# Access to Cancer Treatments Northern Ireland

Dr Martin Eatock
Consultant Medical Oncologist
Chair NICaN D+T Committee

## Sample & Methodology

- 20 Oncologists & Hematologists surveyed across Northern Ireland HSC trusts
  - 18 Consultants, 2 SpRs
  - 10 Oncologists, 10 Hematologists
  - 4 Cancer service centers
  - All with some/significant involvement in applying for additional funding for new cancer therapies
- Purpose of the survey was to understand perceptions towards provision of cancer therapy within Northern Ireland
- Fieldwork conducted by an independent market research company on behalf of UCF
  - Market Research company – Adelphi Research UK
- 30 minute survey conducted by telephone between 25th May and 20th June 2011

## Access to cancer medicine in Northern Ireland

**Specialists typically felt there was poorer access to new medicines in NI compared to the rest of the UK**

Specialists typically felt the process in NI of applying for funding restricted timely access to new medicines

**To improve access for new cancer treatments in NI, specialists requested an overhaul of the current process, and equitable funding**

## Access to new cancer medicine in Northern Ireland

**Specialists typically felt there was poorer access to new medicines in NI compared to the rest of the UK**

Insufficient funding in oncology was a key issue in NI, resulting in poorer access to new cancer medicines vs. the rest of the UK

Delays in the availability of drugs approved by NICE

## Insufficient funding in oncology was felt to be a key issue in NI, resulting in poorer access to new cancer medicines vs. the rest of the UK

**Access to new cancer medicines (licensed in the last 3–5 years)**

**Lack of funding:** *"There is no money and it is getting tighter. In England, David Cameron introduced the Fund for Cancer Medicine. It has not happened in Northern Ireland. I have seen graphs showing we are getting considerably less funding vs. the rest of the UK."*

Much worse than the rest of the UK | MAJORITY | The same | Much better than the rest of the UK

**Insufficient funding:** *"We have no access to expensive drugs funds. We are in stagnation in terms of Chemo/Radiotherapy."*

× **70%** of specialists surveyed believed cancer treatments received insufficient funding in Northern Ireland

Base: 20 Oncologists
Source: Q26. How would you describe access to new cancer medicines? Q27. Do cancer treatments receive sufficient funding in NI? Q28 How do access to new cancer medicines compare to the rest of the UK?

| Year | Total Oncology/Haematology drug spend (£) |
|---|---|
| 1994/95 | 504 961 |
| 1995/96 | 599 978 |
| 1996/97 | 675 536 |
| 1997/98 | 1 018 604 |
| 1998/99 | 1 962 102 |
| 1999/2000 | 3 736 909 |
| 2000/01 | 4 335 332 |
| 2001/02 | 5 007 348 |
| 2002/03 | 6 547 440 |
| 2003/04 | 7 815 788 |
| 2004/05 | 9 129 507 |
| 2008/2009 | 18 250 000 |
| 2009/2010 | 19 300 000 |

## *Percentage population and per capita spend on health in countries in the UK (2004-5)*

| | % of total UK population | Per capita public spend on health |
|---|---|---|
| England | 83.7% | £1249 |
| Wales | 4.9% | £1287 |
| Scotland | 8.5% | £1533 |
| Northern Ireland | 2.9% | £1371 |

www.ic.nhs.uk/
www.statswales.wales.gov.uk/
www.dhsspsni.gov.uk/
www.isdscotland.org

## *Per capita spend on health in countries in the UK (2009-10)*

| | % of total UK population | Per capita public spend on health |
|---|---|---|
| England | 83.8% | £1896 |
| Wales | 4.9% | £1956 |
| Scotland | 8.4% | £2066 |
| Northern Ireland | 2.9% | £1881 |

ONS PESA report 2009

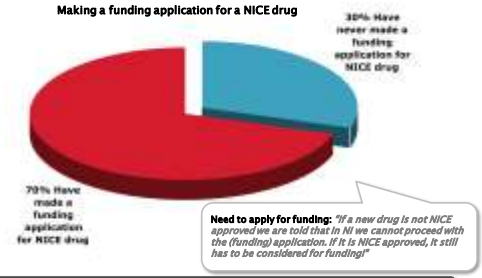
## *Per capita spend on health in countries in the UK compared to age standardised mortality (2009-10)*

| | % of total UK population | Per capita public spend on health | Standardised Mortality Ratio (UK=100) |
|---|---|---|---|
| England | 83.8% | £1896 | 97 |
| Wales | 4.9% | £1956 | **106** |
| Scotland | 8.4% | £2066 | **121** |
| Northern Ireland | 2.9% | £1881 | **110** |

