Health and Social Services Committee

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Date: Wednesday 11 October 2006
Venue: Committee Room 1, Senedd, National Assembly for Wales, Cardiff Bay.
Title: Review of Cancer Services

Purpose

To inform the committee of the work done on horizon scanning and the new mechanism to strengthen the process of managing the entry of new drugs (and existing drugs with a new indication) into the NHS in Wales.

Recommendations

The Committee is reviewing cancer services and at its meeting on 28 September identified the approval and availability of new drugs, therapies and treatments as they are developed as an issue on which to focus for the remainder of the review. Ann Lloyd agreed to provide a paper to note on work which has been undertaken on horizon scanning. The Committee is therefore recommended to note this paper as part of their review of cancer services

Background

The purpose of horizon scanning is to provide advance warning of new medicines that may require managed introduction, additional resources and/or changes to clinical practice. It is required for planning the introduction of new drugs into the NHS Wales.

Managed introduction of new drugs into the NHS in Wales

In the debate surrounding the use of unlicensed drugs such as trastuzumab (Herceptin), the Minister for Health & Social Services asked for a review of the way that new high cost drugs could be evaluated and introduced into the NHS. The decision was broadly in line with a subsequent motion in a Minority Party Debate which called for the approval process for new drugs to be speeded up.

A project board established to examine this issue identified four key improvement areas: Early information on new drugs (horizon scanning); cost estimates for new drugs; prescribing of unlicensed drugs; and the appraisal process (including better co-ordination of appraisal resources with the Scottish Medicines Consortium and NICE).

I have since approved a bid from the All Wales Medicines Strategy Group to provide NHS Wales

with a more timely appraisal of new drugs whereby instead of 8 drugs a year they will appraise up to 32 new cancer, cardiac and high cost drugs. The new process is summarised in the attached annex. The work programme will be produced as a result of the horizon scanning process.

The work of the AWMSG will continue to complement and support the work of NICE. Drugs appraised will be those that are not currently on NICE's work programme. The advice will continue to be interim in nature and will be superseded by any subsequent guidance from NICE, in view of their longer appraisal process.

Commissioning Responsibilities in relation to new drugs

Local Health Boards (LHBs) are responsible for commissioning medical services on behalf of all persons who are usually resident in the area for which they are established, except those services listed in the Local Health Boards (Functions) (Wales) Regulations 2003 which are the responsibility of Health Commission Wales (HCW). The excepted services are in the main either tertiary level services or services national in their nature (e.g. the ambulance service). In the case of new medicines, the commissioning responsibility would fall to the LHB responsible or HCW, as appropriate.

Horizon Scanning in Wales

The National Horizon Scanning Centre works on behalf of Wales as well as England and provides information to the Welsh Assembly Government. The Welsh Medicines Information Centre are engaged with the United Kingdom Medicines Information Group programme for Horizon Scanning and are actively involved in the strategic planning and preparation of materials.

Horizon scanning is a labour intensive process. It may be appropriate to fine tune certain aspects to make the outputs more suited to the way healthcare is managed in Wales but to run a separate horizon scanning centre for Wales will only serve to duplicate the work of the National Horizon Scanning Centres and the United Kingdom Medicines Information Group.

Horizon Scanning for Cancer Medicines in Wales

When considering horizon scanning with reference to chemotherapy in particular, there is a considerable bank of knowledge held by staff within Wales e.g. Wales Cancer Trials Network (WCTN). The WCTN (www.wctn.org.uk/) holds information on cancer research in Wales and this information could provide a valuable insight into which new cancer drugs are likely to come to market, when, for which indication and likely demand. The WCTN has agreed to alert the Cancer Services Co-ordinating Group to new cancer drugs likely to impact NHS Wales.

NICE: Single Technology Appraisal Process

In November 2005, NICE launched a new, rapid process for assessing drugs and other treatments to sit alongside its global standard process. The Single Technology Appraisal (STA) process is used to produce faster guidance on life-saving drugs which have already been licensed and on new medicines

close to when they first become available. This new process enables single new drugs, and existing drugs with new indications to be rapidly assessed.

Under the new process, NICE is able to issue faster guidance by:

- Asking for a single submission of evidence from the drug's manufacturer;
- Carrying out an independent assessment of this evidence more quickly; and
- Moving quickly to the final (appeal) stage of the process where the draft recommendations are in line with the licence.

The first guidance developed using the new process was issued in June 2006, and draft guidance on trastuzumab (herceptin) for early stage breast cancer followed shortly after.

Nearly all of the drugs initially being assessed under the STA process are cancer drugs, including many which were already on NICE's work programme. Using this new process will result in timely advice on the use of new medicines, particularly for life-threatening conditions such as cancer, some 6-15 months earlier than was previously anticipated.

Action for Subject Committee

To note the contents of this paper

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Annex

Outline of Proposed New Medicine Appraisal Process for Wales

(This process is for licensed medicines and includes existing medicines recently licensed for a new indication)

1. Horizon scanning

The AWMSG secretariat will be alerted to the impending arrival of new cancer, cardiac and high-cost medicines onto the market by the:

Welsh Medicines Information Centre;
National Horizon Scanning Centre;
National Public Health Service (NPHS);
Welsh clinical networks;
Welsh clinical trial networks

who can all provide a different perspective to the process.

2. Work programme planning in association with the SMC and NICE. Prioritisation of the AWMSG work programme will be decided with input from the Welsh clinical networks, commissioners if not already part of the clinical network and the NPHS. N.B. Horizon scanning and work programme planning is a rolling process.

3. Communication of the work programme – with the NHS and public. The prioritised list will inform LHB and Trust financial planning processes. (The work programme will be updated, if necessary, on a 2 monthly basis)

4. Production of a "Medicine Assessment" paper by the AWMSG support network team (consisting of a pharmacist, doctor and health economist) Production of this document requires literature searches to collate the evidence, critical analysis of pharmaceutical company submissions, a critical appraisal of the evidence and a health economic assessment.

5. Appraisal of the medicine by a subgroup of the AWMSG. At these meetings, the cost-effectiveness of the medicine will be considered. The Assessment paper will be evaluated and evidence heard from the pharmaceutical manufacturer, a specialist in the field and relevant patient group. The subgroup (New Medicines Group (NMG)) will involve approximately 16 individuals including a public health physician, an appropriate specialist in the field drawn from outside the group, a health economist and members drawn from Medicines and Therapeutic Committees across Wales. The Group will meet every two months and will consider approximately 5-6 medicines per meeting. The NMG will make a recommendation to the AWMSG, for ratification, in relation to each new medicine.

6. AWMSG ratification of the recommendation. This step ensures that the process followed by the NMG was robust and transparent. It also allows reflection on the recommendation, including consideration of a broader societal view, affordability issues and any further information that may have become available. The AWMSG will provide a reason for not accepting any recommendation of its sub-group. The AWMSG will meet every two months, in public.

7. Communication of the decision.