

STATEMENT BY THE WELSH GOVERNMENT

TITLE ACCESS to NEW MEDICINES

DATE 12 July 2016

BY Vaughan Gething, Cabinet Secretary for Health, Well-being and Sport

In our manifesto, we made a commitment to improve the introduction of innovative treatments by establishing a new treatment fund in Wales. We also agreed with Plaid Cymru, as part of the Compact to Move Wales Forward, to undertake an independent review of the Individual Patient Funding Request (IPFR) process.

In Wales, we are proud to take an evidence-based approach towards the introduction of new medicines in the NHS.

New treatments are being discovered, licensed and approved for use in the NHS on an almost monthly basis, bringing with them the prospect of a cure or a better quality of life for people with life-long or life-limiting conditions.

Some of these new medicines come with a high price tag for the NHS, placing a responsibility on us to ensure our resources are invested where the proven benefit for patients is in balance with the cost. We will continue to take an evidence-based approach to determine which treatments should be routinely available in the Welsh NHS.

We rely on the expert and authoritative advice from the National Institute for Health and Care Excellence (NICE) and the All-Wales Medicines Strategy Group (AWMSG). Both these organisations undertake robust appraisals of new licensed medicines by assessing evidence of clinical effectiveness for patients against the cost to the NHS charged by the manufacturer.

Over the course of the last five years, we have invested in our own medicines appraisal programme to ensure that Wales can determine which new medicines should be available

in the NHS as quickly as possible, giving people access to the most clinically-effective and cost-effective new medicines.

Since the AWMSG was set up in 2002, it has provided advice on 286 new medicines, recommending 84% for use in NHS Wales. In 2015-16, 45 of the 47 medicines appraised were approved for use in Wales.

To improve the likelihood of a positive appraisal, we introduced the Wales Patient Access Scheme in 2012 to encourage the pharmaceutical industry to offer prices for new medicines more in balance with their clinical benefits. This has created new opportunities for new medicines to be routinely available in Wales. To date, 21 new medicines have been made available through this scheme.

New Treatment Fund

The new treatment fund will support the early introduction of the newest and most innovative high-cost medicines which have been recommended by NICE or AWMSG.

We will make £80m available over the life of this government to ensure new medicines, which address unmet clinical need and represent a significant step forward for the treatment of life-limiting and life-threatening diseases are available. This will be delivered consistently across Wales as soon as possible following a positive recommendation by either NICE or AWMSG.

The new treatment fund will meet the cost of these new medicines for a maximum of 12 months, giving health boards the time to plan and prioritise funding from within their budgets.

The fund has developed from our experience of making new high-cost treatments for a range of life-changing conditions available to people in Wales. Last summer, for example, the Welsh Government provided significant funding from its central reserves to enable the NHS to fund four new treatments for hepatitis C and a new treatment for a rare, genetic and progressive disease called aHUS. The medicines represented a major step forward in treatment and secured significant health and social benefits for patients.

It is essential the new treatment fund is operated transparently and is widely understood. During the summer we will be refining the criteria and mechanisms needed to manage the fund effectively. I anticipate the fund will be operational by December.

Most importantly, it will ensure patients in Wales have faster access to life-changing and life-saving treatments wherever they live.

Individual Patient Funding Request (IPFR) Process

Where a medicine or treatment has not been appraised or approved for use in NHS Wales, a clinician can apply, on their patient's behalf, for it to be made available via the individual patient funding request (IPFR) process.

It is right that we have a process in Wales to enable access to treatments and devices which are not normally available via the NHS. Each health service in the UK has such a process, with clinical criteria to determine accessibility.

The NHS Wales process has been improved following a review in 2013-14. A further review will now take place to ensure better consistency of decisions across Wales and make recommendations about what clinical criteria should be applied when determining eligibility.

I have discussed the scope for an independent review of the IPFR process with the health spokespeople of each of the parties represented in the National Assembly. There is general agreement for the review panel to draw on expertise and experience of the system in Wales and bring a fresh perspective from outside Wales. The patient perspective will also be an essential element of the review. The review will consider in particular the clinical exceptionality criteria and the possibility of a single national IPFR panel.

I want the review to be short and sharply focused to address these issues. I will provide a further update in September.

We will continue to place the appraisal process at the centre of our evidence-based approach to medicines in Wales; ensuring people have access to effective treatment for their illness or disease.

The new treatment fund will support this approach by providing early access to high-cost, innovative medicines, which offer new treatment options to people with life-long and life-limiting conditions.

We are also committed to reviewing the IPFR process to ensure it is both fair and consistent across Wales.

Taken together, these measures will help to ensure that patients in Wales have access to equitable treatment wherever they live.

Embargoed until after Vaughan Gething, Cabinet Secretary for Health, Well-being and Sport has delivered the statement.