

'Hard-nosed' drugs policy would write off elderly

Priority for patients who benefit economy

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The elderly would be denied new drugs under "hard-nosed" plans by ministers that prioritise patients who contribute to the economy, the NHS treatments adviser has warned.

In a blunt rebuke to the Government, the National Institute for Health and Care Excellence (NICE) has rejected plans to take "wider societal benefit" into account when considering whether to pay for a drug, *The Times* has learnt.

Sir Andrew Dillon, the head of NICE, said that he was uncomfortable with a "fair-innings approach" that would tilt funding away from the old because younger patients had more to gain from treatment and more to give back.

Drugs that helped middle-aged men would be judged as having the greatest social value because they earn most, NICE warns. A drug that helped people to live longer in an expensive care home would have a "negative" social value because such patients take more from society than they can put back.

More drugs would be approved under an alternative formula that would give extra weighting to patients' quality of life, NICE said. Sir Andrew said he was "absolutely confident that it's not going to result in fewer treatments being approved" and said that about six of 20 recently rejected cancer drugs might have been approved by the new formula, which is likely to increase the NHS drugs bill.

The Department of Health has instructed NICE to overhaul the way it assesses the cost-effectiveness of drugs to take into account the benefits that successful treatments have on society,

for example by allowing people to return to work. Ministers insist that they would not allow the elderly to be discriminated against.

However, an internal assessment of the plans by NICE found that "any approach to wider societal benefit will inevitably take age into account to some degree" and it was "conceptually difficult" to reconcile the plans with the NHS commitment to equal treatment.

Sir Andrew told this newspaper: "This wider societal impact is such a sensitive issue. You can do it in a hard-nosed economic way, which is the department's calculation, but our sense is the wider public see wider societal impact as being more subtle than that. And we're really concerned that we don't send out the message that we value life less when you're 70 than we do when you're 20."

NICE approves drugs that cost less than £20,000 to give a year of good-quality life. Sir Andrew now wants to use a similar calculation to assess how much patients' quality of life is affected by their illness, and use this to estimate the social benefit of a treatment that could restore them to full health.

"What we don't want to say is those ten years you have between 70 and 80, although clearly you're not going to be working, are not going to be valuable for somebody. Clearly they are. You might be doing all sorts of very useful things for your family or local society. That's what we were worried about and that's the problem with the Department of Health calculation," he said.

"There are lots of people who adopt the fair-innings approach: 'you've had 70 years of life you've got to accept that

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