HEALTH OVERVIEW & SCRUTINY REPORT: CANCER DRUG USAGE IN SOUTH ESSEX

1 SUMMARY

1.1 This report brings to Members' attention the findings of an investigation carried out jointly by Essex County Council, Thurrock Borough Council and Southend-on-Sea Borough Council.

2 OVERVIEW & SCRUTINY STUDY

- 2.1 The objectives of the study were:-
 - To investigate avoidable inequity for cancer drug usage in Essex and consider the reasons for low cancer drug usage.
 - To review any remedial action taken and any improvements to date.
 - To propose any further remedial action that may be required.
- 2.2 A copy of the executive summary is appended and the full report has been placed in the Members' Library.
- 2.3 It is hoped that County Councillor R A Pearson, who is a member of the Health Overview & Scrutiny Panel, will be able to attend the Committee meeting.

3 RECOMMENDATION

3.1 It is proposed that the Committee **RESOLVES**

To consider the conclusions of the health overview and scrutiny study of cancer drug usage in Essex.

Graham Woolhouse

Head of Housing Health and Community Care

Background Papers:-

Letter and report from Essex County Council, 20 January 2006.

For further information please contact Graham Woolhouse on:-

Tel:- 01702 318044

E-Mail:- graham.woolhouse@rochford.gov.uk

Appendix

Essex County Council, Thurrock Borough Council, Southend-on-Sea Borough Council

Health Overview and Scrutiny Committees

Health Overview and Scrutiny Report: Cancer Drug Usage in South Essex

Executive Summary

January 2006

Executive Summary

Access to the best cancer care is an important issue, and of particular concern to cancer patients and their friends and families. Media coverage of the 'post-code lotteries' that appear to surround access to some chemotherapy drugs reflect the real concern of patients that access to care should be fair and reflect real needs.

In 2004 the Department of Health (DH) published a report that looked at widespread variations in cancer drug usage across the 34 cancer networks in England¹ and appeared to show the South Essex Cancer Network (SECN) as the lowest cancer drug user of the 34 cancer networks. There was understandable public concern that this could mean cancer patients in South Essex were not getting the best treatment.

The Essex County Council, Thurrock and Southend-on-Sea Health Overview and Scrutiny Committees have jointly completed a detailed review of usage of the cancer drugs included in the DH report and found:

_

¹ Department of Health. Variations in Usage of Cancer Drugs Approved by NICE: Report of the Review undertaken by the National Cancer Director, 2004.

- South Essex 5-year survival rates are as good or better than the national average for the vast majority of cancers;
- The data quality of the DH report was flawed and did not fairly represent drug usage in South Essex;
- Prescribing practices vary across the country with clinical preference but this does not imply variations in the quality of care received;
- NICE approved cancer drugs are a treatment option and a high usage of these drugs is not necessarily an indicator of good clinical care;
- The DH report could penalise networks with efficient handling and usage of cancer drugs rather than encourage low levels of waste as found in the SECN;
- The audit programme undertaken by the SECN remains incomplete and was presented in a way that was difficult for a lay panel to interpret;
- The Southend Patient and Public Involvement Forum has commented on the "dedication of local clinicians and the high regard in which the people of Southend hold cancer treatment in Southend hospital"; and
- The absence of an oncology pharmacist and the apparent difficulties in resourcing the audit programme could be linked to the level of resourcing of a small cancer network.

Despite concerns about the value of the DH report, the panel recognises the importance of reassuring the public and makes two key recommendations:

- That Essex SHA should ask the SECN to complete its audit report using a standardised system of reporting to include actual numbers of patients referred; patients treated and with what therapies; avoiding percentages instead of numbers and avoiding reports that are number free. (Zero should be stated as zero).
- That the SHA should report publicly on the suitability of commissioning arrangements to the DH and include either a clinical, financial and organisational justification of maintaining such a small cancer network, or clear proposals for boosting the resources of the network.

We hope all readers will find this report a thorough investigation of cancer drug usage in South Essex and that the relevant NHS agencies act on its findings.