

# The All Party Parliamentary Group on Skin

58-60 Kensington Church Street, London W8 4DB

## Monthly Monitoring Report

February 2015

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### Recess Dates

- House of Commons 12<sup>th</sup> February – 23<sup>rd</sup> February
- House of Lords 12<sup>th</sup> February – 23<sup>rd</sup> February
- Northern Ireland Assembly NA
- Scottish Parliament 7<sup>th</sup> February – 15<sup>th</sup> February
- Welsh Assembly 16<sup>th</sup> February – 22<sup>nd</sup> February

## Week 1

02.02.2015

### News and Press Releases

#### Scottish Government: Record £12bn health spending

The Deputy First Minister and Finance Secretary John Swinney has said that this week's budget is an opportunity for Parliament to deliver on the aspirations of the people for a more prosperous and fairer Scotland. The 2015/16 Budget will see provisions for free school meals, £4.5 billion for health and education infrastructure and, for the first time, a £12 billion total health budget. See more here. See more [here](#).

#### NHS Confederation: New Models of Care

With providers around the country working together to develop proposals for NHS England's 'vanguard' national programme, community health services leaders gathered in London on 22 January to discuss the range of ways their services could help develop and deliver the vision outlined in the *Five year forward*

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*view.* But they expressed concern that NHS England has not yet said enough about their role in realising the vision. See more [here](#).

03.02.2015

## House of Commons – Written Answers

### Cancer Drugs Fund

**Annette Brooke:** To ask the Secretary of State for **Health**, whether further discussions are planned between NHS England and the pharmaceutical industry before drugs are removed from the Cancer Drugs Fund list on 12 March 2015.

**George Freeman:** NHS England has advised that A Cancer Drugs Fund Working Party has been established to review the future sustainability of the Fund and funding cancer drugs in general. The pharmaceutical industry is represented on this group. The removal of cancer drugs from the national Cancer Drugs Fund list is subject to a written review/complaint procedure and NHS England anticipates that a number of applications will be made under those processes. See [here](#).

## Parliament - Committees

### Public Accounts Committee: Financial sustainability of the NHS

The savings required across the NHS will be difficult to achieve solely by continuing with the same approach used in recent years according to the Public Accounts Committee's report published 3 February 2015. See more [here](#).

### NHS Confederation: Fragility of NHS finances concerns MPs

The financial health of NHS bodies has worsened over the last two years, a Public Accounts Committee (PAC) report has concluded, as figures show the percentage of NHS trusts and foundation trusts in deficit increased from 10 per cent in 2012/13 to 26 per cent in 2013/14. See more [here](#).

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04.02.2015

## House of Lords – Written Answers

### Cancer Drugs Fund

**Lord Hunt of Kings Heath:** To ask Her Majesty's Government how many drug companies agreed to make appropriate adjustment to their prices to allow their drugs to stay in the Cancer Drugs Fund.

**Earl Howe:** A number of companies made an adjustment, but the precise number is considered to be commercially confidential. See more questions [here](#).

## House of Commons - Committees

### Science and Technology Committee: Legacy Report

The House of Commons, Science and Technology Committee has published 29 reports on a variety of issues since it was formed after the 2010 General Election and received responses from eleven different Government departments. In this final session of the Parliament, the Committee intends to revisit those issues and follow-up on its recommendations within those reports. See more [here](#).

05.02.2015

## House of Lords – Debates

### NHS Financial Tariff for 2015-16

*Asked by Lord Hunt of Kings Heath*

To ask Her Majesty's Government what is their response to the rejection by National Health Service Trusts of the financial tariff proposals drawn up by Monitor for 2015–16.

**The Parliamentary Under-Secretary of State, Department of Health (Earl Howe) (Con):** My Lords, we recognise the frustration and uncertainty this delay will cause providers and commissioners. My department is working closely

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with Monitor and NHS England to consider which option to pursue that provides the fairest settlement for different NHS organisations while ensuring that patients continue to receive the best possible care.

