The All Party Parliamentary Group on Skin

58-60 Kensington Church Street, London W8 4DB

MONTHLY MONITORING REPORT

April 2014

Week 1

Tuesday 1st April

Wednesday 2nd April

❖ HoC – Questions for Written Answers

Public Health England

Luciana Berger: To ask the Secretary of State for Health what estimate he has made of the *(a)* fixed costs and *(b)* annual running costs of Public Health England. [194105]

Jane Ellison: Public Health England (PHE) does not currently budget or report on the split between fixed and non-fixed costs. In the following table shows the budget for last year and this year, split between day to day activity (net operating expenditure), that spent on vaccines and countermeasures, and the local authority (LA) grant, which is paid to LAs to exercise their public health duties.

Skin cancer

Pauline Latham: To ask the Secretary of State for Health what assessment he has made of the views of the National Institute for Health and Care Excellence on the survival benefit of dacabazine as a first line treatment for advanced melanoma; and if he will make a statement. [193951]

Norman Lamb: We have made no such assessment.

❖ HoL – Questions for written Answers

Health: Innovative Medicines

Baroness Thomas of Winchester To ask Her Majesty's Government what steps they are taking to ensure early access to innovative medicine for life-threatening conditions.

Baroness Thomas of Winchester (LD): My Lords, I am grateful to have attracted such a stellar cast for the important matters that we will be talking about in this short debate this evening. I hope that it might build on the interesting debate on 13 March on regenerative medicine, in which my noble friend Lord Willis of Knaresborough said:

"The King's Fund estimates that by 2070, 20% of the UK's GDP will be spent managing long-term conditions".—[Official Report, 13/3/14; col. 1944.] …

❖ Welsh Government

Department of Health Consultation – Public Health White Paper

The 'Listening to you – Your health matters' White Paper sets out a series of proposals for legislation to help further improve and protect people's health and wellbeing in Wales.
The proposals cover a range of public health issues, including action to reduce the harms to health caused by smoking, alcohol misuse and obesity. They provide a set of practical actions which, when combined, aim to have a positive impact on health and wellbeing in Wales …

Thursday 3rd April

❖ HoC – Questions for Written Answers

NHS: Drugs

Kevin Barron: To ask the Secretary of State for Health what the timescales are for delivering the commitment in the 2014 Pharmaceutical Price Regulation Scheme for his Department to work with industry and the National Institute for Health and Care Excellence to support further consideration of issues and potential resolutions around the use of unlicensed comparators. [194016]
Norman Lamb: Departmental officials are working with industry and the National Institute for Health and Care Excellence (NICE) to deliver the commitment in the 2014 Pharmaceutical Price Regulation Scheme relating to the use of unlicensed comparators in NICE technology appraisal guidance. There is no set time scale for delivery of this commitment as yet.

Kevin Barron: To ask the Secretary of State for Health on how many occasions his Department has requested the National Institute for Health and Care Excellence to perform a technology appraisal on an unlicensed medicine; and on what basis such a request was made in each case. [194017]
Norman Lamb: We have not referred any unlicensed drugs to the National Institute for Health and Care Excellence (NICE) technology appraisal programme.
However, we have asked NICE to produce guidance on the 'off-label' use of immunosuppressants for renal transplantation in adults and children (TA85 and TA99) and on Velcade (bortezomib) and thalidomide for multiple myeloma (TA228).

Kevin Barron: To ask the Secretary of State for Health (1) on how many occasions the National Institute for Health and Care Excellence has not recommended a licensed treatment where an unlicensed comparator was used in the relevant health technology appraisal; [194018]
(2) what assessment his Department has made of the effect of the use by the National Institute for Health and Care Excellence of unlicensed comparators in technology appraisals on the regulatory incentives for the development of licensed *(a)* paediatric medicines and *(b)* medicines for rare diseases. [194020]
Norman Lamb: Since 2007, the National Institute for Health and Care Excellence (NICE) has not issued any technology appraisal guidance which did not recommend a drug or treatment on the basis of a comparison with an unlicensed medicinal product. To include information relating to the period prior to 2007 would incur disproportionate cost.
The Department has made no assessment of the effect of NICE's use of unlicensed comparators in technology appraisals on the development of medicines for children and for rare diseases. There are a number of incentives at European Union level to encourage the development and authorisation of paediatric medicines and orphan medicines for rare diseases.

NHS: Unlicensed medicine

Kevin Barron: To ask the Secretary of State for Health what criteria are used by the National Institute for Health and Care Excellence to determine whether an unlicensed medicine is in established use within the NHS. [194019]
Norman Lamb: The National Institute for Health and Care Excellence (NICE) follows a rigorous process for determining the appropriateness of comparator technologies in its technology appraisals.

