

## **Response to Guidance on NHS patients who wish to pay for additional private care – A consultation**

The British Oncology Pharmacy Association (BOPA) and the Cancer Network Pharmacists Forum (CNPf) welcome the opportunity to comment on this draft guidance which constitutes part of the government's response to Professor Mike Richard's Report Improving access to medicines for NHS patients, which was published on 4th November 2008.

Specific comment was requested on the following questions:

### **1. Is the principle of separateness clear?**

We feel that further clarification of the guidance is needed in this area as this could be a challenging principle to follow in a number of situations.

1.1 It is unclear how the NHS should manage patients who may be admitted to hospital on ongoing, privately funded oral chemotherapy and who are being managed by the NHS for symptoms which may or may not be related to their treatment. Should the patient be taken to a separate facility in order to take their privately funded oral chemotherapy?

1.2 It should be understood that the guidance may not be practicable for a number of NHS Trusts, many of whom do not have private facilities, the capacity to create a separate area on site nor a private hospital nearby. In addition NHS Trusts will have their own views as to what is suitable for administration in a homecare setting and many will treatments will not be considered suitable.

1.3 In other NHS Trusts, in order to truly separate the two episodes it is likely that some patients will have to receive their "private" and NHS care in separate organisations. This may warrant treatment on consecutive days which will deviate from licensed dosing schedules and so represents off-label use of therapies with the associated issues of liability.

### **2. Are sufficient safeguards in place?**

2.1 We feel that the guidance should be clear that there is a need to ensure that private providers are providing services that, like NHS services, meet the standards outlined in the Manual of Cancer Standards 2004 (and the draft recommendations contained in the recent report from the National

Chemotherapy Advisory Group (NCAG)) in order to assure patient safety. It should also be made clear whose role it is to monitor these services.

**3. Should there be more assurance mechanisms in place to ensure the guidance is followed and does not lead to any unintended consequences?**

3.1 We have some concern over the statement “4.4 Clinicians should exhaust all reasonable avenues for securing NHS funding before suggesting a patient’s only option is to pay for care privately. In these situations, which are likely to be exceptional, clinicians should consider:.....”. It is clear that some PCT’s have systems in place to minimise the need for exceptional case requests to be made. This statement has the potential to be interpreted as requiring all patients to be referred to local PCT non-contract (exceptional case) panels, despite the local systems, in order to “exhaust all reasonable avenues for securing NHS funding”. This will place an increased burden on these panels and as a result delay requests to such panels for true “exceptions”. We would suggest that PCT’s be required to monitor for any increase in the number of inappropriate “exceptional cases” taking account of local systems.

3.2 We welcome and are committed to actively supporting any initiatives that improve access to new medicines for NHS patients such as those outlined in section 5.23 of the full report “Improving access to medicines for NHS patients”. It is essential, however, that the benefits and costs of initiatives such as offers to NHS of patient access schemes by pharmaceutical manufacturers are assessed as carefully as those of the medicines themselves and to ensure that the schemes genuinely offer the NHS value-for-money. Risk sharing schemes are multiplying rapidly, are not consistent in the way they work, and this lack of consistency increases the financial, administrative and governance risks to NHS organisations. We call for the Department of Health to work with industry and the NHS to ensure that these schemes are developed with more consistency and to assist the NHS in managing these schemes appropriately. We have previously highlighted issues with these schemes in a position statement from March 2008, which can be found at [http://www.bopawebsite.org/tiki-download\\_file.php?fileId=236](http://www.bopawebsite.org/tiki-download_file.php?fileId=236)