

# UK oncologists' experiences with and attitudes towards non-NHS-funded cancer drugs: Results from an on-line survey

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**1) Background:** Since 2009, following acceptance of the Richards Report (November 2008), patients have been able to access non-NICE recommended drugs via additional payments without losing their entitlement to their NHS treatment. The Richards report contained 14 recommendations but of particular relevance to the survey data are: - Recommendation 9 which elaborates the process to be followed to secure funding and where the unfunded drugs should be delivered, Recommendation 10 stating that local policies are developed to ensure that any revised guidance issued by government is implemented properly and Recommendation 12 suggesting that a training programme is in place for clinicians to enhance the quality of discussion about these difficult issues.

Clinicians are responsible for telling patients about all possible routes for accessing novel drugs including: - clinical trials, exceptional funding requests and additional payments. Such communication is often stressful and many doctors avoid discussions especially if patients are perceived as unable to pay. Prior to developing a training programme we conducted a survey to illicit oncologists' experiences and attitudes to date towards non NHS funded cancer drugs. Separate surveys of patients' and public's attitudes have also been conducted but are not reported here.

**2) Sample & Method:** An on-line 30 item survey eliciting UK clinicians' views and experiences when discussing additional payments was emailed to members of the Association of Cancer Physicians and the Royal College of Radiologists and advertised in the British Haematology Association newsletter between April 2010 and July 2010.

### 3) Demographics of clinicians (N = 368)

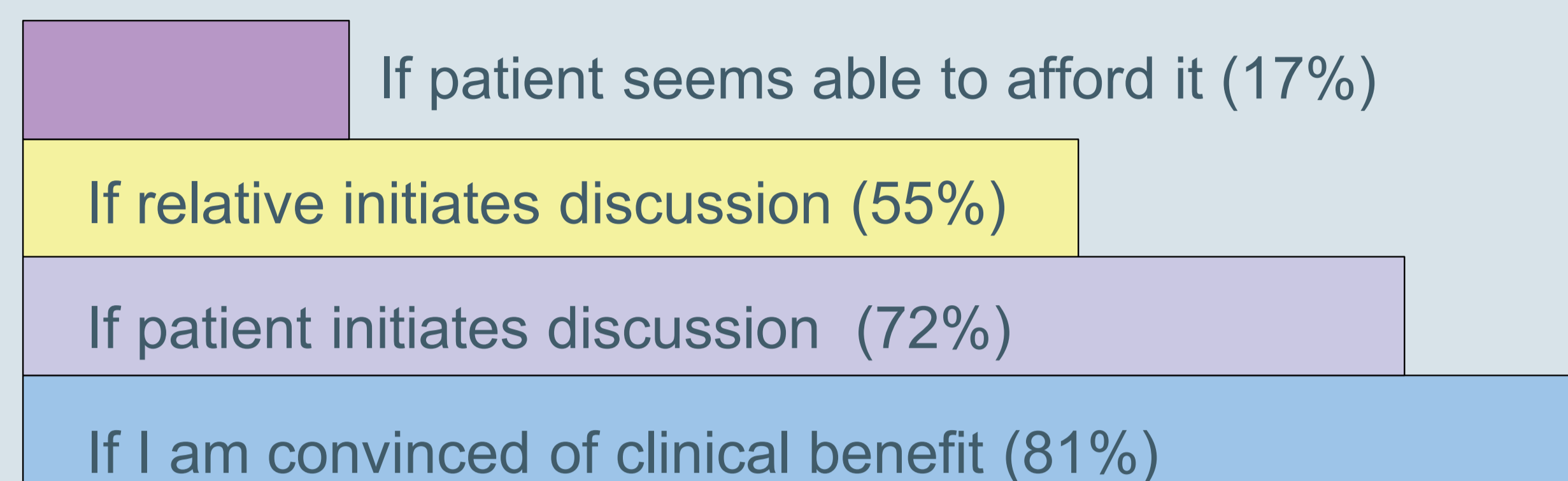
Specialty		
Medical oncologist		108 (29%)
Clinical oncologist		243 (66%)
Haematologist		14 (4%)
Other		3 (1%)
Age group		
<35yrs		53 (14%)
36-45yrs		168 (46%)
46-55yrs		96 (26%)
56-65yrs		49 (13%)
>65yrs		2 (1%)
Sex		
Male		214 (58%)
Female		154 (42%)
Main Tumour Sites Seen (per clinician)		
Breast		135 (37%)
Colorectal		132 (36%)
Lung		122 (33%)

### 4) Results: Trusts & Facilities

- ★ Only 19% (50/261) of clinicians were successful in their Exceptional Funding Requests
- ★ Only 55% (203/368) indicated their Trust had a policy in place for guidance
- ★ 51% (187/368) of clinicians said that they discussed the option of non-NHS funded drugs within the MDT
- ★ 36% (134/368) said self funding patients received their chemotherapy alongside NHS patients which is not recommended practice
- ★ 61% (223/368) saw between 6 and 20 patients a year for whom non-funded drugs would be clinically appropriate

