BOPA Position Statement

BOPA supports the prioritisation of Systemic Anti-Cancer Therapy (SACT) approved by commissioning bodies (NICE, NHSE, SMC, AWMSG etc) over SACT available through pharmaceutical company) Free of charge (FOC) schemes.

Access to SACT medicines prior to public body approval is occasionally available via the MHRA approved Early Access to Medicines Scheme (EAMS) and company led FOC schemes via pharmaceutical manufactures. Both EAMS and FOC schemes provide medicines to healthcare organisations free of charge. As with any SACT medicine these can be either oral medicines or via the parenteral route.

All EAMS have a budget impact assessment which includes service costs, and these are funded, with the exception of within NHS Scotland (see footnote**). However, with FOC schemes no additional service costs are provided by the pharmaceutical manufacturers to support implementation.

EAMs implementation is not mandatory, however they are public body approved and patients should have access. Given the review process and considerations required for a medicine to be approved as an EAMs by the MHRA BOPA continues to support EAMs implementation. Further details on the review process and active EAMS are available on the following link

[Apply for the early access to medicines scheme (EAMS) - GOV.UK (www.gov.uk)](www.gov.uk)

In contrast to EAMs FOC schemes utilise SACT capacity both directly through pharmacy dispensing/compounding and nurse administration and chair capacity and indirectly, and through the required procurement and administration burden of operationally managing these schemes without additional funding or resource. There is also an additional impact of these schemes of additional pre SACT reviews within outpatient clinics.

The current SACT services across the NHS are under significant capacity pressure both within pharmacy and the wider oncology teams. As such given the SACT capacity challenges currently faced, consideration of the ability to continue to implement and deliver FOC schemes should be made. FOC medicines have not been appraised for clinical and cost effectives at the time of access to the scheme is available.

As such access to FOC schemes should not be prioritised above timely patient access to public body approved SACT. Oncology pharmacy departments within the NHS should be empowered to prioritise public body approved SACT and this may mean that there is not access to pharmaceutical industry funded schemes where capacity is limited.

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Oncology pharmacy departments should work with the clinical teams to ensure ongoing appropriate prioritisation.

Consideration can be made to certain schemes, as some regions have FOC policies which allow access to FOC schemes that meet set criteria. Individual patient basis requests for schemes should also be considered in exceptional cases.

**Footnote:

Within NHS Scotland there is no additional funding available for service impact of any early access schemes, including EAMS. Preference should be given to EAMS and pre-HTA FOC schemes which have been nationally approved should SACT services have available capacity to consider implementation of any early access schemes.

Glossary

SACT	Systemic Anti-Cancer Therapy
NICE	National Institute for Health and Care Excellence
NHSE	National Health Service England
SMC	Scottish Medicines Consortium
AWMSG	All Wales Medicines Strategy Group
EAMS	Early Access to Medicines Scheme
FOC	Free of Charge

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