David Cameron today vowed that the Tories will give cancer sufferers access to drugs refused approval by the NHS rationing body.

The Tory leader said he would use the £200million the NHS stands to save from his plan not to go ahead with Labour’s National Insurance hike to pay for the drugs.

The money would be put into a new Cancer Drugs Fund to pay for any cancer medicine licensed since 2005 if doctors say patients need it, even if it has not yet been approved by the National Institute for Health and Clinical Excellence.

The Conservatives want to reform drug pricing if they win the election, with drug companies paid according to the benefits of a drug rather than block contracts.

Mr Cameron announced the plans during a visit to cancer sufferers in Witney, his Oxfordshire constituency.

'We have a problem in Britain that other European countries are doing better than us at giving people longer, happier lives with cancer than we are,' he said.

'So we want to get more drugs to people more quickly and in the UK today there are some people, thousands of people, who want a certain cancer drug whose doctors tell them they should have a certain cancer drug who don't get it.'
'So we are saying because we are not going ahead with this National Insurance increase, that will save the NHS money and we are going to put that money into a cancer drugs fund. So these thousands of people who want a drug whose doctors would like them to have a drug can get that drug.'

It came after it emerged thousands of cancer patients face an early death because NICE has rejected or only partially endorsed 15 new drugs.

The watchdog totally blocked a quarter of the cancer drugs made available since 2008 and heavily restricted others - despite Government promises to make more treatments available.

Medicines rejected include bowel cancer drug Avastin and Nexavar - the only treatment offering any chance of survival for patients with advanced liver cancer.

Routinely used in other European countries, such drugs typically offer three to six months of extra life but some patients can survive for years.

Although NICE agrees they work, it says the NHS cannot afford them.

Up to 20,000 people have died needlessly based on restrictions affecting ten drugs, according to a report from the Rarer Cancers Forum charity last month.

Professor Karol Sikora, medical director of Cancer Partners UK, a private provider of cancer services which works with the NHS, said thousands of patients were losing out and were likely to die earlier.

NICE does not ban the use of all the new drugs completely.

Instead, it has put very tight restrictions on how they can be used meaning far fewer patients are given access.

For example, Erbitux can only be used for patients with liver cancer if the disease has not spread.

'We can use it to shrink the liver prior to surgery but if a scan shows the cancer has gone anywhere else, we have to say "Sorry, you can't have it,"' said Prof Sikora.

'Some people get a few months' extra survival but others get three or four years more from these drugs, yet all NHS patients are being denied the opportunity to find out whether they respond.

'The inequity is appalling, the bureaucracy unbelievable and what also concerns cancer doctors is we cannot do the best for our patients'.
I had to fight for my £2,200-a-month pills

TONY Almond had to fight the NHS for a life-extending liver cancer drug after he was told he had a month to live.

The medicine, Nexavar, has now been rejected by NICE and faces being banned from the Health Service if an appeal fails.

Mr Almond, 46, went to his doctor complaining of indigestion in September.

Three days later an ultrasound scan revealed terminal liver cancer and he was told he had a month to live.

But he fought for Nexavar, pictured below, after trials showed it increases survival by three months.

Now, five months on, Mr Almond, a truck driver from Brackley, near Northampton, and wife Sharon are cautiously optimistic.

He said: ‘It was pretty horrendous, especially when I found I couldn’t have the only drug that would help because it was too expensive.

Cancer specialists applied to Northamptonshire Primary Care Trust for funding for Nexavar at £2,200 a month.

The request, lodged in a process used when NICE has not yet considered a drug for approval, was rejected.

With the backing of an NHS consultant in Birmingham, the Almonds won an appeal and he started taking the drug in October – just four weeks before it was initially rejected for wider use in the NHS by NICE. Producers Bayer have appealed.

Mr Almond said: ‘NICE has got it wrong, statistics don’t tell the whole story and I’m angry that others may be denied the chance we had to fight so hard for’.

Medical Correspondent
After a public outcry over lifesaving drugs not being available on the NHS, the Government promised in 2008 that changes would mean ‘greater access to a wider range of drugs’.

In reality, there has been a big decline in new drugs - for all conditions and diseases - getting NHS approval in recent years, according to the figures obtained under Freedom of Information requests by the Conservatives.

Almost one-third of drugs were turned down last year compared with none in 2000.

Andrew Wilson Webb, chief executive of the Rarer Cancers Forum, said NICE was being used as a ‘gatekeeper to protect the NHS budget’.

‘One has to question how many lives could have been saved in the last two years,’ he said.

Tory health spokesman Andrew Lansley, said: ‘It is unforgivable that thousands of cancer sufferers in England die each year because they are not given the drugs that they need when we spend over a hundred billion pounds a year on the NHS.

‘Gordon Brown has doubled the amount we spend on the NHS but we have not got a good return for our money - so much of it has been spent on waste and bureaucracy. There is no reason why we should not be able to get cancer drugs in England that are readily available in the rest of Europe.’

Sir Andrew Dillon, chief executive of NICE said: ‘We recommend the use of most, 85 per cent, of the new drugs we look at.

‘It makes sense, for patients as well as the NHS, to use new treatments when they bring the most benefit. Not all patients with a particular condition benefit from a drug and some drugs only work really well for some patients or at a particular stage in a disease.

He said the targeted use of drugs allows the NHS to use its resources more effectively.

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