Dear Mr Ryner

I wanted to thank you and your co-signatories for your letter of 21 August about treatments available to those suffering from chronic myeloid leukaemia (CML). The Prime Minister has asked me to respond to you on his behalf.

The Government is proud that the Cancer Drugs Fund (CDF) has already helped over 72,000 people in England get the cancer medicines they need. I can assure you that we remain committed to improving access to new and effective treatments for all cancer patients, including those with CML.

Breakthroughs in drug development and the rise of better targeted medicines are bringing great benefits to patients. However, they also mean that increasingly difficult decisions have to be made about how to prioritise our drug and healthcare budgets.

NHS England is responsible for administering the CDF, and decisions on which treatments are given priority funding status are made by the National CDF Panel, which includes expert oncologists, oncology pharmacists and patient representatives. I am sure you will agree that it is important that these decisions are made by clinicians and not politicians.

In order to remain within the fixed budget allocated to the CDF, NHS England has stated that further re-prioritisation of the CDF list is necessary in the 2015/16 financial year. This process will ensure that we get the most value out of the CDF by supporting those drugs with the best outcomes for patients, irrespective of the indication under consideration.
With reference to two of the drugs you have mentioned, I am aware that bosutinib has been subject to a recent review by the CDF Panel and that NHS England plans to publish the outcome of this shortly. I also understand that a new application was made to the CDF for ponatinib to be considered in its full licensed indication. However, NHS England has had to make the difficult decision not to consider any new applications owing to the financial status of the CDF.

NHS England and the National Institute for Health and Care Excellence (NICE) are currently considering proposals for reforming the CDF in order to make it more sustainable. A public consultation on this is due to be launched shortly. Details of how to get involved will be available on the NHS England website at: www.engage.england.nhs.uk.

The Government remains committed to ensuring that patients with rare diseases have access to effective treatments that represent value to the NHS. An Accelerated Access Review has been launched to consider how we can develop new approaches to reimbursement for innovative and cost-effective new medicines, diagnostics and medical technologies. It is expected to make recommendations to the Government later this year.

I hope that this sets out the Government’s position clearly and I would like to thank you and your co-signatories, once again, for writing.

Yours sincerely

ED WHITING

Mr David Ryner