



“OUR HEALTHIER NATION” – HITTING THE TARGETS?

A Briefing Paper from the American Pharmaceutical Group

Introduction and Summary

This briefing paper from the American Pharmaceutical Group has been issued on the eve of the publication by the [Government of its public health White Paper “Our Healthier Nation”](#). Its aim is to highlight the contribution that modern medicines can make to hitting the targets that the White Paper sets.

The Government’s strategy to improve the public health deserves support from everybody. The APG, like other parts of the pharmaceutical industry, are strong and enthusiastic supporters of the strategy. We are committed to working in partnership with the Government so as to achieve the targets that have been set.

There are many factors involved in better health, but as the Government itself points out, access to high quality health services is one of the most important. And, as Frank Dobson the Secretary of State for Health says, this will cost money. High quality services, and better health, cannot be had on the cheap.

The information contained in this document is drawn from sources in the public domain. What is striking from bringing the material together in this way is just how strong are the common themes that emerge. In each of the areas covered by the public health strategy – [coronary heart disease and stroke](#), [cancer, mental health and accidents](#) – we see the potential of modern medicines to contribute to meeting the targets that have been set. And in each area a picture emerges whereby what the UK actually does spend on these medicines is well-below the levels common in other comparable countries. Here are some of the key points highlighted in the report:

- The UK spends just over £1 per head on the class of medicines known as cytotoxic drugs -medicines that have been shown to be effective both in extending life and improving the quality of life of people with cancer. In the USA the equivalent figure is £4.93, in France £2.93 and Germany £2.31.
- A recent report from the Campaign for Effective and Rational Treatment identified a funding gap of £170 million in what might be spent on medicines with proven value in treating cancer.
- The use of statins, medicines with proven value in lowering cholesterol, thereby reducing the risk of heart attack, is consistently lower in the UK than in other European countries.
- According to a survey carried out by the National Schizophrenia Fellowship and the Maudsley Hospital, a substantial minority of health authorities (up to half in some cases) do not make funding available for modern atypical antipsychotics in the treatment of schizophrenia. This is despite the fact that these medicines have fewer side-effects than older medicines.
- Together with Ireland, the UK has the lowest availability in the European Union of equipment to measure bone density. However, bone density measurement is key to diagnosing osteoporosis which is, in turn, a major cause of injury due to accidents.

The APG believes that these issues in the access to modern treatment will have to be addressed if the Government is to meet its health targets. Modern medicines have an indispensable part to play in any successful public health strategy. This is not simply a plea for more money for the NHS. The issue is as much about funding priorities. Clearly if the Government has identified these areas as priorities in its health strategy then decisions about how funding should follow should be made accordingly.

It is not only pharmaceutical companies arguing the case for expenditure on medicines to be prioritised according to ways which have been shown to be effective in tackling disease. Leading doctors in their areas make exactly the same point – as several oncologists did in response to the Prime Minister’s recent Downing Street “summit” on cancer. The same message comes from patients and patient groups. These concerns are expressed at a time when there are genuine fears that the [National Institute for Clinical Excellence](#) will actually restrict patient access to life-saving treatments still further.

The APG therefore looks forward to the publication of the White Paper as an opportunity to redress the balance: for the Government to make clear that it sees a valuable role for medicines in its public health strategy and to tackle the funding gaps identified in this paper. The need for the Government to invest in better health is crucial. For the Government itself, this will mean a good strategy successfully carried out. For the pharmaceutical industry it will develop our contribution as partners for the NHS and promote confidence and investment in this country. Above all, the benefit is for patients and the public. It will lead to better health, lives saved and the quality of life immeasurably improved.

Our Healthier Nation – The Merits of Targets

The Government will shortly publish its public health White Paper, the follow-up to the Green Paper *Our Healthier Nation* issued in February 1998.

The American Pharmaceutical Group, representing 12 major research-based pharmaceutical companies all with a substantial presence in the UK, welcomes and supports the Government’s public health strategy. The Government is right to:

- Focus on disease areas – cancer, heart disease and stroke and mental health – which are either the most significant causes of premature death in

this country or a major cause of ill health or both.

- Set targets for the reduction in the incidence of these diseases, as well as for accidents which are also a major cause of premature death and injury.
- Make clear that achieving better health involves a partnership of many different organisations, in the public, private and voluntary sectors.

The Prime Minister has recently confirmed that the White Paper will set a target to cut by a fifth the number of deaths from all cancers among those aged under 75 by 2010. Recent press reports have suggested that the targets for coronary heart disease and mental health will be amended as follows:

- For CHD and stroke, reducing deaths by 40 per cent in those under 75 by 2010 (the Green Paper proposed a reduction of one third in those under 65).
- For mental health, reducing deaths from suicide and undetermined injury by one fifth by 2010 (as opposed to one sixth in the Green Paper).

