The Royal College of Pathologists
Pathology: the science behind the cure

Response from the Royal College of Pathologists to the Northern Ireland Committee's inquiry on Funding priorities in the 2018-19 Budget: Health

The Royal College of Pathologists' written submission

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1.0 About the Royal College of Pathologists

The Royal College of Pathologists (RCPath) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 11,000 members across 17 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

RCPath's response reflects comments made by our members.

Call for written evidence

The Committee will look into whether funding allocated to the Department of Health is sufficient to meet the growing pressures on health and social care provision in Northern Ireland and how these funds could be used to improve service levels across the Health and Social Care (HSC) service.

- **Are the funds allocated to the Department of Health in the Northern Ireland Budget (No. 2) Bill sufficient to improve levels of performance across the Health and Social Care (HSC) service in Northern Ireland?**

  The funds are not sufficient to achieve this, however there are some things that may help. The main priority is to address the reconfiguration and modernisation of the services across Northern Ireland to allow a more efficient working environment.

- **What will be the consequences for the HSC that follow from the decision by the Secretary of State to allow £100m of existing funding ring-fenced for capital to be invested in ongoing public service provision?**

  This will have an impact on the ability of the HSC to deliver services. The capital funding is essential and it should be focused on modernisation and optimisation of services. For example, the pathology modernisation alongside molecular pathology digital imaging for pathology is under-resourced and is behind the rest of the UK.

- **Should the UK Government ensure that additional confidence and supply funding earmarked for specific areas is spent on those areas, and if so how?**

  Yes - by targeting specific calls for those areas that can have the greatest impact.

  The fact that Northern Ireland does not have a Cancer Drugs Fund should not be a barrier to making medicines available. Wales also does not have a CDF. The anticipated cost to the healthcare system were Northern Ireland to allow access to these medicines is estimated at £11 million per annum, a cost that could have feasibly been offset by the rebate received through the Pharmaceutical Price Regulation Scheme (PPRS), estimated to be £70 million for Northern Ireland over the last four years.

  The Royal College of Pathologists is concerned that cancer patients in Northern Ireland have faced two years of inequitable access to cancer medicines compared to the rest of the UK, as they are not able to access medicines recommended by NICE under the NICE/Cancer Drugs Fund process.

- **Which areas of health and social care are under most pressure and how could funding be used to alleviate these pressures?**

Pathology, pharmacy, radiology are currently under pressure.

Proposals to establish a Northern Ireland-wide IT system for pathology services, including digital pathology, are well underway, with business cases being developed and IT systems designed. The College would like this procurement programme to proceed at pace as it will bring numerous patient benefits and improve pathology services for patients in Northern Ireland e.g. by making patients' test results more accessible, and improving access to expert advice and opinion on diagnoses.

- **How could funding be directed to meet the changing patterns of demand that arise from an ageing population?**

  By building a framework for integrated care in which the patient is actually at the centre rather than by focusing on primary or secondary providers' needs.

- **How can access to cancer treatment and drugs be improved in Northern Ireland?**

  At present the current funding restrictions mean that patients with multiple myeloma (blood cancer) do not have access to daratumumab or ixazomib. These drugs are currently available to patients in England and Wales via the cancer drugs fund. In Scotland they are approved by the Scottish Medicines Consortium.

  Myeloma remains an incurable disease but considerable progress has been made in recent years with significant improvements in overall survival. However exclusion from accessing two new lines of therapy has the potential to increase illness and death in this patient population relative to patients elsewhere in the UK.

  It is unjust and unacceptable that UK residents living in Northern Ireland are unable to access drugs that patients with the same condition can access within Scotland, England and Wales. As UK taxpayers they should be entitled to equitable treatment. It is imperative that the Department of Health (DHNI) works swiftly to resolve current issues that are hindering equitable access to innovative cancer medicines in Northern Ireland.

  The current problem with the funding structures within Northern Ireland also involves other haematological conditions. At present two other drugs available via the cancer drugs fund that are not available to haematology patients in Northern Ireland. This includes venetoclax for patients with chronic lymphocytic leukaemia and ibrutinib for patients with Waldenstrom's macroglobulinaemia.

  The problem of access to cancer drugs is unfair to patients in Northern Ireland who miss out on medicines that may help them. It also has an impact on research in Northern Ireland. Companies are reluctant to run trials in Northern Ireland because of the medicines access issues, which could in turn result in poorer outcomes for patients. This is an issue that needs to be resolved urgently.

  The College recognises that the drugs in question are rarely curative and, in some cases, they may lengthen life by only a short length of time. And they are all expensive. Cancer Research UK is working more widely on potential new models of pricing for new medicines based on patient outcomes, but a solution to the issue is some time away yet. In the meantime, Northern Ireland patients deserve the same access as their counterparts in other parts of the country.

- **How could funding be targeted to reduce waiting times for elective care?**

  Weekend and evening surgical slots to utilise available resources could be trialed.

- **How could funding in the short-term be used to bring about long-term transformational change in the HSC?**

  The College recommends more investment in laboratory staff, who are under-resourced and under-valued, to enable more effective diagnosis and monitoring. Too much funding is wasted by inappropropriate testing or send-away testing due to geographic restraints.

  The College fully supports the adoption of technologies that have the potential to improve patient care and support pathologists. Digital pathology has the potential to improve patient care, and support the pathology workforce by making the diagnosis and monitoring of disease much more efficient. However, in order to transform pathology services, we need investment to support IT infrastructure, staffing and training.

- **Does the current HSC workforce model secure value for money?**

  In places but not all. For example pathology services could be improved with a relatively minor investment in areas such as technology and training but this needs to be combined with relevant skilled workforce.

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