COMMITTEE DEBATE ON ACCESS TO NEW MEDICINES

Following the Committee’s Debate in Parliament on 9 October I thought it best to write to the Committee with some further information in response to points made by Members that I did not have time to respond to in the Chamber. I think the Debate was a good indication of how the Committee’s work on this issue has united the Parliament into agreeing the changes that need to be made. I will also restate here the commitment I made in response to you and Nanette Milne to report regularly to the Committee on progress made. As you know I am always happy to discuss any aspect of this work with you so please just get in touch at any time.

Malcolm Chisholm, Ken McIntosh and David Stewart all made points about value based pricing and value based assessment. Let me be absolutely clear that what was described by the UK Government and many of us as value based pricing has since developed into a policy that is not about pricing at all. While this may have been a surprising development for the devolved countries - for Scotland this has meant an opportunity for the Committee and the Scottish Government to seek to develop an approach to value based assessment that fits in with what we want to achieve as a result of the Committee’s Inquiry. The Pharmaceutical Price Regulation Scheme (PPRS) is currently being negotiated by the UK Government and the Association of British Pharmaceutical Industry (ABPI) and value based pricing was set to be negotiated alongside that. While it may be the case that the UK Government will set out how NICE and NHS England will adapt to what is now value based assessment this will not relate to the Scottish Medicines Consortium or Scotland. We will of course, be interested in how the value based approach works elsewhere however there can be no imposition on the Scottish Parliament about a value based approach from negotiations around PPRS.
I have set out that the Rare Conditions Medicines Fund will run until at least 2016. That provides us with time to monitor and assess how new approaches from SMC are working against the Parliament’s expectations. No one is saying that developing a value based approach will be easy and Ken McIntosh was right to highlight that NHS resources are finite therefore the new system has to work in the interests of all patients in Scotland. I can confirm in response to the points made by Ken McIntosh, Rhoda Grant and Malcolm Chisholm that we will look at extending the basis for accessing the fund.

Neil Findlay asked about how the fund fits with the statement of intent on innovation. In my response to the Committee’s Report I said that our move to value based assessment will look at how innovation could or should be considered. I am very keen that we look at how industry investment in life sciences in Scotland can be captured in a value based assessment. This seems to me to fit well with the health and wealth agenda.

Neil Findlay raised several points about the new PACS. It was clear from the feedback we have had from those that have gone through the current IPTR system, from the evidence to the Committee from clinicians and the feedback we had from individual patients and their families and charities that they saw it as very important that the lead consultant, who knows the patient best, should be at the centre of any decision making about the patient’s treatment. That, together with keeping responsibility for the patient’s treatment with the individual health board (rather than a centralised system) is what an approach delivered locally aims to achieve. The audit arrangements on a Scotland wide basis will however be crucial in ascertaining whether the system is delivering in the way that we want it to.

It was clear from the comments of Jackson Carlaw, Christine Grahame, David Stewart, Willie Coffey and Rhoda Grant that the Parliament want to see a quick transition to the new PACS. I agree that the sooner that this can be effectively put in place the better but I also want to be confident that the clinicians in health boards across the country are prepared to use the new system. Health Boards have been asked to act flexibly in this transitional period in light of the findings of the Committee. It is not acceptable for patients to be disadvantaged because of timing of events. I expect that guidance will be issued on the new system in a matter of months and I have asked the Chief Medical Officer and Chief Pharmaceutical Officer to consider how best the new system might be implemented. I will keep the Committee updated on the progress the Scottish Government makes working with clinicians to get the new system up and running.

You raised the issue of moving from Scottish Medicines Consortium’s (SMC) current methods to the new approach and highlighted the importance of ensuring that the transition was managed. We all want to see change quickly – and it is in the interests of patients in Scotland that this happens. But we also want to make lasting changes and be able to test how changes will work and how they will impact on patients. I have confidence that SMC has the aptitude to be able to ensure this transition is managed.

Nanette Milne looked to me for an assurance that more patients would be able to access new medicines. In directing SMC to conduct a rapid review of the wider aspects of value and QALY I have made clear that this is to increase access to new medicines. The Parliament has clearly stated that they want to see greater access to new medicines and this will undoubtedly come at a cost to the NHS in Scotland. David Stewart and Rhoda Grant both mentioned the QALY and rare diseases. I can confirm that an approach to medicines that treat very rare diseases is part of the SMC rapid review. I look forward to providing the Committee with details of the SMC work once this is complete.
I would also like to assure Mark McDonald that I understand from SMC that they are involving stakeholders in the reviews of their approaches. On the Scottish Government’s part, we received invaluable contributions from patient organisations, charities, individuals and industry over the Summer and we will continue this dialogue with stakeholders as changes are implemented. I have committed to providing SMC with further investment to allow them capacity to expand their work with patient organisations and the public as identified by Malcolm Chisholm and Mark McDonald.

I hope this is helpful and I am copying this letter to members who spoke in the debate.

ALEX NEIL