Achieving these targets would make a real difference to the health of people in this country. As the Prime Minister has pointed out, the cancer target, if met, would mean 60,000 fewer premature deaths over the next ten years. Achieving, the coronary heart disease and stroke target would move Britain from having one of the worst records in Europe for death from circulatory disease to one of the best.

Factors in Achieving Targets

It is one thing to set targets, quite another to achieve them. Britain has had a target-based approach to better public health since the early 1990s and

progress is best described as mixed. No one believes that we can save 60,000 lives by issuing a press release.

In the *Our Healthier Nation* Green Paper, the Government identified the following five factors affecting health:

- “Fixed” factors – ie age, sex, genetic disposition
- Social and economic
- Environment
- Lifestyle
- Access to services.

Social, economic and environmental factors, as the Government identifies, all require policies that go much wider than the Department of Health alone. Lifestyle factors are largely a matter of personal choice, although the Government and other agencies (including the pharmaceutical industry) can, should and do issue relevant information and advice. The final factor – access to services – is, so far as the NHS is concerned, directly a responsibility of the Department of Health. It is with this factor that the American Pharmaceutical Group is most concerned.

Access to Cancer Treatment: Ambition and Reality

“Our ambition must be to make our cancer services the best in the world. We know that this will cost money”

Frank Dobson, Secretary of State for Health, 20 May 1999

This is a bold and admirable ambition. And, as Mr Dobson acknowledges, it will certainly require substantial investment. The reality is, as many cancer specialists have highlighted, that the UK both has some of the lowest cancer survival rates in Europe and spends less than comparable countries on modern cancer treatment. As Professor Gordon McVie, Director-General of the Cancer Research Campaign has put it: “The reason our survival rates are so much worse than the rest of Europe is because we spend less and have fewer doctors” (*Daily Telegraph*, 21 May 1999).

The Government itself has acknowledged how far the UK still has to travel before it can claim the “best cancer services in the world”:

“Even allowing for difficulties in comparing data, which makes it very difficult to draw conclusions, our survival rates for some of the major killers (such as lung, breast and colorectal cancer) are not as good as those in some other European countries and the US. And for certain cancers, such as prostate and lung, we have not been making progress in improving survival”.

(*Challenging Cancer*, Department of Health, June 1999)

Survival rates depend on a number of factors and access to the best forms of treatment available is among the most important. This includes access to modern medicines which are important in palliative care and, increasingly, in the active treatment of many forms of cancer. Indeed, it is the potential development of chemotherapy as an active treatment for cancer which is most generating increased demand for funding.

The Case of Cytotoxic Drugs

The principle class of medicines used in chemotherapy are known as cytotoxic drugs. Several such medicines are in use around the world for treating different forms of cancer and they have been shown to be effective both in extending life and improving the quality of life of people with cancer.

In the UK, the use of cytotoxic drugs lags well behind other countries. The following table compares £ spent per head on this class of medicines in different countries:

Spending on Cytotoxics: the UK and Other Countries Compared	
Country	£s per head
US	4.93
France	2.93
Germany	2.31
Italy	1.24

UK

1.01

Source: IMS BPI/BHI Hospital and Retail – MAT Q1 1998

A further report (Leonard *et al*) has suggested that only £58 million was spent on cytotoxic drugs in the UK in 1996. This is less than is spent annually on laxatives and represents a tiny 0.17 per cent of the total NHS budget. Some 35 per cent of the population are affected by cancer.

The Potential of New Treatments

So much for the current position. What about the potential of modern medicines to treat cancer in the future? What lessons are there here for the Government as it seeks to cut cancer deaths by a fifth and develop the best cancer services in the world?

A study of direct relevance to these questions was recently carried out on behalf of CERT, the Campaign for Effective and Rational Treatment, and published on 1 May 1999. The principle conclusion of this report was that the cost of introducing currently licensed medicines for proven treatments for those patients who would benefit from them would be approaching £170 million. Moreover, a further £68 million might be spent on even newer medicines which are not yet licensed for general use, but where there is emerging evidence from clinical trials that they are effective for certain forms of cancer or in certain circumstances.

The first of these figures - £170 million – indicates the degree of underfunding that currently exists of medicines that have proven value in treating cancer. It comes from a robust assessment of the number of cancer patients for whom such treatment would be appropriate, but who are not currently receiving it. Only medicines with high effectiveness ratings were included in the calculation.

