

## Commissioning Policy (WM/40)

# Ongoing access to treatment following the cancer drug fund being fully committed or withdrawal of the cancer drug fund

Version 1 – NOT LONGER VALID

---

### 1. Definition

---

*The cancer drugs fund* is a government initiative to increase access to cancer drugs. In particular it is designed to provide treatments in instances where a treatment has not been prioritised by applying the ethical framework and priority setting processes of primary care trust or the normal decision making process of the National Institute for Health and Clinical Excellence.

By definition the cancer fund will be distributed by applying criteria than is normally used in the NHS. The decisions therefore sit outside the funding for local communities and offer preferential treatment to a particular group of patients.

The West Midlands Cancer Drug Fund Policy states that the West Midlands will manage and operate the cancer drug fund as per the agreed policy which sets out that funding decisions will be made by a panel constituted by clinicians called the Interim Cancer Drugs Fund Panel..

*NHS pick-up funding* refers to the situation where a party other than the budget holder has initiated treatment and funding is now being sought for the primary care trust to take on responsibility for ongoing funding.

The West Midlands Commissioning Policy 1: *Ethical framework to support priority setting and resource allocation within collaborative commissioning arrangements* which has been adopted by all primary care trusts in the West Midlands include the following principles:

**Principle 11**

*New treatments should be assessed for funding according to the basic principles of clinical effectiveness, safety and cost effectiveness and then prioritised within an ethical framework that supports consistent and affordable decision making.*

**Principle 14**

*If treatment is provided within the NHS which has not been commissioned in advance by a primary care trust, the responsibility for ensuring ongoing access to that treatment lies with the body that initiated treatment.*

Primary care trusts approach to pick-up funding must be consistent and in line with this above principles and other existing policies addressing pick up: WM3 which addresses pickup from commercial trials, WM10 which addresses pickup from non-commercial trials, WM11 which addresses pickup from NHS commissioned trials, WM 12 which addresses the situation when the responsible commissioner changes, WM13 which addresses patient that wish to have the NHS continue to fund privately funded care and finally WM15 when there has been unsanctioned trial of treatment.

The need for clarity and the need for risk management has also been highlighted by other organisations:

*Mechanisms should be put in place to limit the cost exposure to the NHS resulting from the Cancer Drugs Fund. The maximum exposure should be predicated on the initial proposed allocation of £200 million per year. **Rarer Cancers Foundation***

*PCT's should develop clear policies on how they would deal with requests for the funding of continued treatment for patients if the fund were to run out. Similarly they should develop policies for dealing with requests for treatment of new patients if the fund were to run out. **Cancer Network Pharmacists Forum***

This policy sets out the position of West Midlands PCTs should the Cancer Drug Fund run out of funding or be discontinued.

*Responsible Primary Care Trust* means the Primary Care Trust which discharges the Secretary of State's functions under the National Health Service Act 2006 for an individual patient.

## 2. The policy

---

- 2.1 This policy applies to any patient for whom a West Midlands PCT is the Responsible Commissioner.
- 2.2 The **Interim Cancer Drugs Fund Panel** are required to operate the cancer fund budget within budget that has been allocated to the cancer fund. There will be no subsidisation of the cancer fund using primary care trust funding either to increase the funding available or to pay for overspends.

The cancer drug fund for 2010/11 is cash limited and the WMSHA have agreed that once the fund is allocated no more applications can be considered. To minimise the fund running out, and to protect ongoing funding,

for patients receiving treatment, drug treatment costs will be put aside for one treatment course (if fixed) or an average treatment course in other instances.

- 2.3 In situations where the cancer fund runs out the PCTs will not fund new patients meeting the criteria of existing policies developed by the clinical panel for the purposes of managing the cancer fund.
- 2.4 Should the cancer fund cease to exist:
- 2.4.1 Patients who have been started on treatment will have their treatment continued by the responsible PCT. The PCT might require a review of the patient's situation to ensure that they fulfil the original criteria for both starting and stopping treatment.
- 2.4.2 The PCT is under no obligation to adopt the cancer fund policies if the fund ceases. Unless there is new robust clinical evidence which will enable to PCT to review its existing policy not to fund treatment, the PCT will continue with its existing policy for any given treatment. In this case no new patients will be started on treatment.

### 3. Documents which have informed this policy

---

- West Midlands Strategic Commissioning Group, Commissioning Policy 1: Ethical Framework to underpin priority setting and resource allocation within collaborative commissioning arrangements.
- Department of Health, The National Health Service Act 2006, The National Health Service (Wales) Act 2006 and The National Health Service (Consequential Provisions) Act 2006.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH\\_064103](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_064103)
- Department of Health, World Class Commissioning Competencies, December 2007,  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080958](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080958)
- Department of Health, The NHS Constitution for England, July 2009,  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093419](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419)
- The National Prescribing Centre, Supporting rational local decision-making about medicines (and treatments), February 2009,  
[http://www.npc.co.uk/policy/resources/handbook\\_complete.pdf](http://www.npc.co.uk/policy/resources/handbook_complete.pdf)
- NHS Confederation Priority Setting Series, 2008,  
<http://www.nhsconfed.org/publications/prioritysetting/Pages/Prioritysetting.aspx>
- List Key Documents relating to the cancer drugs fund.

- Letter from Sir Bruce Keogh to the NHS on the Interim Cancer Drugs Fund, Gateway reference 14617, 2010
- West Midlands Specialised Commissioning Group, Interim Policy: Interim Cancer Drugs Fund (ICDF) Policy, October 2010 - March 2011
- British Oncology Pharmacy Association, Cancer Network Pharmacists Forum, Position Statement on the £50 million Cancer Drug Fund, August 2010
- Rarer Cancers Foundation, Exceptional Funding, August 2010.

Regional leads for this policy	Dr Daphne Austin Consultant in Public Health West Midlands Specialised Commissioning Team <a href="mailto:daphne.austin@wmisc.nhs.uk">daphne.austin@wmisc.nhs.uk</a>
Version	First
Policy effective from	December 2010
Date of next review	As required – minimum 3 yearly
Acknowledgements	