that the CDF should become a 'managed access' fund for new cancer drugs, with clear entry and exit criteria. It would be used to enable access to those drugs which appear promising but where NICE indicates that there is insufficient evidence to support a recommendation for routine commissioning. These drugs would be given a conditional recommendation by NICE and their use enabled by the CDF for a pre-determined period whilst further evidence is collected. At the end of this period the drug would go through a short NICE appraisal, using this additional evidence. It would attract either a NICE positive recommendation, at which point it would move out of the CDF into routine commissioning, or a NICE negative recommendation, at which point it would move out of the CDF and become available only on the basis of individual patient funding requests. This approach will enable the money in the CDF to be more effectively managed, as well as providing a new pathway for innovative drugs to be assessed and made available to patients.³

Existing CDF drugs should continue to receive transitional funding until NICE is able to complete their appraisal or reconsideration of these drugs. Some blood cancer charities, such as Leukaemia Care have expressed concerns that the changes to the CDF will affect access to drugs for blood cancers, and treatments for rarer cancer in particular.⁴

Before the changes introduced on 1 July 2016, decisions on which treatments the CDF funded were taken by an expert clinical panel administered by NHS England.

For cancer drugs not on the national funding list, regional clinical panels can consider individual applications for funding in exceptional cases.⁵ Day-to-day administration of the CDF is carried out by NHS England's 4 regional teams (London, Midlands and East of England, North of England and South of England), and applications are made through these teams.

² NHS England, [Minutes of the Board Meeting](#), 25 February 2016

³ NHS England, NICE, Consultation on proposals for a new Cancer Drugs Fund Operating Model from 1 April 2016, (November 2015)

⁴ <http://www.leukaemiacare.org.uk/what-is-the-cancer-drugs-fund>

⁵ NHS England, [Cancer Drugs Fund website](#)

An NAO report on the CDF published in September 2015 set out information on how much the fund had cost since its introduction:

5.1 The government set an initial budget for the Fund of £650 million to March 2014. Following the government's decision to extend the Fund to March 2016, NHS England increased the annual budget from £200 million to £280 million for 2014-15 and 2015-16. In January 2015, it increased the budget for 2015-16 again to £340 million. This means that the Fund now has an expected total lifetime budget of £1.27 billion.

5.2 The total cost of the Fund from October 2010 to March 2015 was £968 million, compared with the budget of £930 million:

Between October 2010 and March 2013, the 10 strategic health authorities, on behalf of the Department, underspent the budget by 28% in total (£128 million). The Chair of the Fund told us that underspending of this kind was common in the early stages of a new programme and that it reflected the variable take-up across the 10 strategic health authorities that managed the Fund (see Figure 7, page 19).

In 2013-14 and 2014-15, NHS England overspent the allocated budget for the Fund by 15% (£31 million) and 48% (£136 million) respectively (Figure 13). The overspend was partly offset by NHS England underspending against other budgets but also meant the deferral of some planned spending on primary care services.⁶

Delisting of blood cancer drugs from the national Cancer Drugs Fund List

In light of the rapid growth of the cost of the CDF, NHS England has carried out reviews of clinical effectiveness and cost that have led to the removal of some drugs from the national CDF list of funded treatment. NHS England state that reviews are carried out to ensure that the CDF's budget is spent on the best available drugs, at appropriate costs.⁷

Details of drugs removed from the national CDF list in March and November 2015, including a number of leukaemia, lymphoma and myeloma drugs, were shown in a PQ response [[HL3340, 19 November 2015](#)].

In November 2015 concerns were raised at NHS England's decision to de-list 7 different blood cancer drugs, for 12 different blood cancer indications. The Blood Cancers Alliance, an informal coalition of charities representing the blood cancer community, sent an open letter to the Prime Minister and Secretary of State for Health ([published in The Times on 4 November 2015](#) and reproduced in this pack) and a [petition](#) also called for the de-listing decision to be reversed.

NHS England 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 have taken place.⁸ In particular NHS England announced that two of the 7 de-listed blood cancer

⁶ National Audit Office, *Investigation into the Cancer Drugs Fund* (September 2015)

⁷ Further information on the CDF review of the effectiveness of treatments is available [here](#).