This includes consideration of evidence from clinical experts and manufacturers on comparator technologies that may not have a marketing authorisation but which are in established use within the national health service.
NICE'S 'Guide to the Methods of Technology Appraisal', is available on its website at:
www.nice.org.uk/media/D45/1E/GuideToMethodsTechnologyAppraisal2013.pdf

Skin Cancer

Pauline Latham: To ask the Secretary of State for Health what representations he intends to make to the National Institute for Health and Care Excellence on the use of ipilimumab as a first line treatment for advanced melanoma. [193885]
Norman Lamb: We have no immediate plans to make any representations to the National Institute for Health and Care Excellence regarding its technology appraisal of ipilimumab (Yervoy) for previously untreated unresectable stage III or IV malignant melanoma.
However, as a stakeholder in this appraisal, the Department will consider making representations as part of the appraisal process.

Friday 4th April

❖ HoC – Written Statements

Pharmaceutical Price Regulation

The Minister of State, Department of Health (Norman Lamb): My hon. Friend the Under-Secretary of State for Health, Earl Howe, has made the following written ministerial statement:
I am pleased to announce today the publication of "Pharmaceutical Price Regulation Scheme: 12th Report to Parliament".
The pharmaceutical price regulation scheme (PPRS) is a voluntary agreement with the pharmaceutical industry which is used to control the prices of branded medicines to the health service and limit the profits that companies can make on their health service sales. The Department published the first report on the PPRS in 1996 following a comment by the Health Committee that the
"Department of Health should introduce greater transparency into the PPRS" …

❖ HoC – Questions for Written Answers

Commissioning services: NICE guidelines

Hugh Bayley: To ask the Secretary of State for Health what advice he gave to *(a)* primary care trusts and *(b)* clinical commissioning groups about adherence to NICE guidelines in commissioning services. [194451]
Jane Ellison: The National Institute for Health and Care Excellence (NICE) guidelines are recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within the national health service. While NICE guidelines are not mandatory, the Department expects providers and commissioners to take into account any relevant NICE guidelines on commissioning services as they commission high-quality care to meet the needs of patients. "NICE Support for commissioning" helps commissioners to work with clinicians and managers to commission high-quality evidence-based care. Commissioning care in line with NICE quality standards and guidance should enable commissioners to be confident that the services they are commissioning are cost-effective and focused on driving up quality.
"NICE Support for commissioning" comprises web-based resources supporting quality improvement and service redesign. They accompany NICE quality standards and are available on the home page for each published quality standard …

Monday 7th April

❖ Press releases & News

NHS England

A Regional innovation Fund (RIF) of £5million was launched by NHS England in November 2013, to support and promote the adoption of innovation and the spread of best practice across the NHS.
Bids for the fund were invited from NHS England, the NHS and Academic Health Science Networks (AHSNs) and were managed by an Independent Clinical Panel.
Funding was allocated by NHS England in December 2013 and a list of the successful bids is now available. The allocations seek to deliver significant improvements in quality and efficiency in the NHS through innovation …

MHRA

From today, the Medicines and Healthcare products Regulatory Agency (MHRA) is welcoming applications for the Early Access to Medicines Scheme (EAMS) from the pharmaceutical industry and research organisations. This scheme aims to give patients with life threatening or seriously debilitating conditions access to medicines that do not yet have a marketing authorisation and where there are no suitable alternative licensed treatments. There are two parts to the scheme. The first is a promising innovation medicine (PIM) designation which will be given after assessment of clinical data and provides an early indication that the specific product has potential for the EAMS scheme. The second is where a scientific opinion is issued based on the benefit risk profile of the medicine. Positive scientific opinions will be made available on the MHRA's website to assist doctors and patients in making treatment decisions, and inform them of the risks and benefits of the product …
See also for further information on the EAMS scheme:
http://www.mhra.gov.uk/Howweregulate/Innovation/EarlieraccesstomedicinesschemeEAMS/index.htm

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Tuesday 8th April

❖ HoC – Written Questions for Answer

Cancer

Jim Shannon: To ask the Secretary of State for Health what guidance he issues on ensuring that cancer drugs are not withheld from elderly terminally ill patients aged over 65 years old. [194457]
Norman Lamb: In December 2012, the Department worked on a project with Macmillan Cancer Support and Age UK to improve uptake of treatment in older people. That project established key principles for the delivery of age-friendly cancer services. In December 2013, NHS England published Are Older People Receiving Cancer Drugs?[1], an analysis of chemotherapy uptake in older people, and that report reaffirmed these principles and set out new recommendations on improving the uptake of chemotherapy.
Alongside this report, NHS England's National Clinical Director for Cancer launched a 'call for action' on treatment for older people. NHS England is now setting up an advisory group to identify where improvements in cancer services for older people can be made. It is also supporting an initiative to ensure that patients are better informed about the options available to them and that they are fully involved in decisions about their treatment.
[1]*Note:*
www.england.nhs.uk/wp-content/uploads/2013/12/old-people-rec-cancer-drugs.pdf