**Lord Hunt of Kings Heath (Lab):** My Lords, I thank the noble Earl for that reply. Can he confirm that this is the first time that NHS trusts have rejected the tariff on the grounds that they can no longer provide safe and quality care and meet financial targets next year on the basis of the tariff laid down by Monitor? Can he also confirm that the finance director of the NHS Trust Development Authority told Monitor that he does not consider that the efficiency requirement for next year can be met without risking quality of care? When will the Government take responsibility for the financial disaster coming upon the NHS? See more [here](#).

## News and Press Releases

[Scottish Government: Commitment to enhancing NHS performance](#)

**More than £30m to improve capacity and quality.**

The Scottish Government is creating a new £31.5 million Performance Fund to support capacity and quality development measures in the NHS and social care. See more [here](#).

[NHS England: Workforce plan for England 2015/16](#)

We have published our second Workforce [Plan](#) for England, which sets out the £5bn investment we will make in education and training programmes for 2015/16. See more [here](#).

[06.02.2015](#)

## House of Commons - Debates

[Improving Cancer Outcomes](#)

**Mr John Baron (Basildon and Billericay) (Con):** I beg to move,

that this House has considered improving cancer outcomes. Recent analysis from Macmillan Cancer Support shows that there are now an estimated 2.5 million people living with cancer in this country—an increase of almost half a million over the past five years. May I therefore begin by thanking the Backbench Business Committee for granting this timely debate on an issue that is

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becoming ever more urgent: improving cancer outcomes? See more [here](#).

## News and Press Releases

### Department of Health Consultation: Partnership arrangements between NHS bodies and local authorities

The proposed amendments to the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 aim to provide more flexibility around pooled budgets. This would support more joined-up planning and commissioning. See more [here](#).

### Kings Fund: The NHS under the coalition government

The 2010–15 parliament has been a parliament of two halves for the NHS. The first half was dominated by debate on the Health and Social Care Bill (which was largely designed to devolve decision-making, put GPs in control of commissioning, and extend competition and choice). The second half was taken up with limiting the damage caused by the Bill, with less emphasis on competition and greater efforts to strengthen the regulation and quality of care and prioritise patient safety. See more [here](#).

### NHS Confederation: comments on Kings Fund report

Commenting on the King's Fund report on the Coalition Government's NHS reforms, NHS Confederation director of policy Dr Johnny Marshall, a practising GP, said: "With less than 100 days to go before a general election, we have been calling for an honest conversation between the NHS, public and politicians. See more [here](#).

### Public Health England: Consultation Investigation of skin and superficial soft tissue infections

This consultation asks for feedback in relation to the Standards for Microbiology Investigations B 11: Investigation of skin and soft tissue infections. See more [here](#).

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## Week 2

09.02.2015

### News and Press Releases

#### Scottish Government: Funding confirmed for Health Boards

Health Secretary, Shona Robison, has confirmed that health boards in Scotland are to receive an additional £282 million in 2015-16.

Territorial health boards have been given a general allocation increase of 3.4 per cent on 2014-15, bringing the total allocation to boards to more than £8.5 billion.

In addition to this, the Government's announcement of £30 million in 2015-16 to tackle delays in discharging patients from hospital will be added to boards' budgets, bringing the total uplift to 3.8 per cent. See more [here](#).

10.02.2015

### House of Commons – Written Answers

#### Cancer Drugs

**Dr Julian Huppert (Cambridge):** To ask the Secretary of State for Health, what progress has been made by the working group established to develop a robust process to support the sustainable long-term commissioning of cancer drugs; when he expects the outcomes of their work to be published; and what steps he will take to reduce variations in access to cancer drugs depending on when an application to the Cancer Drugs Fund is made.