⁸ See for example: [Guardian, 17 November 2015](#)

treatments would continue to be available via the CDF, following negotiations with the drugs' manufacturers.⁹

Patients who were already receiving a drug when it was 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 exceptionality criteria.¹⁰

Background to the changes to the Cancer Drugs Fund introduced on 1 July 2016

On 19 November 2015 NHS England and NICE launched a 12-week consultation on [proposals for a new CDF operating model, to be introduced in 2016](#) (with a target to complete the full transition by the end of March 2017). NHS England has published an analysis of responses and advised that it will publish a full consultation report on its website in due course.¹¹

NHS England note that its proposals are in line with the recommendation of the independent Cancer Taskforce report, which proposed that the new CDF should operate with NHS England and NICE.¹²

An independent review of access to innovative treatments (the [Accelerated Access Review](#) or AAR) is also currently underway. The aim of this review is to identify options for speeding up access to transformative innovative drugs, devices and diagnostics for NHS patients. NHS England note that its proposals for the new CDF are consistent with the emerging conclusions of the AAR.

⁹ <https://bloodwise.org.uk/blog/being-voice-patients-cancer-drugs-fund-update>

¹⁰ NHS England provide [guidance](#) on this process.

¹¹ Further information is available at:
www.engage.england.nhs.uk/consultation/cdf-consultation

¹² Independent Cancer Taskforce, [Achieving world-class cancer outcomes – a strategy for England 2015–2020](#) (July 2015)

2. Press articles

Telegraph, 15 May 2016

[Cancer charities in desperate plea to Cameron over drugs rationing plan](#)

FT, 11 February 2016

[Ministers scramble to introduce new NHS cancer drugs scheme](#)

FT, 5 February 2016

[MPs criticise management of cancer fund](#)

Independent, 5 February 2016

[Cancer drugs fund being mismanaged, MPs say](#)

Times, 4 November 2015

[Blood cancer plea](#) (letter)

Guardian, 4 September 2015

[Cancer charities condemn NHS England for axing medicines](#)

Decision to stop paying for drugs for leukaemia, multiple myeloma and breast, bowel, pancreatic and cervical cancer described as 'hammer blow'

Telegraph, 4 September 2015

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

Common drugs for breast, bowel, prostate, pancreatic and blood cancer will no longer be funded by the NHS following sweeping cutbacks

FT, 4 September 2015

[Cancer drugs cut as UK budget clampdown bites](#)

3. Press releases

Bloodwise

New All-Party Parliamentary Group on Blood Cancer launched

14 June 2016

We're delighted to announce the establishment of the All-Party Parliamentary Group on Blood Cancer

The new group, whose first meeting took place at Westminster on Tuesday 14 June, will raise awareness and promote the needs of blood cancer patients among parliamentarians and the Government.

There are currently 230,000 people in the UK living with blood cancer, which includes leukaemia, lymphoma and myeloma. Research by specialist blood cancer charity Bloodwise has shown that public awareness of blood cancer is low and that patients often feel isolated and believe these cancers are seen as 'separate' from other cancers. Bloodwise will provide secretarial support to the newly founded group, and will work together with everyone in the blood cancer community to make sure the voice of blood cancer patients is heard in Westminster.

Mr Henry Smith, MP for Crawley, has been appointed the first chair of the group. After the first meeting he said:

"I'm honoured to chair the new APPG on Blood Cancer. I'm looking forward to continuing to promote awareness of blood cancer, and highlight the needs of patients and their families with other MPs, the Government, as well as NHS and charity stakeholders. Blood cancer is the fifth most common cancer in the UK. This is a personal issue for me as well, as I lost my own mother to [acute myeloid leukaemia](#) a few years ago.

"The group will bring together MPs and Members of the House of Lords, as well as experts on blood cancer from the charity Bloodwise, who I have been pleased to work with previously. The initial meeting was very productive and I'm looking forward to taking this group forward."

The group will focus on a number of issues affecting patients, including low awareness of symptoms among the public and GPs, access to specialist nurses and improving the provision of post-treatment care and support.

Diana Jupp, Director of Patient Experience at Bloodwise, said: "Blood cancer claims more lives each year than either breast cancer or prostate cancer, yet public awareness of the disease remains very low. The formation of this group is an important step towards addressing this and improving the lives of those affected by blood cancer. We're delighted and very grateful that Henry Smith has agreed to chair the group. His expertise, dedication and passion for helping patients will be invaluable."

For any information about the group please contact Mil Vukovic-Smart, Policy and Public Affairs Manager at mvsmart@bloodwise.org.uk.