The second figure is an indication of the demand pressures that are building up on the pipeline. No one can say that this figure will not grow as new

treatments, now at an earlier stage of development or yet to be discovered, come forward. These costs may present a problem to an already-stretched NHS budget. However, if the Government is serious about meeting the *Our Healthier Nation* targets, and about having the best cancer services in the world, then these opportunities for better treatment must be embraced.

Much of the problem is that access to modern drug therapies such as cytotoxics is patchy: health authorities decide for themselves when and what treatments to fund. The American Pharmaceutical Group looks forward to the publication of the *Our Healthier Nation* White Paper as an opportunity to develop national guidelines on the use of these medicines. These guidelines should recognise the effectiveness of these new treatments and the contribution they can make to meeting the Government's cancer target; they should encourage their consistent use throughout the country and lead to funding being prioritised, thereby raising spending levels to those found in other comparable countries.

Reducing Death and Illness from CHD: The Use of Statins

It is not just in the field of cancer treatment where the UK has a worse record than it ought to for access to life-preserving medicines. Consider the data below for the comparative use of statins, agents with proven value in lowering cholesterol levels, for Europe (in this case the Czech Republic, Finland, France, Germany, Hungary, Italy, the Netherlands, Slovenia and Spain) and the UK:

Percentage of Patients on Lipid-Lowering Therapy		
Diagnostic Category	Europe	UK
AMI	31%	6-10%
CABG	37%	18-29%
PTC	41%	18-23%
MISC	18%	9-11%

(Source: EUROASPIRE – *European HeartJournal* October 1997 (Europe figures) and ASPIRE, *Heart*, April 1996 (UK figures))

These figures show that for patients covered in the surveys, categorised by their diagnosis or treatment (AMI = acute myocardial infarction; CABG = coronary artery by-pass graft; PTC = percutaneous transluminal coronary angioplasty;

MISC = acute myocardial ischaemia), in each case a significantly lower proportion in the UK was receiving medicine to reduce cholesterol levels compared to equivalent patients across the whole of Europe.

The use of statins in the UK has been the subject of considerable debate ever since their introduction. In May 1997, the Government's Standing Medical Advisory Committee issued guidance which recommended that anyone with a three per cent annual risk of a heart attack should be treated. This would cover around eight per cent of the population. While some have argued that this guidance was unaffordable to implement in practice, many clinicians believe that the entry levels specified for treatment with statins are too high and should be reduced, perhaps to as low as 1.5 per cent.

Peter Enoch, Chairman of the Standing Medical Advisory Committee, has claimed that the annual cost to the NHS of an entry level of 1.5 per cent would be £3.5 billion, roughly one tenth of the total NHS budget. Defending SMAC's advice, Dr Enoch has stated: "Its overall effectiveness should be judged against the rise in the drugs bill for statins, the appropriateness of future prescribing, and – possibly most importantly – the impact of statins on mortality from coronary heart disease" (*British Medical Journal* 13 December 1997).

Cost considerations clearly cannot be ignored. They beg the question, however, of how much the Government is prepared to invest in meeting its health targets. Several large-scale clinical outcome studies have shown that

statins have a significant effect in reducing death or illness from coronary heart disease and stroke. For example:

- The Scandinavian Simvastatin Survival Study, conducted among over 4,000 patients with angina pectoris or previous myocardial infarction (MI), showed a 30 per cent observed reduction in mortality and a 37 per cent fall in relative risk of coronary death or non-fatal MI.
- The West of Scotland Coronary Prevention Study (WOSCOPS), which looked at over 6,500 men with elevated cholesterol but no evidence of coronary heart disease, found a 31 per cent reduction in risk of non-fatal MI or death from CHD, in addition to a 22 per cent reduction in mortality.
- The cholesterol and recurrent events trial of over 4,000 patients showed a 24 per cent reduction in risk of fatal CHD or non-fatal MI and also a 31 per cent reduction in the risk of stroke.

This data is immensely significant to the Government's target to reduce death and illness from coronary heart disease and stroke. Statins have been shown to work directly as the Government intends: preventing one of the major causes of illness and death in this country. It would severely undermine the Government's public health strategy to deny patients access to this effective therapy simply on the grounds of cost.

Moreover, this argument ignores the potential cost savings that can result from the effective preventive treatment of CHD and stroke. This further point is important, but it is also true that reducing death and illness from CHD and stroke is an important aim in its own right, regardless of the cost-benefit equation.

