UK government moves to tackle lottery of cancer drugs

Katherine Burke *London*

Electronic prescribing is to be launched two years earlier than planned in an effort to put an end to "postcode prescribing" of newer chemotherapy drugs.

Launching a report into variations in prescribing earlier this week, health minister Lord Warner described as "unacceptable" and "unfair" the differences in the way England's 34 cancer networks use new chemotherapy drugs.

Lord Warner promised to implement all the report's recommendations, including bringing forward electronic prescribing to 2006, rather than the current launch date of 2008-10. Electronic prescribing would enable cancer networks to give doctors feedback when they prescribe chemotherapy differently from the norm. Such feedback has been shown to reduce variation.

He added that the results of the report would be sent to all strategic health authorities, who would be asked to tackle any underprescribing of newer chemotherapy drugs approved by the National Institute for Clinical Excellence (NICE) among their cancer networks.

The report by the national cancer director, Professor Mike Richards, discovered a variation of up to 12-fold in the rate of prescribing for chemotherapy drugs appraised by NICE. The review was prompted by the charity CancerBACUP, which found last October that although 61% of women in south west England had access to the new breast cancer drug trastuzumab (Herceptin), only 14% in the Midlands had access (*BMJ* 2003;327:1007).

Cancer networks' prescribing rates per head of population for the 16 appraised drugs varied almost fourfold in prescribing rates for each drug—more than could be accounted for by regional differences in case load.

Prescribing patterns were more uniform for the older, more familiar drugs such as cisplatin, which showed a variation of about 2.3.

Reasons for variations are "complex," the report says—there may not be enough capacity in the chemotherapy suite or enough specialist pharmacists, doctors, or nurses to administer such complex treatments. Some doctors may favour one drug over another or be sceptical about the usefulness of a particular drug.

All hospitals that offer chemotherapy should have electronic prescribing before 2008, said Professor Richards, and cancer networks will be able to give doctors feedback on how they prescribe chemotherapy, whether they depart substantially from the norm, and whether they are conforming to NICE guidelines on the use of a particular drug.

"If clinicians are provided with information on their own usage in comparison with their peers it does reduce variation," said Professor Richards. "Under the breast screening programme we have collected prospective information on the treatment patients got, and by feeding it back to the clinicians responsible we have reduced variations in treatment very substantially."

Professor Richards has recommended that when NICE publishes its guidance it should also publish an "implementation toolkit" explaining what staff, training, and equipment hospitals will need if they are to prescribe a recommended drug.

Professor Richards says the Department of Health should also develop a capacity planning model for chemotherapy as part of this chemotherapy review by the end of 2004, with estimates for nursing skills and time in the chemotherapy suite for each drug.

But CancerBACUP thinks the Department of Health's actions fail to go far enough. The Healthcare Commission should audit and enforce NICE guidance and report the results back to patients, says the charity.

Data for the report came from drug company consultancy IMS Health, which collects data from hospital pharmacies across all the major adult cancer

centres in England. Prescribing rates for the drugs appraised by NICE were taken between 1 July and 31 December 2003 and checked for accuracy with pharmaceutical firms and then with the networks concerned. □

Variations in usage of cancer drugs approved by NICE. Report of the Review undertaken by the National Cancer Director is accessible at www.dh.gov.uk

Cancer centre wins building of the year award

Maggie's Cancer Care Centre in the grounds of Ninewells Hospital, Dundee, has won the 2004 Building of the Year award from the Royal Fine Art Commission Trust.

Designed by the architect Frank Gehry, the building is named after Maggie Keswick Jencks, the Scottish artist, designer, and landscape gardener, who died of breast cancer in 1995. The building cost £1.3m (\$2.4m; €2m), and Gehry gave his services free because of his friendship with the artist.

The building is the third in a series of 10 being established around the country by the organisation set up in memory of Keswick Jencks.

Announcing the award last week, Lord St John of Fawsley, the trust's chairman, said: "People suffering major threats to health do not wish to be written off but rather they need constructive and loving care. Above all, they need a place of beauty in which to rest."

"We all owe a great aesthetic and social debt to Maggie, Frank, and Charles [Keswick Jencks' widower] for this magnificent contribution to the relief of human suffering."

Annabel Ferriman *BMJ*