Public Accounts Committee

[Cancer Drugs Fund inquiry](#)

Report published 5 February 2016. Government response published 23 March 2016.

Report published

- [Report: Cancer Drugs Fund](#)
- [Report: Cancer Drugs Fund \(PDF 236KB\)](#)

The Government set up the Cancer Drugs Fund in 2010 to improve access to cancer drugs that would not otherwise be routinely available on the NHS. The Fund will run until March 2016 and has a total lifetime budget of £1.27 billion.

51% of the patients supported by the Fund between April 2013 and March 2015 accessed drugs that were appraised by the National Institute for Health and Care Excellence (NICE) but not recommended for routine NHS commissioning because they did not meet its clinical and/or cost-effectiveness thresholds. The remaining patients accessed drugs that were in the process of being appraised, or had not been appraised, by NICE.

35% budget overspend

Between 2013-14 and 2014-15, NHS England overspent the allocated budget for the Fund by 35% and the cost of the Fund rose by £241 million. Despite the growing cost of the Fund, the NHS are not able to evaluate whether the Fund has had any impact on patient outcomes. In March 2015, it took action and stopped providing access to some drugs after a review of clinical effectiveness and cost. It is clear the Fund is not sustainable in its current form.

In Autumn 2015, NHS England will consult on proposals that the Fund should become a 'managed access' fund that pays for promising new drugs for a set period before NICE decides whether the drugs should be routinely available on the NHS, and no longer provide drugs that have not been recommended by NICE.

This inquiry challenges the Department for Health and NHS England on the lack the data available to assess the effectiveness of the Cancer Drugs Fund and whether it is the best way to care for patients, and how Department, NHS England, NICE and pharmaceutical companies can work together to ensure the Cancer Drugs Fund is sustainable.

Publications

Read all transcripts, written evidence and other material related to the Cancer Drugs Fund inquiry.

- [All Cancer Drugs Fund inquiry publications](#)

Blood Cancer Alliance

[Cancer Drugs Fund: Open letter to David Cameron and Jeremy Hunt](#)

4 November 2015

Leukaemia CARE is a member organisation of The Blood Cancer Alliance (BCA), an informal coalition of charities representing the blood cancer community. Together, with the rest of the BCA, we have written an open letter to Prime Minister, David Cameron, and Health Secretary, Jeremy Hunt, on the Cancer Drugs Fund (CDF) delisting which affects 12 blood cancer drugs.

To help us put pressure on the Government and urge Jeremy Hunt to find a solution to the CDF, sign the petition today:

<https://you.38degrees.org.uk/petitions/black-day-for-uk-blood-cancer-patients>

Dear Prime Minister and Secretary of State for Health

Blood cancer charities urge Government for Cancer Drugs Fund solution

As an alliance of blood cancer charities, and on behalf of the 27,000 blood cancer patients and their families who have signed [the petition](#) against the delisting of life-saving drugs from the Cancer Drugs Fund (CDF), we are writing to express our concern regarding the Government's failure on the CDF.

The Government is aware of the flawed nature of the CDF, but due to politics, has let it progress to the situation where clinically effective treatments are today being removed without a long-term solution to access.

The CDF is majorly overspent and no data has been collected on whether or not any CDF-funded treatments have actually worked. As a result of these failures 12 blood cancer drug indications, previously deemed clinically effective, are set to be removed from the Fund with no guarantee of future access.

While the CDF has improved access to cancer drugs not routinely available in NHS England, it was always intended to be a temporary solution while a long-term pricing mechanism was worked out. The proposed consultation on the CDF has taken too long to materialise, and as the new CDF system is set to be in place from April 2016, the time is rapidly decreasing for stakeholders to shape a system that is fit for purpose.

Through the revised CDF and Accelerated Access Review, there is a real opportunity to put patients at the heart of the system and ensure they are able to access the most innovative medicines. This is an opportunity that the Government can no longer afford to miss.

Yours sincerely

Blood Cancers Alliance

Eric Low, Chief Executive, Myeloma UK

Sophie Wintrich, Chief Executive, MDS UK

Sandy Craine, Chief Executive, CML Support

Roger Brown, Chair, WMUK

David Innes, Chair, CLL Support Association

Monica Izmajlowicz, Chief Executive, Leukaemia CARE

Jonathan Pearce, Chief Executive, Lymphoma Association

Cathy Gilman, Chief Executive, Bloodwise

Leukaemia CARE

[What does this delisting mean for blood cancer patients?](#)

4.9.2015

The Cancer Drugs Fund (CDF) enables cancer patients in England to access innovative, life-extending treatments which are not routinely available within the mainstream NHS in England.

