

## **Cancer52**

### **Response to proposed changes to the Standard Operating Procedures: The Cancer Drugs Fund 2015-16**

## **SUMMARY OF RESPONSE**

[Cancer52](#) has submitted a [full response](#) to the [Consultation on Proposed Changes to Standard Operating Procedures \(SOP\): The Cancer Drugs Fund for 2015/16](#).

A summary of key points of our response is given below.

- we are concerned that the new text in the SOP appears to dilute the potential influence of clinicians outside of the National CDF (NCDF) panel in decision making. We would like to see the principle of wider clinical engagement retained
- we are concerned that there will be greater uncertainty for patients as a result of drugs being on the approved list at one time, then off the list at another. Under the new SOP, patients who don't start within three months on a drug that is subsequently delisted lose that option. While the intention of this change might be to stop 'gaming' by clinicians, we believe that losing the particular treatment option should be related to a change in clinical circumstances and not a result of the fact that the NHS can no longer afford it, even though it could have been available just a few weeks before.
- we believe that the new SOP should now be worked up alongside the Accelerated Access Review (AAR) (also known as the Innovative Medicines and Medical Technology Review) rather than the VBP process, which we believe to have been 'paused'
- we believe that actual use of drugs rather than the proposed 'potential use' should be the focus for decision making for NHS England (NHSE) because that is the relevant decision that NHSE faces
- we welcome the proposals for a single process for challenging decisions of the NCDF panel and that decisions can now also be challenged by patient groups

Cancer52  
June 2015