As with cancer, the APG believes that there is a need for the Government to show a clear national lead on the use of statins, making clear their value in preventing death and illness from heart disease and the contribution they can

make to targets. While the SMAC guidelines are important, their value has been somewhat undermined by the subsequent claims, to which some parts of the health service have subscribed, that they are unaffordable. It is for the Government to make a judgement in this case and, if it is convinced by the effectiveness of statins, ensure that the NHS is confident in its ability to fund the treatment. This is particularly important since there is evidence that it is in the most deprived areas, where the incidence of heart disease is greatest, that prescribing levels are lowest

Modern Medicines for the Treatment of Schizophrenia

There is also evidence that in the Government's third priority disease area – mental health – access to the most effective medicines is being hampered on grounds of cost. This is particularly true in the case of schizophrenia where the availability of atypical antipsychotics on the NHS - a class of drug to treat this illness that has fewer side effects than older (and cheaper) medicines – is extremely patchy.

Last November, a survey carried out by the Maudesley Hospital and the National Schizophrenia Fellowship found alarming restrictions in the availability on the NHS of atypical anti-psychotic medicines. The survey of health authorities found that:

- 45 per cent of authorities had not provided funding for clozapine, 57 per cent for olanzapine and 58 per cent for risperidone, to be used in hospitals.
- 45 per cent of authorities had also not recommended or supported the use by GPs of clozapine, 32 per cent for olanzapine and 35 per cent for risperidone.

These findings led David Taylor, the chief pharmacist at the Maudesley Hospital and who carried out the research, to declare that “the restriction on

the use of new drugs in psychiatry is nothing but a scandal”.

The APG welcomes the recognition that the Government has given to the value of modern medicines in the treatment of schizophrenia. In its mental health strategy launched last December, the Government announced that it “expected” to spend £120 million extra on “new and effective drug therapies” over the next three years. Of this money £2.5 million has been allocated for anti-psychotic medicines in 1999/2000. However, this money has not been specifically earmarked for spending on particular medicines or even on medicines at all and there is no clear guidance emanating from the Department of health on the use of atypical antipsychotics.

In a more recent development, the junior health minister Baroness Hayman announced that the Government has commissioned guidance from the British Psychological Society and the Royal College of Psychiatrists “to enable mental health professionals to provide the most effective treatment for people with schizophrenia” (House of Lords, 14 June 1999). These guidelines, which will cover both drug and non-drug treatments of schizophrenia, are expected to be published later this year.

The Minister has stated that she “hopes” that the new guidelines will “challenge unacceptable variations in access to care”. The APG shares this hope. We believe, however, that Ministers need to do more than express hope. As in other disease areas, it is we believe a matter for the Government to show a clear lead to promote the prescribing of medicines which have proven value in treating illness. The NHS should be confident that the funding to meet this commitment will be available.

Accidents and Osteoporosis

The fourth target area in the *Our Healthier Nation* is reducing death and injury from accidents. In the Green Paper, the Government has recognised that one part of meeting this target will be to address injury caused indirectly by osteoporosis.

Osteoporosis is a common disease and results in around 60,000 hip fractures a year in the UK, 90 per cent of which are in people over 50 and 80 per cent in women. In addition, osteoporosis leads to 50,000 wrist fractures and 40,000 clinically diagnosed vertebral fractures every year. Osteoporosis-related fractures are estimated to cost the NHS nearly £1 billion every year.

Diagnosing and treating osteoporosis will therefore have a significant impact on meeting the Government's target for reducing accidents. However, access to both diagnosis and treatment on the NHS is poor in some areas and many osteoporosis sufferers complain that they are not offered adequate treatment. While the APG welcomes the Government's osteoporosis strategy, launched by Public Health Minister Tessa Jowell last year, there is still more that needs to be done.

One particular issue is the use of bone densitometry to measure bone mass. This is a crucial element in the diagnosis of osteoporosis. The availability of equipment in the UK to measure bone density is much lower than in other countries as the following data indicates:

Availability of Equipment to Measure Bone Density

Country	Number of DXA machines per million population
Germany	6.8
France	6.6
Denmark	3.5
Spain	3.5
Australia	3.4
USA	2.9
Japan	2.6
UK	1.6

Together with Ireland, the UK has the lowest number of bone density scanners in the European Union. Provision has been described by the National Osteoporosis Society as “vastly inadequate”.

A report and guidelines for treating osteoporosis, by leading experts in the field, was published by the Royal College of Physicians on 12 March 1999. It highlighted the gap between recommended practice and available resources for the prevention and treatment of osteoporosis. It recommended scanning for people at high risk of the disease and asserted that bone mineral density is as reliable an indicator in predicting fractures as blood pressure is for stroke. The report also warned that the number of osteoporosis fractures in the UK will double in the next 50 years if action is not taken.

The publication of the *Our Healthier Nation* White Paper provides a further opportunity for the Government to address the issues raised in this report and the APG looks forward to it doing so.