

UK government must re-assess patient access schemes before making NICE redundant, says think tank; ABPI adapts Code of Practice

Article | 4 November 2010

The news that the UK drugs watchdog the National Institute of Health and Clinical Excellence (NICE) will no longer deny patients access to new medicines is a welcome move away from centralized rationing, according to the Stockholm Network, a pro-market think tank.

Launching a new paper on patient access schemes, the system that looks set to replace the NICE (The Pharma Letter November 2), director Helen Disney commented: “Even at a time of austerity, the British public does not want or accept rationed health care. But it would be a shame if the NICE experiment was replaced by an equally unpredictable and misguided means of allocating resources”.

Health Secretary Andrew Lansley has proposed using risk-sharing agreements between pharmaceutical companies and the National Health Service which offer “no win, no fee” mechanisms, as the basis for extending access to medicines. However, new research by the Stockholm Network - which examines 27 risk-sharing schemes already in operation in various countries - shows that they are still very much in their infancy and should not form the basis for more widespread use in the NHS.

Results of risk-sharing schemes too varied to be reliable

Sharing the Burden shows that the results of risk-sharing schemes are too varied to be relied upon and that, in most instances, such schemes have been used as a fig-leaf for imposing price cuts rather than for widening access or increasing innovation. The Stockholm Network calls on the Coalition government to heed the following recommendations as it designs the value-based pricing agreement due to come into effect in 2013:

- * 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.

ABPI members vote to increase transparency and trust

Separately, members of the Association of the British Pharmaceutical Industry (ABPI) have voted in favor of amendments to the ABPI Code of Practice which aim to increase transparency of working practices between the pharmaceutical industry and health care professionals and help break down barriers to trust.

Simon Jose, president of the ABPI, said: "We operate in a world where customers' and society's expectations of our industry have increased and it is only right that we adapt to this. Our members' vote in support of the changes to the Code recognizes this need and also reflects the very supportive feedback from external organisations that these changes clearly resonate with health professionals. It is both important and absolutely right that we have a professional and meaningful relationship with healthcare professionals - these changes ensure that this will continue to be done in a transparent and appropriate manner. We want to shift the debate to focus on how we can improve health outcomes for patients through science and innovation. This vote is a strong symbolic indicator of change and a positive step towards increasing trust in industry as a partner in the healthcare system."

From January 1, 2011, industry will no longer provide branded promotional items to health care professionals. Only inexpensive items to be passed on and used by patients as part of a formal patient support program will be permitted under the new Code. Companies will also have to declare payments to health care professionals for services including speaker fees, advisory boards and consultancy, and sponsorship for attendance at meetings on an annual basis. The first declaration will be made in 2013 for payments made in 2012, the ABPI stated.

This article appeared on Pharmaletter on 4th November and can be accessed at <http://www.thepharmaletter.com/file/99620/uk-government-must-re-assess-patient-access-schemes-before-making-nice-redundant-says-think-tank-abpi-adapts-code-of-practice.html>