
The economics of cancer

Context and aims of workshop

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The economics of cancer: Context

- We need to improve cancer outcomes across all 5 domains of the NHS Outcomes Framework (mortality, QoL, recovery, patient experience, safety)
- Specifically, the Government is committed to “saving 5000 lives pa by 2014/15”
- This is equivalent to halving the gap in survival between England/UK and countries with the best survival rates (e.g. Australia, Canada, Sweden)
- We need to do this in a very tight financial environment

The economics of cancer: Questions

1. What do we know (or think we know) about the economics of cancer?
2. What more do we need to know to drive improvement in cancer outcomes in a tight financial climate?
3. How can we best get the answers we need?
 - Data sources?
 - Expertise?
4. How can we best communicate information on the economics of cancer to those who need to know it?

Key requirements for economic studies

- Knowledge of care pathways
- Information on activity at each step in the care pathway
- Unit costs for each element of activity
- Information on outcomes

But:

- We have poor data on some aspects of the care pathway and activity (e.g. Diagnostics before diagnosis; chemotherapy)
- How accurate/reliable are unit cost data? (e.g. cost of a bed day)

What do we know (or think we know) already? (1)

- Overall cost of cancer in England is around £6.3 billion pa (Programme budgeting + screening + primary care)
- Cancer accounts for around 6% of NHS expenditure
- The increase in cancer expenditure in recent years has matched the overall increase in NHS expenditure
- There are wide variations in expenditure per capita at PCT level – but how reliable is programme budgeting data at PCT level?
- Average expenditure per new case: £24,000 (excluding non-melanomatous skin cancer)

What do we know (or think we know) already? (2)

Estimated total NHS spend on cancer care 2005/6

1. Inpatient costs (excluding surgery)	27%
2. Surgery (including day case + inpatient costs)	22%
3. Drugs and administration of drugs	18%
4. Outpatients	8%
5. Screening	5%
6. Radiotherapy	5%
7. Specialist palliative care	5%
8. Other (GP, A&E, community nursing, etc)	10%

Cancer Reform Strategy 2007

What don't we know reliably for the UK?

- Expenditure on different phases of the care pathway (e.g. Prediagnosis; initial treatment; follow up; progressive disease; end of life care)
- Expenditure on individual cancer types (with some exceptions)
- Reliable comparisons of expenditure on cancer between England/UK and other countries

What do we know about cost effectiveness?

We know quite a lot about cost effectiveness for:

- Smoking cessation
- HPV vaccination
- Current screening programmes
- Chemotherapy treatments assessed by NICE

What don't we know about cost effectiveness?

We know relatively little about cost effectiveness of:

- Diagnostic approaches for symptomatic patients
- Standard surgical procedures
- Standard radiotherapy
- Standard/old chemotherapy treatments
- Follow up and survivorship care
- End of life care

What do we need to know?

- We need to be able to answer these simple questions posed by GP commissioners
 - What do you want us to invest in?
 - What should we disinvest in?
- This workshop is an opportunity to start developing a programme to provide answers to these (apparently) simple questions