**George Freeman:** NHS England has advised that its Cancer Drugs Fund Working Party has held its first meeting and discussed its draft principles and terms of reference for its work. The Cancer Drugs Fund (CDF) runs a notification system for drug/indications included on the national CDF list. In order to commence treatment with these drugs, clinicians complete an application online and, where a patient's needs meet the clinical criteria, they are able to access the drug(s) without any administrative delay. This is an equal system for all if the conditions are met for the drug/indication. If the drug/indication is not on the national CDF list, an individual CDF request can be made. These are currently assessed on a regional basis. NHS

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England works closely with the regional teams to ensure consistency in decision making through training, sharing information and the use of a shared database. See [here](#).

11.02.2015

## House of Commons – Written Answers

### Cancer Drugs Fund

**Nicola Blackwood (Oxford West and Abingdon):** To ask the Secretary of State for Health, how many applications to the Cancer Drugs Fund have been successful in Oxford West and Abingdon; and what the financial value of those applications was.

**George Freeman:** Prior to April 2013, the Cancer Drugs Fund (CDF) was administered through clinical panels based in each strategic health authority (SHA) and data on the number of patients accessing the Fund and expenditure at constituency level were not collected. Information for the South Central SHA and England in 2010-11, 2011-12 and 2012-13 is shown below: See more [here](#).

## House of Lords – Written Answers

### Cancer: Drugs

**Lord Hunt of Kings Heath:** To ask Her Majesty's Government why patients and patient groups are not allowed to appeal decisions of NHS England to exclude certain drugs from the approved list in the Cancer Drugs Fund.

**Lord Hunt of Kings Heath:** To ask Her Majesty's Government how patients' interests are able to be represented if a company chooses not to appeal decisions of NHS England to exclude certain drugs from the approved list in the Cancer Drugs Fund.

**Earl Howe:** NHS England's Cancer Drugs Fund (CDF) Standard Operating Procedure (SOP) outlines that applications to include candidate drugs/indications for inclusion in the national CDF list can only be made directly for potential cohorts of patients by the pharmaceutical industry and/or clinicians. There are two different routes for applicants to challenge the decisions of the national Cancer Drugs Fund panel – either by making a complaint to the Chair of the panel and/or by

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requesting a formal review (often referred to as an 'appeal'). The complaints process outlined within the CDF SOP, indicates that a complaint can be made by either the manufacturer or a clinician where there is dissatisfaction with the outcome (either inclusion or exclusion of a drug) in respect of the national CDF list. A complaint must be made by a written letter to the chair of the panel outlining the reasons for the complaint. A formal review, which is undertaken by NHS England's Cancer and Blood Programme of Care Board, can only be requested by the original applicants to the CDF where the application has been unsuccessful. With regard to the decisions announced by NHS England on 12 January 2015, all complaints or requests for a formal review must be submitted by 9 February 2015. NHS England's CDF Standard Operating Procedure document is available at: [www.england.nhs.uk/wp-content/uploads/2014/11/sop-cdf-1114.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/11/sop-cdf-1114.pdf) Clinicians will continue to be able to apply for individual patients to receive drugs not on the national CDF list on an exceptional basis. Patients have the right to make a complaint using the National Health Service complaints process and, under this process, complainants have 12 months in which to lodge their complaint. This is separate to the CDF complaints process referenced above, which can only be accessed by CDF applicants and clinicians. Details of the NHS complaints process can be found at: <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx>. See [here](#).

12.02.2015

## News and Press Releases

### [ABPI: Cancer medicines – a special case for affordable funding?](#)

David Taylor, Emeritus Professor of Pharmaceutical and Public Health Policy at University College London (UCL), on why recent decisions regarding the Cancer Drugs Fund are blind to our national interests and are insensitive to vulnerable patients. See more [here](#).

### [NHS Confederation: Responding to the publication of the first page of the Liberal Democrats manifesto](#)

Responding to the publication of the first page of the Liberal Democrats' manifesto, Rob Webster, chief executive of the NHS



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Confederation said:

“We welcome the Liberal Democrats’ commitment to prioritise the NHS in their manifesto. As important as the commitment to additional funding is their continued focus on mental health services. A move to considering whole person care is an essential shift in our thinking about the purpose and role of the NHS in the 21st Century.