Luciana Berger: To ask the Secretary of State for Health what steps his Department is taking to reduce the number of late diagnoses of cancer. [194772]

Jane Ellison: 'Improving Outcomes: A Strategy for Cancer', published in January 2011, committed more than £450 million over the four years up to 2014-15 to achieve earlier diagnosis of cancer, including funding to support direct general practitioner (GP) access to four key diagnostic tests to support the diagnosis of brain tumours, bowel, lung and ovarian cancers and to cover additional testing and treatment costs in secondary care. GPs are able to access these tests directly in cases where the two-week urgent referral pathway is not appropriate but a patient's symptoms require further investigation. The intention is that more people presenting with relevant symptoms will be tested and at an earlier stage. NHS England monitors the use of these diagnostic tests through the Diagnostic Imaging Dataset.

Skin Cancer

Mark Durkan: To ask the Secretary of State for Health what assessment he has made of the take up of innovative treatments for advanced melanoma over the last 10 years. [194397]
Norman Lamb: Information on the use of treatments for advanced melanoma which have been recommended in appraisal guidance from the National Institute for Health and Care Excellence (NICE) is shown in the table. Prior to 2011 NICE had not issued appraisal guidance recommending treatments for advanced melanoma …

❖ Press releases & News

Health Education England

Framework Agreement between the Department of Health and Health Education England was published today. The purpose of the document is to define the critical elements of the relationship between the Department of Health and Health Education England.
The document focuses on how DH and HEE work in partnership to serve patients, the public and the taxpayer, and how both HEE and DH discharge their accountability responsibilities effectively.

Wednesday 9th April

❖HoL – Written Answers

Health: Pharmaceutical Pricing Schemes

Lord Stevenson of Balmacara To ask Her Majesty's Government what assessment they have made of the impact of the present Pharmaceutical Price Regulation Scheme on pharmaceutical companies that had previously agreed a discounted list price for their medicines directly with NHS England and specialised commissioners. [HL6483]
The Parliamentary Under-Secretary of State, Department of Health (Earl Howe) (Con): The 2014 The Pharmaceutical Price Regulation Scheme (PPRS), agreed between the Department and the Association of the British Pharmaceutical Industry, introduced a limit on growth in the overall cost of the branded medicines purchased by the National Health Service from members of the scheme. This growth limit applies to the great majority of medicines and details are clearly set out in the scheme.
Within the scheme, scheme members may offer discounts or other arrangements to the NHS as long as these do not contravene any aspect of the scheme. Decisions on whether to participate in such arrangements and the terms on which they are offered are matters for the relevant scheme member and the NHS. The Allowed Growth Rates and PPRS Payments are calculated based on NHS expenditure on relevant medicines net of any discounts. The Government has not, therefore, made an assessment of the impact of the scheme on pharmaceutical companies which have agreed particular arrangements with NHS organisations in relation to specific products.
The PPRS is a voluntary scheme, and pharmaceutical companies have the choice whether to join the PPRS or to be covered by the alternative statutory scheme.

Thursday 10th April

❖ HoC – Written Answers

Psoriasis

Mrs Gillan: To ask the Secretary of State for Health (1) what steps he is taking to transpose quality statements 1 and 2 of the National Institute for Care and Clinical Excellence quality standard on psoriasis into Clinical Commissioning Group outcome indicators; [195334]
(2) what data requirements are necessary to precipitate the development of Clinical Commissioning Group Outcome Indicators based on quality statements 1 and 2 of the NICE quality standard on psoriasis. [195390]
Norman Lamb: The Health and Social Care Information Centre (HSCIC) has advised that it has made some investigations into the information that would be required to support the indicators proposed by the National Institute for Health and Care Excellence (NICE) on the Psoriasis Quality Standard.