ONS PESA report 2009

- Compared to England
  - £15 per capita less spent on health in Northern Ireland
  - Shortfall = £27M
    - Cost of abolishing prescription charges in Northern Ireland ~£24M (£13/person/year)
- Compared to Wales
  - £75 per capita less spent on health
  - Shortfall £135M
- Compared to Scotland
  - £185 per capita less spent on healthcare
    - Shortfall = £333M

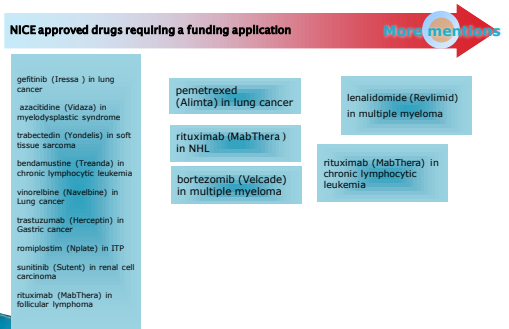
**70% of specialists surveyed had made a funding application for a NICE approved medicine in the past**



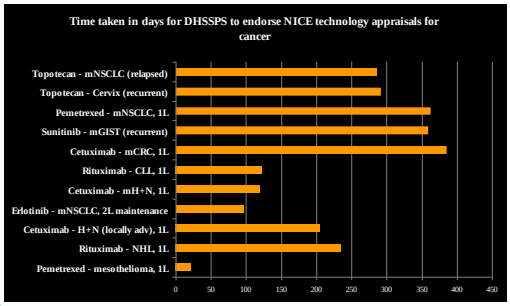

× **1 in 4** specialists surveyed had been **denied** funding for a NICE approved drug in the past

Base: 20 specialists
Source: Q9. Have you ever made a funding application through individual funding requests (IFRs), exceptional cases or other mechanisms to have access to a cancer medicine approved by NICE?

**Clinicians listed a total of 14 NICE approved treatments which they would need to make a funding application to have access to**




Base: 20 Specialists
Source: Q11. What cancer [illegible] approved by NICE would you need to make a funding application to have access to?




## Role of the NICaN Drugs and Therapeutics?

- to ensure equality of access to cancer treatments across Northern Ireland
- to examine local relevance and impact of NICE Guidance relating to new cancer treatments in Northern Ireland
- to examine cases for the use of drugs/indications which are not yet assessed by NICE.
- To provide advice to commissioners about prioritisation of new cancer therapies for funding
- Horizon Scanning

## Business Case Review

- NSSG identify need for business case and identify lead author
- Development of business case supported by Regional Coordinator Cancer Services Pharmacist
- Completed business case
  - Clinical Case
  - Pharmaco-economic data
  - Service impact assessment
- Business Case presented to D+T and scored according to scoring template
- Prioritisation and production of New Drug Pressure paper
- Requires analysis and costing of service impact

## Achievements (till 2011)

- 22 business cases for new drugs reviewed
  - 1 rejected but successfully re-submitted
- 8 fully funded by commissioners
- 5 require named patient funding as recurrent funding not yet identified
- 3 not funded following negative NICE decision
- 2 not funded as low priority
- 4 awaiting funding decisions – individual funding requests may be considered

## Advantages of NICaN Process

- Requires clinical “champion”
- Responsive to local priorities
- Costs and resources required for implementation are recognised.

## Disadvantages of NI system

- Needs a clinical champion
- Tardy and inflexible
  - Clinicians
  - Commissioners
- Potentially places NI at disadvantage compared to rest of UK and Republic of Ireland

## How To Ensure Equity?

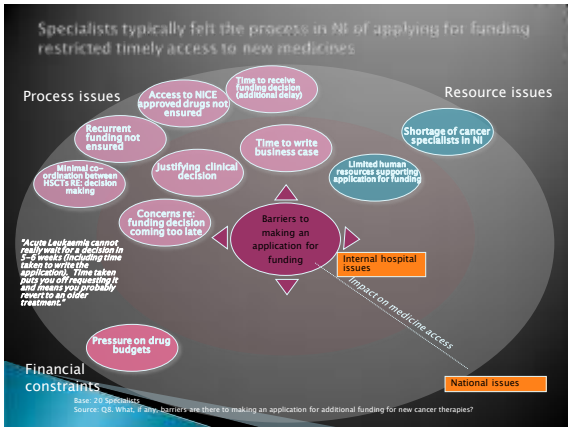
- Health Economic Analysis
  - Disease specific outcomes
    - i.e.
      - Cost per relapse avoided
      - Cost per progression free life year gained
      - Cost per cancer death avoided
- Natural Units
  - i.e.
    - Cost per life year gained
- Quality Adjusted Survival
  - i.e.
    - Cost per quality adjusted life year

## NICE and England

- Primary Care Trusts are required to ensure that:
  - A healthcare intervention recommended by the institute is, from a date not later than 3 months……. normally available
    - To be prescribed
    - To be supplied or administered

## NICE and Northern Ireland

- June 2006
  - Minister for Health announces formal relationship with NICE
    - NICE HTA to be implemented within 12 – 24 months of dissemination
      - ? From NICE
      - ?from DHSSPSNI
    - "For majority of NICE guidance, HPSS organisations will be expected to fund the cost of implementation from general revenue allocations."