It was announced earlier today that a number of drugs are to be removed from the list of drugs routinely funded via the CDF. If this delisting of drugs goes ahead, thousands of cancer patients could miss out on life-extending cancer treatment.

Many of these drugs have the potential to offer patients more time with their families and an improvement in their quality of life, yet patients will soon be unable to access them.

Some of the drugs on the CDF list were reviewed at a meeting on the 29th and 30th of July, with seven of the fourteen blood cancer drugs previously available set to be delisted.

- **Summary of the outcomes for the blood cancer drugs that were reviewed**

Drug	Condition	Indication	What's happened?
Bendamustine (Levact®)	Chronic lymphocytic leukaemia (CLL)	All patients	De-listed

Bendamustine (Levact®)	Mantle cell lymphoma (MCL)	Second line treatment of bendamustine naïve patients	De-listed
Bosutinib (Bosulif®)	Chronic myeloid leukaemia (CML)	Patients who are refractory to dasatinib and nilotinib – chronic phase	De-listed
Bosutinib (Bosulif®)	CML	Patients who are refractory to dasatinib and nilotinib – accelerated phase	De-listed
Bosutinib (Bosulif®)	CML	Patients who are intolerant of dasatinib and nilotinib – chronic phase	Retained
Bosutinib (Bosulif®)	CML	Patients who are intolerant of dasatinib and nilotinib – accelerated phase	De-listed
Brentuximab (Adcetris®)	Anaplastic large cell lymphoma (ALCL)	All patients	De-listed
Brentuximab (Adcetris®)	Hodgkin lymphoma (HL)	All patients	De-listed
Clofarabine (Evoltra®)	Acute lympoblastic leukaemia (ALL)	Relapsed/refractory – as a bridge to transplant	Retained

Clofarabine (Evoltra®)	Acute myeloblastic leukaemia (AML)	Relapsed/refractory – as a bridge to transplant	Retained
Dasatinib (Sprycel®)	ALL	Philadelphia chromosome positive (Ph+) – with resistance/intolerance to prior therapy including imatinib	De-listed
Ibrutinib (Imbruvica®)	CLL	All patients	De-listed
Ibrutinib (Imbruvica®)	MCL	All patients	De-listed
Idelalisib (Zydelig®)	CLL	Relapsed – not eligible for cytotoxic therapy	Retained
Lenalidomide (Revlimid®)	Myeloma	All patients	De-listed
Nelarabine (Atriance®)	Non- Hodgkin lymphoma (NHL)	T-cell – as a bridge to transplant	Retained
Nelarabine (Atriance®)	ALL	T-cell – as a bridge to transplant	Retained

Pomalidomide	Myeloma	All patients	De-listed
(Imnovid®)			

For more information access the Cancer Drugs Fund list [here](#).

It has been estimated that this delisting will affect over 5,500 cancer patients. Of these, we estimate that approximately 1,750 of these will be blood cancer patients.

It must be stressed that any changes to the availability of drugs on this list will not affect patients who are currently receiving treatment as these patients will continue to receive treatment for as long as they will benefit from it. These changes will only impact on the future availability of the treatments for patients.

Commenting on this announcement Monica Izmajlowicz, Chief Executive of Leukaemia CARE said:

“We are extremely disappointed by today’s announcement that thousands of future cancer patients will be unable to access these treatment options.

This is a particularly sad day for anybody affected by blood cancer, with estimates suggesting that over 1,750 blood cancer patients could miss out on life-extending treatment.

Myeloma UK

[Myeloma UK response: Cancer Drugs Fund removes funding for two life-prolonging myeloma drugs](#)

04-09-2015

As part of a second reassessment of the Cancer Drugs Fund, NHS England has announced that Imnovid® (pomalidomide) and Revlimid® (lenalidomide) at first relapse for the rare bone marrow cancer myeloma, will be removed from the list.

In response to the announcement Myeloma UK Chief Executive Eric Low said, “The news that these drugs are being removed from the Cancer Drugs Fund is a devastating blow to patients and is a significant step backwards in the treatment of myeloma.

“Myeloma UK has consistently argued that the Cancer Drugs Fund does not address why drugs are not being approved by NICE, and that the Fund is not a long-term solution to underlying access issues.

