cancer52
the common voice
for less common cancers

CDF Consultation

Summary of Cancer 52 Response

11 February 2016

Summary position

"Cancer 52 strongly believes it is clear that the existing CDF arrangements need to be reformed, albeit while recognising the role and value they have played in bringing access to treatments for tens of thousands of patients in the last five years.

Whilst the proposed introduction of a managed access fund process and the changes to the end-of life population threshold might lead to some more drugs for common cancers being approved in future, we continue to have serious concerns that the bulk of proposed changes in the CDF consultation will not lead to more drugs for rare and less common cancers being approved.

Access to new medicines is a situation that will continue to change rapidly in the coming years, particularly in the fields of rare and less common cancer, where arguably there is the greatest need for innovation.

There is a need for NHS England to act more boldly and creatively in how it designs the arrangements going forward, and must include a stronger focus on patient needs and patient organisation involvement and much improved communication – all too often patients and the general public are the last to hear about decisions made yet the CDF is ultimately about patients and their access to treatments, using the money that patients have contributed out of their tax payments."

Summary of responses to CDF consultation questions

Cancer 52 agrees that:

- The CDF should become a managed access fund for new cancer drugs, with clear entry and exit criteria
- There should be a new category of NICE recommendations for cancer drugs failing into one of three categories: recommended for routine use; recommended for use within the CDF; not recommended
- All drugs that receive a draft NICE recommendation for routine use, or for conditional use within the CDF, receive interim funding normally within 90 days of market authorisation
- The criteria of 'patient population of 7000 or less' is removed from the higher cost effectiveness threshold
- NICE cancer drug guidance should be published before a drug receives its marketing authorisation

Cancer 52 is **unsure** of or **disagrees** that:

- All new cancer drugs and significant cancer indications should be referred to NICE for appraisal
- The NICE Technology Appraisal Process, appropriately modified, should be used to evaluate all new licensed cancer drugs and significant licence extensions for existing drugs
- NICE needs to change its process for guidance to be issued within 90 days of marketing authorisation
- The CDF annual budget allocation and investment control mechanisms are fixed
- The investment control arrangements proposed are appropriate for achieving transparency, equity of access, fair treatment for manufacturers and operational effectiveness

Cancer 52 also set out a **range of other important considerations** in the designing the future arrangements for the CDF:

- Real world for real people
- Individual funding requests
- Off label medicines
- Real world data
- Patient / cancer charity sector involvement
- Entry criteria and end of life criteria
- Data collection and evidence handling
- Time frame for data collection for the managed access fund

Cancer 52's key principles about improving access to medicines and treatments is available here.