

**THE STATES OF DELIBERATION**  
**of the**  
**ISLAND OF GUERNSEY**

**REQUÊTE**

**DRUG FUNDING**

THE HUMBLE PETITION of the undersigned Members of the States of Deliberation  
SHEWETH THAT:

1. In the context of Europe as a whole the UK tends to be a late funder of new drugs and other medicinal treatments due to the rigorous cost/benefit analysis carried out by the National Institute for Health and Care Excellence ("NICE").
2. Guernsey maintains its own white list of the drug treatments it will fund publically under the Health Service (Benefit) (Guernsey) Law, 1990. This is narrower than the list of drugs which can which can legally be prescribed in Guernsey on a self-funded basis.
3. In its early years the Guernsey white list would automatically include any drugs approved for public funding within the UK National Health Service ("NHS") by NICE with the local clinical committee considering whether Guernsey wished to fund any additional drugs.
4. In recent years that practice has been reversed with many drugs which are publically funded in the UK not being included on the Guernsey white list.
5. Over the years since this change of policy the list of medications which are publically funded in the UK and the Guernsey white list have gradually diverged to the point that there is now a significant number of Guernsey people who find that, at the most vulnerable time of their lives, they are denied funding for the drugs their consultants would like to prescribe and which they would be able to prescribe had that patient lived elsewhere in the British Isles.
6. Given that the expertise within NICE, on both drug efficacy and cost-effectiveness, well exceeds that of the local clinical committee your petitioners presume that the driver for this major policy change was the simple need to save money.

7. While your petitioners applaud the desire of the Committee *for* Health & Social Care [and its predecessors] to bear down on rising costs we have major concerns over the way it has been done in this instance.
8. Ideally your petitioners would like to see the Guernsey policy on funding medicinal drugs return to one where the local white list contains all of the drugs approved for public funding in the UK meaning that local people are not denied important treatments which they could access elsewhere in the British Isles.
9. As an interim step your petitioners believe it is vital that Guernsey patients sent to the UK for treatment/consultation are not disadvantaged compared to UK resident patients with the same conditions.
10. Guernsey's health service is not a wholly separate entity but relies very heavily on NHS hospitals to provide tertiary care.
11. Very many Guernsey patients are sent to Southampton and other major UK hospitals for treatments which are not available in Guernsey. Others are referred to a UK based consultant for one or more consultations.
12. Your petitioners regard it as perverse and politically/ethically unsustainable that having referred Guernsey patients to the UK for treatment or consultation they are then denied the same range of treatment options available to all of the other patients in those same hospitals or being cared for by the same consultants.
13. Your petitioners note that other Crown Dependencies recognise the imperative to allow their patients to be treated under the same protocols as UK patients when in UK hospitals. [See appendix 1]
14. Your petitioners welcome the decision of the States to agree that the Committee *for* Health & Social Care shall review the funding considerations of all treatments, services and other interventions. [Partnership of purpose policy letter - Resolution 14 on item XII of Billet d'État No. XXIV of 2017<sup>1</sup>]

---

<sup>1</sup> Resolution dated 13<sup>th</sup> December, 2017

15. Your petitioners further welcome the later direction that this review be completed within this political term [Policy & Resource Plan debate 2018 - Resolution 1 o) on item I of Billet d'État No. XV of 2018<sup>2</sup>].
16. Since the initial drafting of this requete your petitioners have learned that HSC intend to report back with the findings of their review in the third quarter of 2019.
17. Your petitioners, however, feel that the States should commit now to the pledge that as a minimum the outcome of such a review should lead to Guernsey patients referred for tertiary treatment in the UK being able to access the same range of medicines and treatments as other patients with the same conditions in the same hospitals or medical centres.
18. Your petitioners also believe that such equality of treatment must extend to the ongoing treatment of those same patients after they have returned to Guernsey.
19. Your petitioners believe that by resolving now to implement such policies it will guide the review as what is or is not a politically acceptable outcome of the review.
20. Your petitioners, while understanding the financial considerations involved, would urge that such a limited development should be brought forward and implemented ahead of the conclusion of the general review if at all possible.
21. Your petitioners understand that providing equality of access to treatments between Guernsey patients and UK patients in the same hospitals and medical centres in the UK does nothing to address the limited access to treatments currently experienced by Guernsey patients who are not referred to the UK.
22. Your petitioners accept that this could be seen as somewhat inconsistent but believe it addresses the most glaring unfairness which the current policy creates.
23. Your petitioners believe that eventually there should be a far wider relaxation of the Guernsey white list so that it returns to the working within the previous

---

<sup>2</sup> Resolution dated 6<sup>th</sup> June, 2018

policy of automatically accepting all drugs approved for funding in the UK by NICE.

24. The proposals attached to this requete should be, therefore, be viewed not as aspirational targets but as the bare minimum acceptable.