“This is compounded by the fact that the Government has been far too slow to see and address the critical flaws of the Fund. It has let things develop to the stage where effective and life-prolonging drugs are being brutally delisted from the Fund to cut costs. Other Government attempts to improve the situation, most notably through the

pharmaceutical price regulation scheme (PPRS), have also been an abject failure. Taken together, the Government has systematically failed to improve access to cancer medicines in England and should be held to account for this debacle.

“The issues underlying the Cancer Drugs Fund are endemic of a wider problem in the end-to-end development and access of new drugs in the UK. Sustainable, system-wide solutions need to be developed and the top-down Government cost-cutting rather than cost-saving pressures needs to be stopped, otherwise the goal in the new cancer strategy to save 30,000 lives a year is merely a pipe dream.”

Relapsed myeloma patients will no longer be able to access these life-prolonging drugs on the NHS, although patients currently receiving the treatment will not have it stopped. Whilst patients will not be able to access Revlimid at first relapse, it is still approved for myeloma patients at second relapse through the National Institute for Health and Care Excellence (NICE).

4. Parliamentary questions and debates

PQs

[Haematological Cancer](#)

Asked by: Smith, Henry

To ask the Secretary of State for Health, what steps he has taken to adapt the cancer recovery package and investigate new models of care for blood cancer patients who are (a) given treatment and (b) put on a watch and wait regime after diagnosis.

Answering member: Jane Ellison

It is important that people with cancer have the best possible experience throughout their cancer pathway and are treated with dignity and respect.

The independent Cancer Taskforce published its report **Achieving World-Class Cancer Outcomes – A Strategy for England 2015-2020** in July 2015, and identified a key priority of establishing patient experience as being on a par with clinical effectiveness and safety. In May 2016 the National Cancer Transformation Board published **Achieving World-Class Cancer Outcomes: Taking the Strategy Forward** outlining the detailed steps being taken to make this a reality.

In September 2015, the Government announced that by 2020, the 280,000 people diagnosed with cancer every year will benefit from a tailored recovery package. The packages will be individually designed to help each person, including those with blood cancer, live well beyond cancer. In April 2016 NHS England published guidance for commissioners on commissioning and implementing the recovery package effectively.

In order to continue to support general practitioners (GPs) to identify patients whose symptoms may indicate cancer and urgently refer them as appropriate, the National Institute for Health and Care Excellence (NICE) published an updated suspected cancer referral guideline in June 2015. The guideline includes new recommendations for haematological cancers. NICE noted that more lives could be saved each year in England if GPs followed the new guideline, which encourages GPs to think of cancer sooner and lower the referral threshold. Following publication of the updated guideline, the Royal College of GPs (RCGP) has worked in collaboration with Cancer Research UK (CRUK) on a programme of regional update events for GPs to promote the new guideline. RCGP and CRUK have also worked to develop three summary referral guidelines for GPs to enable them to adopt the guideline. These are available at:

www.cancerresearchuk.org/health-professional/learning-and-development-tools/nice-cancer-referral-guidelines

05 Jul 2016 | Written questions | Answered | House of Commons | 41329

[Cancer: Health Education](#)

Asked by: Smith, Henry

To ask the Secretary of State for Health, what steps his Department is taking to raise public awareness of blood cancer and other cancers for which symptoms can be non-specific and have similarities to other benign conditions.

Answering member: Jane Ellison

Public Health England's (PHE) Be Clear on Cancer campaigns are designed to raise the public's awareness of specific cancer symptoms, encourage people with those symptoms to go to the doctor and diagnose cancer at an earlier stage. These campaigns are delivered by PHE in partnership with the Department and NHS England.

The decision on which cancers should be the focus of 'Be Clear on Cancer' campaigns is informed by a steering group, whose members include primary and secondary care clinicians, and key voluntary sector organisations.

A number of factors are taken into account when deciding which campaigns to develop and run, with one of the main criteria being the scope to save lives through earlier diagnosis and whether the cancer has a clear early sign or symptom that the general public can act upon should it arise. There are a number of cancers, including those for which symptoms can be non-specific, which are not covered by 'Be Clear on Cancer' specifically.

05 Jul 2016 | Written questions | Answered | House of Commons | 41283

[Cancer: Medical Treatments](#)

Asked by: Baroness Cumberlege

To ask Her Majesty's Government whether cancer treatments submitted to, but not assessed by, the National Institute for Health and Care Excellence (NICE) before 1 April will be approved under the new NICE framework for cancer treatments.

