

**REPLY BY THE PRESIDENT OF
THE COMMITTEE FOR HEALTH & SOCIAL CARE
TO QUESTIONS POSED BY DEPUTY PROW PURSUANT TO RULE 14 OF THE
RULES OF PROCEDURE**

1. Will the President of the Committee *for* Health & Social Care (CfHSC) give a full, current and comprehensive update on the progress of implementation of the Resolution of the States made on 16th January 2020 relating to drug and treatment policy aimed at getting those drugs to people who need them, including those approved for funding from the Cancer Drug Fund?

The States of Deliberation ('the States') directed the Committee *for* Health & Social Care, with the Policy & Resources Committee, to undertake a review of the agreed approach to the implementation of NICE TAs and report back to the States within six months of the end of year 2. The Committee has since determined that implementation would be aligned with the financial year, such that 2021 was year 1 and 2022 is year 2, albeit that a phased approach over the course of those years means that expenditure incurred will not represent a full years' worth of funding for all drugs.

The implementation of the agreed policy approach to drug funding is proceeding well and a review of year 1 is in progress. However, to provide a comprehensive update at this time would slow down progress because this would inevitably require significant pharmacy input. Due to the nature of prescribing activities and the specialist input required, it also takes time for the data to become available.

The Committee has been able to provide some information about the expenditure incurred to date in its reply to Question 5 below but intends to provide a full report back to the States on the implementation of NICE TAs in 2023 as directed by the Resolutions.

2. The Report entitled "The Review of Drugs and Treatments; Options Appraisal", published by the CfHSC in May 2019, contains a table (*table 53. Option 5 at page 127*) with details of estimated patient numbers and cost impacts. What were the actual patient numbers, costs and impacts on patients at the end of the first year of implementation of the Resolution of the States made on 16th January 2020 relating to drug and treatment policy?

As above, the Committee *for* Health & Social Care will undertake a review in line with the agreed Resolutions of the States.

3. What lessons have been learnt from the delayed implementation of year 1, to ensure that the best possible drugs, treatments and patient impacts Guernsey can provide, are reaching eligible patients who would benefit during year 2 implementation?

Year 1 began on 1st January 2021 but significant preparatory work was completed during the course of 2020 to enable access to new drugs and treatments with an ICER value of less than £30,000.

While there is an ongoing process of learning in respect of the implementation, the Committee is confident that drugs and treatments are reaching those who are eligible, and it has established relationships with primary and secondary care in relation to prescribing activities. Learnings from the implementation will also be considered during the review.

4. When will the Policy Document G1033, entitled “Priority Setting in Health and Social Care” be updated and the updated document published?

Beyond amending the policy to reflect the direction of the States in relation to NICE TAs, wider consideration needs to be given to the prioritisation process so that the policies transferred to the Committee *for* Health & Social Care from the Committee *for* Employment & Social Security, as part of the Reform of Healthcare Funding, can be integrated into the Policy. This work is ongoing.

5. The Government Work Plan (GWP) (at page 156) indicates that funding of NICE TAs for year 1 and 2 is to be built into the baseline funding for 2023 and that the only additional budget proposed for 2023 is £150K for the purposes of review. Would CfHSC clarify the quantum to be included for year 1 and 2? (e.g., is it the originally proposed figure of £5.6m for year 1 and £8.3m for year 2, or will it be a much-reduced sum)

The funding to be built into the 2023 baseline funding is directly informed by the progress of NICE TAs for year 1 (2021) and year 2 (2022). When new treatments begin to be prescribed in year there is always a timing lag in terms of what this represents for a full year cost.

NICE TA costs in year 1 were **£1.2m** with expenditure increasing over the course of the year up to £150k per month by December (equivalent to **£1.8m** per annum). Year 2 to date (January to May) has already matched that year 1 spend, reflecting the progressive increase in the availability of treatments. The forecast for year 2 is approximately **£3.5m**. The current estimate for 2023, building on this 18 month actual and 6 month projection (with an inherent level of uncertainty with regards to timing, volume and unit costs for treatments) is **£5m**.

Although the total expenditure is ‘much-reduced’ in comparison to the originally proposed figures it is still material, increasing year-on-year and funded from a reserve that is being depleted.

6. The United Kingdom Health and Social Care (NHS) Secretary, said recently, “I want National Health Service patients to be the first in the world to access the most promising and revolutionary treatments that could extend or save their lives,” when bringing forward its Review of the practical application of NICE TAs during 2023. The original CfHSC proposals on NICE TAs (Jan 2020) included treatments approved through the Cancer Drugs Fund. The UK provision has changed significantly in the intervening years. Would the CfHSC confirm that the CfHSC review will include consideration of the Innovative Medicines Fund (IMF) and that CfHSC aim to be equally as ambitious?

The availability of drugs and treatments is constantly evolving and the introduction of the Innovative Medicines Fund is a recent development. Drugs recommended via the Innovative

Medicines Fund are funded subject to the collation and sharing of data to establish “real world” efficacy. This involves using NHS processes and IT Systems.

To replicate this in Guernsey would be difficult because secondary care operates a consultant only service, some of whom do not work full-time and/or on the island, and the pharmacy workforce in Guernsey is much smaller and does not have access to NHS IT systems.

The Prescribing and Formulary Panel will discuss this and the Committee will advise the States about options for the approach to be adopted in future years, and the associated implications, in due course. We can of course adopt an ambitious approach; however, a sustainable funding source will need to be identified and this will also require further decisions of the States’ Assembly.

Date of receipt of questions: 20th June 2022

Date of response: 5th July 2022