

Equality Impact Assessment Screening: Cancer Drugs Fund Consultation

Short description of policy:

The Government plans to launch a consultation to introduce a Cancer Drugs Fund from April 2011. The Government has already issued £50 Million in-year funding from 1st October 2010 for cancer patients. The Government announced plans for £50 million interim cancer drug funding from 1st October in July 2010 following publication of a report by Professor Sir Mike Richards, "*Extent and causes of international variation in drug usage*", which showed the UK's comparatively low usage of cancer drugs; in particular newer cancer drugs, with international results.

The Coalition: our programme for government confirmed the Government's commitment to establish a Cancer Drugs Fund from April 2011. The agreement also outlined the Government's commitment to move to a system of value-based medicines pricing to provide NHS patients with better access to effective and innovative treatments at a price that secures value for the NHS.

The Government intends the Cancer Drug Fund to act as an interim measure before the introduction of value-based pricing when the current Pharmaceutical Price Regulation Scheme [PPRS] expires at the end of 2013. Value-Based Pricing will be subject to a separate consultation and Equality and Impact Assessment process.

Cancer is one of the biggest killers of our population; more than one in three people will develop cancer at some time in their lives and one in four will die of cancer. In England in 2007 (the latest year for which data is available) 245,300 people were diagnosed with cancer and 127,800 people died of cancer. Cancer accounted for 30 per cent of all deaths in males and 25 per cent in females¹.

A vast majority of cancer patients already have their treatment funded by the NHS. Primary Care Trusts [PCTs] are obliged to fund National Institute for Health and Clinical Excellence [NICE] recommended cancer drugs through existing commissioning arrangements. Patients are also able to pursue Individual Funding Requests through PCTs for additional drugs that their clinicians think that they need.

The Cancer Drugs Fund is a stand-alone fund for new funding requests for drugs: drugs are only one aspect of cancer treatment but an important aspect of treatment. Patients accessing the Cancer Drugs Fund will be that minority of patients whose clinicians feel would benefit from drugs that their clinicians feel are clinically appropriate but not normally funded on the NHS for a number of reasons i.e. that drugs which have not yet been appraised by NICE.

The Impact Assessment described and measures the benefits of the Cancer Drug Fund and provides a full evaluation of the policy. It will be difficult to measure the full benefits of the policy [as it will be implemented] until after the consultation has closed and all the responses considered.

¹ Office of national statistics: <http://www.statistics.gov.uk/cci/nugget.asp?id=915>

Negative impact
How could the policy have a significant negative impact on equality in relation to each area? The policy will not have a significant negative impact on each area. Any potential concerns about application of funding are applicable to any decisions about funding in the NHS.
Age No
Disability No
Ethnicity No
Gender (including transgendered people) No
Religion or belief No
Sexual orientation No
Socio-economic groups No

Positive impact
Could the policy have a significant positive impact on equality by reducing inequalities that already exist? The policy will not have a significant positive impact on equalities. The Cancer Drugs Fund will apply to small numbers of cancer patients whose clinicians feel that they would benefit from drugs that are not normally available through usual NHS mechanisms. Explain how will it meet our duty to:
1. Promote equal opportunities – N/A
2. Get rid of discrimination – N/A
3. Get rid of harassment – N/A
4. Promote good community relations – N/A
5. Promote positive attitudes towards disabled people – N/A
6. Encourage participation by disabled people – N/A

7. Consider **more favourable treatment** of disabled people –

Yes - Cancer patients are classed as disabled under the Disability Discrimination Act, the fund will help them to access treatments that their clinicians think that they will benefit from. Pages 13 and 14 of the accompanying Impact Assessment fully evaluate the magnitude of the benefits.

8. Promote and protect **human rights**.

No.

The policy does not protect or promote Articles 2-12 and 14 of the Human Rights Act 1998.

Evidence

What is the evidence for your answers to the above questions?

Impact Assessment of proposal for a Cancer Drug Fund (accompanying document).

What does available research say?

The justification for the policy rests on the notion that society values benefits provided to cancer patients – defined as a disability group – more highly than benefits provided to patients with other conditions. Such a preference might reflect society’s bias towards treating patients with particularly severe or life-threatening conditions even after such characteristics have been taken into account in the methodology NICE uses to compare health benefits.

While there is a theoretical rationale to support such a preference – notably the “fair innings” argument, which considers equity of health over individuals’ entire lifetimes – the empirical evidence is mixed, in respect of this question. Some studies show a preference on behalf of society for treating severe conditions (such as cancer), but it is not clear whether respondents in such studies are fully cognisant of the degree to which severity is already reflected in NICE’s methodology.

For a full explanation of the evidence summarised here, see the Impact Assessment.

What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the policy?

The consultation will give the Department better understanding from stakeholders about the potential impact of the policy on stakeholders and the policy implementation process will record the effects of the policy.

A sound understanding of the true preferences of society for providing benefits to cancer patients would be desirable.

Have you thought about commissioning new data or research?

Yes. It would not be appropriate to consider new research until the results of the consultation are known.

Work is to be commissioned to measure the weightings that should be applied to health benefits for cancer patients in order to appropriately reflect society's preferences.

Screening assessment

Now that you have looked at the evidence, do you think that the policy needs a **Full EqIA**?

No

Next steps

If you do **not** need to do a **Full EqIA**:

What else might you need to do to make sure the policy **promotes equality** and **gets rid of discrimination**?

Consider the responses to the consultation.

How will you **monitor** the situation as the policy develops and takes effect? Through regular contact with SHAs on the interim cancer drugs funding and also through feedback from the consultation. The consultation asks responders to consider how audit should be carried out once the policy is implemented.

What **further research** do you need?

The results of the Cancer Drugs Fund consultation will assist in taking the policy forward.