“The commitment to an extra £8 billion investment in the NHS per year reflects one of the future scenarios we face. We know by 2020 the NHS will need at least this amount of extra funding each year along with £22bn of efficiencies delivered.” See more [here](#).

13.02.2015

## House of Lords – Written Answers

### Dermatology Trainees

**Baroness Finlay of Llandaff:** To ask Her Majesty’s Government how Health Education England calculates the number of trainees in dermatology; and how those numbers are matched to future specialist consultant requirements for England.

**Earl Howe:** The Government has mandated Health Education England (HEE) to provide national leadership on education, training and workforce development. HEE sets out its commissioning intentions based upon the needs of local employers, providers, commissioners and other stakeholders who come together as members of HEE’s Local Education Training Boards (LETBs). HEE’s national workforce plan for England is an aggregate of local LETBs’ plans, but the advice and input of clinical advisors and patient representatives, as well as the Royal Colleges and other stakeholders, is also listened to and considered. It is this discussion and involvement locally and nationally that makes this a plan for the whole of the National Health Service in England. HEE is in the process of reviewing investment in medical education in the context of current and forecast supply and demand, competing priorities, the NHS Five Year Forward View, and HEE’s Strategic Framework. See [here](#).

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## Week 3

16.02.2015

### House of Lords – Written Answers

#### Nottingham University Hospitals NHS Trust

**Lord Walton of Detchant:** To ask Her Majesty's Government why the acute adult dermatology service at Nottingham University Hospital is to be closed; and whether they have assessed the effect that that decision will have upon patients in the area affected by skin diseases.

**Earl Howe:** The provision of services, including dermatology services, is a matter for the local National Health Service.

The NHS Trust Development Authority advises that since 2 February 2015 Nottingham University Hospital NHS Trust has not been able to provide a comprehensive adult dermatology service. It no longer has sufficient consultant dermatologist capacity to sustain such a service.

The Trust has worked with commissioners to ensure a satisfactory service is available to local people from alternative providers.

Rushcliffe Clinical Commissioning Group has commissioned a review to assess what is needed to meet the needs of the population in the future. See [here](#).

17.02.2015

### News and Press Releases

#### Northern Ireland: Specialist Medicines

Health Minister Jim Wells has said that difficult decisions need to be made to help fund greater access to specialist medicines for those who need them the most. The Minister was speaking in the Assembly today as he released the key findings of an evaluation of the Individual Funding Request (IFR) process which was originally set up to provide access to unapproved specialist drugs where there is an agreed clinical need but where they are not routinely commissioned. He said: "For some time now I have heard concerns raised by cancer patients and survivors, charities, the pharmaceutical industry and my colleagues in the Assembly that the existing process of providing access to new specialist medicines in Northern Ireland could be improved. This

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is why an evaluation into the current IFR process was necessary.” See more [here](#).

18.02.2015

## News and Press Releases

### NHS England: First CCGs set take on commissioning of GP services

NHS England has approved the first set of GP-led Clinical Commissioning Groups (CCGs) that will take on responsibility for commissioning the majority of GP services from April this year.

\*64 CCGs across the country have been approved to take on greater ‘delegated’ commissioning responsibility for GP services with the possibility that others may follow. This follows plans set out by NHS England Chief Executive Simon Stevens, early last year, to give patients, communities and clinicians more scope in deciding how local services are developed. See more [here](#).

### MHRA: New chair appointed

Dr Peter Nightingale has been appointed as chairman of the Medicines and Healthcare products Regulatory Agency’s (MHRA) Devices Expert Advisory Committee (DEAC). See more [here](#).

### Kings Fund: Implementing the NHS five year forward view

A new paper from The King’s Fund calls for fundamental changes to how health services are commissioned, paid for and regulated to deliver the vision of the NHS five year forward view. See more [here](#).

