31 January 2014

Dear Duncan

I am writing to provide you with an update on issues around access to new medicines.

As you are aware the Scottish Medicines Consortium (SMC) delivered their Report on the rapid review for medicines for treatment at end of life and for very rare conditions in the timescales I requested. I am enclosing a copy of the Report with this letter.

I am grateful to the work the SMC, with stakeholders, has undertaken to deliver their Report. I was heartened by the unequivocal statement that if the suggested approach was adopted this will result in substantially improved access to medicines for patients in Scotland. I have had the opportunity to discuss this with colleagues in other parties and therefore I am writing to confirm that I will ask SMC to deliver the approach set out in their Report. I am aware that SMC are continuing to work on the important detail that will underpin the new approach and therefore I will ask SMC to provide me with more detailed plans in due course.

There some key aspects of the SMC approach I wanted to highlight to you. I think it is absolutely right that we try and have a system that ensures that decisions made reflect the views of patients and the clinicians who treat them. Therefore I welcome the additional opportunity for patient interest groups and clinicians to provide a view that will be significant in decision making. This should be a determining factor in decisions made.

I welcome the flexibility that SMC have included around definitions and that they will work to prioritise submissions and resubmissions according to patient needs.

I would expect that manufacturers will want to engage with this new approach by SMC. It is important that we do what we can to ensure best value for NHSScotland. I very much welcome the opportunity that the new approach provides for a pharmaceutical company to put forward or amend a Patient Access Scheme. I see this as an important step in ensuring we have systems and processes that give opportunities to get a ‘yes’ first time. I will want to ensure that the existence of PACE does not deter manufacturers from putting forward a Patient Access Scheme.
In line with the timescales outlined in their Report, SMC will put in place their new approach in April this year. As I’ve previously confirmed to the Parliament the Peer Approved Clinical System (PACS) will follow this and therefore be rolled out to replace IPTR in May. I confirmed to you in my letter in November that I was considering how the Rare Conditions Medicines Fund (RCMF) could be used to provide maximum impact. I can confirm that the RCMF will cover costs for all IPTRs approved for medicines falling within the SMC definitions for end of life, orphan and ultra orphan medicines in this financial year and until the SMC changes are in place in April. Work is underway between Scottish Government and NHSScotland to evaluate the financial implications of the SMC Report and part of this will look at how the commitment I have made to extend the RCMF will best support an increase in SMC approvals.

We will of course need to monitor how the approach works in practice, and as part of this I am committing to a review in 12 months.

I look forward to continuing to work with you and your Committee on this important issue.

ALEX NEIL