## The process of applying for funding in Northern Ireland, led in part to delays in initiation of therapy

- Length of the process to gain access to new medicines, can delay the start of treatment
  - Esp. time taken to write the business case with limited available time
  - Approval adds to length of process
- Impacting timely access to new medicines
  - Patients can die while waiting
  - Patients can become very distressed

**Patients can die:** *"The process often delays it (patient treatment). Patients have actually died while awaiting a decision."*

× 40% of specialists surveyed had at some point received funding approval too late to initiate treatment

Base: 20 Specialists
Source: Q15. How, if at all, does/did the need to apply for funding affect the treatment of the patient?
Q19. Have you ever been in a position whereby funding for a cancer treatment has been granted too late to initiate treatment?

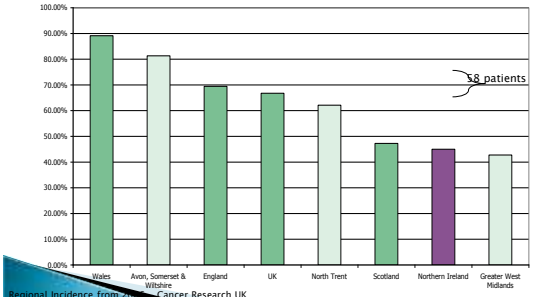
## What difference does this make in practice?

- Is there evidence of differential uptake/use of new drugs between NI and rest of UK?
- If so why?

## Uptake of erlotinib vs. other areas within the UK

*2L NSCLC Patients eligible for treatment*

Penetration of erlotinib vs eligible patient pool (%)

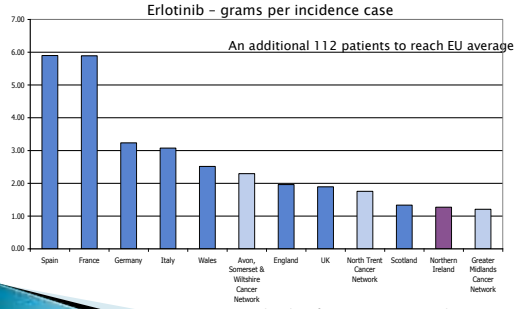



Regional Incidence from 2006 – Cancer Research UK
Northern Ireland Incidence averaged from 2003 – 2007

## European Comparisons – erlotinib usage

*Incidence on Stage 3b/4 NSCLC*

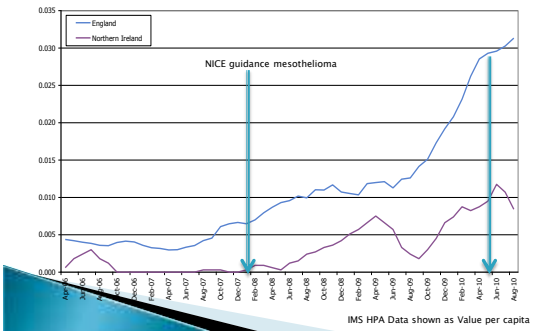
Erlotinib – grams per incidence case




Regional Incidence from 2006 – Cancer Research UK
Northern Ireland Incidence averaged from 2003 – 2007

## Uptake of pemetrexed

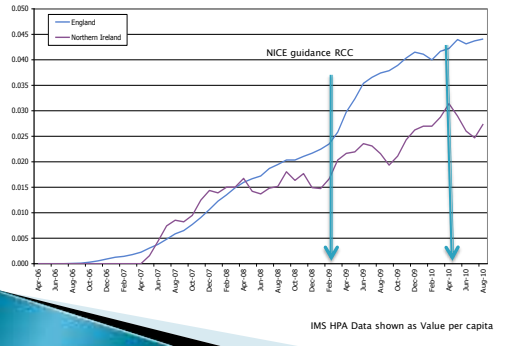
*England and Northern Ireland since 2006*




IMS HPA Data shown as Value per capita

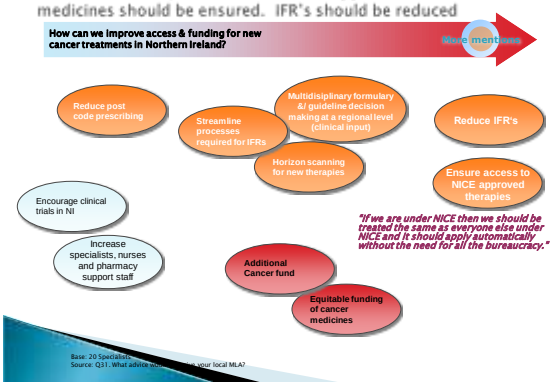
## Uptake of sunitinib

*England and Northern Ireland since 2006*




IMS HPA Data shown as Value per capita

## If NI follows NICE, then access to NICE approved cancer medicines should be ensured. IFR's should be reduced




Base: 20 Specialists
Source: Q31. What advice would you give your local MLA?

