How three parties intend to maintain or improve access to costly medicines

Now that a general election has been called, the main political parties will be pushing their ideas on how the limited funds of the NHS can be put to best use, Debbie Andalo spoke to Labour, Conservative and Liberal Democrat health spokesmen about their policies.

Just 24 hours before Prime Minister Gordon Brown drove to Buckingham Palace to ask the Queen to dissolve Parliament, shadow health spokesman Andrew Lansley was telling the BBC Today programme listeners that a Conservative government would increase patient access to expensive cancer drugs currently denied on the NHS. Although The King’s Fund’s chief economist John Appleby told the Radio 4 programme on Easter Monday that he was sceptical about how such a policy would be funded, the unveiling of the Tory promise to the electorate on the eve of the official launch of the general election campaign speaks volumes. The Conservatives have decided to make the emotive issue of access to cancer drugs a key one for voters at the 6 May polls.

Pricing formula

The Conservatives are the only party to have yet to articulate what it plans to do about making more new drugs available on the NHS if it forms the next government. Although its official manifesto has yet to be published, the draft version and supporting policy papers promise to change the formula which the National Institute of Health and Clinical Excellence (NICE) relies on and the way that drug companies are paid for NHS medicines.

According to Conservative party central office health spokesman, from 2014 “value-based prescribing” will be written into the NICE system so that “drug companies will be paid according to results, about how much benefit they bring to the patient.” [P. 6 March, p228]. Mr Lansley told Radio 4 listeners how this new system would work under the Tories. “We will have a different system for the pricing of medicines in the NHS so that we can say the patient must come first. If it’s clinically effective it should be made available then through a reimbursement system with the pharmaceutical industry, we will reimburse the companies for the value of that medicine taking into account its clinical effectiveness, the extent of new innovations in the drug and its societal impact.”

Until the new system is in place the party plans to establish a £200m fund exclusively for paying for new cancer drugs on the NHS and promises that it will ensure that no cancer patient is denied access to drugs licensed since 2005 if told by their doctor that they need them.

The Tory promise is a likely vote catcher, even if under greater scrutiny there is uncertainty about how it will be funded.

Professor Appleby threw scorn on the explanation from Mr Lansley on Monday that its costs would be met by the money which the NHS will save by not paying the increased National Insurance contributions it would have had to pay if a Labour government is re-elected. Labour, on the other hand appears to be running shy of dragging NICE into the election health debate. The party was due to publish its 2010 general election manifesto on Wednesday night, which coincided with The Journal going to press. But neither its health policy paper published on the party website nor the five election promises announced by Gordon Brown on 27 March mention the role of NICE or prescribing issues. Although there was still time at the beginning of the week for the party to weave something into its manifesto at the last minute, it may be that Labour is content for NICE to keep to the status quo.

A returning Labour government could therefore mean an expansion of patient access schemes (PASs), where drug companies share the cost of expensive medicines with the health service in order for them to be approved through NICE and be made available on the NHS. This way forward by a future Labour government was hinted at in a statement issued by the Department of Health on Monday responding to the Conservative election promises made on the Today programme. The statement confirmed the Government was taking action to speed up the NICE approval process and added: “But where flexible approaches to pricing can be agreed they can offer the potential for more drugs. This is particularly the case for those which are specialist or for rare conditions to be approved by NICE.” Since November 2008 and February 2010 NICE has approved six cancer drugs for NHS use which are linked to a PAS, and last month the Government announced it was piloting a £25m innovation fund which would pay for patients with rare conditions to have access for a maximum of three years to new medicines not currently made available on the NHS by NICE.

Hung Parliament?

Meanwhile the Liberal Democrats — who could be called upon by either of the other two main parties in the case of a hung parliament — has decided against throwing its election spotlight on NICE and expensive new drugs. Like Labour it has still to publish its final manifesto but the policy pledges it has already released make scant reference to medicines apart from promising “more cost effective purchasing of drugs” and a commitment to more generic prescribing. And that party line, according to a Liberal Democrat health spokesman on the day the general election was announced, is unlikely to change.

www.pjonline.com