THESE PREMISES CONSIDERED, YOUR PETITIONERS humbly pray that the States may be pleased to resolve:

1. To direct the Committee *for* Health & Social Care and the Committee *for* Employment & Social Security that as a minimum outcome the current wide-ranging review of the funding of treatments, services and other interventions should result in Guernsey patients who are referred to the UK for tertiary treatment having access to the same range of medicines and treatments as NHS funded patents being treated in the same hospitals or medical centres for the same conditions.
2. That such equality of access should also apply to those same Guernsey patients post-discharge or when they have returned to Guernsey after a tertiary treatment episode.
3. To direct the Committee *for* Health & Social Care and the Committee *for* Employment & Social Security to consider if there is any practical way to bring forward such a development ahead of the outcome of the general review.
4. That, in principle, in the medium term Guernsey should return to the policy of including all NICE approved drugs on the local white list.

AND YOUR PETITIONERS WILL EVER PRAY  
GUERNSEY

This 26<sup>th</sup> day of September 2018

Deputy Peter Roffey

Deputy Jennifer Merrett

Deputy Barry Braham

Deputy Alan Forbrache

Deputy Lester Queripel

Deputy Harold Denry

Deputy JEREMY SMITHIES

The original signed copy of this Requete is held at the Greffe.

appendix 1

## Funding Arrangements for Cancer Drugs (Interim Policy)

The Department of Health and Social Care (DHSC) **WILL FUND** cancer drugs for Isle of Man residents in line with the Cheshire and Merseyside Chemotherapy protocols available on-line at:

<http://www.nwscnsenate.nhs.uk/strategic-clinical-network/our-networks/cancer/chemotherapy-protocols/> (last accessed 15 June 2017)

DHSC **WILL FUND** new cancer drugs once these have been approved for routine use in the NHS in England by the National Institute of Health and Care Excellence (NICE), as these are included in the Cheshire and Merseyside protocols.

DHSC **WILL FUND** drugs recommended by NICE for use within the new (2016) Cancer Drug Fund (CDF). NICE recommends use within the CDF when there is considered to be plausible potential for a drug to satisfy criteria for routine commissioning, but where there is significant remaining uncertainty. The new CDF is a managed access scheme with clear entry and exit criteria for each drug/indication. It provides an opportunity to gather additional data on clinical and cost effectiveness which will enable NICE to make a final decision on **appropriateness** of routine funding within the NHS. DHSC will fund patients to receive drugs included within the new CDF where the patient will receive treatment with the drug within the NHS England arrangements. That is, DHSC will be able to access the drug at the price agreed between NICE and the manufacturer, the patient will be managed according to the protocol agreed within the CDF, and the patient's clinical data will be reported into the CDF and thus contribute to the understanding of clinical and cost effectiveness.

### Note:

Isle of Man residents requiring specialist cancer treatment funded by DHSC receive this through hospitals within Cheshire and Merseyside. It is therefore appropriate for DHSC to fund treatment in line with the protocols followed by these hospitals.

The revised arrangements for the CDF in England were introduced in 2016. The NHS England budget to cover the costs of drugs used within CDF arrangements is £340 million per year. Pro-rata'd for the Isle of Man population, this would indicate an expected cost to the DHSC of around £500,000 per year.<sup>1</sup> In practice, because the Isle of Man population is small, the number of patients eligible for CDF drugs will fluctuate widely year on year, simply due to statistical chance. It is, therefore, important that DHSC monitors spend on CDF. While it is desirable to fund clinical studies to confirm clinical and cost effectiveness, it should be remembered that money spent on treatments of uncertain effectiveness is not available to spend on other areas of care where effectiveness may already be established. In order to better understand the value DHSC, and the population of the Isle of Man, will derive from inclusion within CDF arrangements, this policy will be interim and will be fully reviewed for clinical benefit and cost utility at the review date.

<sup>1</sup> Based on an England population of 55 million, an Isle of Man population of 83,000 and assuming similar patterns of cancer incidence and progression.

## **Reason for policy:**

Existing cancer drug policies needed revision in the light of changed arrangements for NICE assessments and the Cancer Drug Fund in England.

This policy replaces the CRC Recommendations:

- Cancer Drug Treatments – Consideration of Funding for New Treatments Outside Currently Agreed Pathways (July 2015);
- Chemotherapy Protocols (January 2011); and
- Expensive End of Life Treatments (April 2009)

Further information contact:

Tel: +44 (0)1624 642646  
Email: [clinicalcommissioning.dhsc@gov.im](mailto:clinicalcommissioning.dhsc@gov.im)  
Website: [www.gov.im/dhscclinicalcommissioning](http://www.gov.im/dhscclinicalcommissioning)

**Date for policy review: June 2018**

Note.

Your petitions confirm that this request has been submitted to the law officers for advice as required by rule 4(1)

In respect to rule 4(2) your petitions request that this request be debated as soon possible.

In respect to rule 4(3) your petitions requested estimates of the financial implications of each of the propositions attached to this request several weeks before submitting it. At the time of submission no such estimates had been provided but hopefully they will be during the statutory consultation on the request.