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**Replacing [NICE](#) with a similar system would be detrimental to UK healthcare, according to the Stockholm Network, which further warns risk-sharing agreements are too varied to be relied upon.**

The think-tank's 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."

As first revealed in Pharmafocus last month, [NICE will be sidelined](#) as a health technology assessor when a new system of [value-based pricing](#) comes into place by 2014.

**Patient access schemes**

Health secretary [Andrew Lansley](#) has proposed using risk-sharing agreements between pharma and the NHS, which offer "no win, no fee" mechanisms, as the basis for extending access to medicines.

NICE already has a similar policy through its [patient access schemes](#), which help reduce the overall cost of more expensive drugs.

However, Stockholm Network research into 27 risk-sharing schemes operating in various countries, shows the agreements are still very much in their infancy and should not form the basis for more widespread use in the NHS.

The Network's 'Sharing the Burden' report found the results of risk-sharing schemes were "too varied to be relied upon" and in most instances were a "fig leaf" for imposing price cuts rather than for widening access or increasing innovation.

As it designed the VBP agreement that will come into effect in 2014 after the expiration of the current PPRS term, the think-tank is calling on the coalition government to heed the following recommendations:

- When drugs are rejected for reimbursement, a risk-sharing scheme can act as a band-aid over the damage, yet this is not a sustainable system for the future
- An effective risk-sharing agreement must understand the specific reasons for including, or not including, a certain drug for reimbursement
- Risk-sharing schemes need to adequately address both price and performance concerns. Current examples suggest that risk-sharing agreements aim to control costs rather than to deal genuinely with the issue of risk
- Risk-sharing agreements are a means to an end. If the intention is greater access to the best available treatments within finite budgets then risk sharing should be considered as part of a wide range of policies aimed at serving this objective including health system reform.

*Ben Adams*

This article first appeared on InPharm on 5<sup>th</sup> November 2010 and can be accessed at <http://www.inpharm.com/news/101105/nice-replacement-stockholm-network>