The HSCIC found that there was a need for some development in the Read codes used by clinicians to record patient findings and procedures in health and social care Information Technology systems across primary and secondary care; as well as guidance and clarification of definitions on the use of the existing Read codes for recording to support the indicators proposed for the topic of psoriasis.
It should be noted that even where the data sources meet the requirements of the topic, any inclusion of indicators in the Clinical Commissioning Group Outcome Indicator Set (CCG OIS) requires there to be sufficient cases for statistically reliable measurement across the 211 clinical commissioning groups (CCG) …

❖ Welsh Assembly – Written Questions for Answer

Early Access to Medicines Scheme

Darren Millar (Clwyd West): What assessment has the Minister made of the potential impact of the UK Government's Early Access to Medicines Scheme on Wales? (WAQ66676)
The Minister for Health and Social Services (Mark Drakeford):
The early access to medicines scheme will apply across the UK. The Medicines and Healthcare products Regulatory Agency (MHRA) will provide a scientific opinion on promising new unlicensed or off-label medicines that will treat, or prevent life threatening or seriously debilitating condition that do not have adequate treatment options. The medicine will be available free of charge from the company until a marketing authorisation is granted. Once this has been obtained, ongoing use in Wales will be determined by the National Institute for Health and Care Excellence (NICE) or the All Wales Medicines Strategy Group (AWMSG).

Friday 11th April

Week 3

Monday 14th April

❖ Weekly Answer Booklet – NI Assembly

Cancer Drugs Fund

Mr Wells asked the Minister of Health, Social Services and Public Safety whether he is aware that 38 cancer drugs routinely available through the Cancer Drugs Fund in England are now available in Scotland but not in Northern Ireland.
Mr Poots: The Health and Social Care Board which has responsibility for commissioning specialist drugs in Northern Ireland has advised that there are 40 drugs included on the NHS England National Cancer Drugs Fund (CDF) List (March 2014 list).Friday 11 April 2014 Written Answers WA 189. Many of the drugs included in the Cancer Drugs Fund (CDF) are licensed for a range of indications. A proportion of these drugs are recommended by NICE for one or more of their licensed indications and in such circumstances are routinely commissioned in Northern Ireland. It is assumed that the question asked by the Member specifically refers to the detailed criteria applicable to the availability of each of the 40 drugs included in the CDF for specific indications. Scotland made an announcement about changes in their drug approval system in October 2013. The Scottish Government has advised that the new approach by Scottish Medicines Consortium (SMC) will be in place this month (April) and the first decisions under this new approach are expected by Autumn 2014.

Cancer Drugs Fund

Mr Dallat asked the Minister of Health, Social Services and Public Safety what discussions he has had with his English, Welsh and Scottish counterparts on the establishment of a Cancer Drugs Fund in Northern Ireland.
Mr Poots: I have not had discussions with my counterparts in England, Wales and Scotland on the establishment of a cancer drugs fund in Northern Ireland. Health is a devolved matter and it is for each administration to make decisions on the best use of its resources. I am committed to exploring every available avenue to deliver increased access to specialist medicines and other interventions. Whilst that the Individual Funding Request system for accessing specialist drugs is working effectively, I have previously indicated that I am willing to consider the re-introduction of prescription charges to protect vital frontline services and to expand access to specialist drugs including specialist cancer drugs. However, the reintroduction of a small prescription charge in Northern Ireland would require the support of the Executive.

Tuesday 15th April

Wednesday 16th April

❖ Press Releases

NICE: Pathways

More than 90 per cent of NICE guidance can now be viewed through NICE Pathways - the fastest and easiest way of accessing NICE guidance and resources.

Thursday 17th April

❖ Press Releases

NHS England: CCG bulletin Update

Contains the news that NHS Commissioning Assembly is broadening its membership to include a wider range of leaders from CCGs and NHS England and that twenty GP collaborations have been

awarded funds to run pilots for one year that will transform primary care services for patients, as part of the national initiative being overseen by NHS England

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Friday 18th April

Week 4

Monday 21st April

Tuesday 22nd April

Wednesday 23rd April

❖ Consultations

Medical Innovation Consultation

The Department of Health is asking for views on whether doctors are being held back from using pioneering treatments because of the fear of being sued if something goes wrong. We want to know if a proposed Medical Innovation Bill will both encourage doctors to innovate in medical practice and bolster patient safeguards.

Thursday 24th April

❖ Health Committee

Health Committee: Simon Stevens to give evidence

Simon Stevens became Chief Executive of NHS England on 1 April this year. This meeting will provide the Committee with an early opportunity to ask him about his views on current issues facing the NHS and his plans for the future.

Friday 25th April

Week 5

Monday 28th April

❖ Press Releases

MHRA – Mekinist approval

First MEK inhibitor to receive a positive opinion in the EU

The European Medicines Agency's Committee for Medicinal Products for Human Use(CHMP) has recommended marketing authorisation for Mekinist (trametinib) for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation. Mekinist is the first cancer treatment that selectively targets the MEK protein kinase …

Tuesday 29th April

Wednesday 30th April

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