

Funding Routes for SACT within the NHS

Anti-cancer treatment is directly commissioned by NHS England as a specialised service. This is because of the high cost of cancer medicines and the need to have a single commissioner to ensure access is uniform across England.

Pharmacy are usually responsible for ensuring High Cost Drugs (HCDs) are used within the published recommendations and the appropriate funding route, prior to the start of a patient's treatment.

There are a number of funding routes in the NHS available in order to access cancer treatments in the England. These are:

1. National Institute for Health and Care Excellence (NICE) approved treatments commissioned by NHS England in baseline
2. Policy Proposition – commissioned by NHS England in baseline
3. Cancer Drugs Fund (CDF)
4. Individual Funding Request (IFR)
5. Unlicensed access (compassionate, EAMS)
6. Trials
7. Co-payment (Additional Private Care)

Acknowledgments

The Royal Marsden "*Commissioning in Cancer – An introductory guide*" produced by Clinical Commissioning Pharmacists Tim McCarthy and Islam Elkonaissi.

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This is an open book test – you can have access to all the necessary resources available in your department. This may include local trust intranet systems and policies, national and regional guidelines. This must be completed independently first, then discussed with your SACT assessor.

1. **What is the role of NICE, and what do you understand if a medicine is 'NICE approved'?**

- 2 **What is the CDF?**

3. **How do you access the CDF list?**

4. What is an Individual Funding Request? (IFR)

5. What are the other options if a drug is not funded within the NHS, and does not meet IFR requirements?

6. What are Early Access Medicines Scheme (EAMS)

7. What is Blueteq?

8. What are the 'private' funding routes?

9. What is co-payment?

10.1 What do you understand by the term 'line of therapy'?

10.2 If an agent is changed due to toxicity, is this considered a change in line of therapy?

10.3 Are clinical trials considered to be a line of therapy?

10.4 If a drug is provided via the compassionate supply route, is this considered a line of therapy?

11. Treatment duration and treatment breaks

Some treatments may only be commissioned for a specified number of years or number of cycles. Patients should not be treated beyond the specified time frame or maximum number of cycles.

Patients may require a break from their scheduled treatment. This could either be:

- planned: e.g. holiday; or
- unplanned: in reaction to unforeseen events e.g. longer than expected recovery from surgery or toxicity.

Explain how would you make a request to fund restarting treatment and what conditions apply?

References and further reading

The structure of the NHS in England, House of Commons Library – online:

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7206#fullreport>

The King's Fund – online: www.kingsfund.org.uk

Commissioning, NHS England– online: www.england.nhs.uk/commissioning/