



From George Freeman MP Parliamentary Under Secretary of State for Life Sciences

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Ms Kate Morgan
Interim Chair
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By email to: kate.morgan@myeloma.or.g.uk

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Der Kete,

Thank you for your letter of 5 November to Jeremy Hunt about the Cancer Drugs Fund (CDF).

I am replying as the Minister for Life Sciences with responsibility for the CDF.

As you know, the CDF was established to ensure that cancer patients in England have better access to life-extending and life-improving drugs not routinely funded by the NHS. It has already helped over 79,000 people in England get the cancer medicines they need and I can assure you that we remain committed to improving access to new and effective treatments for all cancer patients. That is why the Government has committed over £1.2billion to the Fund since its launch in 2011, including £340million in 2015/16.

In addition, in January, NHS England announced the setting up of a new independent taskforce, chaired by Harpal Kumar, the Chief Executive of Cancer Research UK, to develop a five-year action plan for cancer services that will improve survival rates and save thousands of lives.

As you will appreciate, breakthroughs in drug discovery and the rise of better targeted medicines are bringing great benefits for patients, but are also placing increasing pressure on our traditional systems of drugs assessment, procurement, and reimbursement. With a rapidly ageing society, growing pressure on our health system and an ongoing emergency in our public finances, we are also facing some very tough challenges in prioritising public health spending. This means that we will need to make increasingly complex decisions about where best to prioritise our drug and healthcare budgets. This is the wider context for the issues that we are facing with regard to advances in cancer drugs and a host of other new treatments becoming available.

NHS England is responsible for administering the CDF, and decisions on which treatments are afforded priority funding status are made by the national CDF expert clinical panel. The panel includes expert oncologists, oncology pharmacists and patients. I am sure you will agree that it is important that these decisions are made by clinicians and not politicians.

Advances in medical science mean that new cancer medicines are emerging all the time and the CDF needs to regularly reprioritise its national CDF list so people can access these too. Decisions to add or remove drugs from the list are made by NHS England, taking into account the need to ensure the limited resources of the Fund are used most effectively.

In line with the CDF Standard Operating Procedure, a drug will not be removed from the CDF if it is the only proven systemic therapy available in the NHS for that particular cancer. Additionally, NHS England will consider individual CDF requests for cancer medicines not on the CDF list to treat individuals with rarer types of cancers, including those affecting children, or individuals whose clinician can demonstrate clinical exceptionality.

Where a drug has been removed from the national CDF list as a result of the prioritisation, any patients currently receiving treatment under the CDF will normally have the option to continue treatment until they and their clinician consider it appropriate to stop.

On 19 November, NHS England and the National Institute for Health and Care Excellence (NICE) launched a 12-week consultation on draft proposals outlining the future direction of the CDF. The consultation outlines a new system, fully integrated into the NICE appraisal process, where the CDF becomes a transitional fund, with clear criteria for entry and exit. This is in line with the recommendation of the recently published independent Cancer Taskforce report.

The consultation is open until 11 February and further information on how you can make your views known through this process is available at www.engage.england.nhs.uk/consultation/cdf-consultation.

I hope this reply is helpful.

Yours,

GEORGE FREEMAN