

Cancer Drugs Fund Activity Update

The Cancer Drugs Fund (CDF) provides:

- An early funding source, via Interim Funding Agreements (IFA), for treatments that receive a provisional positive recommendation from the National Institute for Health and Care Excellence (NICE), without them having to wait for NICE final guidance to be published, and subsequent entry into the routine commissioning system.
- A source of funding, via Managed Access Agreements (MAA), for treatments that show clinical promise and where further data collection is needed to resolve uncertainty around their effectiveness.
- A continued source of funding for legacy off-label CDF drugs whilst they await a final commissioning decision from NHS England.

Since the new approach to funding cancer drugs began in July 2016, approximately 49,800 patients have been registered to receive treatment with 82 drugs treating 170 different cancer indications¹. Of these patients, over 9,000 have benefitted from earlier access to treatments through IFA. In addition, over 26,700 patients have been able to access new treatments because of MAA we have negotiated with companies, at significantly discounted prices to the NHS, whilst further data is collected. This data will inform a future NICE technology appraisal.

40 MAAs have been agreed between companies and the CDF, since July 2016. Three MAA treatments have been re-appraised by NICE, with additional clinical trial and real-world data from Public Health England, as part of the CDF exit process. All treatments have been recommended for routine commissioning in the patient population that was referred to the CDF. This demonstrates the benefit of allowing earlier access for patients to promising new cancer drugs while further data is collected to evaluate their effectiveness. One MAA treatment was terminated as the products license was withdrawn and NICE withdrew its guidance.

Twelve MAAs have now completed their data collection arrangements and will be reappraised by NICE in 2020/21.

CDF patient notifications² - Quarters 1-4, 2019-20

During 2019-20, 14,624 patients were newly notified to the CDF. Table 1 provides a summary of monthly notifications for all four quarters of 2019/20, broken down by category.

2019-20	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Interim funding agreements	133	193	179	159	126	80	17	22	26	51	18	12	1,016
Managed access agreements	872	1,043	870	964	988	1,085	1,174	1,164	952	1,270	956	789	12,127
Transition drugs ³	146	121	108	123	95	140	139	149	106	154	94	106	1,481
TOTAL	1,151	1,357	1,157	1,246	1,209	1,305	1330	1335	1084	1,475	1,068	907	14,624

Table 1: CDF notifications April 2019 to March 2020

¹ Based on all notifications received since the beginning of the July 2016 to July 2020.

² The number of patients notified to receive treatment. This may differ from the number of patients who receive treatment. This figure does not include patients previously notified, whose treatment continues.

³ Treatments funded by the old CDF which are either undergoing NICE re-appraisal or review via NHS England's clinical prioritisation process

CDF Spend – Quarters 1 - 4, 2019-2020

At the end of the 2019-20 financial year, the CDF was operating within its funding envelope.

Total CDF Budget 2019-20 ⁴	£340m
	Cumulative YTD Totals ⁵
	Quarter 4
	Actual (£000)
Interim funding agreements	5,398
Managed access agreements	290,544
Transition drugs	20,324
Tail end delisted drugs ⁶	986
Total drug cost⁷	317,252
Rebate under ECM	0

Table 2: CDF expenditure April 2019 to March 2020

These figures should be treated with caution if used to predict the outcome of future quarters and are non-binding on the part of NHS England.

Please send any queries about the figures in this report to: england.cdfteam@nhs.net.

⁴ Two per cent (2%) of the total CDF budget is reserved for administrative costs.

⁵ Only cumulative figures are available to ensure the confidentiality of spend for individual companies as they enter and leave the CDF.

⁶ Prior to the reforms, several drugs were removed (delisted) from the CDF. Any patients who had already been approved or had started treatment prior to them being removed from the CDF have been able to continue to receive these treatments until such point that they or their clinician deems it appropriate to stop. Prescribing decisions remain the responsibility of a patient's supervising clinician, in discussion with the patient.

⁷ The year end calculation includes estimations for incomplete data or unresolved challenges, due to delays in the submission and validation processes relating to the pressure on providers during the response to COVID-19. These are less than 2% and are not considered to be material enough, nor do they affect the decision not to trigger the ECM in 2019/20.