Answering member: Lord Prior of Brampton

The National Institute for Health and Care Excellence (NICE) has confirmed that appraisals of cancer technologies started prior to 1 April 2016 will be considered using the updated NICE methods and processes which came into effect on 1 April 2016. Companies whose technologies fall under this scenario have been offered the opportunity to make a case for consideration within the Cancer Drugs Fund.

27 Jun 2016 | Written questions | House of Lords | HL672

[Blood: Cancer](#)

Asked by: Pennycook, Matthew

To ask the Secretary of State for Health, what recent assessment his Department has made of the adequacy of treatment and support provision available through the NHS for patients of myelodysplastic syndromes blood cancers.

Answering member: Jane Ellison

The Department has made no such assessment. The responsibility for commissioning services for patients with myelodysplastic syndromes blood cancers is split across NHS England and clinical commissioning groups (CCGs). NHS England is responsible for commissioning the specialised aspects of the pathway, such as blood and bone marrow transplants. CCGs are responsible for commissioning more local services, such as blood transfusions and support services.

13 Jun 2016 | Written questions | 38999

[Cancer: Drugs](#)

Asked by: Brown, Mr Nicholas

To ask the Secretary of State for Health, for what reasons the budget for the revised Cancer Drugs Fund was established at £340 million.

Answering member: George Freeman

NHS England has advised that the Cancer Drugs Fund budget was increased to £340 million for 2015-16 and, with the new financial control and commercial mechanisms being put in place from 1 July 2016 under the new arrangements for the Fund, that budget increase will be maintained at £340 million for 2016-17.

10 Jun 2016 | Written questions | 38896

[Cancer: Drugs](#)

Asked by: Gwynne, Andrew

To ask the Secretary of State for Health, how much was spent by the Cancer Drugs Fund in 2015-16; and how much that fund is estimated to spend in 2016-17.

Answering member: George Freeman

NHS England has advised that it expects to publish information on Cancer Drugs Fund (CDF) expenditure for 2015-16 in Board Papers for NHS England's Board meeting on 26 May 2016.

The budget allocated for the CDF for 2015-16 was £340 million and new financial control mechanisms, to be put in place from 1 July 2016, are intended to ensure that the CDF does not exceed its fixed £340 million budget in 2016-17.

24 May 2016 | Written questions | 37420

[Cancer: Drugs](#)

Asked by: Gwynne, Andrew

To ask the Secretary of State for Health, what estimate he has made of the potential (a) number and (b) cost of drugs that might gain conditional approval under the new Cancer Drugs Fund.

Answering member: George Freeman

Neither the Department nor NHS England has made any such assessment as it would be inappropriate to pre-empt the final recommendations of the National Institute for Health and Care Excellence.

Since 2010, we have spent over £1 billion on the Cancer Drugs Fund (CDF), helping 84,000 patients in England access cancer drugs that would not have otherwise been routinely available to them.

NHS England has advised that the new financial control mechanisms that will apply to the Fund from 1 July 2016 are intended to ensure the fixed £340 million budget is not exceeded, whilst at the same time not limiting the flow of eligible drugs from entering the CDF. Active steps are being taken to ensure that the future arrangements for the Fund are aligned with the final recommendations from the Accelerated Access Review, which are due in the summer.

29 Apr 2016 | Written questions | 35068

[Haematological Cancer](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what steps he is taking to ensure that the post-treatment recovery package is adapted to meet the specific needs of blood cancer patients.

Answering member: Jane Ellison

The independent Cancer Taskforce published its report, **Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020**, in July 2015, and recognised the need to improve care and support for people living with and beyond all types of cancer, including blood cancers. In September 2015, we announced that by 2020, the 280,000 people diagnosed with cancer every year will benefit from a tailored recovery package. The packages will be individually designed to help each person, including those with blood cancer, live well beyond cancer. In April 2016, we also published guidance for commissioners on commissioning and implementing the recovery package effectively. Support for patients living with and beyond cancer should be tailored specifically to the needs of every patient.

