The administrative burden of patient access schemes in the changing UK healthcare system: a follow up study

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Introduction

In the UK, Patient Access Schemes (PAS) have become common in health technology submissions to the National Institute for Health and Clinical Excellence (NICE). Since their introduction, PAS have been instrumental in enhancing the availability of otherwise non cost-effective treatments.

Despite efforts towards reducing the administrative impact of PAS on frontline staff, evidence suggests that they still result in a notable burden.

The study presented here attempted to assess the burden of PAS administration, and how this could alter when the planned changes to the UK healthcare system are introduced.

Methods

Information on Government plans for Value Based Pricing (VBP) in the UK was collected, focusing on how this would affect the introduction of future PAS, as well as the potential effect on existing PAS. Freedom-of-information requests were sent to the Patient Access Scheme Liaison Unit (PASLU) for relevant data.

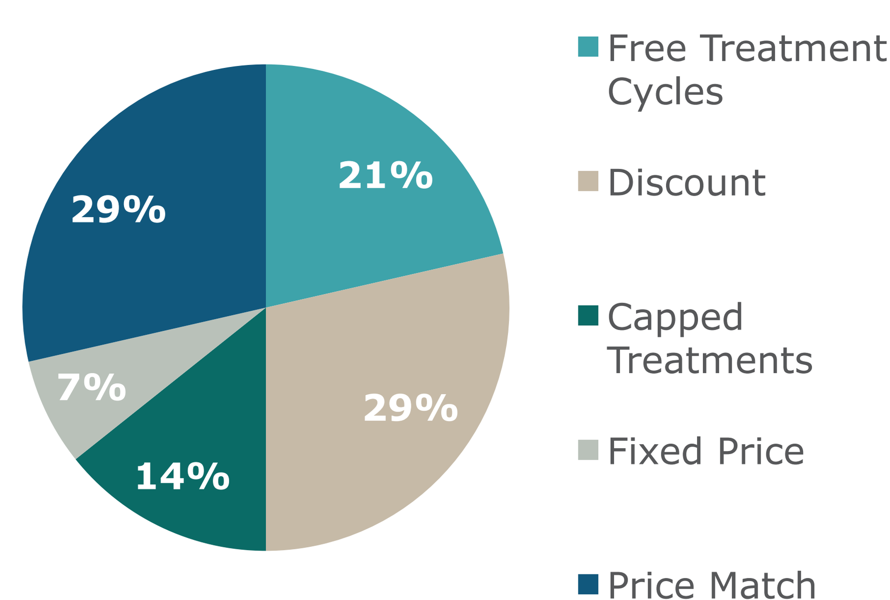
A questionnaire, based on a prior pilot study,[1] was distributed to hospital pharmacists across the UK. A call for participants was hosted on the Royal Pharmaceutical Society website.

Results

As of September 2011, 17 treatments have been approved with a PAS by NICE.

After the introduction of the 2009 Pharmaceutical Price Regulation Scheme (PPRS), which contained guidance on the administrative impact of PAS, 14 schemes were introduced. The majority of these schemes involved price matches, discounts, or free cycles of treatment, as shown in Figure 1.

Figure 1: Types of PAS approved after the introduction of the 2009 PPRS



Results of the literature search

The current PPRS expires in 2013, after which, the Government plans to move towards VBP.[2]

> After VBP is introduced, available literature suggests that the government does "not anticipate the need to continue the 2009 PPRS Patient Access Scheme arrangements for new medicines assessed under Value Based Pricing"[2]

This raises questions over the future role of PASLU, and may also have implications on the number and nature of PAS introduced before the end of 2013. Freedom-of-information requests to PASLU did not provide any further information on this topic.

Data from the questionnaire

Initial uptake of the questionnaire was low. Despite this, the data collected as of October 2011 covered the administration of around 600 PAS across the UK.

Considering the alterations to the healthcare system, responders noted confusion and worries over the real-life impact of the changes. Key comments from responders are detailed below:

> Administration of the Cancer Drugs Fund has also added to the workload of clinical and pharmacy staff.
>
> There has been a large increase in demand for cancer therapies without a corresponding increase in staffing levels.
>
> PAS add an additional burden to already stretched resources.
>
> The onus for administering the schemes falls to pharmacists without any benefits for doing so.
>
> [*Changes to the NHS*] can only make things more complex.

Discussion

The 2009 PPRS contains guidance on the administrative burden of PAS, stating they must be "operationally manageable… without unduly complex monitoring or… bureaucracy". The majority of schemes introduced after 2009 appear to meet this requirement, as they are cost-based rather than outcomes-based PAS. However, responders to our questionnaire, and our pilot study, noted that the burden of PAS remained high, suggesting that further efforts are necessary to reduce the burden in real-life.

VBP will be introduced in the UK when the current PPRS expires in 2013. Evidence suggests that PAS approved before VBP may continue to be used, although additional PAS under the new system are unlikely. This is surprising, as it seems likely that stakeholders could disagree over the clinical value and cost of a treatment during VBP negotiations, making this an ideal point to introduce a PAS.

In addition, it is still unclear how the VBP system will affect the role of PASLU and the administration of existing PAS.

Responders to our questionnaire voiced concerns over the poor recognition of PAS burden and the resources required to manage PAS effectively.

Responders were also unclear about how existing PAS would be managed under VBP, and how they would fit alongside other changes, such as the Cancer Drugs Fund and GP Consortia.

The role of PAS in the changing NHS, and the burden that existing schemes could entail in the new framework, is uncertain. Clear guidelines on the impact of healthcare reform are necessary, alongside additional support to facilitate effective use of PAS, even after VBP is introduced.

References

1. Haynes et al. Oral Presentation NI4. 13th European ISPOR Congress 2010.
2. A new value based pricing approach to the pricing of branded medicines. Department of Health. December 2010.

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