

Drug access plan needs re-assessing, think tank argues

[Stephen Robinson](#), 08 November 2010, 12:10am

The DoH must re-assess patient access schemes before it makes NICE's role in rationing medicines redundant, according to a think tank.

In its report, 'Sharing the Burden', pro-market group the Stockholm Network welcomed the government's move away from NICE's centralised rationing of medicines.

In September, the government revealed that, in future, [GPs rather than NICE would decide whether drugs should be available](#) on the NHS.

Patient access schemes have been launched in other countries but are still in their infancy and none yet provides an acceptable alternative to NICE, it said.

Stockholm Network director Helen Disney said: 'Even at a time of austerity, the British public does not want or accept rationed healthcare. But it would be a shame if the NICE experiment was replaced by an equally unpredictable and misguided means of allocating resources.'

The think-tank examined 27 examples of risk-sharing schemes similar to the one proposed by Health Secretary Andrew Lansley.

The report found the results of these schemes are too varied to be relied upon. In most instances, such schemes have been used as a cover for price cuts rather than for widening access or increasing innovation.

The report concluded that an effective risk-sharing agreement must understand specific reasons for including or not a certain drug for reimbursement.

In addition, the schemes must address price and performance concerns. They should also be part of a wide range of policies aimed at increasing access to medicines within a finite budget, it said.

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