19.02.2015

## News and Press Releases

### NHS England: NHS England and Monitor set out new tariff option for providers for 2015/16

Simon Stevens, CEO of NHS England and David Bennett, CEO of Monitor have today written to providers of NHS-funded services setting out a new enhanced tariff option for 2015-16. It is worth up to £500m more to providers than the original

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package that was consulted on last November, which was prior to extra funding being made available to the NHS in December's Autumn statement.

See more [here](#).

## NHS Confederation: Response to the interim tariff proposals

Chief Executive of the NHS Confederation Rob Webster, said: "This is a critical period of the year for planning and contracting for services in the NHS. We need to ensure we have clarity on the arrangements for 2015/16 as soon as possible. This was always going to be a tough year and continuing uncertainty would make it an impossible one. These interim proposals need to be considered carefully by the service in the coming two weeks and may offer a way forward for many. What is clear is there is now a better balance of risk for many local systems and between national and local commissioners. See more [here](#).

## Nuffield Trust: Rationing in the NHS

This paper argues that while some rationing is inevitable in any health system, we must do better at avoiding 'fudges' when it comes to making decisions about which drugs and treatments should be funded by the NHS. The briefing warns policymakers and commissioners not to overestimate the ability of rationing approaches to reduce NHS expenditure.

The briefing argues that despite the lack of public support for rationing decisions, there is room to improve the level of transparency in the system. It suggests a greater use of public consultation and better communication about local commissioning decisions. The briefing commends the approach of the National Institute for Clinical Excellence (NICE) in appraising new technologies and says that NICE should be given responsibility for decisions about expensive cancer drugs currently considered under the Cancer Drugs Fund. See more [here](#).

20.02.2015

## House of Lords – Written Answers

### Nottingham University Hospitals NHS Trust

**Lord Turnberg:** To ask Her Majesty's Government what assessment they have made of the recent closing of the acute

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dermatological services at Nottingham University Hospital Trust and the impact it has had on the dermatology services to in-patients with acute medical and surgical conditions and on training capacity in the East Midlands.

**Earl Howe:** The provision of services, including dermatology services, is a matter for the local National Health Service.

We are advised by the NHS Trust Development Authority that Nottingham University Hospitals NHS Trust has worked with commissioners to ensure a satisfactory service is available to local people from alternative providers and the Trust will continue to provide an out of hours service for its inpatients and those patients requiring emergency treatment.

Rushcliffe Clinical Commissioning Group has commissioned a review to assess what is needed to meet the needs of the population in the future.

This Government established Health Education England to co-ordinate education and training activity across the NHS, including the management of training programmes for junior doctors. Health Education England and the Local Education and Training Board in the East Midlands are best placed to work with local employers in Nottingham to understand and manage the impact of changes. See [here](#).

## News and Press Releases

### [King's Fund: Response to Monitor's quarterly report on the performance of NHS foundation trusts](#)

Commenting on the quarterly report on the performance of NHS foundation trusts published by Monitor today, Richard Murray, Director of Policy at The King's Fund said: 'The figures published today show that foundation trusts' financial performance continues to deteriorate, with Monitor expecting an end-of-year deficit of £375 million. The mounting deficits make an NHS overspend this financial year more likely, meaning that the extra funds that the government made available to the health service for the next financial year may be needed to pay off this year's deficit. If a solution is not found to these mounting financial difficulties, then patients will bear the cost as staff numbers are cut, waiting times rise and quality of care deteriorates.' See more [here](#).

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## Week 4

23.02.2015

### House of Commons – Written Answers

#### Cancer Drugs Fund

**John Baron (Basildon and Billericay):** To ask the Secretary of State for Health, what recent discussions he has had with NHS England on the future re-evaluation of the Cancer Drugs Fund list.

**George Freeman:** Ministers have regular discussions with NHS England on a range of issues, including the Cancer Drugs Fund (CDF). NHS England has advised that the Chemotherapy Clinical Reference Group (CRG) met on 9 February 2015 when a paper summarising the outcome of the recent CDF panel was discussed. The CRG membership is made up predominately of clinical members including two breast cancer oncologists. See [here](#).

