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The Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care
Department of Health and Social Care
Ministerial Correspondence and Public Enquiries Unit
39 Victoria Street
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Dear Secretary of State,

I am writing to share concerns raised with me by my constituents, following publication of a new report from Breast Cancer Now, 'Setting the bar too high' The report finds due to the way drugs are now being assessed by NICE, specifically the introduction of the severity modifier, some life-extending treatments for incurable secondary breast cancer will not be made available for people who need them.

Over the last 10 years, many new drugs for secondary breast cancer have been approved for use across the UK. These have transformed lives, allowing people to live longer in better health, giving them more moments with family and friends and doing what matters to them.

However, I share Breast Cancer Now's concern that changes made to the NICE process in 2022 and the introduction of the severity modifier will impact this progress. I am asking you and your department to make the urgent change necessary to allow NICE to reform its severity modifier, so people with incurable secondary breast cancer can continue to access world class treatments.

Breast Cancer Now's key findings include:

- Under the severity modifier, the threshold of severity a condition must reach to get the highest priority has been set too high - reducing how much the NHS can pay for some new drugs compared to the old system.
- Some conditions are not considered very severe despite some people having only months left to live. Only 7 out of 21 end of life treatments assessed under the severity modifier were given the same priority as the old NICE system.
- These thresholds were set without proper evidence and countries that operate similar systems, such as Sweden and the Netherlands, have a more generous system.
- New and effective drugs may not reach patients. This happened with Enhertu, a new treatment for people with HER2-low secondary breast cancer available in Scotland, which was rejected for use on the NHS in England on cost-effectiveness grounds in 2024. Under the previous system the NHS would have been able to pay more for it, and it could have been approved.
- This adds to the real risk that pharmaceutical companies will be deterred from taking treatments through the process for approval if they are unlikely to achieve cost-

effectiveness. NICE has set the bar for very severe conditions too high due to the requirement from the Department of Health and Social Care for the changes to be opportunity cost neutral. This is reducing the amount the NHS can pay for drugs which treat some more severe conditions and creating barriers to the approval of drugs for advanced cancers.

- The system for deciding whether drugs are approved for use on the NHS must change now to make the severity modifier fit for purpose by enabling NICE to reform it. This means opportunity-cost neutral restraints must first be removed and then NICE must lower the bar for what it defines as a severe condition.

I believe this change is urgently needed. People with secondary breast cancer do not have time to wait.

To unlock this change, will you commit to remove your department's requirement for the severity modifier to be opportunity cost neutral and allow greater investment in treatments for more severe conditions, including secondary breast cancer?

I would welcome the opportunity to meet with you, alongside Breast Cancer Now, to discuss how we can work together to give everyone living with secondary breast cancer access to treatments that can give them more time to live.

Yours Sincerely,

Dr Manuela Perteghella MP
Member of Parliament for Stratford-on-Avon