In addition the strategy called for every person with cancer to have access to a clinical nurse specialist or other key worker from diagnosis onwards. NHS England is currently working with partners across the health system to determine how best to take forward the recommendations of the Cancer Taskforce, and has appointed Cally Palmer CBE as National Cancer Director. A National Cancer Transformation Board is overseeing the implementation of the strategy, and an implementation plan will be published shortly. An independent Cancer Advisory Group, chaired by Sir Harpal Kumar, the Chief

Executive of Cancer Research UK and Chair of the independent Cancer Taskforce, is advising and scrutinising the work of the Transformation Board.

28 Apr 2016 | Written questions | 34821

[Cancer: Drugs](#)

Asked by: Gwynne, Andrew

To ask the Secretary of State for Health, what steps his Department is taking to involve stakeholders in developing the operational detail of the new Cancer Drugs Fund.

Answering member: George Freeman

NHS England is responsible for the operational management of the Cancer Drugs Fund and has advised that it is continuing to engage with stakeholders, building on the feedback received during the recent public consultation. A number of engagement activities, including a series of focus groups involving charity and industry stakeholders, will be held during the coming weeks as NHS England continues to shape the operational detail of the new arrangements for the Cancer Drugs Fund.

28 Apr 2016 | Written questions | 35072

[Cancer: Drugs](#)

Asked by: Gwynne, Andrew

To ask the Secretary of State for Health, what measures are being taken to ensure that (a) the outcomes of NHS England's proposals for a new Cancer Drugs Fund are aligned with the Accelerated Access Review (AAR), (b) the consultation outcomes are compatible with any forthcoming AAR recommendations relating to reform of NICE and (c) those programmes deliver consistent guidance on the medicines appraisal process; and if he will make a statement.

Answering member: George Freeman

NHS England and the National Institute for Health and Care Excellence are working together to develop future arrangements for the Cancer Drugs Fund, while the Accelerated Access Review (AAR) is being independently led by Sir Hugh Taylor with Office for Life Sciences' support. The review's final report is due to be published in the spring.

Active steps are being taken to ensure that the future arrangements for the Fund and the final recommendations from the AAR are aligned.

24 Mar 2016 | Written questions | 31678

[Cancer Survival Rates](#)

Asked by: Colleen Fletcher

Each year, 38,000 people in the UK are diagnosed with a blood cancer, but very few people are familiar with the term blood cancer. Patients have expressed concern about the fact that a lack of awareness has a significant impact on them throughout their patient journey, from causing confusion and uncertainty at diagnosis to making them unaware of the organisations that provide the support and care that

they need. Will the Minister tell us what more the Government can do to tackle that lack of awareness in order to improve outcomes and survival rates for all patients affected by the 137 types of blood cancer?

Answered by: Jane Ellison

The hon. Lady is absolutely right to draw the attention of the House to the challenge of joining up thinking across the cancer pathway. That is exactly the approach that Cally Palmer and the taskforce implementation team are looking at. I recently had a conversation with her and with NHS England representatives in which we talked about how we get that joined-up approach. That is at the heart of the taskforce's recommendations, and we will be taking that forward for all the reasons that the hon. Lady has eloquently expressed.

22 Mar 2016 | Oral questions - Supplementary | 607 c1358

[Myeloma: Medical Treatments](#)

Asked by: Tami, Mark

To ask the Secretary of State for Health, what steps he is taking to ensure that patients with multiple myeloma receive treatment at the highest standard of care comparable to other similar nations.

Answering member: Jane Ellison

Ensuring that the National Health Service is able to support the availability and use of effective treatments and medicines for rare cancers, including multiple myeloma, is a key priority.

Cancer 52, an organisation which specifically represents patients with rarer cancers, was represented on the independent Cancer Taskforce. In July 2015, the Taskforce published its report, **Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020**. It made many recommendations relevant to rarer and blood cancers, focussing in particular on improving access to diagnostic testing, including fast, direct general practitioner access to key blood tests, and increasing patient access to the most advanced treatments.

NHS England has well established structures and processes which ensure that the best possible treatments are commissioned across England for cancer, including both blood and rare cancers. NHS England obtains clinical advice about current and new treatments and clinical guidelines predominantly through clinical reference groups.

The National Institute for Health and Care Excellence is developing guidelines for the treatment of multiple myeloma and these are currently subject to public consultation.

In addition, a multiple myeloma algorithm is in development, which will help clinicians and patients to prescribe the appropriate chemotherapy care at the optimum point of the care pathway.

12 Jan 2016 | Written questions | 20748

[Haematological Cancer: Screening](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what assessment he has made of when new, cheap forms of blood cancer tests are likely to be made available on the NHS.