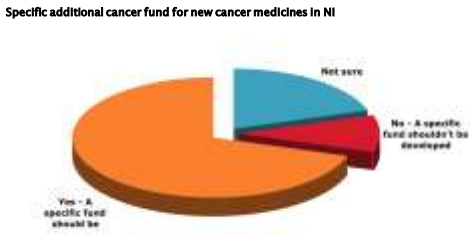
## Access to cancer medicine in Northern Ireland

To improve access for new cancer treatments in NI, specialists surveyed requested an overhaul of the current process, and equitable funding

If NI follows NICE, then access to NICE approved cancer medicines should be ensured. IFR's should be reduced

70% specialists surveyed felt there should be a specific additional cancer fund for new cancer medicines in Northern Ireland

70% specialists surveyed, on prompting felt there should be a specific additional cancer fund for new cancer medicines in Northern Ireland




Base: 20 Source: Q33 Do you [illegible] that there should be a specific cancer fund for new cancer medicines in NI?

## New Inequalities?

## Extent and causes of internationalvariations in drug usage

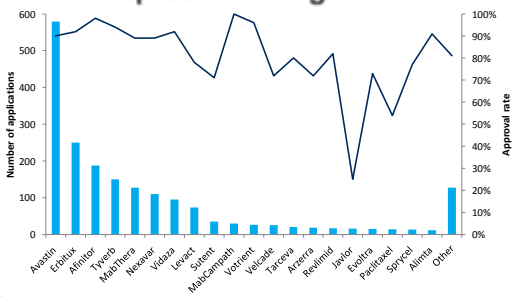
Mike Richards July 2010

- Uptake of new drugs for cancer is low in the UK
  - Impact of health technology assessment
  - Impact of differences in service organisation
  - Availability of expertise
  - Clinical perceptions of advantages and drawbacks
    - Shaped by clinical culture
  - If the UK were to provide newer cancer drugs in line with European average levels this would cost £225M

## New Cancer Drugs Fund

- To be implemented in England only
  - £50M between November 2010 and March 2011
  - £200M per year from April 2011
  - Interim measure
  - " will begin to make the connection to value…"
  - "enabling cancer patients to be treated with drugs their doctors think will help them"
  - "intended to ease funding constraints…….addressing a particular category of cases where NHS funding is not available
  - Will finish in 2014

## Most requested drugs




## Growing disparity

- Azacitidine for treatment of high risk myelodysplasia and CMML
  - NCDF in 86% English Networks
  - NICE approval March 2011
  - NICaN D+T approval November 2009 – not funded in NI
- Bendamustine for first line Rx CLL
  - NCDF in 62% of English networks
  - NICE approved February 2011
  - No NICaN business case received
- Bevacizumab for second line treatment of metastatic colorectal cancer
  - NCDF in 52% of English networks
  - NICE rejected
  - No NICaN business case

- Cetuximab, 3rd line K-ras wild type colorectal cancer
  - NCDF in 67% of English networks
  - NICE rejected
  - No NICaN Business case
- Everolimus, 2nd line RCC
  - NCDF in 95% of English networks
  - NICE rejected
  - NICaN business case approved 2009, not funded
- Lapatinib (with capecitabine) following progression with previous chemotherapy and trastuzumab in MBC
  - NCDF in 62% of English networks#
  - NICE rejected
  - NICaNbusiness case approved 2009, not funded
- Sorafenib for unresectable HCC
  - NCDF in 97% of English networks
  - NICE rejected
  - NICaN Business case 2009, not funded

## Access to cancer medicine in Northern Ireland

**Specialists typically felt there was poorer access to new medicines in NI compared to the rest of the UK**

Specialists typically felt the process in NI of applying for funding restricted timely access to new medicines

**To improve access for new cancer treatments in NI, specialists requested an overhaul of the current process, and equitable funding**

## Conclusions

- Evidence of a gap in Health Service spending compared to other areas of UK
- Still a need for significant service modernisation and re-design
  - Chemotherapy services
  - Acute Oncology
  - Colorectal Cancer Screening programme
- In effect for Northern Ireland it would cost £7M – £10M to raise access to newer cancer drugs in line with European average