#### Dermatology: SCNs, National Clinical Director and Commissioning Fact Sheets

**Lilian Greenwood:** To ask the Secretary of State for Health, when the next review of strategic clinical networks will be undertaken; and if he will consider the merits of creating a **dermatology**-focused strategic clinical network.

**Lilian Greenwood:** To ask the Secretary of State for Health, how many commissioning fact sheets have been produced by NHS England since 2013; and what plans NHS England has to produce a commissioning fact sheet for dermatology services.

**Lilian Greenwood:** To ask the Secretary of State for Health, what assessment he has made of the potential merits of introducing a National Clinical Director for Dermatology.

**Norman Lamb:** Since 1 April 2013, NHS England has published information factsheets for a range of purposes. The main factsheet resource for commissioners has been produced to provide the costs and benefits of 25 specific interventions to reduce premature deaths:

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<http://www.england.nhs.uk/ourwork/forward-view/sop/red-prem-mort/factsheets/>

Although there are currently no plans to produce a commissioning factsheet for dermatology, National Institute for Health and Care Excellence guidance in areas such as eczema and psoriasis continues to help commissioners to deliver high quality dermatological care.

With regard to strategic clinical networks (SCNs), the first SCNs were chosen by NHS England using criteria developed with input from a broad range of stakeholders. These are initial groupings and it is expected that they will be expanded in the future. NHS England is undertaking a review of the role, purpose and function of the sub-regional infrastructure that it funds, which is focussed on supporting commissioners and providers to improve the quality of services including SCNs. This review is ongoing and is expected to reach its conclusions by the end of March.

NHS England currently has no plans to introduce a National Clinical Director for Dermatology. However, NHS England has established a clinical reference group for specialised dermatology to bring together clinical experts, patients and carers to share best practice and improve services for patients. See [here](#).

## Northern Ireland – Weekly Answer Booklet

### Cancer Drugs Fund

**Mickey Brady (SF - Newry and Armagh):** To ask the Minister of Health, Social Services and Public Safety for an update on a cancer drugs fund.

**Minister:** The Cancer Drugs Fund was developed by NHS England to provide funding for non National Institute for Health and Care Excellence (NICE) approved drugs. It is only operative in England. The Cancer Drugs Fund Operating Procedures were recently reviewed to include an assessment of a drug's cost alongside its clinical benefits.

In Northern Ireland access to NICE unapproved drugs is through the Individual Funding Request (IFR) process which is administered by the Health and Social Care Board. The Member will be aware of the statement I made to the Assembly earlier which sets out a number of recommendations which I believe will strengthen the IFR process and allow for better access to this group of drugs where there is an agreed clinical need. See [here](#).

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25.02.2015

## **News and Press Releases**

**NHS England: Discussions in Greater Manchester around a new partnership for health and social care are underway**

The 10 local authorities, 12 Clinical Commissioning Groups, 14 NHS providers, NHS England and the government can confirm they are in discussions on a groundbreaking agreement for health and social care. See [here](#).

**NHS Confederation: Response to new partnership funding in Greater Manchester**

Responding to the discussions in Greater Manchester around a new partnership for health and social care, Rob Webster, chief executive of the NHS Confederation, said: "On the day when the 2015 Challenge partnership has published "Our prescription for the election" which sets out the need to give local areas the freedom to transform care, it is great to see an example where a local health system is looking to take bold action. We will be following this work with interest. In particular, we will be looking to support all of our members in their efforts to transform health and care and understand how to work with local people on shared priorities. See more [here](#).

**Nuffield Trust: Response to Manchester health and social care plans**

Responding to the news that local authorities and health services in Manchester are to enter a new partnership to bring together health and social care budgets, Nuffield Trust Chief Executive Nigel Edwards said: "This is an interesting and much-needed experiment to see how joining together health and social care services might work on a large scale. It is a real achievement that the various public bodies in Manchester have reached this level of consensus about providing services in the future for their population. We look forward to exploring it in more detail. See more [here](#).

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**END**