Answering member: George Freeman

A number of new blood tests, which show promise in diagnosing cancers earlier, are currently undergoing clinical trials. We would expect these to become available in the National Health Service once they have satisfied the regulatory requirements.

23 Nov 2015 | Written questions | 16523

[Haematological Cancer](#)

Asked by: Lord Willis of Knaresborough

To ask Her Majesty's Government what the Department of Health is doing to prioritise the availability of treatments for rare blood cancers, such as multiple myeloma.

Answering member: Lord Prior of Brampton

Ensuring that the National Health Service is able to support the availability and use of effective medicines for cancers, including rare blood cancer, is a key priority.

Cancer 52, an organisation which specifically represents patients with rarer cancers, was represented on the independent Cancer Taskforce. The Taskforce published its report, **Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020**, in July, and made many recommendations relevant to rarer and blood cancers, focussing in particular on improving access to diagnostic testing, including fast, direct general practitioner access to key blood tests, and increasing patient access to the most advanced treatments. NHS England, Public Health England and other healthcare organisations are now considering the detail of the individual recommendations.

Earlier in 2015, NHS England consulted on the principles and process by which it makes investment decisions in specialised services, which address the issue of rarity. The outcome of future investment decisions taken by NHS England will be published in accordance with the new process. NHS England's response to the consultation is attached, and can be found at:

<https://www.england.nhs.uk/commissioning/spec-services/key-docs/>

In addition to drug treatments for blood cancers, NHS England also commissions blood and bone marrow transplantation in accordance with its current published policy. A revision of the policy is planned during 2015-16 to be implemented during 2016-17. The current published policy is attached, and can be found at:

<http://www.england.nhs.uk/wp-content/uploads/2013/04/b04-p-a.pdf>

The National Institute for Health and Care Excellence is developing guidelines for the treatment of multiple myeloma and these are currently subject to public consultation.

22 Sep 2015 | Written questions | House of Lords | HL2283

[Haematological Cancer: Drugs](#)

Asked by: Tami, Mark

To ask the Secretary of State for Health, if he will make an assessment of the funding and availability of medicines for blood cancer patients in England compared to their counterparts in Scotland and Wales.

Answering member: George Freeman

We have no plans to undertake any such assessment. A number of medicines for blood and bone marrow cancers have been recommended by the National Institute for Health and Care Excellence and are routinely funded by the National Health Service in England. In addition, a number of other medicines to treat blood and bone marrow cancers are available through the Cancer Drugs Fund.

26 Jun 2015 | Written questions | 3175

Debates

[Health: Cancer](#)

HL Deb 20 Jan 2016 | 768 cc854-870

[Cancer Drugs](#)

HC Deb 19 Jan 2016 | 604 cc515-540WH

[New Cancer Strategy](#)

HC Deb 19 Nov 2015 | 602 cc898-927

[Adult Stem Cells and Life Sciences](#)

HC Deb 15 Sep 2015 | 599 cc1016-1026

[Improving Cancer Outcomes](#)

HC Deb 05 Feb 2015 | | 592 cc485-524

5. Links to further reading and organisations

Reports

NHS England, [Cancer Drug Fund decision summaries](#)

Decision Summaries that record the formal decision of the Chemotherapy Clinical Reference Group (CRG) in relation to drugs and drug indications that are reviewed for inclusion on the [National cancer drugs fund list](#).

House of Commons Committee of Public Accounts, [Cancer Drugs Fund](#) , Twentieth Report of Session 2015–16, HC 583, 25 January 2016

Report by the Comptroller and Auditor General, [Investigation into the Cancer Drugs Fund](#), HC 442 2015-16 17, September 2015

Organisations

[Anthony Nolan](#)

Runs the UK's largest stem cell register for patients with leukaemia and other blood-related disorders who need a stem cell transplant. Also funds research and provides information and support to patients with blood cancer.

[Bloodwise](#)

In addition to raising awareness and funding research into blood cancers, provides information and support to patients with blood cancer.

[CML Support](#)

Information and support for patients with chronic myeloid leukaemia (CML)

[CLL Support Association](#)

Information and support for patients with chronic lymphocytic leukaemia (CLL) and related conditions

[Leukaemia CARE](#)

[Lymphoma Association](#)

[MDS UK](#)

Information and support for people affected by myelodysplastic syndrome (MDS)

[Myeloma UK](#)

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