Summary of Solutions for Public Health (SPH) Review of Drugs & Treatments carried out for HSC and ESS

Drafted By HEAL, September 2019

- 12th December 2018 amendment to Roffey requete by Dep Soulsby & Le Clerc.
- March 2019 public consultation.
- 24th May 2019 SPH Review presented to HSC.
- 9th August Review and HSC proposals published.

9th August both HSC and P&R publicly state that the gap in drug and treatment funding in the Bailiwick compared to that of the NHS in England is now unacceptably large.

The Review gives 6 options;

1. Fund all NICE TA approved treatments.
2. Prioritise all NICE TAs for cancer over treatments for other conditions.
3. Prioritise NICE TA approved life extending, at the EOL treatments.
4. Prioritise NICE TA approved treatments for common diseases so that the greatest number of people will benefit.
5. Prioritise NICE TA approved treatments on the basis of (clinical and) cost effectiveness.
6. Status quo - continue with the current system of individually reviewing the
7. NICE evidence of clinical and cost effectiveness, if requested by a Consultant or GP.

The Review identified 480 NICE TAs (as of 31/12/18). 320 are routinely funded in Bailiwick and 160 that are not. 87 of 160 unfunded drugs are cancer drugs. 40 funding requests have been made with 37 not approved. 3 have been approved but have not received funding.

Importantly SPH also looked in detail at Option 6 exposing the failings and inadequacies of the current system allowing them to make recommendations.

Identified 6 themes from document review, meetings and interviews (fig 6 p43)

They found many variations in process and operational issues including;

- Inconsistent application of the principle of prioritisation.
- Different funding routes compounding inequity.
- No clear definition of what is considered cost-effective and questioned whether this principle is applied to non-drug resource allocation.
- Impact on credibility of HSC decisions?
- Clinical trials policy unfair?
- Compounded by geographical constraints.

- A reliance on patient's consultant making a compelling case, resulting in inequity due to variations in or familiarity with Guernsey Health System.
- Rationale of decisions are not in public domain.
- Patient ignorance of unfunded treatment options.
- A-Z and White Lists inconsistency and omissions.
- Adverse affect on ability to attract and recruit clinical staff.

SPH recommendations based on document review, meetings and interviews

- It is timely to review the principles and process which determine both policy and the framework against which individual funding request decisions are made. (rewrite G1033/1002 required).

- Diagrammatic description of the end-to-end process.

- Clear and publicly available information about the appeals process.

- A clear process needs to be developed and described for considering treatments that an off-island Consultant has recommended. If no such process exists e.g. for the GP or an on-island Consultant to apply on their behalf, then the patient is left without a clinical advocate leaving patients untreated.

- Development of a process to ensure different policy committees apply the same principles and rules when making decisions.

- A unified process for funding treatments approved by PAF Panel or CMT.

- Improve the transparency and understanding of the process, investment in communication.

- The A-Z and White List suffer from omissions, a lack of explanation and a lack of transparency about treatments which are funded and unfunded by the States of Guernsey.

IT NOTED THAT - Jersey's primary care services typically fund all NICE TA approved treatments and hospital services have a policy to fund all NICE TA and HST approved treatments (excluding CDF treatments).

The Isle of Man has a policy to provide all NICE TA approved cancer treatments (including those on the CDF) but other NICE TA and HST approved treatments have to go through a long process of approval.

IT ALSO STATED: Regardless of the outcome of the Options Appraisal, addressing the process, communication and transparency issues discussed in this Review is just as important.

So what are HSC proposing? In reality we don't know what this will be as the policy letter has yet to be published however from their press release it appears as follows.

1. The States should move towards funding all NICE TAs.

2. The move towards funding NICE TAs should happen in stages based on a universally accepted method of differentiating drugs, known as the incremental cost effectiveness ratio (ICER).

3. Year 1 should see the introduction of NICE TAs with an ICER of up to £30,000 and year 2 should introduce further drugs and treatments with an ICER of up to £40,000.

4. The ability to include non-NICE TAs should be retained to ensure best value for money.

5. A review to be undertaken at the end of Year 2 will assess the impact of the above changes and whether they have had a material impact on patient outcomes. This will determine the approach to the next stages of work to introduce drugs and treatments with an ICER value above £40,000.

6. Current policies and processes will be reviewed in light of 1 -3 above and information available to the public improved to ensure greater transparency.

What does this mean?

In Year 1 3400 patients who are currently receiving either no treatment or sub-optimal treatment will get treatments that will improve their quality of life or in some cases prolong or even save their lives.

The cost is £5.3m or £1560 extra per patient per year or £4.27 a day, less than 2 Costa coffees or £175 extra per taxpayer per year.

By Year 2 3750 patients will have benefitted. The cost of raising the bar from £30k to £40k is an additional £2.8m or £2160p/p or £5.92 a day or an additional £100 per taxpayer per year in year 2.

Doubts and Concerns

HSC said this would be debated at the end of September, it will not. The delay suggests that P&R are controlling timing of any debate for budgetary reasons. This potentially pits a number of as yet unfunded policy letters against each other. There is a real danger NICE TAs will remain unfunded and or a decision deffered to the next States.

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