Dear Alex

**Access to new medicines**

As you know, the Health and Sport Committee took evidence at its meeting on 25 February from patient organisations, clinicians and the SMC. Your officials have indicated that further information will be made available to the Committee shortly, addressing a number of issues that arose from the session, which we look forward to receiving in due course.

As you know, there is a large degree of cross-party consensus on this issue and the Committee has broadly welcomed the proposed revisions that have been announced, which everyone hopes will lead to many more people, particularly those with rare conditions, being able to access the medicines they need. Nevertheless, there are a number of issues which remain a cause for some concern, and which we would, as a committee, hope can be addressed urgently.

First, the committee received a submission for the session from the Beatson West of Scotland Cancer Centre Consultant Committee. The submission said that, despite the fact that the CMO had written to NHS Greater Glasgow and Clyde to say that “the concept of exceptionality should not be a factor in any current IPTR under consideration”, the system was still very “problematic.” The submission concluded that, for NHS Greater Glasgow and Clyde, it was “business as usual”. Another witness at the Committee meetings also remarked on problems being experienced with the same NHS board. The Committee understands from previous statements you have made to the Parliament and to the Committee that no one currently or recently involved in an IPTR should be denied access to medicines currently that they would be able to access under the proposed revised scheme, yet, according to the clinicians, this does not appear to be the situation that currently exists in NHSGG&C. The Committee would appreciate your comments on this.

Secondly, during the session with SMC, there was discussion about the resources SMC will need in order to deliver the proposed changes. SMC indicated that, as previously announced during the budget process, an additional £1m is to be made available to support the revised processes. However, according to SMC, that funding
is required more or less immediately in order to recruit the necessary staff within the required timescale, but the funding has not yet been provided. The Committee understands that a meeting was to be held between SMC and the Scottish Government the day after the Committee session, so it is to be hoped that this matter has been resolved satisfactorily by now. Nevertheless, the Committee would welcome your comments on this matter.

Finally, and perhaps most importantly, SMC gave evidence to the Committee of its estimates of likely costs that would follow from any resubmissions to SMC of medicines that had previously not been approved but would be likely to be approved under the new arrangements. These were estimated to be likely to add £50m annually to the costs of medicines prescribed across Scotland, on top of the £70m previously estimated as the annual cost of the additional “yeses” that are expected to occur under the new arrangements. The Committee understands that the impact of these costs is likely to be first felt in quarter 3 of 2014–15, so although there will be a budget implication for NHS boards in the next financial year, the main impact is likely to be felt in financial year 2015–16 and beyond. The Committee would be interested to know what plans are in place to meet extra costs in the coming financial year and the substantial annual costs that look likely in the following and subsequent financial year.

I look forward to hearing from you as soon as possible on these matters.

Yours sincerely

Duncan McNeil MSP
Convener of the Health and Sport Committee