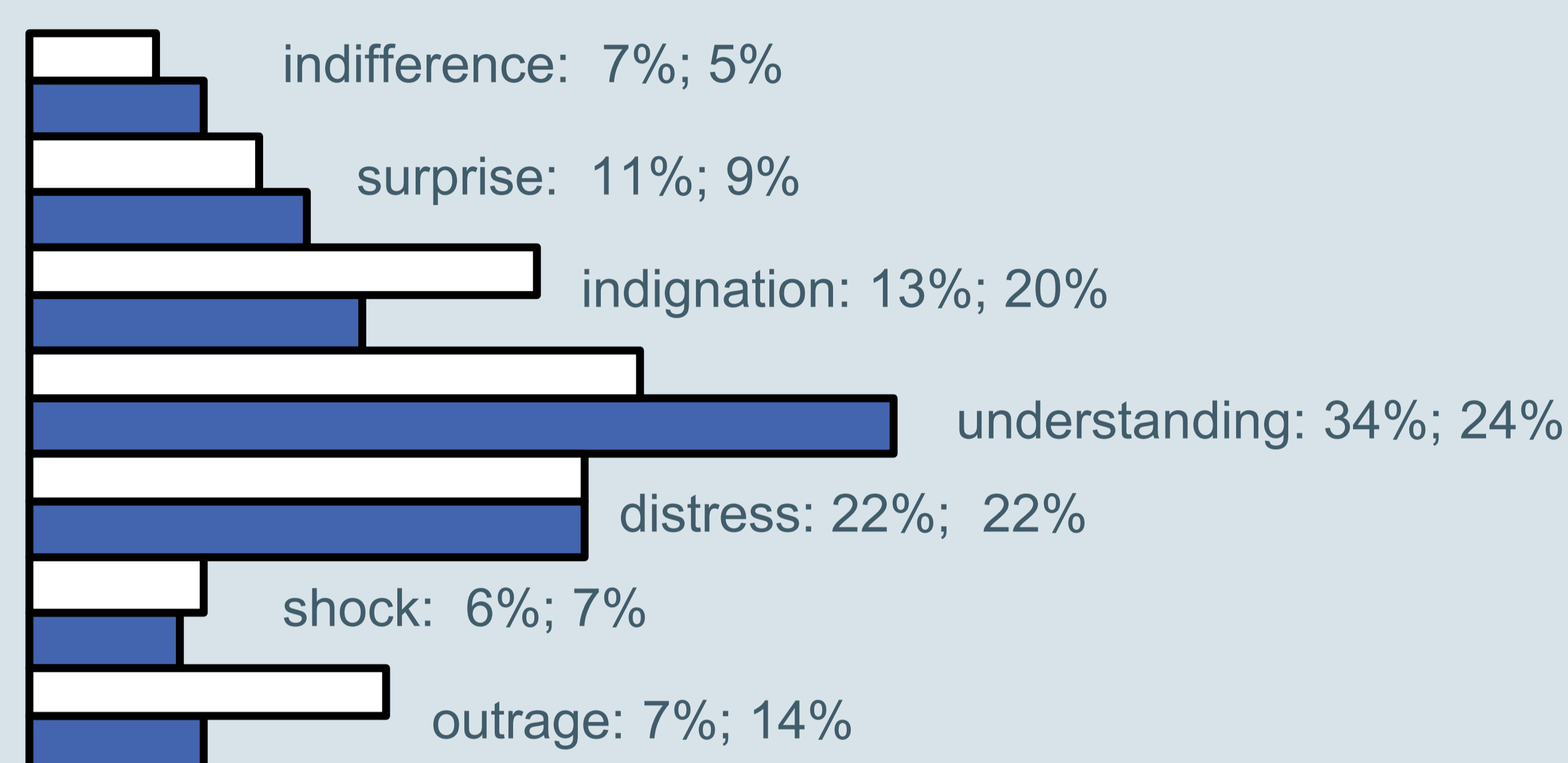
### 5) Results : Who is told?

★ 75% (276/368) discussed top up fees with SOME of their patients depending on:-



★ Clinicians treating both private and NHS patients (43%) were 3 times more likely to discuss non-funded treatments (p<0.001)

### 6) Reactions of patients and relatives



★ 48% clinicians found distress the most difficult reaction to handle in patients

### 7) Costs

- ★ 63% (232/368) clinicians always considered the patient's financial circumstances
- ★ 46% (170/368) wanted patients to be made aware of all costs of NHS tests etc.
- ★ 76% (280/368) would like training in discussing additional payments

**8) Conclusion:** Economic realities may thwart the Government's aspirations to improve access to new cancer drugs so additional payment schemes are likely to stay for a while yet. A newly developed training programme dealing with unfunded drugs in prostate, breast, colorectal, renal and haematological cancers may assist communication about these challenging issues.



**Acknowledgements:** Department of Health for funding to develop training package, doctors, actors and patients.